Community Health Needs Assessment

Prepared for THE MOUNT SINAI HOSPITAL

*By*VERITÉ HEALTHCARE
CONSULTING, LLC

ABOUT VERITÉ HEALTHCARE CONSULTING

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Alexandria, Virginia. The firm serves as a national resource that helps hospitals conduct community health needs assessments and develop implementation strategies that address priority needs. The firm also helps hospitals, associations, and policymakers with community benefit reporting, planning, program assessment, and policy and guidelines development. Verité is a recognized, national thought leader in community benefit and in the evolving expectations that tax-exempt healthcare organizations are required to meet.

The community health needs assessment prepared for The Mount Sinai Hospital was directed by the firm's Vice President and managed by a senior associate, with associates and research analysts supporting the work. The firm's senior staff hold graduate degrees in relevant fields.

More information on the firm and its qualifications can be found at www.VeriteConsulting.com.

Verité Healthcare Consulting's work seeks to improve the health of communities, vulnerable people, and the organizations that serve them.

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EXECUTIVE SUMMARY

Introduction

This community health needs assessment (CHNA) was conducted by The Mount Sinai Hospital ("Mount Sinai" or "the Hospital") to identify community health needs and to inform development of an implementation strategy to address identified significant needs.

The Mount Sinai Hospital encompasses two campuses, a 1,171-bed tertiary- and quaternary-care teaching facility located on the Upper East Side and Mount Sinai Queens, a 235-bed acute care facility located in Astoria. These two facilities are one hospital as licensed by the State of New York, and the needs assessment applies to the community collectively served by both facilities.

The 2010 Patient Protection and Affordable Care Act (PPACA) requires each tax-exempt hospital to "conduct a [CHNA] every three years and adopt an implementation strategy to meet the community health needs identified through such assessment."

Tax-exempt hospitals also are required to report information about community benefits they provide on IRS Form 990, Schedule H. As specified in the instructions to IRS Form 990, Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.

Community benefit activities and programs seek to achieve objectives that include:

- improving access to health services,
- enhancing public health,
- advancing increased general knowledge, and

• relieving the government burden to improve health. 1

To be reported, community need for the activity or program must be established. Need can be established by conducting a community health needs assessment.

CHNAs seek to identify priority health status and access to care issues for particular geographic areas and populations by focusing on the following questions:

- Who in the community is most vulnerable in terms of health status or access to care?
- What are the unique health status and/or access needs for these populations?
- *Where* do these people live in the community?
- Why are these problems present?

The question of *how* the Hospital can best use its limited charitable resources to address identified significant needs will be the subject of the separate implementation strategy.

¹Instructions for IRS form 990 Schedule H. 2012.

Methodology Summary

Significant community health needs were identified by collecting and analyzing data and information from multiple sources. Statistics for numerous health status, health care access, and related indicators were analyzed, including comparisons to benchmarks where possible. The principal findings of recent health assessments conducted by other organizations were reviewed as well.

Input from persons representing the broad interests of the community, including individuals with special knowledge of or expertise in public health, was received by conducting interviews with 47 individuals.

Verité applied a ranking methodology to help identify significant community health needs. Scores for the severity and scope of identified health needs were assigned and calculated using weighted averages, taking into account multiple primary and secondary data sources. Mount Sinai staff then reviewed and confirmed the significant health needs.

List of Significant Community Health Needs

The CHNA identified several significant community health needs using the data sources, analytic methods, and prioritization process and criteria described in summary above and on page A-2.

In alphabetical order, these needs are:

- Access to Preventive and Primary Care and Health Insurance
- Access to Mental Health Care and Poor Mental Health Status
- Chronic Diseases and Contributing Lifestyle Factors

- Cultural, Ethnic, and Linguistic Barriers to Care
- Environmental Determinants of Health
- Infant Health Risk Factors and Outcomes
- Poverty, Financial Hardship, and Basic Needs Insecurity
- Sexually Transmitted Infections and HIV/AIDS

Each of these needs is described in detail with supporting data beginning on page 6.

Community Served by Mount Sinai



Mount Sinai Community Summary Characteristics

- The community encompasses 168 ZIP codes in the Bronx, Brooklyn, Manhattan, and parts of Queens
- Total population in 2011: 6,907,872
 - Population expected to grow 3% from 2010-2020; residents in the Bronx and Queens and those 65+ anticipated to increase most rapidly
- 56% non-White in 2011; 31% Hispanic in 2011
- 73% of the Hospital's inpatient discharges originated from the community in 2012

- The Bronx, Brooklyn, and Manhattan had higher poverty rates than the state; the Bronx and Brooklyn had higher unemployment rates than the state
- Health disparities are present, particularly for low-income and minority populations in the Bronx and Brooklyn
- The Bronx was ranked as the worst county in the state on nine health- and socioeconomicrelated indicators

Description of Significant Community Health Needs

The significant community health needs identified in this CHNA are described below in alphabetical order, with a summary of supporting data and references to page and exhibit numbers that contain additional information.

Access to Preventive and Primary Care and Health Insurance

Access to preventive and primary care, and to health insurance coverage by private plans or public programs, is vital for community residents to be healthy. The ability to access affordable care is influenced by many factors, including cost of health insurance coverage, the ability to pay for services out-of-pocket, the availability and location of health care providers that accept a variety of forms of payment, knowledge of services, and a range of practical (e.g., transportation, available time) and social (e.g., language, family support, cultural views) factors.

Key Findings

Evidence supporting a lack of access to preventive and primary care and to health insurance as a significant health need was found in multiple indicators from different sources, including:

- Eighteen geographic areas (i.e., groups of contiguous census tracts that compose neighborhoods) in the Bronx, eight areas in Manhattan, 14 areas in Brooklyn, and seven areas in Queens were designated as Medically Underserved Areas in 2013 (A-70).
- Multiple areas and populations in the Mount Sinai community were designated as Health Professional Shortage Areas (HPSAs). These included Medicaid-eligible populations in parts of Brooklyn, the Bronx, Manhattan, and Queens, as well as low-income residents in Crown Heights. East New York, Southwest Brooklyn, and Williamsburg, which are all in Brooklyn, are designated as HPSAs, as is the American Indian community in Manhattan (Exhibits 57 and 58).
- At between 47 and 66 physicians per 100,000 population, the Bronx, Brooklyn, and Queens all had significantly lower rates of primary care physicians in 2012 than the state (nearly 82 physicians per 100,000) (**Exhibit 60**).
- The Bronx, Brooklyn, and Queens ranked in the bottom quartile of all New York State boroughs/counties on access to care in 2013, according to the County Health Rankings (Exhibit 29A).
- Interview participants identified several issues with respect to the accessibility and use of preventive health services, affordability of care and insurance, and a lack of coverage. These included: residents lacking knowledge of health care resources, a lack of family and social support, transportation and mobility needs, and scheduling challenges for people working multiple jobs or who are unable to take time off to seek care. Financial resources and a lack of insurance coverage were reported to be primary barriers to care. Gaps in care coordination and follow-up by providers were reported to exacerbate access limitations (A-86).

Access to Mental Health Care and Poor Mental Health Status

Mental health includes both mental health conditions (e.g., depression, autism, bipolar) and behavioral issues (e.g., bullying, suicidal behavior). Access to affordable mental health care is a crucial element of community health. Poor mental health causes suffering for both those afflicted and the people around them. It can negatively impact children's ability to learn in school, and adults' ability to be productive in the workplace and to provide a stable and nurturing environment for their families. Poor mental health frequently contributes to or exacerbates problems with physical health and illness.

Key Findings

Evidence supporting access to mental health care and poor mental health status as a significant health need was found in multiple indicators from different sources, including:

- Mental Health Professional Shortage Areas existed in all four boroughs within the community in 2013 (**Exhibit 58**).
- At between 26.6 and 42.1 per 100,000 population, the Bronx, Brooklyn, and Queens all had significantly lower rates of mental health providers (including child psychiatrists, psychiatrists, and psychologists) in 2012 than the state (nearly 77.8 providers per 100,000 population) (**Exhibit 60**).
- The Youth Risk Behavior Survey of high school-aged youth in 2011 found comparatively high rates of self-reported attempted suicide and periods of sadness affecting regular activities in parts of the community (**Exhibit 48**).
- Mental health was found to be a priority by a 2013 New York City Department of Health and Mental Hygiene needs assessment (A-80), and mental health services were among the most frequently mentioned needed services in a 2013 Brooklyn needs assessment (A-79).
- Mental health was reported as a significant health issue in numerous key informant interviews. Anxiety and depression affect all age groups, and are exacerbated by stress related to poverty, financial hardship, and social factors. Among other mental health conditions mentioned were learning disabilities, autism, bipolar disorder, psychoses, post-traumatic stress disorder, suicidal thoughts and behaviors, abuse and neglect, bullying, and domestic and community violence. Adolescents and senior citizens were highlighted as particularly vulnerable and in need of services (A-87 and A-88).

Chronic Diseases and Contributing Lifestyle Factors

Chronic diseases including obesity, diabetes, cardiovascular conditions, and asthma and other respiratory ailments are highly prevalent in the community. Access to care, health knowledge and literacy, a lack of physical activity, poor diet and nutrition, the physical environment, and cultural norms all influence chronic disease. Taken as a whole, these diseases impose a heavy burden in quality of life, mortality, and health care costs.

Key Findings

Evidence indicating that chronic diseases and lifestyle factors are significant health needs was found in multiple indicators from different sources, including:

- Hospitalizations and emergency department visits for asthma were higher in the community than in New York State in 2008-2010, and compared to New York State Prevention Agenda 2017 targets (**Exhibit 39**). Asthma hospitalizations occurred at much higher rates for Black and Hispanic populations than for other groups (**Exhibit 40**).
- According to the New York City Department of Health and Mental Hygiene, the rate of childhood asthma-related emergency department visits in the poorest neighborhoods was three times the rate in the wealthiest neighborhoods in 2010-2012 (A-81 and A-82).
- Non-White populations in Manhattan compared poorly to the state for chronic lower respiratory disease and chronic obstructive pulmonary disease mortality (A-46).
- Coronary heart disease mortality rates and the percentage of adults with high blood pressure were 10 to 50 percent higher than the state in the Bronx, Brooklyn, Queens, and New York City as a whole in 2008-2010 (Exhibit 33).
- Brooklyn and the Bronx compared unfavorably to the state's averages and the Prevention Agenda targets on the percentage of adults and children who are obese (**Exhibit 49B**).
- In the Bronx and Brooklyn, the rate of hospitalizations for diabetes complications exceeded New York State averages and Prevention Agenda targets (Exhibit 49B).
- The percentage of high school-aged youth with three or more hours of leisure computer use per school day and three or more hours of TV per school day was higher across the community than in New York State or the U.S (Exhibit 48).
- Chronic diseases and lifestyle factors collectively were reported to be the leading health issue by interview participants. Obesity, overweight, and diabetes among both children and adults were frequently mentioned as critical issues even though childhood obesity was perceived to be declining somewhat. Obesity and overweight was reported to drive other chronic conditions, including cardiovascular risk factors and ailments such as hypertension, and cancer. Poor diet and limited exercise were viewed as primary contributors to these chronic conditions. Diet and exercise were, in turn, influenced by the availability and affordability of nutritious food, the local environment not being conducive to exercise, and other factors (A-86).
- Interview participants also frequently reported asthma and chronic obstructive pulmonary disease as a critical chronic disease issue and throughout the community and especially in

East and Central Harlem and Western Queens (A-86). Environmental factors including poor outdoor air quality and poor housing conditions reportedly are barriers to progress with the disease (A-87).

Cultural, Ethnic, and Linguistic Barriers to Care

In a diverse community, wide differences in culture, ethnicity, and language often present challenges and barriers to seeking and obtaining health care services. These include a lack of knowledge about available health services or how to navigate the system, a lack of health education or health literacy, language barriers, and cultural assumptions or norms in relation to the health care system. The diversity of the community is important to recognize given the presence of health disparities and barriers to health care access experienced by different groups.

Key Findings

Evidence supporting cultural, ethnic, and language challenges and barriers to care as a significant health need was found in multiple indicators from different sources, including:

- The community is highly diverse. In 2011, 44.1 percent of the population was White, 24.1 percent was Black, 12.6 percent was Asian, and 30.6 percent was Hispanic (or Latino) (**Exhibit 5**). There is significant local variation in race and ethnicity across the community. For example, the most populous two races in East Harlem in 2007-2011 were Black (33.6 percent) and Other Race (29.4 percent), with 50.7 percent identifying as Hispanic (or Latino) in 2011 (**Exhibits 5** and **6**). Whereas, in Northwest Queens the two most populous races were White (65.3 percent) and Asian (16.4 percent), with 28.4 percent Hispanic (or Latino) (**Exhibits 5** and **6**).
- The percentage of residents that was linguistically isolated was higher than the state average in all four boroughs, ranging from 16.9 percent in Manhattan to 28.5 percent in Queens. These figures compare to New York State at 13.3 percent and the U.S. at 8.7 percent (**Exhibit 10**).
- In New York City in 2011, 36.8 percent of the population was foreign born. The majority of these residents were from Latin America or Asia. Of the four boroughs in the community, Queens had the highest percentage of foreign-born residents at 47.8 percent (Exhibit 11).
- The New York School of Medicine Institute of Community Health and Research and the Center for the Study of Asian American Health completed assessments that document language and cultural barriers and numerous specific differences in care seeking and health behaviors among Asian populations (A-83 and A-84).
- Interview participants universally discussed the implications of the community's diversity on health status and health care delivery. Language barriers are prevalent and present barriers to knowledge or understanding of available resources and how to use them, the ability to obtain health care appointments with appropriate translation services, the ability to understand a provider's diagnoses and instructions, and the likelihood that one will seek health services (A-86 and A-87).

• Interview participants also discussed ways that cultural differences are a factor in health behaviors and health care seeking, including the roles of family members, stigmas associated with some health conditions, mistrust of Western medicine, and dietary choices. Undocumented community residents have an additional barrier, related to fears associated with their immigration status (A-86 and A-87).

Environmental Determinants of Health

The environments in which people live and work influence health in myriad ways. The degrees to which a community is free of pollutants, contains spaces suitable for walking and other outdoor activity, is safe, and affords access to healthy foods are among the ways that environments are important to health.

Key Findings

Evidence supporting environmental determinants as a significant health need was found in multiple indicators from different sources, including:

- The Bronx, Brooklyn, and Queens all compared unfavorably to the U.S. average in 2013 on recreation facilities per 100,000 population and on the percent of restaurants classified as fast food (**Exhibit 29C**).
- The Bronx, Brooklyn, and Queens all ranked in the third or fourth (bottom) quartiles of all New York State counties in 2013 on measures of environmental quality and the built environment (**Exhibit 29A**).
- Healthy eating was one of ten priority areas identified by the Take Care New York 2016 agenda of the New York City Department of Health and Mental Hygiene (A-80). And while the majority of community residents have adequate access to nutritious food, "food deserts," which include low-income areas more than one-half mile from a supermarket or large grocery store in urban areas, were present in 18 census tracts located in all four boroughs of the community in 2010 (Exhibit 55).
- Healthy indoor and outdoor air was a top priority area identified by the Take Care New York 2016 agenda (**A-80**).
- The violent crime rates were 50 to 75 percent worse in New York City than in New York State in 2011 (**Exhibit 23**). Additionally, the rate of arrests of young adults for drug-related offenses that year was 50 to 75 percent worse than New York State in the Bronx, Brooklyn, and Manhattan, and nearly 42 percent worse in Queens (**Exhibit 24**).
- Interview participants reported a number of environmental factors in the community that contribute to poor health status, including: air pollution from vehicular traffic, power generation, and construction dust; poor housing stock with lead-based paint, mold, and pest-related pollutants; relatively few safe open spaces and park areas; and a high density of fast-food vendors and few full-service grocers and farmers markets. These factors were viewed as contributing to a number of health needs, including asthma and respiratory ailments, obesity, diabetes, and stress (A-87).

Infant Health Risk Factors and Outcomes

Determinants of maternal and child health include environmental conditions, access to care, income, education, lifestyle choices, and sociocultural factors. Minimizing risks to healthy births and ensuring adequate social and economic support for mothers and children before, during, and after birth lay the foundation for a healthy community. Infant mortality rates, birth weights, teen pregnancies, prenatal care utilization, and prenatal substance use are key indicators of maternal and child health.

Key Findings

Evidence supporting infant health risk factors and outcomes as a significant health need was found in multiple indicators from different sources, including:

- While the community overall had a lower infant mortality rate than New York State from 2009-2011, racial and ethnic disparities are evident (**Exhibits 41** and **45**). The mortality rate among Black infants was 34 to 300 percent higher than that of Whites in different parts of the community. The infant mortality rate for Hispanics was higher than the rate for Whites in Brooklyn and Manhattan (**Exhibit 45**).
- The maternal mortality rate in the community was greater than 50 percent worse than for New York State, and higher than the Prevention Agenda target (**Exhibit 49C**).
- Teen pregnancy rates in 2008-2010 were comparatively high for some racial and ethnic groups in the Bronx and Brooklyn and for all groups in Manhattan. The rates for White non-Hispanics were universally lower than for Black non-Hispanics and Hispanics (Exhibit 45).
- Unintended pregnancies as a percentage of all live births were two to four times higher for Black residents (both Hispanic and non-Hispanic) than for White non-Hispanic residents in Brooklyn, Manhattan, and Queens (Exhibit 49C).
- Maternal and child health indicators—including the percentage of births with early prenatal care, percentage with adequate prenatal care, premature births, and low birth weight—were most unfavorable in the Bronx (Exhibit 45).
- In 2010, the percentage of women who drank alcohol during the last three months of pregnancy in Manhattan and the percentage of women who smoked during the last three months of pregnancy in the Bronx were more than double New York City average. The percentages of White women and college graduates who drank alcohol during the last three months of pregnancy were approximately double the New York City average, while Black and Hispanic populations, residents without a high school diploma, and those with only some college education were more likely to smoke during the last three months of pregnancy (Exhibit 46).

Poverty, Financial Hardship, and Basic Needs Insecurity

Poverty is known to be highly correlated with a range of health problems and factors that contribute to poor health. People with lower income or who are unemployed or underemployed are less likely to have health insurance or to be able to afford health care expenses paid out-of-pocket. Low income also is associated with increased difficulties securing reliable transportation, including to medical care visits, and with food insecurity.

Key Findings

Evidence supporting poverty, financial hardship and basic needs insecurity as a significant health need was found in multiple indicators from different sources, including:

- The Bronx, Brooklyn, and Manhattan reported higher poverty rates than the New York State and U.S. averages from 2007-2011 (**Exhibit 12**). At nearly 29 percent, the Bronx had the highest rate of poverty in the community (**Exhibit 12**). The Bronx and Brooklyn also reported higher unemployment rates than the state and national averages in 2013 (**Exhibit 16**).
- Hispanic and Black residents consistently had higher poverty rates than White residents in the community. Manhattan shows the greatest disparities between White and non-White poverty rates (Exhibit 13).
- Financial hardship and poverty are most concentrated in central and southern portions of the Bronx and northeastern portions of Brooklyn, especially in Hunts Point and Mott Haven, Central Bronx, High Bridge and Morrisania, Bronx Park and Fordham, Bushwick and Williamsburg, East New York and New Lots, and Central Brooklyn (Exhibit 14). These same areas also have higher percentages of minority populations (Exhibit 5).
- Affordable housing is an issue in the community; approximately 7.6 percent of New York City's population lived in subsidized housing and 3,180 individuals (38.6 per 100,000) were unsheltered in 2013 (A-27 and Exhibit 27).
- Low-income, poverty, and basic needs insecurity were mentioned frequently by interview participants, who emphasized the correlation between income, access to care, and poor health. High unemployment rates, low incomes, high numbers of people living in poorquality housing, and lack of ability to purchase high-quality food all were stated to be elements of basic needs insecurity, and to reduce the ability of individuals and families to maintain their health. Poverty, financial hardship, and basic needs insecurity particularly affect residents living in the community's subsidized housing units (A-88).

Sexually Transmitted Infections including HIV/AIDS

Sexually transmitted diseases are a community health and public health concern in part due to their related health complications and long-term consequences, low rates of diagnosis, potentially high care costs, and the variety of approaches required to prevent and control these communicable diseases. The ability to reduce the incidence of sexually transmitted infections depends on several factors, including health education, preventive health behaviors, and the availability and accessibility of public health and health care services.

Key Findings

Evidence supporting sexually transmitted diseases including HIV/AIDS as a significant health need was found in multiple indicators from different sources, including:

- The chlamydia incidence rate in all four boroughs compared unfavorably to the national average in 2010. The rates in the Bronx, Brooklyn, and Manhattan were more than 75 percent worse than the national average (**Exhibit 29B**).
- In 2011, the Bronx, Brooklyn, and Manhattan reported AIDS mortality rates more than twice as high as the state average (**Exhibit 30**).
- The prevalence rate of those living with HIV and AIDS, as well as the new diagnosis rates of HIV and AIDS cases, were extremely high in the Bronx, Brooklyn, and Manhattan in 2010. The prevalence rate of those living with HIV and AIDS in Manhattan was greater than three times the state average. Black and Hispanic populations and males had higher prevalence rates than other cohorts (Exhibits 37 and 38).
- Three or more boroughs in the community compared poorly to the New York State Prevention Agenda 2017 target for case rates of HIV, gonorrhea, chlamydia, and syphilis (Exhibit 49B).
- In 2008-2010, the Bronx, Brooklyn, and Manhattan reported acute hepatitis B incidence rates between ten and 50 percent worse than the state average (**Exhibit 36**).

CHNA DATA AND ANALYSIS

METHODOLOGY

Data Sources and Analytic Methods

Community health needs were identified by collecting and analyzing data and information from multiple quantitative and qualitative sources. Including multiple data sources and stakeholder views is important when assessing the level of consensus that exists regarding significant community health needs. If alternative data sources support similar conclusions, then confidence is increased regarding the most problematic health needs in a community.

Statistics for numerous health status, health care access, and related indicators were analyzed, including from local, state, and federal public agencies, local community service organizations, and from Mount Sinai. Comparisons to benchmarks were made where possible. Details from these quantitative data are presented in the CHNA Data and Analysis section of this report, followed by a review of the principal findings of health assessments and reports conducted by other organizations in the community in recent years.

Input from persons representing the broad interests of the community was taken into account via 45 key informant interview sessions with 47 individuals, conducted in July and August 2013. Interviewees included: individuals with special knowledge of or expertise in public health; local public health department representatives with information and expertise relevant to the health needs of the community; and individuals and organizations serving or representing medically underserved, low-income, and minority populations.

Prioritization Process and Criteria

Verité applied a ranking methodology to help prioritize the community health needs identified by the assessment, incorporating both quantitative and qualitative data throughout. Scores were calculated for each category of data (secondary quantitative data, previous assessments, and interviews) based on the severity of the issue as measured by the data and as indicated by community input. Scores were averaged and assigned a weight for each data category: 40 percent for secondary quantitative data, 20 percent for previous assessments, and 40 percent for interviews. Mount Sinai staff then reviewed these findings to confirm the significant health needs.

DEFINITION OF COMMUNITY ASSESSED

This section identifies and describes the community assessed by Mount Sinai and how it was determined.

Mount Sinai's community is comprised of 168 ZIP codes encompassing the boroughs of the Bronx, Brooklyn, Manhattan, and parts of Queens² (**Exhibit 1**). The community is divided into neighborhoods utilized by the New York State Department of Health;³ 35 of the 42 neighborhoods in New York City are in the Mount Sinai community. The two hospital facilities are located on the Upper East Side and in Astoria.

The Mount Sinai community includes a portion of the ZIP codes belonging to the neighborhoods of Jamaica, North Queens, and Southwest Queens. All other neighborhoods are represented in their entirety. In 2011, the Mount Sinai community was estimated to have a population of approximately 6.9 million persons.

The community definition was validated based on the geographic origins of discharges from Mount Sinai Hospital and Mount Sinai Queens. In 2012, the community collectively accounted for 73 percent of the Hospital's inpatient discharges. Manhattan and Queens accounted for the highest percentage of discharges (**Exhibit 1**).

² Data are discussed at the borough level in this CHNA. However, the Bronx is equivalent to Bronx County, Brooklyn is equivalent to Kings County, Manhattan is equivalent to New York County, and Queens is equivalent to Queens County.

³ New York State Department of Health. (2006). ZIP Code Definitions of New York City Neighborhoods. Retrieved 2013, from: www.health.ny.gov/statistics/cancer/registry/appendix/neighborhoods.htm

⁴ Included ZIP codes for Jamaica are 11432 and 11435. North Queens includes ZIP codes 11354, 11355, 11356, 11357, and 11358. Southwest Queens includes ZIP codes 11414, 11415, 11418, and 11421.

Exhibit 1: Community Population, 2011, and Inpatient Discharges from Mount Sinai, 2012

	2011	2012	Percentage of
Borough and Neighborhood	Population	Discharges	Total Discharges
Bronx	1,372,499	4,406	7.1%
Bronx Park and Fordham	241,007	534	0.9%
Central Bronx	203,982	555	0.9%
High Bridge and Morrisania	204,821	867	1.4%
Hunts Point and Mott Haven	133,949	813	1.3%
Kingsbridge and Riverdale	90,567	382	0.6%
Northeast Bronx	200,571	373	0.6%
Southeast Bronx	297,602	882	1.4%
Brooklyn	2,486,119	6,731	10.9%
Borough Park	335,341	1,154	1.9%
Bushwick and Williamsburg	208,838	516	0.8%
Canarsie and Flatlands	202,336	447	0.7%
Central Brooklyn	312,762	679	1.1%
East New York and New Lots	183,123	390	0.6%
Flatbush	303,254	512	0.8%
Greenpoint	124,004	589	1.0%
Northwest Brooklyn	229,931	799	1.3%
Southern Brooklyn	266,450	979	1.6%
Southwest Brooklyn	192,615	465	0.8%
Sunset Park	127,465	201	0.3%
Manhattan	1,579,594	20,181	32.7%
Central Harlem	166,792	2,824	4.6%
Chelsea and Clinton	140,600	702	1.1%
East Harlem	113,741	6,696	10.9%
Gramercy Park and Murray Hill	127,158	738	1.2%
Greenwich Village and Soho	81,969	302	0.5%
Inwood and Washington Heights	264,239	1,262	2.0%
Lower East Side	198,860	578	0.9%
Lower Manhattan	48,451	278	0.5%
Upper East Side	216,966	3,376	5.5%
Upper West Side	220,818	3,425	5.6%
Queens	1,469,660	13,893	22.5%
Central Queens	94,278	259	0.4%
Jamaica	109,258	371	0.6%
North Queens	236,460	653	1.1%
Northwest Queens	197,292	7,515	12.2%
Southwest Queens	124,137	370	0.6%
West Central Queens	245,978	878	1.4%
West Queens	462,257	3,847	6.2%
Total Community Population	6,907,872		
Discharges from Community		45,211	73.3%
Discharges from New York State (NYS)			
Outside of Community		11,460	18.6%
Discharges from Outside NYS		5,005	8.1%
Total Discharges		61,676	100.0%

Exhibit 2 presents a map displaying the 35 neighborhoods that comprise the Mount Sinai community.



The community covers the Bronx,
Brooklyn,
Manhattan, and parts of Queens

••

6,907,872 people lived in the community in 2011

Sources: Microsoft MapPoint and New York State Department of Health, 2013.

SECONDARY DATA ASSESSMENT

This section presents secondary data regarding demographics, economic indicators, and health needs in the Mount Sinai community.

Demographics

Population characteristics and changes influence health issues in and services needed by communities. A total of 6,907,872 people resided in the Mount Sinai community in 2011. That population is projected to increase. According to Cornell University's Program on Applied Demographics, the population of the four boroughs in the community is expected to grow 3.4 percent between 2010 and 2020. The populations of the four boroughs are growing at a faster rate than the state as a whole, which is expecting growth of 1.6 percent between 2010 and 2020. The Bronx and Queens are expected to grow most rapidly at 5.0 and 4.7 percent, respectively.⁵

Exhibit 3 illustrates the total number of residents living in the community by borough, and their distribution by age and sex in 2011.

Exhibit 3: Population by Age and Sex, 2011

Borough	0-19	20-44	45-64	65+	Total Population
Bronx	30.5%	36.2%	22.8%	10.5%	1,372,499
Male	15.5%	16.8%	10.2%	4.0%	638,617
Female	14.9%	19.4%	12.6%	6.6%	733,882
Brooklyn	26.7%	38.4%	23.4%	11.5%	2,486,119
Male	13.6%	18.4%	10.7%	4.5%	1,171,941
Female	13.1%	20.0%	12.8%	7.0%	1,314,178
Manhattan	17.4%	45.3%	23.9%	13.3%	1,579,594
Male	8.7%	21.6%	11.3%	5.4%	743,330
Female	8.7%	23.7%	12.6%	7.9%	836,264
Queens	21.8%	40.5%	25.1%	12.6%	1,469,660
Male	11.3%	20.9%	12.1%	5.1%	725,730
Female	10.6%	19.6%	12.9%	7.5%	743,930
Total	24.3%	40.0%	23.8%	12.0%	6,907,872

In 2011, Manhattan had a higher proportion of adult and senior residents and a lower proportion of youth compared to the other boroughs. The Bronx and Brooklyn had the highest proportions of youth (**Exhibit 3**). The number of residents aged 65 and over in the four boroughs is expected to increase rapidly compared to other cohorts with growth projections ranging from 16.3 to 18.9 percent between 2010 and 2020. The growth and aging of the population, coupled with the

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⁵ Cornell University, Program of Applied Demographics. (2013). *Population Data and Projections*. Retrieved 2013, from New York State Department of Labor: http://labor.ny.gov/stats/nys/statewide-population-data.shtm

⁶ Cornell University, Program of Applied Demographics. (2013). Population Data and Projections. Retrieved 2013, from New York State Department of Labor: http://labor.ny.gov/stats/nys/statewide-population-data.shtm

impact of anticipated health insurance coverage expansions associated with health reform, are likely to increase demand for health services.

The proportion of the population 65 years of age and older varies by ZIP code. The ZIP codes of 11239 (Canarsie and Flatlands), 11224 (Southern Brooklyn), and 10022 (Gramercy Park and Murray Hill) had comparatively high proportions of this population (**Exhibit 4**).

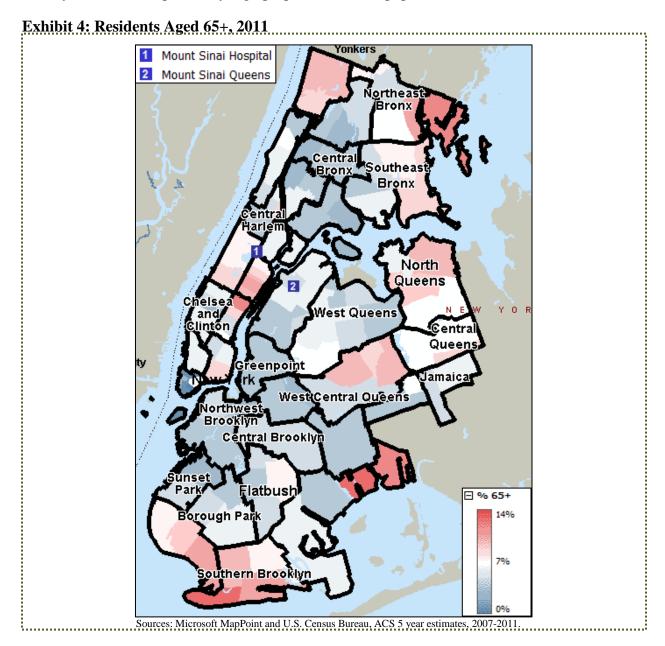


Exhibit 5 indicates the distribution of the population by race in the Mount Sinai community.

Exhibit 5: Distribution of Population by Race, 2011

Borough and District	Total Population 2011	White	Black	Asian	Other Race*	Two or More Races
Bronx	1,372,499	22.6%	34.5%	3.5%	36.0%	3.3%
Bronx Park and Fordham	241,007	18.1%	29.1%	4.3%	45.0%	3.5%
Central Bronx	203,982	11.9%	34.3%	1.8%	49.0%	3.19
High Bridge and Morrisania	204,821	13.5%	40.9%	1.4%	41.6%	2.69
Hunts Point and Mott Haven	133,949	26.5%	32.9%	0.7%	37.0%	3.09
Kingsbridge and Riverdale	90,567	50.8%	12.9%	4.5%	27.6%	4.19
Northeast Bronx	200,571	18.6%	61.6%	2.9%	14.3%	2.69
Southeast Bronx	297,602	32.1%	23.8%	7.1%	32.8%	4.29
Brooklyn	2,486,119	44.1%	34.3%	10.4%	9.6%	1.79
Borough Park	335,341	66.8%	5.2%	20.2%	6.6%	1.39
Bushwick and Williamsburg	208,838	31.4%	32.3%	4.6%	29.8%	2.09
Canarsie and Flatlands	202,336	28.1%	63.1%	3.3%	4.4%	1.19
Central Brooklyn	312,762	14.0%	74.8%	2.4%	6.8%	1.99
East New York and New Lots	183,123	23.2%	57.0%	3.1%	15.4%	1.39
Flatbush	303,254	14.7%	76.4%	2.4%	5.0%	1.49
Greenpoint	124,004	85.3%	3.7%	3.9%	5.4%	1.79
Northwest Brooklyn	229,931	62.8%	16.3%	6.5%	10.4%	4.09
Southern Brooklyn	266,450	70.7%	7.3%	16.9%	3.8%	1.39
Southwest Brooklyn	192,615	69.0%	1.5%	23.5%	4.7%	1.39
Sunset Park	127,465	36.8%	4.0%	34.1%	23.3%	1.99
Manhattan	1,579,594	56.6%	15.4%	11.2%	13.1%	3.79
Central Harlem	166,792	20.2%	58.8%	4.8%	11.6%	4.79
Chelsea and Clinton	140,600	71.6%	6.2%	13.3%	5.1%	3.89
East Harlem	113,741	27.5%	33.6%	6.5%	29.4%	3.19
Gramercy Park and Murray Hill	127,158	78.0%	3.2%	13.1%	3.3%	2.39
Greenwich Village and Soho	81,969	73.3%	2.6%	19.5%	2.1%	2.59
Inwood and Washington Heights	264,239	32.6%	18.8%	2.4%	39.4%	6.89
Lower East Side	198,860	52.2%	6.6%	27.8%	10.3%	3.29
Lower Manhattan	48,451	61.0%	4.9%	23.7%	7.0%	3.59
Upper East Side	216,966	84.9%	3.2%	8.5%	1.6%	1.89
Upper West Side	220,818	75.2%	9.3%	8.3%	4.1%	3.29
Queens	1,469,660	50.7%	6.6%	26.3%	13.7%	2.69
Central Queens	94,278	47.4%	9.5%	33.5%	7.3%	2.29
Jamaica	109,258	21.1%	20.6%	30.1%	22.8%	5.39
North Queens	236,460	39.9%	2.7%	48.2%	6.8%	2.49
Northwest Queens	197,292	65.3%	5.9%	16.4%	10.3%	2.29
Southwest Queens	124,137	52.9%	7.5%	14.5%	21.5%	3.69
West Central Queens	245,978	72.8%	2.3%	15.7%	7.3%	2.09
West Queens	462,257	45.4%	7.0%	25.9%	19.2%	2.49
Total	6,907,872	44.1%	24.1%	12.6%	16.5%	2.7

Source: U.S. Census Bureau, ACS 5 year estimates, 2007-2011.

^{* &}quot;Other Race" includes the following Census-designated race groups: American Indian / Alaska Native, Native Hawaiian / Pacific Islander, and Some Other Race.

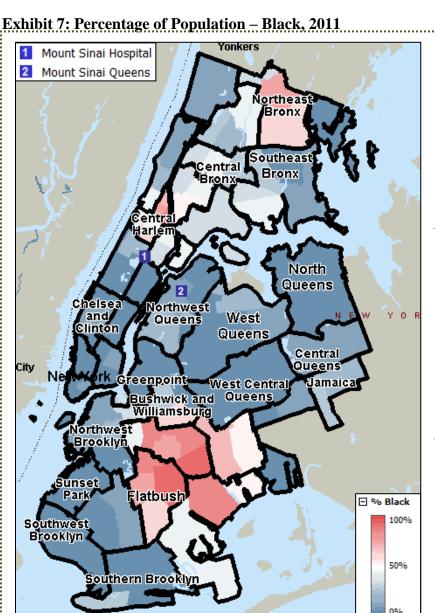
Exhibit 6 indicates the proportion of the population in each borough and neighborhood that is Hispanic (or Latino).

Exhibit 6: Distribution of the Population by Ethnicity, 2011

Borough and Neighborhood	Total Populati on 2011	Hispanic (or Latino) Any Race	
Bronx	1,372,49	53.3%	
Bronx Park and Fordham	241,007	58.4%	
Central Bronx	203,982	66.7%	
High Bridge and Morrisania	204,821	61.0%	
Hunts Point and Mott Haven	133,949	72.5%	
Kingsbridge and Riverdale	90,567	41.3%	
Northeast Bronx	200,571	24.2%	
Southeast Bronx	297,602	49.2%	
Brooklyn	2,486,11	19.8%	
Borough Park	335,341	12.9%	
Bushwick and Williamsburg	208,838	51.8%	
Canarsie and Flatlands	202,336	8.9%	
Central Brooklyn	312,762	12.6%	Thirty one necessary
East New York and New Lots	183,123	38.8%	Thirty-one percent o
Flatbush	303,254	10.1%	the community
Greenpoint	124,004	23.5%	•
Northwest Brooklyn	229,931	18.9%	identified as Hispani
Southern Brooklyn	266,450	10.6%	(or Latino)
Southwest Brooklyn	192,615	12.5%	,
Sunset Park	127,465	44.5%	***
Manhattan	1,579,59	25.4%	More than half of th
Central Harlem	166,792	22.2%	
Chelsea and Clinton	140,600	14.9%	population in the
East Harlem	113,741	50.7%	Bronx identified as
Gramercy Park and Murray Hill	127,158	8.9%	•
Greenwich Village and Soho	81,969	5.6%	Hispanic (or Latino)
Inwood and Washington Heights	264,239	67.0%	
Lower East Side	198,860	19.8%	
Lower Manhattan	48,451	11.6%	
Upper East Side	216,966	7.3%	
Upper West Side	220,818	14.5%	
Queens	1,469,66	33.3%	
Central Queens	94,278	15.0%	
Jamaica	109,258	28.9%	
North Queens	236,460	16.8%	
Northwest Queens	197,292	28.4%	
Southwest Queens	124,137	40.5%	
West Central Queens	245,978	26.9%	
West Queens	462,257	50.0%	
Total ource: U.S. Census Bureau, ACS 5 year estimat	6,907,87	30.6%	

The Mount Sinai community is very diverse. In 2011, 44.1 percent of the population was White, 24.1 percent was Black, 12.6 percent was Asian, and 30.6 percent was Hispanic (or Latino) (**Exhibits 5** and **6**). Non-White populations were most prevalent in the Bronx and Brooklyn. Queens had the highest proportion of Asian residents. The diversity of the community is important to recognize given the presence of health disparities and barriers to health care access experienced by different racial and ethnic groups.

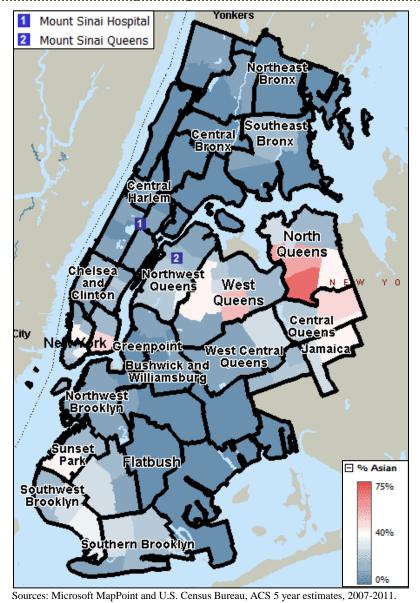
The percentage of Black residents is highest in Flatbush, Central Brooklyn, and Canarsie and Flatlands. Asian residents are most concentrated in Queens ZIP codes, particularly ZIP codes 11355 and 11354 (North Queens). The percentage of Hispanic (or Latino) residents is highest in the Bronx, near Hunts Point and Mott Haven, Inwood and Washington Heights, and Central Bronx (Exhibits 7, 8, and 9).



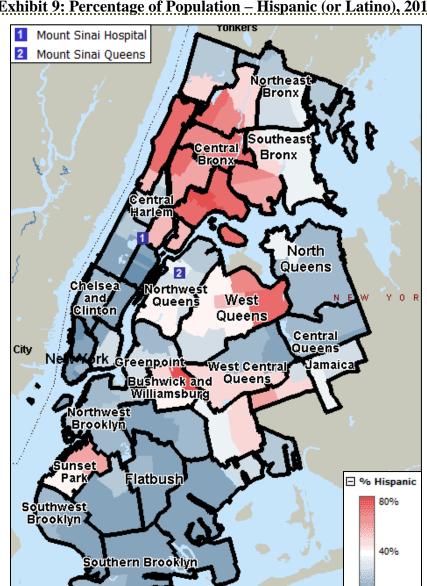
Sources: Microsoft MapPoint and U.S. Census Bureau, ACS 5 year estimates, 2007-2011.

ZIP codes 11203 (Flatbush), 11212, and 11233 (Central Brooklyn) are the areas with the highest percentages of Black residents

Exhibit 8: Percentage of Population – Asian, 2011



The highest percentages of Asian residents were in ZIP codes 11355, 11354 (North Queens), and 11373 (West Queens)



Sources: Microsoft MapPoint and U.S. Census Bureau, ACS 5 year estimates, 2007-2011.

Exhibit 9: Percentage of Population – Hispanic (or Latino), 2011

ZIP codes 11237 (Bushwick and Williamsburg), 10455, 10474 (Hunts Point and Mott Haven), and 10034 (Inwood and Washington Heights) are the areas with the highest percentages of Hispanic (or Latino) residents

Other community demographic indicators are presented in **Exhibit 10**.

Exhibit 10: Other Socioeconomic Indicators, 2007-2011

Borough	Percent 25+ with No High School Diploma	Percent Linguistically Isolated
Bronx	30.8%	25.2%
Brooklyn	22.0%	24.2%
Manhattan	15.0%	16.9%
Queens	19.9%	28.5%
New York City	20.7%	23.4%
New York State	15.4%	13.3%
U.S.	14.6%	8.7%
Source: U.S. Census Bu	reau, ACS 5 year estimates	s, 2007-2011.

The community has
comparatively low
graduation rates and a high
percentage of linguistically
isolated residents

Key findings include:

- The Bronx, Brooklyn, and Queens compared unfavorably to New York State and the U.S. for the percentage of residents aged 25 and older who did not graduate high school.
- The percentage of residents who were linguistically isolated was higher than the state average in all four boroughs, and significantly higher than the U.S. figure. Linguistic isolation is defined as the population aged five and older who speak a language other than English and speak English less than "very well."

Exhibit 11 presents the percentage of residents by borough who are foreign born, and their geographic region of origin.

Exhibit 11: World Region of Birth of Foreign-Born Residents as a Percentage of Total Population, 2007-2011

	.0% 5.8%		U.S.
		4.0%	1 60/
2 1% 17			1.6%
0.4/0 1/.	.6% 10.0%	5.9%	3.6%
1.2% 1.	.1% 1.5%	0.8%	0.5%
0.3% 0.	.0% 0.1%	0.1%	0.1%
12.6% 22.	.9% 19.1%	10.8%	6.8%
0.7% 0.	.2% 0.3%	0.3%	0.3%
	.8% 36.8%	21.8%	12.8%

In New York City in 2011, 36.8 percent of the population was foreign born compared to 12.8 percent in the U.S. as a whole. The majority of those residents were from Latin America and Asia. Of the four boroughs in the community, Queens had the highest percentage of foreign-born residents at 47.8 percent, followed by Brooklyn. The Bronx had the highest proportion of foreign-born residents from Latin America, followed by Queens (**Exhibit 11**).

Economic Indicators

The following types of economic indicators with implications for health were assessed: (1) people in poverty, (2) household income, (3) unemployment rate, (4) insurance status, (5) crime, (6) housing and homelessness, and (7) State of New York and New York City budget trends.

1. People in Poverty

Many health needs are associated with poverty, making it important to understand poverty and other measures of economic well-being. According to the U.S. Census, in 2011 approximately 14 percent of people in the U.S., and 15 percent of people in New York State lived in poverty. The Bronx, Brooklyn, Manhattan, and New York City as a whole reported higher poverty rates than the New York State and U.S. averages. At nearly 29 percent, the Bronx had the highest rate of poverty in the community (**Exhibit 12**).

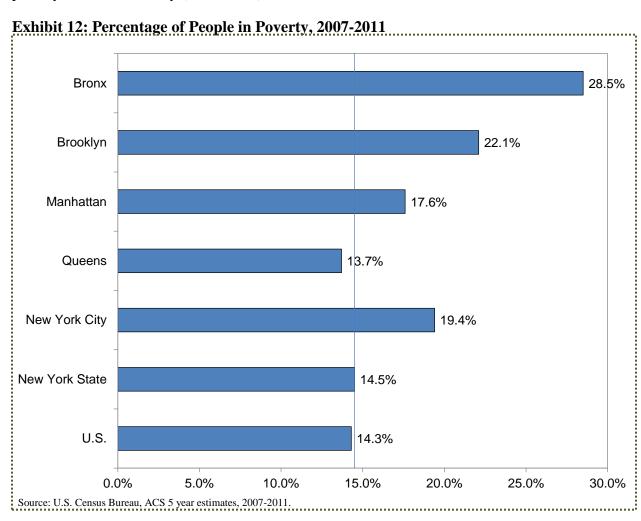
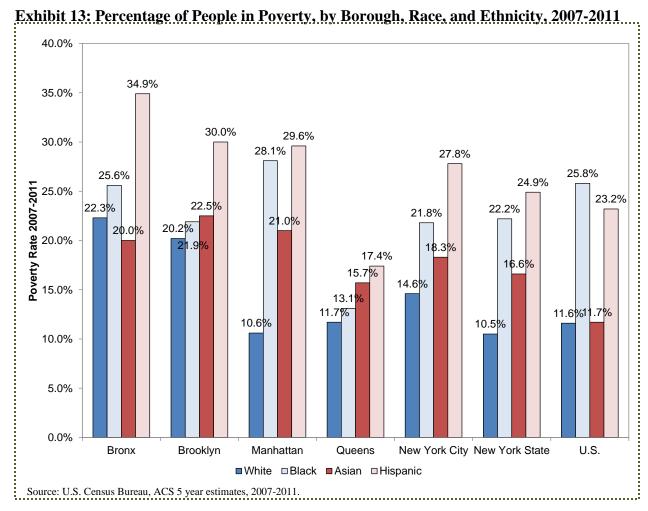


Exhibit 13 presents poverty rates by race and ethnicity in each borough.



The White, Asian, and Hispanic populations in the Bronx, Brooklyn, and Manhattan reported higher poverty rates than the state. In all boroughs, the Hispanic population had higher poverty rates compared to other cohorts. In general, non-White populations reported higher poverty rates from 2007-2011 than the White population. Manhattan showed the greatest disparities between White and non-White poverty rates.

2. Household Income

Household income is assessed by many public and private agencies to determine household needs for low-income assistance programs. In the Mount Sinai community in 2011, 29 percent of all households had incomes below \$25,000, an approximation of the federal poverty level (FPL) for a family of four; 51 percent had incomes less than \$50,000, an approximation of 200 percent of the FPL for a family of four. Low-income households were most prevalent in the Bronx and Brooklyn (**Exhibit 14**).

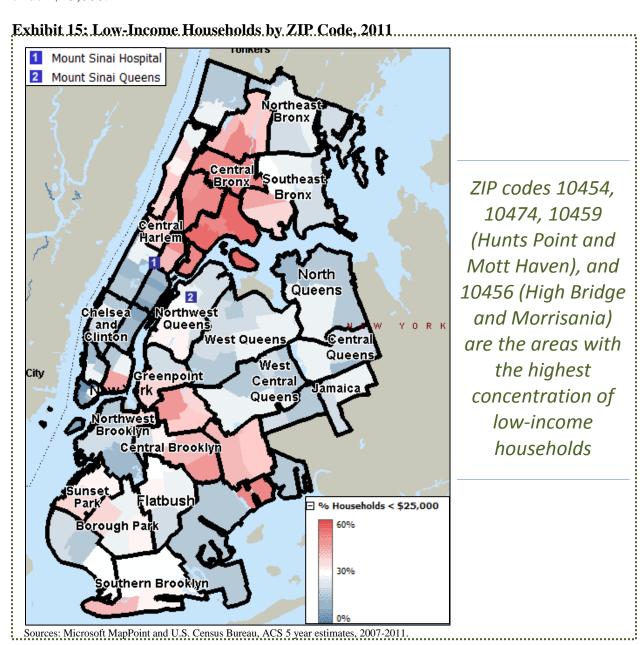
Exhibit 14: Percentage of Low-Income Households by Borough and Neighborhood, 2011

	Occupied	Average	D	Danis and A
Dayough and Najahhauhaad	Housing	Household Income	Percent <	Percent <
Borough and Neighborhood	Units		\$25,000	\$50,000
Bronx Bronx Park and Fordham	475,130 84,160	48,570 41,914	38.9% 42.9%	64.2% 68.5%
Central Bronx	66,642	35,596	42.9%	75.9%
	69,184		49.5%	75.9%
High Bridge and Morrisania Hunts Point and Mott Haven	·	34,735	49.9% 54.2%	77.2%
	43,422 36,375	33,583	22.4%	44.3%
Kingsbridge and Riverdale Northeast Bronx	68,870	80,242	24.6%	44.5%
Southeast Bronx		62,419 57,276	30.7%	55.0%
Brooklyn	106,477 907,785	64,845	30.6%	54.2%
Borough Park	107,029	59,883	31.0%	55.8%
Bushwick and Williamsburg	70,891	45,608	40.5%	66.3%
Canarsie and Flatlands	69,419	73,890	21.0%	42.3%
Central Brooklyn	123,976	52,412	37.2%	62.0%
East New York and New Lots	59,498	45,607	39.9%	65.5%
Flatbush	108,377	58,736	28.3%	55.1%
Greenpoint	49,297	66,163	30.3%	51.2%
Northwest Brooklyn	97,963	117,919	19.5%	33.9%
Southern Brooklyn	106,313	59,196	32.7%	57.1%
Southwest Brooklyn	75,721	70,451	24.5%	49.8%
Sunset Park	39,301	52,805	34.1%	61.1%
Manhattan	730,173	127,784	23.8%	40.1%
Central Harlem	67,430	56,535	38.6%	62.4%
Chelsea and Clinton	79,988	143,987	19.4%	34.1%
East Harlem	41,348	54,763	43.8%	67.9%
Gramercy Park and Murray Hill	72,155	167,300	13.7%	25.1%
Greenwich Village and Soho	42,447	155,995	18.9%	32.3%
Inwood and Washington Heights	90,742	55,990	34.6%	60.7%
Lower East Side	89,612	91,436	30.1%	47.0%
Lower Manhattan	22,567	185,536	15.7%	25.0%
Upper East Side	115,492	189,174	11.7%	22.6%
Upper West Side	108,392	163,374	19.1%	32.1%
Queens	529,205	69,401	22.8%	46.7%
Central Queens	33,918	74,727	22.8%	44.7%
Jamaica	36,330	67,331	23.0%	47.9%
North Queens	83,751	71,875	23.1%	46.2%
Northwest Queens	85,813	67,182	25.1%	48.1%
Southwest Queens	42,544	73,672	18.9%	42.5%
West Central Queens	99,358	77,368	21.2%	42.9%
West Queens	147,491	61,973	23.5%	50.3%
Total	2,642,293	80,224	28.7%	50.6%

There was significant variation in low-income households among neighborhoods within most boroughs. The percentage of households with incomes below \$25,000 was 43.8 percent in East

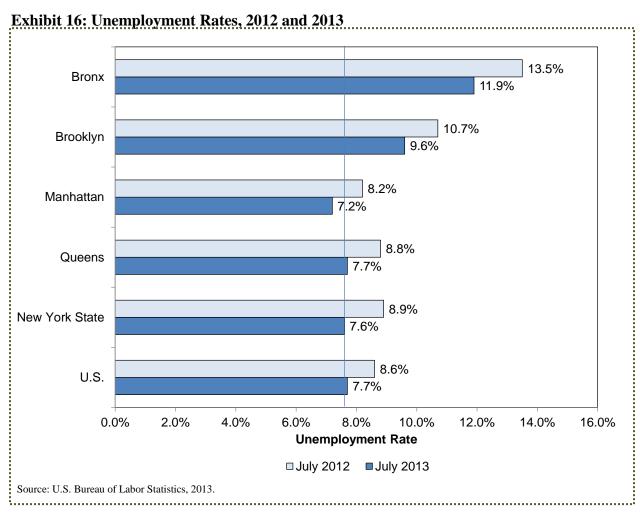
Harlem, for instance, compared to 23.8 percent for Manhattan as a whole. More than 45 percent of the households in Hunts Point and Mott Haven, Central Bronx, and High Bridge and Morrisania, all located in the Bronx, had incomes less than \$25,000; these areas also had the lowest average household incomes. The neighborhoods of Upper East Side and Gramercy Park and Murray Hill in Manhattan reported the lowest percentages of low-income households (Exhibits 14 and 15).

Exhibit 15 presents a map of the percentage of households in the community with incomes under \$25,000.



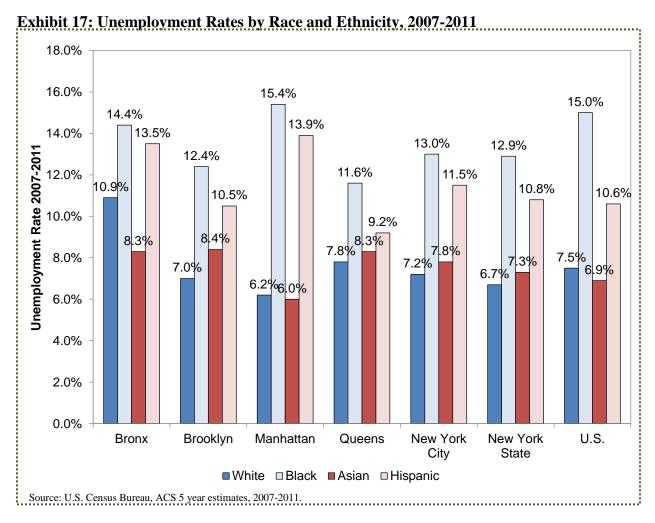
3. Unemployment Rate

Exhibit 16 shows the unemployment rate for each borough in the community, with New York State and national averages for comparison.



The Bronx and Brooklyn experienced higher unemployment rates than the state and national averages in July 2013. Manhattan's and Queens' unemployment rates were similar to the state rate of 7.6 percent. All areas show a decrease in unemployment from 2012 (**Exhibit 16**).

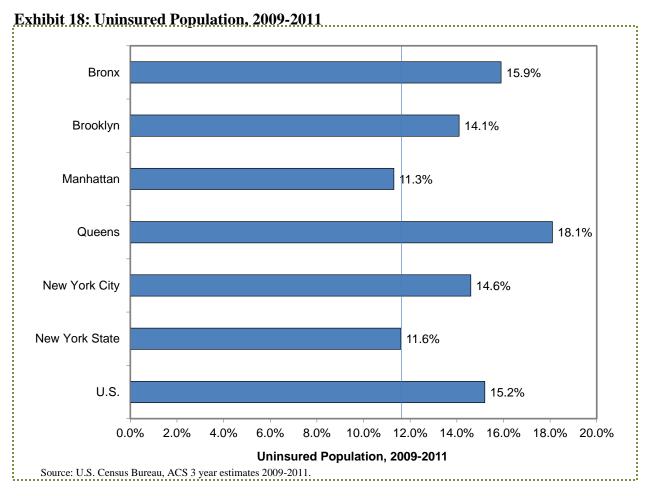
Exhibit 17 presents unemployment rates by race and ethnicity in each borough.



The Black and Hispanic populations reported higher unemployment rates than other cohorts over the period 2007-2011. Disparities were most evident in Manhattan. The Bronx and Manhattan had higher rates of unemployment in the Black and Hispanic population than the state average. The White unemployment rate also was higher than the state average in the Bronx, Brooklyn, and Queens, and higher than the national average in the Bronx and Queens (**Exhibit 17**).

4. Insurance Status

Exhibit 18 displays the percentage of the population in the Mount Sinai community that is uninsured, with New York State and U.S. averages for comparison. On average from 2009-2011, the Bronx, Brooklyn, Queens, and New York City as a whole had higher uninsurance rates than the state. The Bronx and Queens reported a higher percentage of uninsured residents than both the state and U.S.



Health reform enacted by the Affordable Care Act (ACA), including Medicaid expansion and subsidies for exchange-based insurance plans, is predicted to reduce uninsurance rates in New York City. Before the ACA began to take effect, an estimated 1,386,780 individuals were uninsured in the four boroughs of Mount Sinai's community (268,966 in the Bronx, 419,598 in Brooklyn, 227,455 in Manhattan, and 470,761 in Queens). After full implementation of the ACA, approximately 35 percent of the uninsured populations in each borough is expected to gain coverage.⁷

⁷ Urban Institute, Health Policy Center. (2013). *Uninsured New Yorkers After Full Implementation of the Affordable Care Act*. Retrieved 2013, from: http://www.urban.org/UploadedPDF/412746-Uninsured-New-Yorkers-After-Full-Implementation-of-the-Affordable-Care-Act.pdf

Exhibit 19 portrays the distribution of borough-wide discharges (from any hospital) by neighborhood and by payer. This information helps to identify where higher percentages of self-pay individuals and Medicaid recipients live within the community.

Exhibit 19: Hospital Discharges by Neighborhood and Payer, 2012

	Private				
Borough and District	Insurance	Medicaid	Medicare	Self-Pay	Other*
Bronx	47.8%	22.4%	24.9%	3.9%	1.1%
Bronx Park and Fordham	52.3%	22.7%	19.6%	4.4%	1.0%
Central Bronx	38.2%	34.4%	20.8%	5.6%	1.0%
High Bridge and Morrisania	41.7%	30.2%	23.7%	3.3%	1.0%
Hunts Point and Mott Haven	48.0%	24.0%	23.0%	4.0%	1.0%
Kingsbridge and Riverdale	43.6%	9.9%	43.9%	1.7%	1.09
Northeast Bronx	53.6%	13.8%	28.6%	2.8%	1.29
Southeast Bronx	54.3%	13.7%	26.7%	3.9%	1.39
Brooklyn	46.2%	15.6%	34.1%	3.3%	0.89
Borough Park	47.9%	13.3%	36.0%	2.1%	0.79
Bushwick and Williamsburg	51.9%	16.1%	26.7%	4.5%	0.89
Canarsie and Flatlands	47.4%	11.1%	37.6%	3.0%	1.09
Central Brooklyn	47.5%	17.3%	30.7%	3.7%	0.89
East New York and New Lots	48.6%	19.5%	26.5%	4.4%	1.09
Flatbush	45.4%	16.3%	33.5%	3.9%	0.99
Greenpoint	51.8%	11.8%	31.1%	4.5%	0.89
Northwest Brooklyn	51.4%	11.8%	34.0%	1.8%	1.09
Southern Brooklyn	38.6%	12.3%	45.8%	2.7%	0.69
Southwest Brooklyn	38.6%	15.3%	42.6%	2.5%	1.09
Sunset Park	39.7%	31.4%	24.7%	3.3%	0.89
Manhattan	43.4%	13.1%	38.9%	3.6%	1.19
Central Harlem	44.0%	17.2%	34.0%	3.9%	1.09
Chelsea and Clinton	39.3%	20.9%	34.3%	4.1%	1.49
East Harlem	40.3%	17.3%	36.0%	5.5%	0.99
Gramercy Park and Murray Hill	42.9%	10.1%	40.0%	5.2%	1.89
Greenwich Village and Soho	48.9%	6.6%	39.3%	3.5%	1.79
Inwood and Washington Heights	44.8%	13.6%	37.4%	2.7%	1.59
Lower East Side	39.6%	14.7%	41.3%	3.3%	1.19
Lower Manhattan	56.2%	9.8%	30.0%	2.8%	1.29
Upper East Side	45.4%	6.3%	44.2%	3.4%	0.79
Upper West Side	45.0%	6.9%	45.7%	1.7%	0.79
Queens	47.7%	12.0%	34.0%	4.4%	1.89
Central Queens	52.8%	7.8%	36.7%	1.8%	0.99
Jamaica	41.3%	21.5%	32.2%	4.1%	0.89
North Queens	43.4%	10.5%	41.8%	3.4%	0.99
Northwest Queens	54.0%	10.1%	30.3%	4.5%	1.19
Southwest Queens	44.3%	17.2%	33.3%	4.3%	0.99
West Central Queens	49.6%	7.0%	40.1%	2.5%	0.89
West Queens	48.3%	12.9%	28.1%	6.6%	4.0%
Total	46.3%	16.1%	32.8%	3.7%	1.19

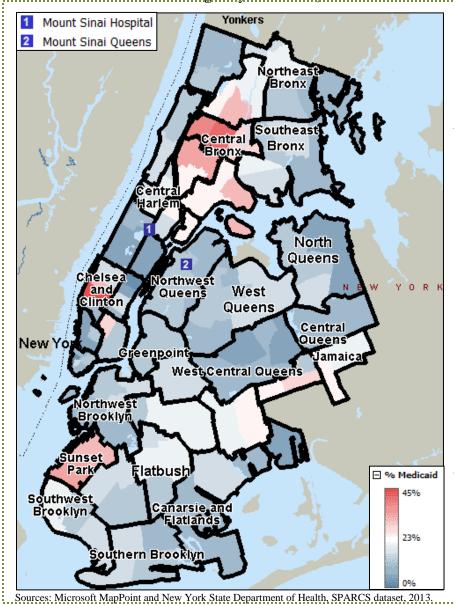
Source: New York State Department of Health, SPARCS dataset, 2013.

st "Other" payers include workers compensation, CHAMPUS, automobile medical coverage, and federal programs.

The highest percentages of discharges for private insurance were from Lower Manhattan, Southeast Bronx, and Northwest Queens. Medicaid discharges were most prevalent in the Bronx. Self-pay discharges were most concentrated in West Queens, Central Bronx, and East Harlem (**Exhibits 19**).

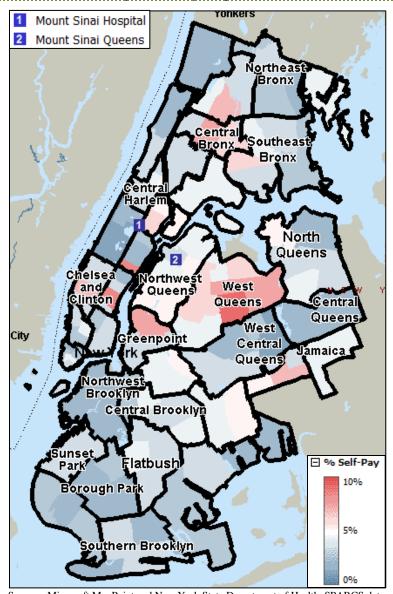
Exhibits 20, 21, and 22 present discharges from any hospital by payer at a ZIP code level.

Exhibit 20: Medicaid Discharges by ZIP Code, 2012



Greater than 30
percent of
discharges were
Medicaid in ZIP
codes 10001
(Chelsea and
Clinton), 10457,
10453 (Central
Bronx), 10456, and
10452 (High
Bridge and
Morrisania)





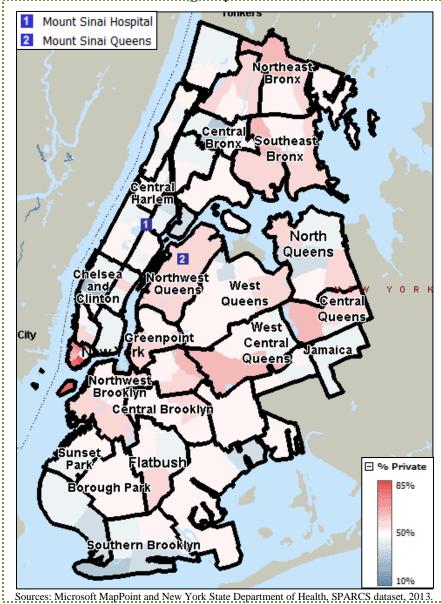
ZIP codes 01276 (Lower East Side), 10156 (Gramercy Park and Murray Hill), 11380, and 11373 (West Queens) had the highest percentages of self-pay discharges

...

At a neighborhood level, self-pay discharges were most prevalent in West Queens and Central Bronx

Sources: Microsoft MapPoint and New York State Department of Health, SPARCS dataset, 2013.

Exhibit 22: Private Discharges by ZIP Code, 2012



The ZIP codes with the highest percentage of private discharges were 10069 (Upper West Side), 10005, 10004 (Lower Manhattan), and 11109 (Northwest Queens)

5. Crime

A safe environment supports community health by helping to prevent injury and promote recreation and good mental health. The Federal Bureau of Investigation's Uniform Crime Reporting Program provides data on violent and property crimes (**Exhibit 23**).

Exhibit 23: Crime Rates per 100,000 Population, 2011

Indicator	New York City	New York State	U.S.
Total Violent Crime Rate	623.6	398.1	386.3
Murder and Non-negligent Manslaughter Rate	6.3	4.0	4.7
Forcible Rape Rate	13.3	14.1	26.8
Robbery Rate	240.8	145.9	113.7
Aggravated Assault Rate	363.2	234.1	241.1
Total Property Crime Rate	1,710.4	1,912.4	2,908.7
Burglary Rate	221.1	336.0	702.2
Larceny-Theft Rate	1,374.4	1,477.2	1,976.9
Motor Vehicle Theft Rate	114.9	99.2	229.6

Source: Federal Bureau of Investigation, Uniform Crime Reporting Program, 2011.

Кеу				
Up to 10% worse than NYS				
10-50% worse than NYS				
50-75% worse than NYS				
Greater than 75% worse than NYS				

New York City had comparatively high rates of violent crime in 2011, including murder and non-negligent manslaughter, robbery, and aggravated assault. The city compared well to the state for property crimes (**Exhibit 23**).

Exhibit 24 presents crime rates among the young adult population aged 16-21, by borough.

Exhibit 24: Young Adult Crime Rates per 10,000 Population, 2011

	Young Adults 16-21 Driving While Intoxicated				Young Adult 16-21 Property Crimes Arrests	
Borough	Number 2011	Rate	Number 2011	Rate	Number 2011	Rate
Bronx	46	3.4	6,992	510.6	1,482	108.2
Brooklyn	76	3.8	7,995	401.9	2,227	112.0
Manhattan	122	11.8	4,751	459.0	3,905	377.3
Queens	272	16.9	4,633	287.3	2,042	126.6
New York City	558	8.7	25,685	401.3	10,105	157.9
New York State	5,342	32.2	33,604	202.8	27,916	168.5

Source: NYS Division of Criminal Justice Services via Kids' Well-being Indicators Clearinghouse, 2012. Rates are per 10,000 young adults aged 16-21 years.

Key	
Up to 10% worse than NYS	
10-50% worse than NYS	
50-75% worse than NYS	
Greater than 75% worse than NYS	

Young adult rates of driving while intoxicated compared well to the state. Drug use, possession, or sale arrest rates were more than 75 percent worse than the state average in the Bronx, Brooklyn, Manhattan, and New York City as a whole. Young adults residing in Manhattan also exhibited high rates of arrests from property crime (**Exhibit 24**).

6. Housing and Homelessness

According to the U.S. Department of Housing and Urban Development (HUD), approximately 810,000 people in the four boroughs lived in HUD-subsidized housing in 2012. **Exhibit 25** provides average costs and wait times across all HUD programs.

Exhibit 25: HUD-Subsidized Housing Estimates, All Programs, 2012

		Spending per Uni Month		•	Average Months
Borough	People in Subsidized Housing	Average Household Income	Average Household Contribution	Average Federal Contribution	on Waiting Llist
Bronx	258,597	17,276.3	\$ 369.0	\$ 820.7	5.5
Brooklyn	289,544	18,326.8	\$ 368.1	\$ 817.6	4.1
Manhattan	188,284	20,113.2	\$ 386.0	\$ 891.8	5.2
Queens	73,954	19,058.4	\$ 369.6	\$ 783.5	2.9
New York State	1,205,442	17,285.9	\$ 364.4	\$ 763.3	17.2
U.S.	10,042,471	12,670.4	\$ 296.7	\$ 633.7	19.9

Household and federal rent contributions per housing unit were higher in the four boroughs than the state and U.S. averages. The average months on the wait list for subsidized housing in the boroughs were less than one-third as long as the state and nation.

The New York City Housing Authority (NYCHA) is responsible for administering the city's public housing program and certain Section 8 programs. New York City residents served by NYCHA accounted for 7.6 percent of the total population in 2013. Exhibit 26A presents characteristics of NYCHA residents by race and ethnicity and Exhibit 26B presents additional characteristics by borough.

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New York City Housing Authority (NYCHA). (2013, March). About NYCHA Fact Sheet. Retrieved 2013, from: http://www.nyc.gov/html/nycha/html/about/factsheet.shtml

Exhibit 26A: Characteristics of Families and Individuals Served by NYCHA, January 2013

Race and Ethnicity	Percentage of NYCHA Population Under 18	Percentage of NYCHA Families with Head of Household 62+	Percentage of NYCHA Population 62+ and Living Alone	Percentage of NYCHA Families with One Parent and Minors Under 18	Percentage of NYCHA Families with One or More Employed
Bronx	Officer 10	021	Alone	Olider 18	Lilipioyeu
White	23.8%	45.9%	16.8%	21.0%	36.7%
Black	31.1%	32.7%	8.3%	31.4%	48.2%
Hispanic	29.8%	35.3%	9.4%	31.7%	46.9%
Asian	12.1%	41.3%	10.9%	25.2%	47.2%
Other	36.3%	24.6%	3.6%	49.4%	60.7%
Total	30.3%	34.4%	9.0%	31.4%	47.2%
Brooklyn					
White	20.3%	62.6%	18.7%	8.8%	35.9%
Black	29.9%	31.9%	8.5%	33.8%	48.5%
Hispanic	29.0%	35.2%	8.6%	30.3%	48.1%
Asian	23.1%	25.7%	2.0%	7.9%	77.1%
Other	41.7%	28.9%	4.9%	40.6%	56.4%
Total	28.9%	34.6%	8.8%	30.5%	48.4%
Manhattan					
White	18.1%	53.2%	20.2%	12.5%	37.8%
Black	26.6%	35.6%	10.0%	28.1%	45.5%
Hispanic	24.4%	43.0%	11.3%	24.8%	44.5%
Asian	15.0%	50.0%	7.1%	6.0%	62.0%
Other	37.3%	29.5%	4.8%	23.8%	53.0%
Total	24.1%	41.3%	10.6%	23.8%	46.3%
Queens					
White	13.9%	59.7%	34.6%	9.7%	32.4%
Black	29.0%	29.7%	13.4%	32.4%	50.6%
Hispanic	29.3%	32.4%	13.5%	31.5%	53.2%
Asian	14.2%	58.6%	26.0%	6.7%	51.6%
Other	34.6%	44.1%	15.5%	22.9%	46.6%
Total	27.4%	34.8%	15.5%	28.6%	49.9%
New York City	У				
White	18.3%	58.2%	19.6%	11.7%	34.9%
Black	29.5%	32.5%	8.8%	31.9%	48.0%
Hispanic	28.0%	37.6%	9.7%	29.0%	46.7%
Asian	16.7%	47.1%	6.4%	7.0%	63.3%
Other	37.9%	32.0%	5.2%	32.1%	53.4%
Total	27.8%	36.6%	9.5%	28.6%	47.5%

Source: New York City Housing Authority, Resident Data Summary Sheets, 2013.

Figures for race and ethnicity were calculated by Verité. Due to rounding, figures may vary as much as 0.1%.

Кеу	
Up to 10% worse than NYC	
10-50% worse than NYC	
50-75% worse than NYC	
Greater than 75% worse than NYC	

Exhibit 26B: Characteristics of Families and Individuals Served by NYCHA, January 2013

Borough	Average NYCHA Family Size	Average Gross Income	Average Number of Years in Public Housing
Brooklyn	2.3	\$22,721	20.0
Bronx	2.4	\$21,796	19.6
Manhattan	2.2	\$24,044	24.0
Queens	2.3	\$24,221	20.1
New York City	2.3	\$22,994	21.0
Source: New York City	Housing Authority	, Resident Data S	ummary Sheets, 2013.

The average gross income of households in NYCHA housing is approximately \$23,000

The Black and Hispanic populations together make up 97 percent of residents served by NYCHA programs. Of the NYCHA population, White families are more likely than other cohorts to have a head of household that is over the age of 62. Queens reports a high percentage of NYCHA residents who are 62 years and older and living alone. In all four boroughs, Black and Hispanic populations have higher percentages of single parent families compared to other cohorts. The percentages of NYCHA families that are single parent households were greater than 75 percent higher than the New York City average for the White and Asian populations in the Bronx (**Exhibit 26A**).

Exhibit 26B shows that the average NYCHA family size ranges from 2.2 to 2.4 persons. Average gross income is approximately \$23,000. Manhattan residents served by NYCHA report the longest tenure in public housing at an average of 24 years compared to the New York City average of 21 years.

The New York City Department of Homeless Services provides short-term, emergency shelter for individuals and families and engages in homelessness prevention initiatives. Each year, the Department conducts the Homeless Outreach Population Estimate (HOPE) survey, a point-in-time estimate of unsheltered individuals. **Exhibit 27** provides the results of the 2013 estimate.

Exhibit 27: Unsheltered Individuals, 2005-2011

Borough	Unsheltered Estimate 2005	Unsheltered Estimate 2013	Difference 2005-2013	Percentage Change 2005-2013
Surface Areas	3,550	1,339	-2,211	-62.3%
Bronx	587	165	-422	-71.9%
Brooklyn	592	307	-285	-48.1%
Manhattan	1,805	722	-1,083	-60.0%
Queens	335	98	-237	-70.7%
Staten Island	231	47	-184	-79.7%
Subways	845	1,841	996	117.9%
NYC Total Unsheltered				
Individuals	4,395	3,180	-1,215	-27.6%

In 2013, an estimated 3,180 people in New York City were unsheltered, a 28 percent decrease from 2005. In the four boroughs that are part of the Mount Sinai community, 1,292 people were

unsheltered (excluding those residing in subways). New York City's overall rate of homelessness (38.6 per 100,000) is lower than that of many other large cities (**Exhibit 28**).

Exhibit 28: Homelessness Rate, Selected Cities*

City	Street Homeless Estimate	Year of Estimate	General Population	Rate per 100,000 Population
San Francisco, CA	3,371	2011	812,826	414.7
Los Angeles, CA	12,977	2011	3,819,702	339.7
Seattle, WA	1,989	2013	620,778	320.4
Miami, FL	535	2012	408,750	130.9
Washington, DC	679	2012	632,323	107.4
Chicago, IL	1,722	2011	2,707,120	63.6
New York City	3,180	2013	8,244,910	38.6
Philadelphia, PA	500	2012	1,536,471	32.5
Boston, MA	181	2012	625,087	29.0

Source: New York City Department of Homeless Services, 2013.

7. State of New York and New York City Budget Trends

Examining recent trends in public budgets for health care, public health, and social services can illuminate the availability of public services that support the health of the community.

New York State Budget Changes between FY 2013 and FY 2014⁹

The State of New York's FY 2013-2014 budget includes both funding increases and decreases from FY 2013-2014 for health-related services. Changes include:

Health

- o The overall health budget increased \$600.45 million, or 3.2 percent;
- o The Office for the Aging budget increased \$1.14 million, or 1.0 percent;
- o The Department of Health budget increased \$602.20 million, or 3.3 percent; and
- The Office of the Medicaid Inspector General budget increased \$804,000, or 3.7 percent.

Social Welfare

- o The Social Welfare budget decreased by \$68.23 million, or 1.8 percent;
- The Office of Children and Family Services budget increased \$90.21 million, or 5.0 percent;

^{*}The selected cities are those for which DHS was able to confirm a recent estimate of the unsheltered population. All general population figures are from the 2011 U.S. Census enumeration except for Washington, DC, which is from 2012.

⁹ New York State Department of the Budget. (2013). New York State Budget. Retrieved 2013, from: http://openbudget.ny.gov/overview/overview_SpendGrowth.html

- The Office for Prevention of Domestic Violence budget increased \$730,000, or 46.6 percent; and
- The Office of Temporary and Disability Assistance budget decreased \$148.48 million, or 8.60 percent.

• Mental Hygiene

- o The overall Mental Hygiene budget decreased \$692.50 million, or 9.0 percent;
- The Office of Alcoholism and Substance Abuse Services increased \$5.76 million, or 1.4 percent;
- The Justice Center for the Protection of People with Special Needs budget was allocated for the first time for \$38.78 million;
- o The Office of Mental Health budget increased \$128.57 million, or 4.3 percent;
- Funding for the Department of Mental Hygiene's budget of \$293,000 was eliminated;
- The Office for People with Developmental Disabilities budget decreased \$860.21 million, or 20.3 percent; and
- The Commission on Quality of Care and Advocacy for Persons with Disabilities budget decreased \$5.10 million, or 68.5 percent.

New York City Budget Changes between FY 2013 and FY 2014

The recent recession has had implications for employment and for the availability of state and city resources devoted to health, public health, and social services. The FY 2014 New York City budget¹⁰ significantly changed funding appropriated to these services.¹¹ Examples from specific departmental and program budgets are listed below.

• An overall increase of \$2.33 million, or 6.4 percent, for all the health and mental health services and Health and Hospitals Corporation (HHC) services budget between FY 2013 and FY 2014.

• Department of Health and Mental Hygiene (DOHMH), Health Services & Prevention

- The overall DOHMH Health Services & Prevention budget decreased \$2.87 million, or 13.8 percent;
- The HIV Prevention Evidence-Based Behavioral Interventions appropriations totaled \$2.72 million for FY 2014, including state matching funds; and

¹⁰New York City Council Financial Division. (2013). Fiscal Year 2014 Adopted Expense Budget Adjustments Summary. Retrieved 2013, from: http://council.nyc.gov/downloads/pdf/budget/2014/skedc.pdf

¹¹ New York City Council Financial Division. (2013). Fiscal Year 2013 Adopted Expense Budget Adjustments Summary. Retrieved 2013, from: http://council.nyc.gov/downloads/pdf/budget/2013/FY%202013%20Schedule%20C%20-%20Merge%20Final1.pdf

 The School Based Health Center - PEG¹² Restoration initiative was newly allocated \$774.634 for FY 2014.

• Department of Health and Mental Health & Hygiene (DOHMH), Mental Health & Hygiene

• The overall DOHMH, Mental Health & Hygiene budget increased \$245,625, or 3.1 percent.

• Health and Hospitals Corporation (HHC)

- The overall Health and Hospitals Corporation budget increased \$4.95 million, or 65.9 percent; and
- The HHC Substance Abuse Services PEG Restoration initiative of \$50,000 was removed.

• Department of Homelessness Services (DOHS)

 The overall Department of Homelessness Services budget increased \$1.20 million with the addition of funds for Reimbursements for Medical Services – PEG Restoration.

Social Services

- o The budget for Social Services decreased \$1.20 million, or 10.8 percent;
- The "Expansion at New Amsterdam" (nutrition services) and "Medical Services in Adult Shelters" (social services) budgets were not funded in 2014; and
- o The EBTs (food stamps) at Food Market fund increased \$65,000, or 24.1 percent.

• Department for the Aging (DFTA)

- The overall Department for the Aging budget increased \$3.99 million, or 23.2 percent;
- The Access to Crisis and Emergency Services program was newly funded for \$600,000;
- The Case Management Restoration initiative increased \$1.50 million, or 37.5 percent; and
- The Senior Centers and Programs Restoration initiative doubled by \$1.49 million.

• Department for Youth and Community Development (DYCD)

 The overall Department for Youth and Community Development budget, including adult literacy, youth services, and immigrant services, decreased approximately \$564,000, or 0.8 percent.

¹²"Programs to Eliminate the Gap," or PEGs, are biannual budget reductions intended to save costs by eliminating or restructuring a program. PEG Restoration seeks to restore funding to programs that may have been designated to be eliminated or reduced.

Local Health Status and Access Indicators

This section examines health status and access to care data for the Mount Sinai community from several sources. The data include: (1) County Health Rankings, (2) New York State Department of Health, (3) Youth Risk Behavior Surveillance System, (4) New York Prevention Agenda 2013-2017, and (5) New York City Community Health Survey.

1. County Health Rankings

County Health Rankings, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation, examines a variety of health status indicators and ranks each county within each state (borough in New York City) in terms of "health factors" and "health outcomes." These health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care, ¹³ social and economic factors, and physical environment. ¹⁴ County Health Rankings is updated annually. County Health Rankings 2013 relies on data from 2004 to 2012, with most data originating in 2007 to 2011.

Exhibit 29A illustrates the four boroughs' rankings for each composite category in 2013. Rankings indicate how the borough/county ranked compared to the 62 counties in the state. A rank of 1 indicates the best borough/county in the state. Indicators are shaded based on the borough's percentile for the state ranking. For example, Bronx compared unfavorably to other New York counties for education with a rank of 62 out of 62 counties and placing in the bottom 25th percentile of all New York counties.

Overall, the Mount Sinai community compares poorly to other counties in the state. The Bronx and Brooklyn compared most poorly with 16 and 15 indicators, respectively, ranking in the bottom 25th percentile of all New York counties. The Bronx ranked as the worst county in the state for nine indicators. The two boroughs demonstrate unfavorable outcomes for mortality, morbidity, sexual activity, clinical care indicators, social and economic factors, and physical environment indicators. All four boroughs ranked in the bottom quartile for: morbidity; sexual activity; and social and economic factors, including family and social support and community safety (**Exhibit 29A**).

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¹³A composite measure of Access to Care, which examines the percentage of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percentage of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

¹⁴A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percentage of restaurants that are for fast food.

Exhibit 29A: Borough/County Rank among 62 New York Counties, 2013

Indicator Category	Bronx	Brooklyn	Manhattan	Queens
Health Outcomes	62	49	21	19
Mortality	60	44	9	7
Morbidity	62	58	54	49
Health Factors	62	59	10	47
Health Behaviors	47	13	2	6
Tobacco Use	19	11	5	7
Diet and Exercise	44	12	1	5
Alcohol Use	4	1	17	3
Sexual Activity	62	60	58	50
Clinical Care	61	58	10	60
Access to Care	60	55	2	62
Quality of Care	61	55	41	48
Social & Economic Factors	62	61	52	54
Education	62	60	23	51
Employment	62	55	10	30
Income	62	61	54	31
Family and Social	62	61	60	59
Community Safety	61	59	62	60
Physical Environment	59	49	1	42
Environmental Quality	42	48	29	45
Built Environment	60	45	1	40

Source: County Health Rankings, 2013.

Кеу	
50th to 100th percentile of NY counties	
25th to 49th percentile of NY counties	
Bottom 25th percentile of NY counties	

Exhibits 29B and **29C** provide data for each underlying indicator of the composite categories in the *County Health Rankings*. The *County Health Rankings* methodology provides a comparison of counties within a state to one another.

It also is important to analyze how these same indicators compare to the national average. For example, the community's violent crime rate was more than 75 percent worse than the U.S. average, and the boroughs are shaded to reflect this. Cells in the table below are shaded if the indicator for the borough exceeded the national average for that indicator by more than ten percent.

1.

¹⁵ County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf

Exhibit 29B: Borough/County Data Compared to U.S. Average, 2013

Indicator Category	Data	Bronx	Brooklyn	Manhattan	Queens
Health Outcomes					
Mortality	Years of potential life lost per death before age 75 per 100,000	7,480.5	6,283.8	4,896.2	4,822.0
	Adults reporting poor or fair health	24.3%	19.6%	16.4%	17.89
NA o ubiditu	Average number of physically unhealthy days reported in the past 30 days	4.1	3.7	3.5	3.
Morbidity	Average number of mentally unhealthy days reported in the past 30 days	3.8	3.5	3.6	3.
	Live births under 2,500 grams (Low birth weight)	10.0%	8.6%	8.7%	8.39
Health Factors					
Health Behaviors					
Tobacco Use	Adults reporting smoking 100 cigarettes or more and currently smoking	17.9%	14.9%	13.8%	14.29
Diet and Eversies	Adults reporting BMI over 30 (obesity)	27.5%	24.5%	15.1%	22.49
Diet and Exercise	Adults 20+ reporting no leisure time physical activity	30.0%	27.5%	16.2%	28.29
Alcohol Use	Adults reporting binge and heavy drinking		13.0%	21.5%	13.79
Alcohol ose	Motor vehicle crash death rate per 100,000	4.5	4.9	3.8	5.
Sexual Activity	Chlamydia incidence rate per 100,000	1,333.1	830.0	714.3	523.
Sexual Activity	Birth rate per 1,000 females aged 15-19	45.4	31.2	26.1	24.
Clinical Care					
	Population under 65 without insurance	17.0%	16.2%	12.4%	20.79
Access to Care	Ratio of population to primary care physicians	2,121:1	1,596:1	762:1	1,512:
	Ratio of population to dentists	2,156:1	1,735:1	685:1	1,488:
	Hospitalizations for ambulatory care sensitive conditions per 1,000				
Quality of Caro	Medicare enrollees	81.2	75.0	54.0	62.
Quality of Care	Diabetic Medicare enrollees that receive a blood glucose screening	77.5%	85.2%	80.1%	84.89
	Female Medicare enrollees that receive a mammogram	60.8%	57.2%	64.6%	57.39

Source: County Health Rankings, 2013.

Кеу	
Unreliable or missing data	N/A
Up to 10% worse than U.S. average	
10%-50% worse than U.S. average	
50-75% worse than U.S. average	
>75% worse than U.S. average	

Exhibit 29C: Borough/County Data Compared to U.S. Average, 2013

Indicator Category	Data	Bronx	Brooklyn	Manhattan	Queens
Social & Economic Factors					
Education	Number of 9th grade cohort that graduates in 4 years	57.6%	64.2%	66.6%	70.0%
Education	Adults 25-44 with some post-secondary education	47.9%	60.1%	81.7%	61.0%
Employment	Population 16+ unemployed but seeking work	12.3%	9.7%	7.4%	8.1%
Income	Percent of children under 18 in poverty	40.9%	33.8%	26.7%	21.8%
Family and Social	Percent of adults without social/emotional support	33.6%	31.2%	26.5%	32.1%
Support	Children in a single parent household	64.1%	39.7%	44.8%	32.9%
Community Safety	Violent crime rate per 100,000	576.3	567.3	577.4	568.0
Physical Environment					
	Average daily measure of fine particulate matter in the air in				
Environmental Quality	micrograms per cubic meter	11.4	11.6	11.5	11.5
	Population exposed to water with a safety violation in the past year		N/A	0.0%	N/A
	Recreation facilities per 100,000 population	3.3	4.8	27.5	5.6
Built Environment	Number of low-income population not close to a grocery store	0.1%	0.0%	0.0%	0.0%
	Percentage of restaurants classified as fast food	63.1%	52.0%	36.2%	51.4%

Source: County Health Rankings, 2013.

Кеу	
Unreliable or missing data	N/A
Up to 10% worse than U.S. average	
10%-50% worse than U.S. average	
50-75% worse than U.S. average	
>75% worse than U.S. average	

Three or more boroughs reported rates of chlamydia, violent crime, and adults living without social and emotional support that were greater than 50 percent worse than U.S. averages. The Bronx compared most unfavorably with 13 indicators that were more than 10 percent worse than the national average followed by Brooklyn with 10 such indicators (**Exhibits 29B** and **29C**).

2. New York State Department of Health

The New York State Department of Health collects data regarding a number of health issues. **Exhibit 30** presents a summary of selected causes of death by borough. **Exhibits 31** through **47** present more in-depth data analyses pertaining to cancer, cardiovascular disease, obesity, communicable diseases, respiratory-related indicators, maternal and child health, and injury and substance abuse. Data by race and ethnicity are included, where available.

Exhibit 30: Selected Causes of Death, Rates per 100,000 Population, 2011

Borough	Diseases of the Heart	Malignant Neoplasms	Cerebro- vascular Disease	AIDS	Pneumonia	CLRD	Total Accidents	Diabetes Mellitus	Homicide/ Legal Intervention	Cirrhosis of the Liver	Suicide
Bronx	209.8	160.1	21.8	18.2	33.4	26.6	22.3	26.9	10.6	8.6	6.7
Brooklyn	209.6	154.7	21.7	9.0	33.0	19.2	18.0	25.1	7.6	6.3	4.7
Manhattan	153.4	138.7	21.8	9.6	21.6	18.6	15.7	15.1	4.8	5.0	7.0
Queens	187.0	134.5	19.0	3.4	26.6	19.8	17.3	16.0	3.8	5.7	5.9
New York City	193.2	145.8	20.8	8.7	28.4	21.0	18.4	20.3	6.2	6.2	5.8
New York State	187.1	155.5	26.6	4.2	20.3	30.5	24.9	17.4	4.2	6.7	8.0

Source: New York State Department of Health, 2013. Rates are age adjusted.

Key	
Up to 10% worse than NYS	
10-50% worse than NYS	
50-75% worse than NYS	
> 75% worse than NYS	

The Mount Sinai community, with the exception of Queens, was more than 75 percent worse than the state for AIDS mortality. Pneumonia and homicide/legal intervention mortality rates were also high in the Bronx and Brooklyn (**Exhibit 30**).

Exhibit 31: Cancer Indicators, 2007-2009

Indicator	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State
All cancers						
Incidence per 100,000	446.8	435.3	473.4	415.2	443.0	489.6
Mortality rate per 100,000	163.7	140.9	158	131.5	145.9	163
Lip, oral cavity, and pharynx cancer						
Incidence per 100,000	11.1	8.8	12.2	8.5	9.6	10.4
Mortality rate per 100,000	2.8	2.2	2.3	1.9	2.2	2.1
Colon and rectum cancer						
Incidence per 100,000	47.4	48.1	39.8	44.2	45.1	45.8
Mortality rate per 100,000	18.0	16.6	14.8	14.0	15.7	15.7
Lung and bronchus cancer						
Incidence per 100,000	53.6	47.5	52.8	47.9	50.8	63.8
Mortality rate per 100,000	36.2	31.2	35.4	29.5	33.1	42.8
Female breast cancer						
Incidence per 100,000	105.4	105	137.1	108.1	113.5	126.9
Mortality rate per 100,000	22.3	21.7	22.3	18.6	21.1	21.7
Cervix uteri cancer	•	•				
Incidence per 100,000	10.8	10.6	6.7	9.7	9.6	8.3
Mortality rate per 100,000	3.9	3.4	2.7	2.2	2.9	2.3
Ovarian cancer			•			
Incidence per 100,000	11.7	12	13.1	11.6	12.2	12.9
Mortality rate per 100,000	6.4	6.4	7.5	6.4	6.7	7.8
Prostate cancer	•	•				
Incidence per 100,000	182.4	159.9	159.5	148.6	159.4	166.9
Mortality rate per 100,000	32.0	21.9	27.2	18.2	22.8	21.6
Melanoma cancer mortality		•				
Mortality rate per 100,000	0.9	1.3	1.8	1.2	1.3	2.1
Screenings						
% of women 18 years and older with pap smear in past 3 years (2008-2009)	81.2	83.8	85.3	79.4	82.5	82.7
% of women 40 years and older with mammography screening in past 2 years (2008-2009) Source: New York State Department of Health, 2013.	78.2	78.4	80.3	74.8	77.8	79.7

All rates are age adjusted.

Кеу	
Up to 10% worse than NYS	
10-50% worse than NYS	
50-75% worse than NYS	
> 75% worse than NYS	

Overall, the Mount Sinai community compared favorably to the state for cancer incidence and mortality indicators. Cervical cancer incidence and mortality were issues for the majority of the community (**Exhibit 31**). **Exhibit 32** presents cancer indicators by race and ethnicity.

Exhibit 32: Cancer Indicators by Race and Ethnicity, 2007-2009

		Colorectal	Breast	Cervix Uteri
Borough and	Lung Cancer	Cancer	Cancer	Cancer
Race/Ethnicity	Incidence	Mortality	Mortality	Mortality
Bronx		•	,	,
White	71.8	21.2	24.6	-
Black	58.7	20.9	26.3	6.7
Asian/Pacific Islander	30.1	-	-	-
Hispanic	40.2	14.1	18.4	2.7
Total	53.6	18.0	22.3	3.9
Brooklyn	-			
White	51.2	15.3	20.6	1.3
Black	44.7	18.7	27.9	5.6
Asian/Pacific Islander	52.4	11.9	8.0	-
Hispanic	36.9	16.5	16.1	4.0
Total	47.5	16.6	21.7	3.4
Manhattan				
White	55.2	12.5	22.9	1.9
Black	71.5	24.5	40.1	5.8
Asian/Pacific Islander	53.8	16.1	7.4	-
Hispanic	35.6	12.7	16.7	3.8
Total	52.8	14.8	22.3	2.7
Queens				
White	59.7	14.7	21.3	1.9
Black	44.7	16.5	22.1	3.3
Asian/Pacific Islander	39.3	11.2	9.5	-
Hispanic	29.6	11.2	15.0	-
Total	47.9	14.0	18.6	2.2
New York City				
White	58.0	15.0	21.8	1.6
Black	51.2	19.4	27.6	5.4
Asian/Pacific Islander	44.4	12.3	8.4	1.9
Hispanic	35.7	13.5	16.4	3.0
Total	50.8	15.7	21.1	2.9
New York State	, ,			
White	59.5	15.4	22.0	1.6
Black	56.4	19.7	28.6	5.2
Asian/Pacific Islander	40.2	11.0	9.2	1.6
Hispanic	35.3	13.3	15.7	2.8
Total	63.8	15.7	21.7	2.3

Source: New York State Department of Health, 2013. All rates are age adjusted per 100,000 population.

Кеу	
Data suppressed due to small sample size or for confidentiality	-
Up to 10% worse than NYS	
10-50% worse than NYS	
50-75% worse than NYS	
> 75% worse than NYS	

Overall, each racial and ethnic group compared favorably to the state. One indicator, cervix uteri cancer mortality in the Bronx, was more than 50 percent worse than the state. The Black population in Manhattan was between 10 and 50 percent worse than the state average for all indicators: lung cancer incidence, colorectal cancer mortality, breast cancer mortality, and cervix uteri cancer mortality. Black populations typically had higher rates of cancer mortality compared to other racial and ethnic cohorts (**Exhibit 32**).

Exhibit 33 presents cardiovascular disease-related indicators by borough compared to the state.

Exhibit 33: Cardiovascular Disease Indicators, 2008-2010

Indicator	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State
Cardiovascular disease mortality rate per 100,000	277.2	280.6	208.8	253.7	260.4	250.9
Disease of the heart mortality rate per 100,000	233.5	246.4	171.4	221.7	225.2	207.6
Coronary heart disease mortality rate per 100,000	211.8	231.8	152.1	205.5	208.1	169.4
Congestive heart failure mortality rate per 100,000	6.1	3.2	5.3	4.1	4.4	11.3
Cerebrovascular disease (stroke) mortality rate per 100,000	21.2	16.9	19.4	17.7	18.2	26.7
Age-adjusted % of adults ever told they have high blood						
pressure (2008-2009)	33.4	29.6	23.6	29.7	28.8	25.7

Source: New York State Department of Health, 2013. All rates are age adjusted.

Key	
Up to 10% worse than NYS	
10-50% worse than NYS	
50-75% worse than NYS	
> 75% worse than NYS	

Across all boroughs, no cardiovascular disease indicator was more than 50 percent worse than the state. The Bronx and Brooklyn compared most unfavorably, with four indicators benchmarking at 10 to 50 percent worse than the state. Coronary heart disease mortality and the percentage of adults with high blood pressure were issues for the Bronx, Brooklyn, Queens, and New York City as a whole (**Exhibit 33**).

Exhibit 34 presents cardiovascular disease and diabetes indicators by borough, race, and ethnicity.

Exhibit 34: Cardiovascular Disease and Diabetes Mortality Rates by Race and Ethnicity, 2008-2010

Borough and Race/Ethnicity	All Diseases of the Heart	Stroke	Coronary Heart Disease	Congestive Heart Failure 18+	Diabetes
Bronx					
White	247.9	21.2	225.5	22.6	27.3
Black	201.8	20.2	182.3	6.5	29.9
Asian/Pacific Islander	93.1	-	87.1	-	-
Hispanic	186.5	19.2	159.3	4.3	30.5
Total	233.5	21.2	211.8	7.8	28.5
Brooklyn					
White	253.6	13.1	240.7	6.0	14.3
Black	236.9	22.9	219.2	3.9	36.5
Asian/Pacific Islander	122.0	13.4	115.3	-	9.7
Hispanic	211.1	18.4	198.1	2.8	30.0
Total	246.4	16.9	231.8	4.3	21.5
Manhattan					
White	159.2	18.5	151.3	6.8	12.4
Black	206.0	22.2	181.6	12.2	31.4
Asian/Pacific Islander	91.2	20.0	80.6	-	11.6
Hispanic	149.8	20.4	132.7	6.5	23.8
Total	171.4	19.4	152.1	7.1	16.4
Queens					
White	227.5	16.1	210.6	12.2	12.1
Black	241.7	19.9	224.1	5.3	25.3
Asian/Pacific Islander	129.4	17.3	121.2	-	13.2
Hispanic	148.4	14.1	139.4	1.6	10.5
Total	221.7	17.7	205.5	5.9	14.7
New York City					
White	230.9	16.3	214.2	8.9	15.2
Black	225.2	21.3	205.8	5.8	31.7
Asian/Pacific Islander	116.5	16.8	107.9	1.6	12.3
Hispanic	173.2	18.2	159.3	3.5	23.8
Total	225.2	18.2	208.1	6.0	19.4
New York State					
White	205.7	26.5	165.4	24.2	14.4
Black	223.2	25.8	196.2	7.8	30.3
Asian/Pacific Islander	108.5	16.5	98.4	2.0	11.2
Hispanic	163.2	19.2	146.8	3.8	21.7
Total	207.6	26.7	169.4	17.2	16.6

Source: New York State Department of Health, 2013. All rates are age adjusted per 100,000 population.

Кеу	
Data suppressed due to small sample size or for confidentiality	-
Up to 10% worse than NYS	
10-50% worse than NYS	
50-75% worse than NYS	
> 75% worse than NYS	

The diabetes mortality rate for White residents in the Bronx was more than 75 percent worse than the state average for that population group. Congestive heart failure mortality in the Black and Hispanic populations in Manhattan benchmarked at 50 to 75 percent worse than the New York State average. Most population groups in the community exhibited lower than average rates of stroke mortality. Heart diseases, including coronary heart disease, were problematic across the entire Brooklyn population. Among racial and ethnic cohorts in Manhattan, the Black population in Manhattan exhibited the highest mortality rates for all indicators. Black and Hispanic populations typically had higher diabetes mortality rates than White populations. White populations in the community typically demonstrated higher rates of congestive heart failure mortality (**Exhibit 34**).

Obesity increases the risk for many health conditions. Obesity measures, health behaviors that contribute to obesity, and obesity-related chronic diseases are reported in **Exhibit 35.**

Exhibit 35: Obesity-Related Indicators, 2008-2010

Indicator	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State
% of pregnant women in WIC who were pre-pregnancy overweight or						
obese (BMI 25 or higher)	55.0%	45.6%	45.2%	44.7%	47.6%	50.0%
% obese (95th percentile or higher) children in WIC (ages 2-4 years)	14.9%	12.7%	12.7%	15.5%	13.9%	14.5%
% of WIC mothers breastfeeding at 6 months	46.0%	52.5%	41.9%	47.9%	48.0%	39.7%
Age-adjusted % of adults overweight or obese (BMI 25 or higher) (2008-2009)	68.0%	59.3%	48.8%	56.4%	57.9%	59.3%
Age-adjusted % of adults who did not participate in leisure time physical activity in last 30 days (2008-2009)	69.2%	70.4%	80.2%	71.9%	72.7%	76.3%
Age-adjusted % of adults eating 5 or more fruits or vegetables per day						
(2008-2009)	6.3%	10.4%	13.6%	6.8%	9.4%	27.1%
Age-adjusted % of adults with physician-diagnosed diabetes (2008-2009)	11.3%	10.5%	6.1%	11.0%	9.7%	9.0%
Age-adjusted cardiovascular disease mortality rate per 100,000	277.2	280.6	208.8	253.7	260.4	250.9
Age-adjusted cerebrovascular disease (stroke) mortality rate per 100,000	21.2	16.9	19.4	17.7	18.2	26.7
Age-adjusted diabetes mortality rate per 100,000	28.5	21.5	16.4	14.7	19.4	16.6

Source: New York State Department of Health, 2013.

Key	
Up to 10% worse than NYS	
10-50% worse than NYS	
50-75% worse than NYS	
> 75% worse than NYS	

Manhattan and Queens compared favorably to the state for obesity-related indicators. The Bronx compared most unfavorably to New York State, with data on five indicators more than 10 percent worse than the state; diabetes mortality in the Bronx was 72 percent worse than the state average (**Exhibit 35**).

Exhibit 36 presents communicable disease incidence rates for the Mount Sinai community.

Exhibit 36: Communicable Disease Indicators, 2008-2010

Indicator	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State
Pertussis incidence per 100,000	1.3	1.3	1.8	0.8	1.3	3.0
Mumps incidence per 100,000	0.6	23.4	0.7	0.6	7.6	5.5
H. influenza incidence per 100,000	1.7	1.0	1.0	0.8	1.1	1.3
Hepatitis A incidence per 100,000	0.6	0.9	1.3	1.6	1.1	0.8
Acute hepatitis B incidence per 100,000	0.9	1.2	1.2	0.8	1.0	0.8
Chronic hepatitis C newly reported cases per 100,000 (2009)*	169.8	116.2	119.6	110.6	121.6	85.9
Tuberculosis incidence per 100,000	9.7	9.2	7.6	12.2	9.5	5.4
Salmonella incidence per 100,000	18.4	14.6	15.9	14.5	15.3	13.9
Shigella incidence per 100,000	4.4	9.3	6.7	3.4	6.0	4.4
Lyme disease incidence per 100,000	4.9	7.7	26.7	5.2	10.4	42.4
% of adults 65 years and older with flu shot in last year (2008-2009)	58.6	53.8	59.7	55.9	73.8	75.0
% of adults 65 years and older who ever received pneumonia shot (2008-2009)	48.3	44.2	55.8	49.9	56.2	64.7

Source: New York State Department of Health, 2013, New York City Department of Health and Mental Hygiene, 2013, and Cornell University, Program of Applied Demographics, 2013. *These data include "positive hepatitis C results reported to the health department for the first time with a hepatitis C diagnosis rate (or specimen collection date)" in 2009.

Кеу	
Up to 10% worse than NYS	
10-50% worse than NYS	
50-75% worse than NYS	
> 75% worse than NYS	

Three or more boroughs compared poorly to the state for incidence rates of hepatitis A and B and tuberculosis from 2008-2010. The following incidence rates were greater than 75 percent worse than the state average: tuberculosis in the Bronx and Queens, mumps and shigella in Brooklyn, and hepatitis A in Queens. The entire city lagged behind the state on the percentages of adults 65 years and older receiving flu or pneumonia vaccinations (**Exhibit 36**).

Exhibits 37 and 38 present prevalence and new diagnosis rates for HIV and AIDS.

Exhibit 37: Living HIV and AIDS Cases, Prevalence Rate per 100,000, 2010

Cohort	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State
Male	2,232.4	1,492.3	3,417.2	988.7	1,786.4	913.9
Female	1,277.2	742.0	771.8	389.3	707.1	377.5
White	591.9	342.2	1,421.4	388.1	650.6	217.4
Black	2,329.4	1,943.6	4,783.1	1,455.2	2,236.1	1,844.0
Hispanic	1,677.4	1,458.1	2,363.7	981.4	1,534.5	1,299.8
Asian/Pacific Islander	147.9	90.8	296.3	82.6	118.5	97.3
Native American	345.1	158.3	811.5	207.2	308.5	150.3
Total	1,706.9	1,087.0	2,046.1	678.9	1,213.4	636.0

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology, 2012. All rates are age adjusted.

Кеу	
Up to 10% worse than NYS	
10-50% worse than NYS	
50-75% worse than NYS	
> 75% worse than NYS	

The prevalence rate of HIV and AIDS in New York City as a whole was nearly twice as high as the state average in 2010. Queens had the lowest total rate of residents living with HIV and AIDS, although the prevalence rate for the White population was greater than 75 percent worse than the state average. Bronx and Manhattan compare most unfavorably. Every cohort in Manhattan was worse than the state, ranging from 82 to 554 percent higher than the statewide figure (**Exhibit 37**).

Exhibit 38: Newly Diagnosed HIV and AIDS Cases, 2010

Borough	HIV Diagnoses	AIDS Diagnoses	HIV Case Rate per 100,000	AIDS Case Rate per 100,000
Bronx	640	637	45.3	46.8
Brooklyn	886	758	33.7	30.0
Manhattan	863	550	48.0	33.2
Queens	557	402	23.5	17.1
New York City	2,999	2,400	34.4	28.5
New York State	3,849	3,020	19.6	15.4

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology, 2012. All rates are age adjusted.

Persons diagnosed with HIV may also be diagnosed with AIDS in the same year or a later year and their AIDS diagnosis will be counted separately. HIV and AIDS diagnoses cannot be added together in a meaningful way.

Кеу	
Up to 10% worse than NYS	
10-50% worse than NYS	
50-75% worse than NYS	
> 75% worse than NYS	

The Bronx, Brooklyn, Manhattan, and New York City as a whole reported new HIV and AIDS case rates that were greater than 75 percent worse than the state average in 2010 (**Exhibit 38**).

Exhibit 39 presents data on chronic lower respiratory disease (CLRD) and asthma in the Mount Sinai community.

Exhibit 39: Respiratory-Related Indicators, 2008-2010

Indicator	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State
Age-adjusted CLRD mortality rate per 100,000	26.1	16.3	19.7	17.2	19.2	31.1
Age-adjusted asthma hospitalization rate per 100,000	63.6	31.0	25.8	19.6	31.6	20.3
Ages 0-4 years	164.5	73.6	57.6	65.8	84.8	58.8
Ages 5-14 years	61.4	31.0	31.3	24.5	34.7	20.9
Ages 0-17 years	84.2	41.0	38.7	33.9	46.4	29.0
Ages 5-64 years	48.6	23.0	18.0	13.1	23.3	15.4
Ages 15-24 years	24.6	10.9	12.0	6.7	12.5	7.5
Ages 25-44 years	32.7	13.6	8.6	7.0	13.6	10.8
Ages 45-64 years	77.5	37.8	31.0	18.3	36.1	21.8
Ages 65 years or older	99.2	57.3	47.3	34.0	52.8	32.2
Age-adjusted asthma mortality rate per 100,000	4.1	2.1	1.5	0.9	1.9	1.2
Age-adjusted % of adults with current asthma (2008-2009)	8.1%	0.0	0.1	0.0	9.2%	0.1

Source: New York State Department of Health, 2013.

Key	
Up to 10% worse than NYS	
10-50% worse than NYS	
50-75% worse than NYS	
> 75% worse than NYS	

Data indicate that asthma is a health problem in the community, particularly in the Bronx. From 2008-2010, the Bronx' asthma hospitalization and mortality rates were more than 75 percent worse than the New York State average. Asthma hospitalization rates in Brooklyn, particularly for residents aged 45 and older, also compared poorly to state averages. Although not as severe as the Bronx, asthma hospitalization and mortality rates in Manhattan were slightly higher than the state. The entire community benchmarked favorably to the state for CLRD (**Exhibit 39**).

Exhibit 40 presents respiratory asthma and CLRD indicators by race and ethnicity.

Exhibit 40: Respiratory Indicators by Race and Ethnicity, 2008-2010

	Asthma	Asthma	CLRD/COPD
Borough and	Hospitalizations	Hospitalizations	Mortality 18+
Race/Ethnicity	Age adjusted	Age 0-17 Years	Years
Bronx			
White	12.0	7.5	78.7
Black	45.7	64.4	27.4
Asian/Pacific Islander	14.2	16.5	-
Hispanic	60.9	66.2	21.6
Total	63.6	84.2	31.7
Brooklyn			
White	10.4	10.1	26.7
Black	43.9	60.5	19.9
Asian/Pacific Islander	9.3	9.3	9.1
Hispanic	40.8	44.7	15.7
Total	31.0	41.0	21.1
Manhattan			
White	8.7	14.9	23.0
Black	54.2	64.1	40.1
Asian/Pacific Islander	4.0	4.7	17.5
Hispanic	40.0	42.1	22.9
Total	25.8	38.7	24.7
Queens			
White	10.9	18.4	46.3
Black	32.6	53.7	21.7
Asian/Pacific Islander	7.2	13.2	7.4
Hispanic	16.9	27.8	7.9
Total	19.6	33.9	23.6
New York City			
White	10.5	12.6	34.9
Black	43.4	60.2	24.2
Asian/Pacific Islander	7.4	11.0	9.7
Hispanic	40.3	46.8	16.5
Total	31.6	46.4	24.9
New York State			
White	9.5	11.4	60.5
Black	39.2	50.6	24.3
Asian/Pacific Islander	6.7	10.1	8.4
Hispanic	34.6	38.1	14.6
Total	20.3	29.0	44.6

Source: New York State Department of Health, 2013.

All rates are per 100,000 population.

Кеу	
Data suppressed due to small sample size or for confidentiality	-
Up to 10% worse than NYS	
10-50% worse than NYS	
50-75% worse than NYS	
> 75% worse than NYS	

Asthma hospitalizations were most severe for non-White populations in the Bronx from 2008-2010. Several cohorts in Brooklyn and Manhattan benchmarked at 10-50 percent worse than the state. Within racial and ethnic cohorts, asthma hospitalizations were highest for the Black and Hispanic populations. Non-White populations in Manhattan compared poorly to the state for chronic lower respiratory disease/chronic obstructive pulmonary disease (**Exhibit 40**).

Exhibits 41 through 46 present data related to maternal and child health.

Exhibit 41: Maternal and Child Health Indicators, 2009-2011

Borough	Premature Births	Low Birth Weight	Late or No Prenatal Care	Infant Death Rate*	Teen Pregnancy Rate 15-19**
Bronx	12.8%	9.6%	0.9%	5.1	82.3
Brooklyn	11.9%	8.4%	0.6%	4.3	59.4
Manhattan	12.0%	8.7%	0.6%	3.7	54.8
Queens	11.6%	8.1%	1.0%	4.2	47.4
New York City	12.0%	8.6%	0.7%	4.3	59.1
New York State	11.6%	8.2%	0.7%	4.9	43.1

Source: New York State Department of Health, 2013.

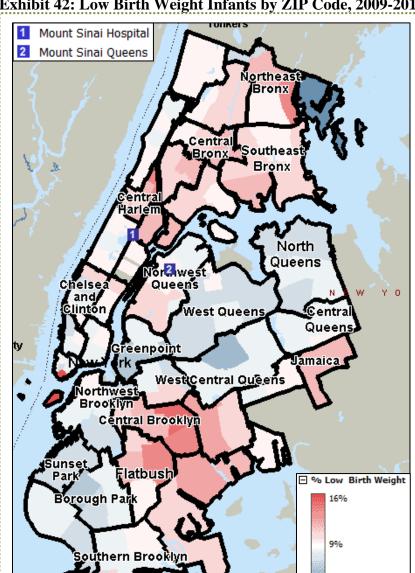
^{**}Teen pregnancy rates are per 1,000 females ages 15-19.

Кеу	
Up to 10% worse than NYS	
10-50% worse than NYS	
50-75% worse than NYS	
> 75% worse than NYS	

The Mount Sinai community had lower infant mortality rates than New York State from 2009-2011. Teen pregnancy (ages 15-19) rates were high in the Bronx, Brooklyn, and Manhattan. Maternal and child health indicators were most unfavorable in the Bronx. However, no indicator was more than 75 percent worse than the state (**Exhibit 41**).

Exhibits 42, 43, and 44 illustrate maternal and child health indicators by ZIP code.

^{*}Infant deaths per 1,000 live births.

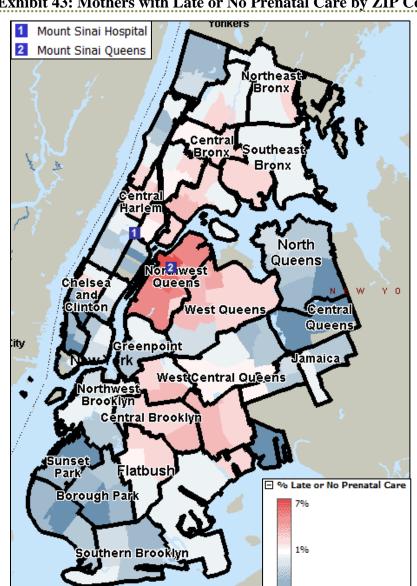


Sources: Microsoft MapPoint and New York State Department of Health, 2013.

Exhibit 42: Low Birth Weight Infants by ZIP Code, 2009-2011

Greater than 13% of infants were born at low birth weights in ZIP codes 10004 (Lower Manhattan), 10039 (Central Harlem), 11212, and 11233 (Central Brooklyn)

These same ZIP codes had the highest percentages of premature births



Sources: Microsoft MapPoint and New York State Department of Health, 2013.

Exhibit 43: Mothers with Late or No Prenatal Care by ZIP Code, 2009-2011

Receiving late or no prenatal care was most common in North Queens, particularly ZIP codes 11102, 11106, 11105, and 11101

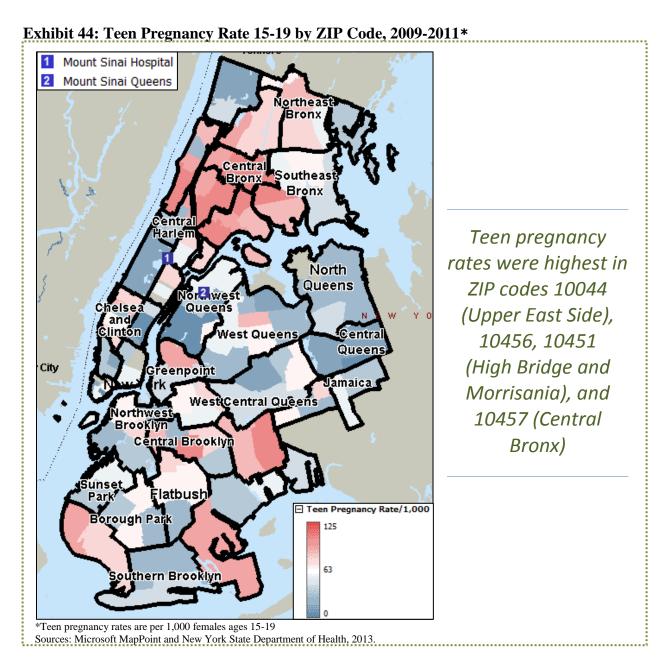


Exhibit 45 presents maternal and child health indicators by race and ethnicity.

Exhibit 45: Maternal and Child Health Indicators by Race and Ethnicity, 2008-2010

Borough and Race/Ethnicity	Percentage Births with Early (1st Trimester) Prenatal Care	Percentage Adequate Prenatal Care (Kotelchuck Index)	Percentage Premature Births (< 37 Weeks Gestation)	Percentage Low Birth Weight Births (< 2.5 Kg)	Teen (Age 15-17) Pregnancy Rate per 1,000	Infant Mortality per 1,000 Live Births
Bronx	Trenatar care	Шаску	Gestation	(1213116)	1,000	LIVE BITCHS
White	59.7%	65.4%	10.4%	6.4%	21.3	6.4
Black	55.2%	49.5%	15.2%	12.5%	33.9	8.6
Asian/Pacific	63.4%	58.2%	12.8%	11.9%	15.3	-
Hispanic	61.4%	55.4%	13.0%	8.8%	27.7	4.9
Total	60.2%	54.4%	13.5%	9.9%	29.8	6.1
Brooklyn	001270	• 11.170	20.070	0.070		0.1_
White	78.0%	59.1%	9.1%	6.0%	2.9	2.8
Black	63.7%	54.2%	17.7%	13.1%	39.8	8.9
Asian/Pacific	59.0%	67.3%	9.5%	6.9%	3.4	2.6
Hispanic	67.3%	63.7%	13.3%	7.6%	115.0	4.4
Total	59.9%	64.1%	12.5%	8.5%	43.5	4.9
Manhattan						-
White	85.4%	77.7%	12.7%	8.3%	21.7	2.8
Black	65.1%	58.3%	16.5%	12.9%	362.6	11.5
Asian/Pacific	77.3%	59.9%	11.2%	7.1%	34.1	-
Hispanic	72.8%	65.2%	12.9%	8.6%	93.7	4.1
Total	78.1%	59.8%	13.0%	8.8%	131.5	4.1
Queens						
White	81.0%	71.4%	9.6%	6.6%	9.0	3.8
Black	64.0%	55.6%	15.9%	12.6%	61.2	8.9
Asian/Pacific	59.5%	63.8%	10.7%	8.2%	9.3	2.4
Hispanic	66.3%	63.5%	12.8%	6.8%	54.6	3.2
Total	59.2%	63.8%	12.1%	8.2%	35.8	4.3
New York City						
White	80.9%	72.7%	10.3%	6.8%	9.1	3.1
Black	61.9%	53.8%	16.6%	12.8%	72.9	9.2
Asian/Pacific	71.3%	65.9%	10.5%	7.7%	10.1	2.3
Hispanic	66.2%	61.2%	13.0%	7.9%	63.7	4.2
Total	59.4%	63.7%	12.7%	8.7%	48.1	4.8
New York State						
White	80.6%	73.3%	10.3%	6.8%	11.0	4.1
Black	61.7%	53.4%	16.5%	13.0%	63.2	11.0
Asian/Pacific	72.2%	66.2%	10.5%	7.9%	8.3	2.3
Hispanic	65.1%	59.7%	12.8%	7.8%	58.4	4.6
Total Source: New York Sta	72.8%	66.0%	12.0%	8.2%	31.3	5.3

Source: New York State Department of Health, 2013.

Кеу			
Data suppressed due to small sample size or for confidentiality	-		
Up to 10% worse than NYS			
10-50% worse than NYS			
50-75% worse than NYS			
> 75% worse than NYS			

Overall, racial and ethnic cohorts in Brooklyn, Manhattan, and Queens benchmarked well to state averages for maternal and child health indicators, with the exception of teen pregnancy. Teen pregnancy (ages 15-17) compared unfavorably to state averages for all cohorts in Manhattan and various cohorts in other boroughs. The Bronx had the greatest number of indicators that compared poorly to the state. Within racial and ethnic cohorts, in most cases, the Black population had poorer outcomes than other groups (**Exhibit 45**).

Exhibit 46 presents data from the New York City Pregnancy Risk Assessment Monitoring System (PRAMS), which assesses maternal experiences and behaviors before, during, and after pregnancy. In 2010, the percentage of women who drank alcohol during the last three months of pregnancy in Manhattan and the percentage of women who smoked during the last three months of pregnancy in the Bronx were more than double the New York City average. The percentages of White women and college graduates who drank alcohol during the last three months of pregnancy were approximately double the New York City average, while Black and Hispanic populations, residents without a high school diploma, and those with some college education were more likely to smoke during pregnancy (Exhibit 46).

Exhibit 46: NYC PRAMS Indicators, 2010

Sociodemographic Characteristic	Women Who Drank Alcohol During Last 3 Months of Pregnancy	Women Who Report Ever Breastfeeding	Women Who Smoked During Last 3 Months of Pregnancy
Borough			
Bronx	6.8%	91.1%	5.6%
Brooklyn	8.9%	89.2%	1.6%
Manhattan	21.8%	92.5%	1.6%
Queens	4.7%	87.9%	1.1%
Race/Ethnicity			
White non-Hispanic	18.5%	90.7%	0.7%
Black non-Hispanic	2.4%	88.2%	3.4%
Hispanic	8.6%	90.3%	3.4%
Asian/Pacific Islander	6.9%	78.8%	1.4%
Other	6.9%	99.7%	2.2%
Education			
Not a High School Graduate	3.5%	82.9%	4.2%
High School Graduate	4.2%	88.7%	1.4%
Some College	6.1%	88.8%	3.6%
College Graduate	21.4%	93.5%	0.5%
NYC Total	9.5%	88.8%	2.3%

Source: New York City Department of Health and Mental Hygiene, Pregnancy Risk Assessment Monitoring System (PRAMS), 2010. Data are weighted and are based on responses of 1,436 NYC women giving birth in 2010.

Key	
Up to 10% worse than NYS	
10-50% worse than NYS	
50-75% worse than NYS	
> 75% worse than NYS	

Exhibit 47 presents injury and behavioral health indicators by race and ethnicity in the Mount Sinai community.

Exhibit 47: Injury and Substance Abuse/Mental Health Indicators by Race and Ethnicity, 2008-2010

Borough and	Motor Vehicle-	Unintentional	Drug-Related	Suicide
Race/Ethnicity	Related Mortality	Injury Mortality	Hospitalizations	Mortality
Bronx				
White	4.0	24.8	16.7	7.2
Black	2.3	13.5	55.9	2.5
Asian/Pacific Islander	-	-	4.5	-
Hispanic	3.4	19.0	63.2	4.9
Total	3.6	19.7	68.1	5.1
Brooklyn				
White	3.5	19.0	16.1	6.1
Black	2.7	13.5	35.8	3.3
Asian/Pacific Islander	-	8.9	3.0	4.6
Hispanic	3.6	20.1	22.1	3.8
Total	3.3	16.6	29.5	4.9
Manhattan				
White	2.6	15.8	15.0	6.9
Black	2.4	17.2	125.2	3.0
Asian/Pacific Islander	-	9.0	2.2	
Hispanic	3.5	17.3	47.4	3.0
Total	2.7	15.6	42.6	5.7
Queens				
White	3.7	17.9	11.7	5.8
Black	4.0	13.7	21.8	2.0
Asian/Pacific Islander	3.6	11.0	2.6	5.2
Hispanic	2.8	12.1	8.3	4.3
Total	3.9	15.8	14.6	5.2
New York City				
White	3.5	19.0	16.5	6.3
Black	2.9	14.3	50.0	2.9
Asian/Pacific Islander	3.2	10.1	2.6	4.0
Hispanic	3.3	16.9	35.4	4.0
Total	3.4	17.0	34.8	5.2
New York State				
White	6.5	24.2	18.6	7.7
Black	4.0	15.9	44.9	3.2
Asian/Pacific Islander	3.1	10.0	2.6	4.3
Hispanic	4.5	17.9	29.0	4.2
Total	6.0	22.4	27.2	6.8

Source: New York State Department of Health, 2013.

All rates are age adjusted. Mortality rates are per 100,000 population and hospitalization rates are per 10,000 population.

Кеу		
Data suppressed due to small sample size or for confidentiality	-	
Up to 10% worse than NYS		
10-50% worse than NYS		
50-75% worse than NYS		
> 75% worse than NYS		

Disparities are evident in the number of drug-related hospitalizations for non-White populations in the Bronx and Manhattan from 2008-2010. The hospitalization rate for the Hispanic population in the Bronx and the Black population in Manhattan was more than 75 percent worse than state averages for those cohorts. Across the entire community, the drug-related hospitalization rates for the Black and Hispanic populations were significantly higher than other cohorts. Although the boroughs compared favorably to the state for suicide mortality, rates were consistently highest in the White population (**Exhibit 47**).

3. Youth Risk Behavior Surveillance System

Data collected as part of the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System (YRBSS) are based on national, state, territorial, tribal, and neighborhood school-based surveys that gather data from young adults in grades 9 through 12 on health risk behaviors such as drug and tobacco use, unhealthy dietary behaviors, sexual behavior, and the prevalence of asthma. The survey is conducted every two years.

The New York City Department of Health and Mental Hygiene released borough-level results from their 2011 Youth Risk Behavior Survey (YRBS), a part of the CDC's YRBSS. Analysis of YRBS data can identify localized health issues and trends, and enable borough, state, or nation-wide comparisons. **Exhibit 48** compares the prevalence of various indicators for the boroughs in the Mount Sinai community to New York State and the U.S. indicators are shaded if they are more than ten percent worse than the state average.

Exhibit 48: YRBS Indicators and Variation from New York State and the U.S., 2011

	Indicator	Bronx	Brooklyn	Manhattan	Queens	NYC	NYS	U.S.
Alcoholor	Binge Drinking (5 or More Drinks in the Past Month)	14.1%	11.2%	14.5%	11.6%	12.7%	22.0%	21.9%
Alcohol or	Consumed at Least One Alcoholic Drink in Past Month	31.3%	29.7%	36.6%	26.4%	30.6%	38.4%	38.7%
Tobacco Use	Smoking in the Past Month	6.9%	6.9%	8.9%	10.2%	8.5%	12.5%	18.1%
Asthma	Ever Been Told They Have Asthma	25.9%	21.7%	24.7%	21.3%	23.0%	21.3%	23.0%
Cananal Dharaiaal	Attempted Suicide One or More Times During Past Year	8.9%	9.5%	8.7%	7.0%	8.4%	7.1%	7.8%
General Physical or Mental Health	Felt Sad (Every Day for 2 Weeks) & Stopped Regular							
or wertar rieatti	Activities Due to Sadness	27.3%	28.0%	28.4%	24.3%	26.9%	24.9%	28.5%
	Not Physically Active for 60 Minutes Per Day for 7 Days	19.9%	20.4%	17.6%	21.5%	20.3%	N/A	N/A
Physical Activity	Three or More Hours of Leisure Computer Use Per Day	44.9%	45.3%	43.5%	42.9%	43.9%	33.5%	31.1%
	Three or More Hours of TV Per Day on School Days	45.6%	40.0%	33.2%	35.0%	38.0%	30.6%	32.4%
Sexual Behavior	Ever Had Sexual Intercourse	43.5%	38.5%	38.7%	34.7%	37.8%	42.0%	47.4%
and Orientation	No Method of Contraception	14.6%	12.0%	14.2%	16.6%	14.2%	N/A	N/A
	Cocaine Use During Lifetime	3.2%	3.8%	4.8%	4.2%	2.7%	6.2%	6.8%
	Ecstasy Use During Lifetime	4.7%	3.8%	5.6%	4.6%	4.7%	7.0%	8.2%
	Heroin Use During Lifetime	2.3%	3.1%	2.2%*	2.6%	2.7%	4.0%	2.9%
	Marijuana Use in the Past Month	17.9%	17.5%	20.9%	15.0%	17.7%	20.5%	2.9%
Substance Abuse	Methamphetamines Use During Lifetime	2.6%	3.0%	2.8%*	2.4%	2.8%	4.6%	3.8%
	Prescription Medication Use (Like Xanax) Without a							
	Prescription in Past 12 Months	3.7%	4.6%	5.8%	4.6%	4.8%	N/A	N/A
	Prescription Pain Medication Use Without a							
	Prescription in Past 12 Months	6.3%	7.1%	8.4%	7.1%	7.3%	N/A	N/A
Violence	Physically Forced to Have Sexual Intercourse	5.6%	6.7%	6.5%	6.4%	6.5%	7.4%	8.0%
Violence	Physically Hurt by a Significant Other During Past Year	9.8%	11.7%	10.2%	9.5%	10.4%	10.3%	9.4%
Maight and	No Fruits or Vegetables in Past 7 Days	0.0%	7.3%	5.3%	5.8%	0.0%	N/A	N/A
Weight and	One or More Sugary Drinks Consumed in the Past Week	55.8%	50.0%	48.5%*	48.6%	50.3%	N/A	N/A
Nutrition	Overweight or Obese	31.7%	29.2%	25.2%	22.8%	27.1%	25.7%	28.2%

Source: Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System via the New York City Department of Health and Mental Hygiene, 2011.

*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, making the estimate potentially

unreliable.

Key	
Up to 10% worse than NYS	
10-50% worse than NYS	
50-75% worse than NYS	
> 75% worse than NYS	

Overall, youth in the community compared well to New York averages for risk behaviors; no indicator was more than 50 percent worse than the state. Three or more of the boroughs exhibited comparatively high percentages of youth who attempted suicide over the past year, engaging in three or more hours of leisure computer time per day, and engaging in three or more hours of television per day on school days (**Exhibit 48**).

4. New York Prevention Agenda 2013-2017

The New York Prevention Agenda is the state's health improvement plan for 2013-2017. Five priority areas were identified to improve the health of state residents and to reduce disparities:

- Prevent chronic diseases;
- Promote a healthy and safe environment;
- Promote healthy women, infants, and children;
- Promote mental health and prevent substance abuse; and
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care-associated infections.

The state developed tracking indicators or goals for indicators relating to each priority area. Baseline data are available for each borough along with a target for the year 2017. **Exhibits 49A**, **B**, and **C** compare each borough's baseline data to the 2017 target.

Brooklyn and the Bronx had the greatest number of indicators that were greater than ten percent worse than the 2017 target. Three or more boroughs were greater than 50 percent worse than the 2017 target for the following indicators (**Exhibits 49A**, **B**, and **C**):

- Percentage of commuters who use alternate modes of transportation;
- Asthma emergency department visit rate per 10,000;
- Newly diagnosed HIV case rate per 100,000;
- Gonorrhea case rate per 100,000 for men ages 15-44;
- Primary and secondary syphilis case rate per 100,000 males;
- Maternal mortality rate per 100,000 births;
- Ratio of Black non-Hispanic to White non-Hispanic percentages of unintended pregnancies; and
- Ratio of Hispanic to White non-Hispanic percentages of unintended pregnancies.

Exhibit 49A: Prevention Agenda 2013-2017 Indicators Compared to Objectives

Prevention Agenda 2013-2017 Priority Areas and Indicators	Data Years	Bronx	Brooklyn	Manhattan	Queens	NYS	NYS 2017 Target
Improve health status and reduce health disparities							
Percentage of premature death (before age 65 years)	2008-2010	35.0%	30.8%	25.5%	24.8%	24.3%	21.8%
Ratio of Black non-Hispanics to White non-Hispanics	2008-2010	2.7	2.2	1.9	2.1	2.1	1.9
Ratio of Hispanics to White non-Hispanics	2008-2010	2.7	2.1	1.8	2.3	2.1	1.9
Age-adjusted preventable hospitalizations rate per 10,000 - Ages							
18+ years	2008-2010	288.9	190.8	150.8	136.9	155.0	133.3
Ratio of Black non-Hispanics to White non-Hispanics	2008-2010	1.9	2.2	4.0	1.8	2.1	1.9
Ratio of Hispanics to White non-Hispanics	2008-2010	1.6	1.6	2.5	0.9	1.5	1.4
Percentage of adults with health insurance - Ages 18-64 years	2010	77.7%	79.7%	85.9%	74.7%	83.1%	100.0%
Age-adjusted percentage of adults who have a regular health care							
provider - Ages 18+ years	2008-2009	81.6	83.9	83.5	85.9	83	90.8
Promote a healthy and safe environment							
Rate of hospitalizations due to falls per 10,000 - Ages 65+ years	2008-2010	194.4	159.1	200.5	179.1	204.6	Maintain
Rate of emergency department visits due to falls per 10,000 - Ages							
1-4 years	2008-2010	536.6	427.7	394.1	400.0	476.8	429.1
Assault-related hospitalization rate per 10,000	2008-2010	12.6	8.2	5.8	5.2	4.8	4.3
Ratio of Black non-Hispanics to White non-Hispanics	2008-2010	3.5	5.7	9.8	3.9	7.4	6.7
Ratio of Hispanics to White non-Hispanics	2008-2010	1.8	2.1	3.6	1.4	3.1	2.8
Ratio of low-income ZIP codes to non-low-income ZIP codes	2008-2010	1.9	2.0	2.7	1.9	3.3	2.9
Percentage of commuters who use alternate modes of							_
transportation	2007-2011	74.1%	79.6%		66.9%	44.6%	49.2%
Percentage of residents served by community water systems with optimally fluoridated water Source: New York State Department of Health, 2013	2012	100.0%	100.0%	100.0%	100.0%	71.4%	78.5%

Source: New York State Department of Health, 2013.

Кеу				
Data are unreliable due to small sample size	1			
Up to 10% worse than NYS				
10-50% worse than NYS				
50-75% worse than NYS				
> 75% worse than NYS				

Exhibit 49B: Prevention Agenda 2013-2017 Indicators Compared to Objectives

Prevention Agenda 2013-2017 Priority Areas and Indicators	Data Years	Bronx	Brooklyn	Manhattan	Queens	NYS	NYS 2017 Target
Prevent chronic disease							
Percentage of adults who are obese	2008-2009	29.3%	25.6%	16.1%	22.6%	23.2%	23.2%
Percentage of children and adolescents who are obese	2010-2012	23.5%	21.7%	20.1%	21.1%	17.6%	19.7%*
Percentage of cigarette smoking among adults	2008-2009	18.1%	16.1%	15.0%	14.6%	16.8%	15.0%
Asthma emergency department visit rate per 10,000	2008-2010	236.0	125.6	124.8	76.4	83.7	75.1
Asthma emergency department visit rate per 10,000 - Ages 0-4 years	2008-2010	575.2	283.1	323.6	262.2	221.4	196.5
Age-adjusted heart attack hospitalization rate per 10,000	2010	16.2	17.1	10.4	14.4	15.5	14.0
Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 6-17 years	2008-2010	5.5	3.9	2.6	2.5	3.2	3.1
Rate of hospitalizations for short-term complications of diabetes per 10,000 - Ages 18+ years	2008-2010	12.0	7.5	5.3	4.5	5.6	4.9
Prevent HIV/STDs, vaccine preventable diseases, and health care-associated infections							
Percentage of adults with flu immunization - Ages 65+ years	2008-2009	58.6%	53.8%	59.7%	55.9%	75.0%	66.2%
Newly diagnosed HIV case rate per 100,000	2008-2010	54.0	38.0	58.4	26.1	21.6	14.7
Difference in rates (Black and White) of new HIV diagnoses	2008-2010	70.5	66.4	121.8	45.5	59.4	45.7
Difference in rates (Hispanic and White) of new HIV diagnoses	2008-2010	31.8	30.7	37.1	25.6	31.1	22.3
Gonorrhea case rate per 100,000 women - Ages 15-44 years	2010	495.3	298.2	188.5	171.1	203.4	183.1
Gonorrhea case rate per 100,000 men - Ages 15-44 years	2010	503.7	359.9	475.7	214.6	221.7	199.5
Chlamydia case rate per 100,000 women - Ages 15-44 years	2010	3,783.7	2,320.2	1,581.9	1,484.4	1,619.8	1,458.0
Primary and secondary syphilis case rate per 100,000 males	2010	23.1	19.3	54.5	12.0	11.2	10.1
Primary and secondary syphilis case rate per 100,000 females	2010	1.8	-	1.2	-	0.5	0.4

Source: New York State Department of Health, 2013.
*The goal for NYC is 19.7% and the goal for the rest of the state is 16.7%. The NYC goal was chosen for all comparisons.

Кеу				
Data are unreliable due to small sample size	-			
Up to 10% worse than NYS				
10-50% worse than NYS				
50-75% worse than NYS				
> 75% worse than NYS				

Exhibit 49C: Prevention Agenda 2013-2017 Indicators Compared to Objectives

Prevention Agenda 2013-2017 Priority Areas and Indicators	Data Years	Bronx	Brooklyn	Manhattan	Queens	NYS	NYS 2017 Target	
Promote health of women, infants, and children								
Percentage of preterm births	2008-2010	13.5%	12.5%	13.0%	12.1%	12.0%	10.2%	
Ratio of Black non-Hispanics to White non-Hispanics	2008-2010	1.5	1.9	1.3	1.7	1.6	1.4	
Ratio of Hispanics to White non-Hispanics	2008-2010	1.3	1.5	1.0	1.3	1.3	1.1	
Ratio of Medicaid births to non-Medicaid births	2008-2010	1.0	1.0	1.0	1.1	1.1	1.0	
Maternal mortality rate per 100,000 births	2008-2010	33.6	32.7	-	32.5	23.3	21.0	
Percentage of children who have had the recommended number of well child visits in government-sponsored insurance programs	2011	67.7%	71.5%	69.3%	73.2%	69.9%	76.9%	
Percentage of children with any kind of health insurance - Ages 0- 19 years	2010	95.2%	94.8%	95.5%	93.9%	94.9%	100.0%	
Adolescent pregnancy rate per 1,000 females - Ages 15-17 years	2008-2010	29.8	42.9	127.5	35.4	31.1	25.6	
Ratio of Black non-Hispanics to White non-Hispanics	2008-2010	1.6	13.2	17.1	6.3	5.7	4.9	
Ratio of Hispanics to White non-Hispanics	2008-2010	1.3	38.3	4.5	5.7	5.2	4.1	
Percentage of unintended pregnancy among live births	2011	30.2%	24.2%	17.5%	26.4%	26.7%	24.2%	
Ratio of Black non-Hispanics to White non-Hispanics	2011	1.9	4.5	4.6	2.9	2.1	1.9	
Ratio of Hispanics to White non-Hispanics	2011	1.7	3.6	3.6	2.2	1.6	1.4	
Ratio of Medicaid births to non-Medicaid births	2011	1.2	1.7	2.7	1.5	1.7	1.6	
Promote mental health and prevent substance abuse			,					
Age-adjusted percentage of adults with poor mental health for 14								
or more days in the last month	2008-2009	9.1%	7.4%	8.9%	7.2%	10.2%	10.1%	
Age-adjusted percentage of adult binge drinking during the past month	2008-2009	11.4%	11.5%	17.3%	11.5%	18.1%	18.4%	
Age-adjusted suicide death rate per 100,000	2008-2010	5.1	4.9	5.7	5.2	6.8	5.9	

Source: New York State Department of Health, 2013.

Кеу	
Data are unreliable due to small sample size	-
Up to 10% worse than NYS	
10-50% worse than NYS	
50-75% worse than NYS	
> 75% worse than NYS	

5. New York City Community Health Survey

The New York City Department of Health and Mental Hygiene (DOHMH) conducts an annual survey of city residents regarding health behaviors and chronic diseases. The survey sample size is approximately 10,000 adults aged 18 years and older. Data are available at a city, borough, and neighborhood level. **Exhibits 50A**, **50B**, and **50C** present selected indicators related to health care access, chronic conditions, and health behaviors by borough and neighborhood. Data are shaded based on the key below.

Кеу	
Data are unreliable due to small sample size or large margins of error	-
Up to 10% worse than NYC	
10-50% worse than NYC	
50-75% worse than NYC	
> 75% worse than NYC	

Neighborhoods in the Mount Sinai community compared well overall to the city average with only one indicator greater than 75 percent worse than the average: the percentage of residents in South Bronx who had Medicaid. The percentage of residents who were uninsured in Flatbush, who did not receive medical care in Washington Heights/Inwood, and did not have a primary care provider in Fordham/Bronx Park was also comparatively high (**Exhibit 50A**).

At a borough level, asthma, high blood pressure, and diabetes were more prevalent in the Bronx than other areas. The prevalence of asthma in Bedford Stuyvesant/Crown Heights and diabetes in East New York/New Lots was also problematic. High blood pressure was between 10 and 50 percent worse than the city average for 10 out of 29 neighborhoods for which data were available (**Exhibit 50B**).

Three neighborhoods benchmarked at greater than 50 percent worse than the city average for binge drinking: Downtown Brooklyn/Brooklyn Heights/Park Slope, Chelsea/Greenwich Village, and Upper East Side/Gramercy. Twelve neighborhoods in the Bronx, Brooklyn, and Queens reported insufficient exercise (**Exhibit 50C**).

Exhibit 50A: NYC Community Health Survey, Access Indicators, 2011

	4+ Day Wait	Percentage	Percentage	Percentage	Did Not Receive	
	for PCP	Who Had	Who Had	Who Were	Medical	
Borough and UHF Neighborhood	Visit	Medicaid	Medicare	Uninsured	Care	No PCP
Bronx						
Fordham/Bronx Park	-	26.3%	-	-	-	26.5%
Kingsbridge and Riverdale	-	-	14.8%	-	-	
Pelham/Throgs Neck	20.7%	20.4%	16.9%	18.1%	12.3%	11.2%
The Northeast Bronx	12.7%	20.5%	20.6%	-	-	-
The South Bronx	27.5%	37.4%	13.1%	21.5%	14.5%	22.2%
Brooklyn		T	T			
Bay Ridge/Bensonhurst	-	-	10.4%	-	-	-
Bedford Stuyvesant/Crown Heights	10.9%	24.3%	16.4%	18.4%	10.1%	14.5%
Borough Park	17.2%	28.3%	14.9%	16.9%	-	13.4%
Canarsie and Flatlands	-	-	14.1%	-	-	-
Coney Island	14.5%	28.6%	11.6%	18.5%	8.4%	-
Downtown Brooklyn/				-	-	-
Brooklyn Heights/Park Slope	17.2%	-	19.3%			
East New York/New Lots	17.8%	23.4%	11.0%	27.5%	14.6%	14.1%
Flatbush	-	16.7%	15.6%	29.7%	12.6%	20.1%
Greenpoint	-	-	17.8%	-	-	-
Sunset Park	-	21.1%	22.6%	-	-	-
Williamsburg/Bushwick	14.4%	28.6%	14.0%	-	15.7%	-
Manhattan						
Central Harlem	-	-	15.5%	-	-	-
Chelsea/Greenwich Village	14.8%	-	14.0%	11.6%	-	14.3%
East Harlem	-	-	14.3%	-	-	-
Union Square/Lower Manhattan	13.7%	12.1%	17.9%	-	-	-
Upper East Side/Gramercy	19.2%	-	12.8%	-	-	-
Upper West Side	-	-	14.5%	11.9%	-	-
Washington Heights/Inwood	18.3%	20.7%	20.2%	-	16.1%	-
Queens						
Bayside/Little Neck/Fresh Meadows	-	-	19.2%	-	-	14.8%
Flushing/Clearview	5.6%	12.3%	17.3%	-	-	-
Jamaica	14.6%	21.1%	16.3%	21.7%	12.8%	15.4%
Long Island City/Astoria	15.3%	20.2%	11.4%	21.1%	9.0%	20.1%
Ridgewood/Forest Hills	13.2%	-	17.0%	16.8%	-	14.5%
Southeast Queens	_	-	12.6%	15.8%	-	15.1%
Southwest Queens	18.8%	-	13.7%	20.2%	10.2%	23.7%
The Rockaways	-	-	11.9%	12.4%	-	-
West Queens	15.3%	18.6%	15.9%	26.0%	11.9%	20.2%
Bronx	22.5%	27.0%	15.8%	21.0%	11.4%	18.4%
Brooklyn	14.8%	23.0%	14.9%	18.4%	11.2%	16.1%
Manhattan	18.8%	13.5%	15.5%	15.4%	11.0%	18.4%
Queens	13.9%	16.1%	15.2%	21.1%	9.8%	17.9%
New York City Total Source: New York City Department of Health and	16.3%	19.1%	15.4%	18.6%	10.7%	16.9%

Exhibit 50B: NYC Community Health Survey, Chronic Conditions, 2011

Borough and UHF Neighborhood	Ever Been Told Had Asthma	Ever Had High Blood Pressure	Ever Told That You Have High Cholesterol	Ever Told You Have Diabetes	Overweight and Obese
Bronx					
Fordham/Bronx Park	22.6%	41.9%	31.9%	19.8%	-
Kingsbridge and Riverdale	-	21.3%	-	-	45.6%
Pelham/Throgs Neck	18.8%	28.7%	-	-	-
The Northeast Bronx	12.2%	32.7%	30.2%	14.8%	-
The South Bronx	17.3%	33.3%	29.1%	13.8%	65.4%
Brooklyn					
Bay Ridge/Bensonhurst	-	26.5%	30.3%	10.8%	-
Bedford Stuyvesant/Crown Heights	20.8%	33.5%	25.4%	14.3%	74.8%
Borough Park	10.8%	21.9%	31.5%	11.4%	58.1%
Canarsie and Flatlands	-	-	24.9%	-	-
Coney Island	-	34.5%	38.8%	13.8%	54.7%
Downtown Brooklyn/Heights/Slope	11.8%	28.9%	28.3%	-	45.3%
East New York/New Lots	15.2%	37.2%	30.1%	16.4%	67.3%
Flatbush	-	32.8%	22.9%	9.0%	-
Greenpoint	-	21.9%	-	-	-
Sunset Park	-	29.2%	-	-	-
Williamsburg/Bushwick	9.1%	37.7%	33.6%	14.2%	-
Manhattan					
Central Harlem	-	25.2%	21.5%	-	-
Chelsea/Greenwich Village	8.9%	14.0%	27.9%	-	-
East Harlem	-	-	-	13.3%	-
Union Square/Lower Manhattan	-	25.1%	31.5%	8.8%	-
Upper East Side/Gramercy	10.6%	20.3%	34.8%	-	45.3%
Upper West Side	-	22.2%	23.1%	-	40.1%
Washington Heights/Inwood	-	23.5%	-	6.1%	-
Queens					
Bayside/Little Neck/Fresh Meadows	11.3%	24.4%	25.6%	6.6%	42.2%
Flushing/Clearview	-	-	-	9.7%	-
Jamaica	-	30.5%	30.8%	11.2%	58.0%
Long Island City/Astoria	-	30.3%	36.4%	13.6%	68.3%
Ridgewood/Forest Hills	15.5%	26.2%	28.1%	_	47.5%
Southeast Queens	-	26.9%	35.9%	13.1%	-
Southwest Queens	10.9%	32.0%	33.5%	13.4%	58.3%
The Rockaways	15.9%	35.5%	25.8%	-	_
West Queens	9.8%	25.2%	31.0%	12.0%	55.0%
Bronx	17.9%	32.8%	31.5%	13.1%	67.0%
Brooklyn	11.6%	31.0%	29.6%	11.7%	60.0%
Manhattan	11.1%	21.9%	29.4%	6.1%	47.1%
Queens	9.1%	29.8%	31.6%	10.9%	55.1%
New York City Total	11.9%	28.9%	30.6%	10.5%	57.5%

Exhibit 50C: NYC Community Health Survey, Health Behaviors, 2011

Eximple 50C. NTC Community II		4 1/4	No	Consumed on	Consumed 0 Servings of
			Exercise in	Average More than	Fruit and/or
	Binge	Current	the Past 30	One Sugary	Vegetables
Browy	Drinker*	Smoker	Days	Beverage	Yesterday**
Bronx Co. 1			22.5%	24.70/	10.60/
Fordham/Bronx Park	-	-	23.5%	34.7%	19.6%
Kingsbridge and Riverdale	- 47.00/	11.3%	27.40/	28.2%	- 1100/
Pelham/Throgs Neck	17.9%	21.0%	27.4%	-	14.8%
The Northeast Bronx	-	13.6%	20.8%	-	7.6%
The South Bronx	11.3%	20.6%	24.8%	42.7%	22.6%
Brooklyn	<u> </u>				
Bay Ridge/Bensonhurst	-	-	23.8%	-	-
Bedford Stuyvesant/Crown Heights	13.8%	17.1%	19.0%	44.0%	15.3%
Borough Park	-	15.4%	24.5%	30.7%	_
Canarsie and Flatlands	-	-	16.8%	38.1%	12.6%
Coney Island	12.3%	19.9%	23.3%	17.6%	11.1%
Downtown Brooklyn/	24.40/		4.4.40/	45.40/	
Brooklyn Heights/Park Slope	31.4%	-	14.4%	15.4%	-
East New York/New Lots	12.8%	18.3%	19.2%	39.4%	13.3%
Flatbush	14.2%	15.4%	13.9%	32.4%	20.3%
Greenpoint	-	-	-	-	17.9%
Sunset Park	-	-	27.3%	-	-
Williamsburg/Bushwick	-	11.9%	26.5%	31.4%	-
Manhattan				24.00/	
Central Harlem	-	-	-	21.8%	-
Chelsea/Greenwich Village	35.3%	13.3%	12.3%	18.4%	-
East Harlem	-	-			-
Union Square/Lower Manhattan	-	-	9.6%	22.0%	-
Upper East Side/Gramercy	29.8%	12.1%	9.7%	16.3%	-
Upper West Side	-	-	-	-	-
Washington Heights/Inwood	-	-	14.6%	-	-
Queens	44.00/	4.4.407	25.40/	20.00/	
Bayside/Little Neck/Fresh Meadows	14.3%	14.4%	26.4%	28.3%	-
Flushing/Clearview	16.20/	40.50/	13.0%	- 25.704	-
Jamaica	16.3%	10.5%	21.4%	35.7%	18.2%
Long Island City/Astoria	20.4%	23.1%	21.0%	23.9%	
Ridgewood/Forest Hills	19.2%	13.7%	23.7%	24.0%	9.4%
Southeast Queens	19.5%	10.0%	21.5%	-	-
Southwest Queens	12.2%	4.5	27.3%	28.3%	-
The Rockaways	15.2%	16.4%	-	-	-
West Queens	19.7%	9.7%	26.9%	33.0%	12.3%
Bronx	12.9%	17.1%	24.8%	36.3%	17.4%
Brooklyn	15.6%	15.9%	20.7%	30.3%	13.2%
Manhattan	27.8%	12.7%	13.3%	22.6%	8.0%
Queens	16.7%	12.3%	22.9%	30.7%	11.3%
New York City Total	17.9%	14.8%	20.6%	29.9%	12.3%

Source: New York City Department of Health and Mental Hygiene, 2013.

*Binge drinking is defined as five or more drinks on one occasion for males and four or more drinks on one occasion for females.

**A serving equals one medium apple, a handful of broccoli, or a cup of carrots

Ambulatory Care Sensitive Conditions

This section examines the frequency of discharges for ambulatory care sensitive conditions (ACSCs) from all hospitals in Mount Sinai's community and specifically from Mount Sinai Hospital.

ACSCs are 16 health "conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease." As such, rates of hospitalization for these conditions can "provide insight into the quality of the health care system outside of the Hospital," including the accessibility and utilization of primary care, preventive care and health education. Among these conditions are: diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services, and can suggest areas for improvement in the community's health care system and ways to improve outcomes.

1. Borough/Neighborhood-Level Analysis

Exhibit 51 indicates the percentage of discharges from all hospitals in the Mount Sinai community that were for ACSCs, by payer.

Exhibit 51: Discharges for ACSC by Borough and Payer, 2012

Borough	Private	Medicaid	Medicare	Self-Pay	Other	Total
Bronx	13.0%	12.5%	18.7%	13.3%	9.8%	14.3%
Brooklyn	9.4%	9.1%	17.5%	12.3%	7.4%	12.2%
Manhattan	8.3%	8.3%	15.8%	9.9%	8.4%	11.3%
Queens	8.0%	9.9%	17.0%	10.2%	5.3%	11.3%
Total	9.8%	10.2%	17.2%	11.6%	7.5%	12.4%
Source: Verité analy	sis of data fron	n New York Sta	te Department of	of Health, SPA	RCS dataset, u	sing AHRQ s

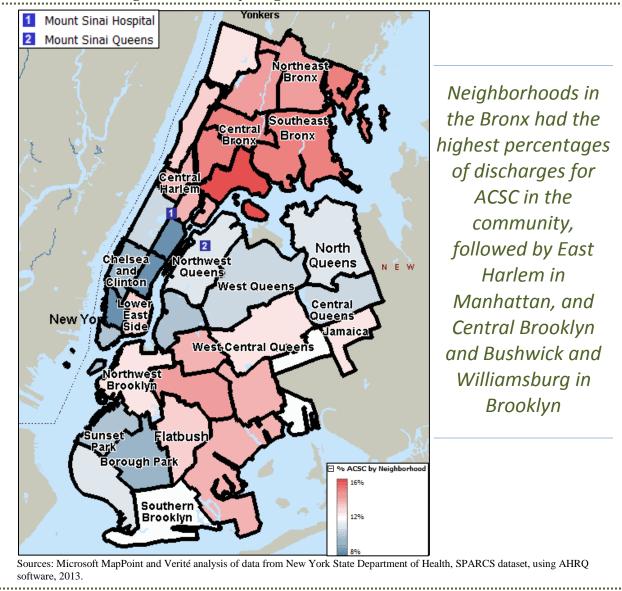
The table indicates that 12.4 percent of discharges in the community were for ACSCs in 2012. Medicare patients and patients from the Bronx had the highest proportions of discharges for ACSCs (**Exhibit 51**).

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¹⁶Agency for Healthcare Research and Quality (AHRQ). (2013). Prevention Quality Indicators. Retrieved 2013, from: http://archive.ahrq.gov/data/hcup/factbk5/factbk5d.htm

Exhibit 52 illustrates the percentage of discharges from all hospitals in the community that were for ACSCs, by neighborhood.

Exhibit 52: Discharges for ACSC by Neighborhood, 2012



The percentage of discharges that were for ACSC was highest in Hunts Point and Mott Haven (15.5 percent), followed closely by High Bridge and Morrisania (14.7 percent), Central Bronx (14.4 percent), Southeast Bronx (14.3 percent), and Northeast Bronx (14.0 percent).

At between 13.6 and 13.8 percent, Bronx Park and Fordham, Central Brooklyn, East Harlem, and Bushwick and Williamsburg also had comparatively high percentages of discharges for ACSC. The neighborhood in Queens with the highest percentage of discharges for ACSC was Jamaica, at 12.1 percent (**Exhibit 52**).

2. Hospital-Level Analysis

Exhibit 53 displays the frequency and percentage of discharges from Mount Sinai for ACSC by age and condition. For each condition, the percentage figures indicate the proportion of discharges in each age cohort. Overall, for all ages and all conditions, 17.8 percent of Mount Sinai discharges were for ACSC conditions.

Exhibit 53: Mount Sinai Discharges for ACSC by Condition and Age, 2012

Condition	0 to 17	18 to 39	40 to 64	65+	Total
Congestive heart failure		2.8%	31.7%	65.5%	2,564
COPD or asthma in older adults			46.6%	53.4%	2,072
Bacterial pneumonia		7.3%	27.4%	65.3%	1,284
Diabetes long-term complication		8.2%	48.7%	43.0%	1,264
Urinary tract infection		11.2%	19.3%	69.5%	944
Dehydration		9.3%	33.7%	57.0%	670
Hypertension		6.0%	39.8%	54.1%	532
Pediatric asthma	100.0%				412
Diabetes short-term complication		45.0%	36.3%	18.8%	320
Asthma in younger adults		100.0%			270
Perforated appendix		51.6%	25.3%	23.2%	190
Uncontrolled diabetes		10.0%	43.3%	46.7%	180
Angina without procedure			64.9%	35.1%	74
Pediatric perforated appendix	100.0%				74
Pediatric gastroenteritis	100.0%				70
Pediatric urinary tract infection	100.0%				44
Pediatric diabetes short-term complication	100.0%				18
Total	5.6%	9.1%	33.3%	52.0%	10,982

The top four ACSC conditions at Mount Sinai by number of discharges were: congestive heart failure, COPD or asthma in older adults, bacterial pneumonia, and diabetes long-term complication. Pediatric asthma and asthma in younger adults also were relatively prevalent.

Patients aged 65 years and over had the highest percentage of discharges for ACSC conditions, followed by the 40 to 64 year old cohort (**Exhibit 53**).

Community Need Index™ and Food Deserts

1. Dignity Health Community Need Index

Dignity Health, a California-based hospital system, developed and has made widely available for public use a *Community Need Index*TM that measures barriers to health care access by borough/county and ZIP code.¹⁷ The index is based on five social and economic indicators:

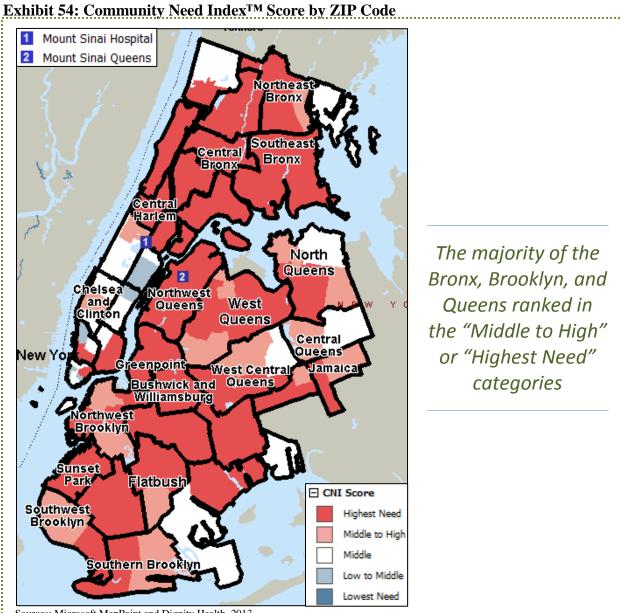
- The percentage of elders, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

The *Community Need Index*TM calculates a score for each ZIP code based on these indicators. Scores range from "Lowest Need" (1.0-1.7) to "Highest Need" (4.2-5.0).

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¹⁷Dignity Health. (n.d.). Community Need Index. Retrieved 2013, from: http://cni.chw-interactive.org/

Exhibit 54 presents the *Community Need Index*TM (CNI) score of each ZIP code in the Mount Sinai community.



Sources: Microsoft MapPoint and Dignity Health, 2013.

A large portion of the community ranked in the "Highest Need" category. ZIP codes in the Upper East Side, Lower Manhattan, and Gramercy Park and Murray Hill demonstrated the

lowest need (Exhibit 54).

2. Food Deserts (Lack of Access to Nutritious and Affordable Food)

The U.S. Department of Agriculture's Economic Research Service estimates the number of people in each census tract that live in a "food desert," defined as low-income areas more than one-half mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these food deserts.

Exhibit 55 illustrates the location of food deserts in the Mount Sinai community.



The majority of community residents have adequate access to nutritious food, but food deserts are present in each borough in the community

Mount Sinai's community contains 18 census tracts identified as food deserts located in all four boroughs (**Exhibit 55**).

Medically Underserved Areas and Populations

HRSA calculates an Index of Medical Underservice (IMU) score for communities across the U.S. The IMU score calculation includes the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population greater than age 64. IMU scores range from zero to 100, where 100 represents the least underserved and zero represents the most underserved.¹⁸

Any area or population receiving an IMU score of 62.0 or less qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Federally Qualified Health Centers (FQHCs) may be established to serve MUAs and MUPs. Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. When a population group does not qualify for MUP status based on the IMU score, an MUP designation is made if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides." ¹⁹

Exhibit 56 shows parts of the community designated by HRSA as medically underserved. Eighteen areas (i.e., groups of contiguous census tracts that compose neighborhoods) in the Bronx, eight areas in Manhattan, 14 areas in Brooklyn, and seven areas in Queens are designated as MUAs. The Medicaid-eligible population in Borough Park, Brooklyn, is designated as an MUP.

¹⁹ Ibid.

¹⁸ U.S. Health Resources and Services Administration. (n.d.). *Guidelines for Medically Underserved Area and Population Designation*. Retrieved 2013, from: http://bhpr.hrsa.gov/shortage/muaps/index.html

Community, 2013 Mount Sinai Hospital Mount Sinai Queens ortheas Southeast Bronx MUAs, HPSA areas, North and HPSA populations Queens are located in all four West boroughs Queen<u>s</u> Queens MUPs are located in West Central Queens Borough Park, Brooklyn Central Cooklyn Flatbush ☐ Type of HPSA Area or Population Dental Health Mental Health Borough Park Mental Health, Dental Primary Medical Care Primary Medical Care, Dental Primary Medical Care, Mental Health Southern Primary Medical Care, Mental Health, Dental Brooklyn ☐ MUA or MUP by Census Tract MUA MUP Sources: Microsoft MapPoint and HRSA, 2013.

Exhibit 56: Location of Federally Designated Areas and Populations in the Mount Sinai

Health Professional Shortage Areas

An area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present.

In addition to areas and populations that can be designated as HPSAs, a facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

HPSAs can be: "(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility."²⁰

Areas and populations in the Mount Sinai community are designated as HPSAs (**Exhibit 56**). Medicaid eligible populations in parts of Brooklyn, the Bronx, Manhattan, and Queens, as well as low-income residents in Crown Heights, Brooklyn, are designated as HPSAs. East New York, Southwest Brooklyn, and Williamsburg, all in Brooklyn, are designated as HPSAs, as is the American Indian community in Manhattan.

Description of Other Facilities and Resources within the Community

The Mount Sinai community contains a variety of resources that are available to meet the health needs identified in this CHNA. These resources include facilities designated as HPSAs, hospitals, FQHCs, health professionals, and other agencies and organizations.

Forty facilities in the community are designated as HPSA facilities: eight in the Bronx, ten in Brooklyn, three in Queens, and 19 in Manhattan (**Exhibit 57**).

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²⁰ U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). Health Professional Shortage Area Designation Criteria. Retrieved 2013, from: http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html

Exhibit 57: Location of Federally Designated HPSA Facilities in the Mount Sinai Community, 2013

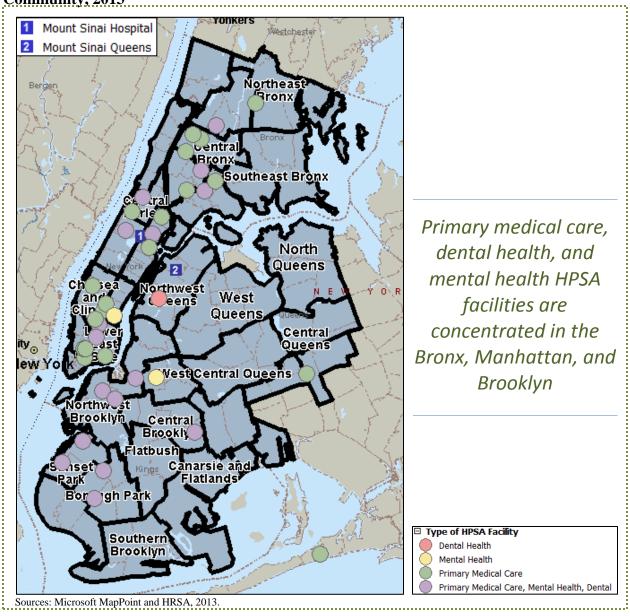


Exhibit 58: List of HPSA Facilities in the Mount Sinai Community

Borough	Type of HPSA	HPSA Name	Facility Type ²¹
	Primary Medical Care	Jacobi Women's Health Center	Other Facility
Bronx		Bronx Community Health Network	Comprehensive Health Center
		Bronx Lebanon Integrated Services System	Comprehensive Health Center
Bronx	Primary Medical Care,	Help/PSI Services Corporation	Comprehensive Health Center
	Mental Health,	Morris Heights Health Center, Inc.	Comprehensive Health Center
	Dental	Union Community Health Center	FQHC Look-Alike
		Urban Health Plan, Inc.	Comprehensive Health Center
		Hunts Point Multi-Service Center, Inc.	FQHC Look-Alike
	Mental Health	Woodhull Mental Health Center	State Mental Hospital
		Bedford Stuyvesant	Comprehensive Health Center
		Brooklyn Plaza Medical Center	Comprehensive Health Center
		Brownsville Community	Comprehensive Health Center
Brooklyn	Primary Medical	Ezra Medical Center	Comprehensive Health Center
•	Care, Mental Health,	Housing Works, Inc.	Comprehensive Health Center
	Dental	ICL Healthcare Choices, Inc.	Comprehensive Health Center
		Metropolitan Detention Center	Correctional Facility
		ODA Primary Care Health	Comprehensive Health Center
		Sunset Park Family Health	Comprehensive Health Center
	Mental Health	Bellevue Hospital	State Mental Hospital
	Primary Medical Care	•	Other Facility
	,	Mount Sinai Adolescent Health Center	Other Facility
		AHRC Health Care, Inc.	Comprehensive Health Center
		Asian and Pacific Islander Coalition	FQHC Look-Alike
		Betances Health Center	Comprehensive Health Center
		Boriken Neighborhood Health Center	Comprehensive Health Center
		Charles B. Wang Community Health Center, Inc.	Comprehensive Health Center
Manhattan		Community Healthcare Network	Comprehensive Health Center
	Primary Medical	Covenant House	Comprehensive Health Center
	Care, Mental Health,	Health Care for the Homeless	Comprehensive Health Center
	Dental	Heritage Health and Housing	Comprehensive Health Center
		Institute for Family Health	Comprehensive Health Center
		Metropolitan Correctional Center	Correctional Facility
		New York Children's Health Project*	Comprehensive Health Center
		Project Renewal	Comprehensive Health Center
		Settlement Health	Comprehensive Health Center
		Upper Room AIDS Ministry, Inc.	Comprehensive Health Center
		William F. Ryan CHC	Comprehensive Health Center
_	Primary Medical	The Floating Hospital**	Comprehensive Health Center
Queens	Care, Mental Health,	J. P. Addabbo Family	Comprehensive Health Center
	Dental		,

Source: Health Resources and Services Administration, 2013.

^{*}The New York Children's Health Project is housed out of the Bronx but serves children across New York City.

**The Floating Hospital's administrative offices are located in Queens, NY; however, it is designated as a Dental HPSA in Manhattan.

²¹Comprehensive health centers that have been identified by HRSA and certified by CMS as meeting the definition of "health center" under Section 330 of the PHS Act, but do not receive grant funding under Section 330, are referred to as FQHC "look-alikes."

The community contains 58 hospital facilities in 29 neighborhoods. The six neighborhoods that do not contain a hospital are Hunts Point and Mott Haven, Kingsbridge and Riverdale, East New York and New Lots, Greenpoint, Southwest Brooklyn, and Greenwich Village and Soho (**Exhibits 59A and 59B**).

Exhibit 59A: Hospitals in the Mount Sinai Community

Borough	Neighborhood	Hospital
		James J. Peters VA Medical Center
		Montefiore Medical Center - Henry & Lucy Moses
		Division
	Bronx Park and Fordham	Montefiore Medical Center - Jack D. Weiler Hospita
		Montefiore Medical Center - Montefiore
		Westchester Square
		North Central Bronx Hospital
Bronx	Central Bronx	Bronx-Lebanon Hospital Center - Concourse Divisio
DIOIIX	Certifal Brotix	St Barnabas Hospital
	High Bridge and Morrisania	Bronx-Lebanon Hospital Center - Fulton Division
	Thigh bridge and Morrisania	Lincoln Medical & Mental Health Center
		Montefiore Medical Center - Wakefield Hospital
	Northeast Bronx	Campus
		Calvary Hospital, Bronx
	Southeast Bronx	Jacobi Medical Center
		New York Westchester Square Medical Center
	Borough Park	Maimonides Medical Center, Brooklyn
	Bushwick and Williamsburg	Woodhull Medical & Mental Health Center
	_	Wyckoff Heights Medical Center
	Canarsie and Flatlands	Beth Israel Medical Center - Brooklyn
	Central Brooklyn	Brookdale Hospital Medical Center
	Central Brooklyn	Interfaith Medical Center
		Kings County Hospital Center
	Flatbush	Kingsbrook Jewish Medical Center
Brooklyn		University Hospital of Brooklyn
		New York Methodist Hospital
	Northwest Brooklyn	SUNY Downstate Medical Center at LICH
		The Brooklyn Hospital Center - Downtown Campus
		Coney Island Hospital
	Southern Brooklyn	New York Community Hospital of Brooklyn
	Journal Brookly	Veterans Affairs New York Harbor Healthcare
		System - Brooklyn
	Sunset Park	Lutheran Medical Center, Brooklyn

Source: New York State Department of Health Hospital Profile and CMS Impact File, 2012.

Exhibit 59B: Hospitals in the Mount Sinai Community

Borough	Neighborhood	Hospital				
	Central Harlem	Harlem Hospital Center				
		St Luke's Roosevelt Hospital Center - Roosevelt				
	Chelsea and Clinton	Hospital Division				
N anhattan	Fact Harlam	Metropolitan Hospital Center				
	East Harlem	Mount Sinai Hospital of New York				
		Bellevue Hospital Center				
	Construction Davids and Manager Hill	NYU Langone Medical Center				
	Gramercy Park and Murray Hill	Veterans Affairs New York Harbor Healthcare				
		System - Manhattan				
		New York Presbyterian Hospital - Columbia				
	Inwood and Washington Heights	Presbyterian Center				
		New York Presbyterian Hospital - The Allen Hospita				
		Beth Israel Medical Center - Petrie Division,				
		Manhattan				
Manhattan	Lower East Side	NY Eye and Ear Infirmary				
		NYU Hospital for Joint Diseases				
	Lower Manhattan	New York Downtown Hospital				
		Coler-Goldwater Specialty Hospital & Nursing				
		Facility - Coler Campus				
		Hospital for Special Surgery				
		Lenox Hill Hospital				
	Upper East Side	Memorial Sloan-Kettering Cancer Center, Mem				
		Hospital for Cancer and Allied Diseases				
		New York Presbyterian Hospital - New York Wei				
		Cornell Center				
		Rockefeller University Hospital				
	Upper West Side	St Luke's Roosevelt Hospital - St Luke's Hospital				
	opper west side	Division				
	Central Queens	New York Hospital Medical Center of Queens Denta				
	Central Queens	Clinic - Fresh Meadows				
	Jamaica	Queens Hospital Center				
		Flushing Hospital Medical Center				
Queens	North Queens	New York Hospital Medical Center of Queens Denta				
Queens		Clinic - Flushing				
	Northwest Queens	Mount Sinai Hospital of Queens				
	Southwest Queens	Jamaica Hospital Medical Center				
	West Central Queens	Forest Hills Hospital				
	West Queens	Elmhurst Hospital Center				

Federally Qualified Health Centers (FQHCs) were created by Congress to promote access to ambulatory care in areas designated as "medically underserved." These clinics receive cost-based reimbursement for Medicare and many also receive grant funding under Section 330 of the Public Health Service Act. FQHCs also receive a prospective payment rate for Medicaid services based on reasonable costs.

There are 280 FQHC site locations in the four boroughs served by Mount Sinai, many of which also are designated as HPSAs. Some of the largest FQHCs include Community Healthcare Network, which has locations in all four boroughs; The Institute for Family Health, which has

locations in the Bronx, Manhattan, and Queens; HELP/PSI, which has locations in the Bronx, Brooklyn, and Queens; Access Community Health Center, which has locations in the Bronx and Manhattan; the Joseph P. Addabbo Family Health Center, which has locations in Brooklyn and Queens; the William F. Ryan Community Health Network, which has locations in Manhattan; and Lutheran HealthCare, which has locations in Brooklyn.

Exhibit 60 presents the rates of primary care physicians, mental health providers, and dentists in the community per 100,000 population. The rates of primary care, mental health providers, and dentists per 100,000 population are higher in Manhattan, compared to the state. The Bronx, Brooklyn, and Queens have lower rates of primary care physicians, mental health providers, and dentists than the state. Mental health providers include child psychiatrists, psychiatrists, and psychologists.

Exhibit 60: Health Professionals Rates per 100,000 Population by Borough

Primary Care Physicians			Ith Providers	Dentists	
Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000
654	47.1	369	26.6	665	46.4
1,571	62.6	1,055	42.1	1,466	57.6
2,083	131.2	4,886	307.8	2,415	145.9
1,477	66.1	810	36.3	1,520	67.2
15,872	81.8	15,093	77.8	14,126	70.7
	Number 654 1,571 2,083 1,477	Number Rate per 100,000 654 47.1 1,571 62.6 2,083 131.2 1,477 66.1	Number Rate per 100,000 Number 654 47.1 369 1,571 62.6 1,055 2,083 131.2 4,886 1,477 66.1 810	Number Rate per 100,000 Number 100,000 Rate per 100,000 654 47.1 369 26.6 1,571 62.6 1,055 42.1 2,083 131.2 4,886 307.8 1,477 66.1 810 36.3	Number Rate per 100,000 Number 100,000 Number 100,000 Number Number Number 654 47.1 369 26.6 665 1,571 62.6 1,055 42.1 1,466 2,083 131.2 4,886 307.8 2,415 1,477 66.1 810 36.3 1,520

A wide range of other agencies and organizations is available in the community to assist in meeting health needs. Lists of available resources have been compiled by community foundations, hospitals, and agencies and can be found at the following Web addresses:

- Bronx Senior Resource Guide: http://bronxboropres.nyc.gov/pdf/2011-bronx-senior-resource-guide.pdf
- Brooklyn Community Pride Center Resources: http://www.lgbtbrooklyn.org/resources
- CAI Global Ryan White Part B Mental Health Providers and Other Mental Health Resources:

http://www.caiglobal.org/aimh/RWB%20MH%20Providers%20 and %20MH%20 resource s.pdf

- Coalition for the Homeless Resource Guide: http://www.coalitionforthehomeless.org/resource-guide
- The Elmezzi Foundation Family Youth Guide: http://elmezzi.org/wp-content/uploads/2012/04/ef_fygreduced.pdf
- Infant Adoption Training Initiative New York Referral Resources: http://www.iaatp.com/docs/ny-resourceguide.pdf
- Mental Health Association of New York City Services: http://www.mhaofnyc.org/service.aspx

- New York City Guide to Suicide Prevention, Services, and Resources: http://samaritansnyc.org/wp-content/uploads/2013/02/NYC-Suicide-Prevention-Resource-Guide-2013.pdf
- New York City Mayor's Office to Combat Domestic Violence: http://www.nyc.gov/html/dycd/downloads/pdf/nyc_resource_guide_for_teenage_victims_of_family_domestic_violence_and_dating_violence.pdf
- NYU Langone Medical Center Free and Low Cost Health Resources in New York City: http://nycfreeclinic.med.nyu.edu/information-for-patients/health-resources
- Parent Guide News Parent & Child Resources: http://www.parentguidenews.com/Search/SpecialNeeds_ParentChildResources
- Empire State Pride Agenda NY LGBT Resource Guide: http://nytransguide.org
- Queens County Senior Citizen Resource Guide: http://queensbp.org/content_web/Health_Human/SeniorCitizen07_2.pdf
- Weill Cornell Center for Human Rights Mental Health Services Guide: https://sites.google.com/site/cornellcenterforhumanrights/mental-health-services-guide

In addition to organizations listed in the resource guides, community resources that assist residents in meeting health needs include:

- Local chapters of national organizations, such as the Alzheimer's Association, American Cancer Society, American Heart Association, American Red Cross, Habitat for Humanity, YMCA, and YWCA
- Local places of worship
- Local first responders, including fire departments, police departments, and emergency medical services (EMS)
- Local FQHCs and HPSA facilities (Exhibit 58)
- Local government agencies, chambers of commerce, and city councils
- Local schools, colleges, and universities
- The New York City Department of Health and Mental Hygiene (DOHMH)

Findings of Other Recent Community Health Needs Assessments

This assessment also examined the findings of several other needs assessments published since 2007. Six such assessments conducted in New York City and the State of New York are referenced here, with highlights and summary points below. The findings supplement the CHNA by providing information about special populations, specific health needs, and other health data that may not otherwise have been represented in the CHNA process.

1. The Brooklyn Perinatal Network, Commission on the Public's Health System (CPHS), and New York Lawyers for the Public Interest (NYLPI), 2013

The Brooklyn Perinatal Network (BPN), Commission on the Public's Health System (CPHS), and New York Lawyers for the Public Interest (NYLPI) completed a report, *The Need for Caring in North and Central Brooklyn*,²² on health concerns in, and needs of, a fifteen ZIP code area in north and central Brooklyn. The report examined topics including health insurance status, health conditions, geographic disparities, and the quality of treatment received. Findings were compiled from a set of surveys and focus groups with teenagers, people living with disabilities, Spanish-speaking people receiving mental health services, immigrants, men aged 18-35, men aged 45-55, senior citizens, pregnant women, and individuals identifying as lesbian, gay, bisexual, or transgender (LGBT).

- Fourteen percent of all survey respondents stated having no insurance or identifying as self-pay. Fifteen percent or more of survey respondents in Downtown Brooklyn, Gowanus, East New York, Bushwick, and Bedford Stuyvesant stated that they or their family members were not covered by health insurance.
- Dental care, primary care, obstetrics, pediatrics, mental health, and geriatrics were the most frequently mentioned services needed in the community by survey respondents.
- The majority of survey respondents who left a neighborhood to find care did so because they were unable to find a specialist within the community. Other reasons for leaving the community to find care included being referred or assigned to care in another neighborhood, being unsatisfied with the doctor found in one's neighborhood, and having to wait to receive an appointment date or be provided care at an appointment.
- The following barriers to care were identified through focus group findings:
 - A limited ability to secure health care services, long wait times to schedule an appointment, and long waits at appointments;
 - A lack of health insurance and variation in the quality of treatment provided across individuals with different health insurance statuses;

²²The Brooklyn Perinatal Network (BPN) and Community Health Planning Workgroup (CHPW). (2013, January). *The Need for Caring in North and Central Brooklyn*. Retrieved 2013, from:

 $http://www.tbh.org/sites/default/files/The \%\,20 Need \%\,20 for \%\,20 Caring \%\,20 in \%\,20 Central \%\,20 and \%\,20 North \%\,20 Brooklyn \%\,2004.10.2013 \%\,20 FINAL \%\,20 Report.pdf$

- o The need for the availability of increased health information; and
- o The need for cultural competence and culturally sensitive care.
- High blood pressure was the greatest health concern for the community overall. The
 Brownsville/East Flatbush neighborhood had the highest percentage of residents
 reporting having high blood pressure/hypertension and asthma, at approximately 40
 percent of residents, and the highest percentage of residents reporting having diabetes, at
 30 percent. Hearing or vision problems were the most cited problems in Bedford
 Stuyvesant, reported by 30 percent of respondents.

2. New York City Department of Health and Mental Hygiene, 2013

As part of the Take Care New York (TCNY) 2016 agenda for the New York City Department of Health and Mental Hygiene, a series of listening sessions²³ were organized in each borough that included the health department, health agencies, academic institutions, faith-based groups, labor groups, and a number of other community stakeholders. The goals of TCNY 2016 include: to "improve the health status of all New Yorkers; advance health promoting policies; and create, sustain, and strengthen collaborations."

TCNY 2016 proposed ten priority areas, as well as a special focus on children and adolescent health. The ten priority areas are tobacco-free living, healthy eating, active living, heart health, preventing HIV, promoting mental health, reducing alcohol and substance abuse, preventing and treating cancer, healthy indoor and outdoor air, and quality preventive care.

Findings that emerged from the listening sessions include the need for:

- Greater cultural competence and sensitivity as well as greater information for and outreach to the underserved and cultural, ethnic, gender, and sociocultural minorities;
- Enhanced awareness of existing health and social services resources and greater communication between organizations addressing the ten priority areas;
- Collaboration and integration across city agencies to support the TCNY agenda;
- A focus on mental health as a priority;
- Utilization of young adults and technology/social media to communicate health information;
- New strategies to contest the marketing of tobacco, alcohol, and unhealthy foods; and
- New collaborations and partnerships that will support the health priorities in spite of budget cuts.

3. The Furman Center for Real Estate and Urban Policy, 2012

The New York University Furman Center for Real Estate and Urban Policy completed a study titled *State of New York City's Housing and Neighborhoods, Section 5: School, Health, and*

²³ New York City Department of Health and Mental Hygiene (DOHMH). (2013). *Listening Sessions*. Retrieved 2013, from: http://www.nyc.gov/html/doh/downloads/pdf/tcny/listening-session-summary.pdf

Crime. ²⁴ Secondary data sources included the New York City Department of Education and the Centers for Disease Control and Prevention.

Key health findings include:

- The neighborhoods with the five highest asthma hospitalization rates were Mott Haven/Hunts Point, Morrisania/Belmont, East Harlem, University Heights/Fordham, and Highbridge/South Concourse, each with approximately six to seven asthma-related hospital admissions per 1,000 residents.
- The childhood obesity rate was highest in Washington Heights/Inwood, at 26.3 percent, followed by Bushwick, at 25.7 percent, and Greenpoint/Williamsburg, at 24.3 percent.

4. New York City Department of Health and Mental Hygiene, 2010-2012

A series of reports was published by the New York City Department of Health and Mental Hygiene (DOHMH) between 2010 and 2012 through *New York City Vital Signs*. Topics included: health disparities in life expectancy;²⁵ childhood asthma;²⁶ dental health and hygiene;²⁷ men's health linked to premature death;²⁸ health of older New Yorkers;²⁹ and illicit drug use.³⁰ Most findings are neighborhood-specific and discuss specific populations in New York.

- Poverty rates and mortality rates were higher in the poorest New York City neighborhoods, such as the South Bronx, East and Central Harlem, and North and Central Brooklyn, compared to the wealthiest neighborhoods. The poverty rates in the poorest areas were nearly double the national rate.
- Between 1990 and 2006, racial health disparities largely decreased. However, in 2006, six times as many Black adults as White adults age 20 and above died from AIDS, a ratio that was more than double the rate in 1990. The ratio of Black to White assault deaths increased 24 percent and the ratio of Black to White diabetes deaths increased 15 percent.
- The percentage of deaths that were premature was highest for minorities in both the poorest and wealthiest neighborhoods. Sixty-six percent of Hispanic residents in the poorest neighborhoods and 56 percent of Black residents in the wealthiest neighborhoods died prematurely compared to White residents at 37 and 31 percent, respectively.

²⁴ The Furman Center for Real Estate and Urban Policy. (2012). State of New York City's Housing and Neighborhoods, Section 5: School, Health, and Crime. Retrieved 2013, from: http://furmancenter.org/files/sotc/SOC2012_SchoolsHealthCrime.pdf

²⁵ New York City Department of Health and Mental Hygiene. (2010, April). *Health Disparities in Life Expectancy and Death*. Retrieved 2013, from: http://www.nyc.gov/html/doh/downloads/pdf/episrv/disparitiesone.pdf

New York City Department of Health and Mental Hygiene. (2012, July). Preventing and Treating Childhood Asthma in New York City. Retrieved 2013, from: http://www.nyc.gov/html/doh/downloads/pdf/survey/survey-2012childasthma.pdf

²⁷ New York City Department of Health and Mental Hygiene. (2012, June). *Dental Health and Hygiene*. Retrieved 2013, from: http://www.nyc.gov/html/doh/downloads/pdf/survey/survey-2012oralhealth.pdf

²⁸ New York City Department of Health and Mental Hygiene. (2010, June). Men's Health in New York City: Premature Death Due to Homicide and Heart Disease. Retrieved 2013, from: http://www.nyc.gov/html/doh/downloads/pdf/survey/survey-2010menshealth.pdf

²⁹ New York City Department of Health and Mental Hygiene. (2010, March). *Health of Older New Yorkers*. Retrieved 2013, from: http://www.nyc.gov/html/doh/downloads/pdf/survey/survey-2010seniors.pdf

³⁰ New York City Department of Health and Mental Hygiene. (2010, February). *Illicit Drug Use*. Retrieved 2013, from: http://www.nyc.gov/html/doh/downloads/pdf/survey/survey-2009drugod.pdf

- Rates of asthma diagnoses in children are higher for non-White children than White children. While about 13 percent of all New York City children have been diagnosed with asthma, about 20 percent of Hispanic children and 17 percent of Black children have been diagnosed with asthma.
- The rate of childhood asthma-related emergency department visits in the poorest neighborhoods was three times the rate in the wealthiest neighborhoods. Neighborhoods with the highest rates include East Harlem and Central Harlem in Manhattan, Highbridge/Morrisania and Hunts Point/Mott Haven in the Bronx, and Williamsburg/Bushwick in Brooklyn.
- More than a quarter of all children and a third of all adults in New York City had not had a preventive dental visit in the past year.
- The majority of oral and throat cancers were diagnosed late. Late diagnosis occurred for 74 percent of men and 59 percent of women.
- Nearly 71 percent of men between the ages of 35 and 64 were classified as either obese or overweight and 93 percent ate fewer than five servings of fruits or vegetables per day.
- The rate of hospitalization of Williamsburg/Bushwick residents for preventable heart disease (at 1,372 per 100,000) was about ten times the rate for residents of the Upper East Side (at 131 per 100,000). Crotona/Tremont and Highbridge/Morrisania also had high rates of preventable hospitalization (1,292 per 100,000 and 1,288 per 100,000, respectively).
- The fourth leading cause of premature adult death in New York City was unintentional drug overdose, with men having a higher rate of unintentional drug overdose death than women.
- 5. Empire State Pride Agenda Foundation and the New York State Lesbian, Gay, Bisexual, and Transgender Health and Human Services Network, 2009

The Empire State Pride Agenda Foundation and the New York State Lesbian, Gay, Bisexual, and Transgender Health and Human Services Network produced *LGBT Health and Human Services Needs in the State*, ³¹ an analysis of survey, focus group, and interview data on the health needs and risk factors for lesbian, gay, bisexual, and transgender (LGBT) individuals in New York State, including access to primary care, mental health services, substance abuse services, and other health concerns. The report includes primary data from a set of ten focus groups, two interviews, and a survey on nearly 3,400 individuals (the "LGBT Needs Assessment Survey") across New York State, as well as secondary data from the New York City Community Health Survey (CHS) and Youth Risk Behavior Survey (YRBS).

Empire State Pride Agenda Foundation and the New York State Lesbian, Gay, Bisexual, and Transgender Health and Human Services Network. (2009). *LGBT Health and Human Services Needs in the State*. Retrieved 2013, from: http://www.prideagenda.org/sites/default/files/PDFs/LGBT%20Health%20and%20Human%20Services%20Needs%20%282009%29.pdf

- According to the LGBT Needs Assessment Survey, respondents stated that the greatest barriers in accessing health care included personal financial resources (43 percent), stigma toward LGBT populations (42 percent), and a lack of cultural competence (40 percent).
- According to the New York City Community Health Survey of 2007, 28 percent of the gay or lesbian population had a history of depression, twice the rate of the heterosexual population.
- In the LGBT Needs Assessment Survey, 14 percent of the LGBT respondents stated being in a state of current or former homelessness, and 19 percent of respondents experienced inadequate or unaffordable housing.
- Violence toward or abuse of the LGBT community frequently was experienced but went unreported, according to the LGBT Needs Assessment Survey respondents. For example, homophobic verbal abuse was experienced but not reported by nearly 63 percent of the respondents.
- In the LGBT Needs Assessment Survey, financial exploitation, blackmail, and neglect were commonly cited byproducts of homophobia experienced by LGBT seniors (over the age of 65 years).

6. NYU School of Medicine Institute of Community Health and Research and the Center for the Study of Asian American Health, 2007

The New York School of Medicine Institute of Community Health and Research and the Center for the Study of Asian American Health completed Community Health Needs and Resource Assessments (CHNRAs) on the Chinese, ³² Vietnamese, ³³ Korean, ³⁴ and South Asian ³⁵ populations. The reports include survey data as well as secondary data from public websites such as the U.S. Census. The reports detail health seeking behaviors, health status, immigration patterns, and other characteristics of each Asian American population in New York City. Comparisons across the reports from each Asian American population are provided.

- Fifty-five percent of Vietnamese respondents stated having "poor" or "fair" health status, higher than the percentage of Chinese, Korean, and South Asian respondents reporting "poor" or "fair" health status, and higher than the percentage in New York City overall.
- Thirty-one percent of South Asian survey respondents stated that they were uninsured, compared to 18 percent of Korean survey respondents, 17 percent of Vietnamese survey

³² NYU Center for the Study of Asian American Health. (2007). Community Health Needs and Resource Assessment: An Exploratory Study of Chinese Asian Americans in New York. Retrieved 2013, from: http://webdoc.nyumc.org/nyumc_d6/files/asian-health2/chnra_chinese_0.pdf
³³ NYU Center for the Study of Asian American Health. (2007). Community Health Needs and Resource Assessment: An Exploratory Study of Vietnamese Americans in New York. Retrieved 2013, from: http://webdoc.nyumc.org/nyumc_d6/files/asian-health2/chnra_vietnamese_0.pdf

³⁴ NYU Center for the Study of Asian American Health. (2007). Community Health Needs and Resource Assessment: An Exploratory Study of Korean Americans in New York. Retrieved 2013, from: http://webdoc.nyumc.org/nyumc_d6/files/asian-health2/chnra_korean_0.pdf

³⁵ NYU Center for the Study of Asian American Health. (2007). Community Health Needs and Resource Assessment: An Exploratory Study of South Asian Americans in New York. Retrieved 2013, from: http://webdoc.nyumc.org/nyumc_d6/files/asian-health2/chnra_southasian_0.pdf

- respondents, 15 percent of Chinese survey respondents, and 17 percent of overall New York City survey respondents.
- Korean, South Asian, and Vietnamese survey respondents were less likely to have had a colonoscopy than Chinese survey respondents, at 57 percent, and overall New York City survey respondents, at 55 percent.
- Vietnamese, South Asian, and Chinese survey respondents were less likely to be current smokers than Korean survey respondents, at 32 percent, and overall New York City survey respondents, at 19 percent.
- Barriers to accessing care for Asian Americans included finding providers that speak the same language and were knowledgeable about Asian cultures, the presence of long wait times, and high costs of care.
- Limited English language proficiency in the Asian American community was one of the most important challenges to accessing health care, with approximately 25 to 35 percent of respondents having difficulty communicating with a provider.
- Although Asian cultures have had rising rates of sexually transmitted infections, these
 cultures exhibit low rates of HIV testing. For example, only 19 percent of Chinese survey
 respondents had an HIV test, compared to 58 percent of overall New York City survey
 respondents.
- About 27 percent of Vietnamese survey respondents were "significantly at risk" for depression. Vietnamese survey respondents in the Bronx experienced the highest rates of depression (41 percent). Yet, few Asian survey respondents reported mental health as an important concern.

PRIMARY DATA ASSESSMENT

Summary of Interview Findings

Key informant interviews were conducted face-to-face and by telephone by Verité Healthcare Consulting in July and August 2013. The interviews were designed to obtain input on health needs from persons who represent the broad interests of the community served by Mount Sinai Hospital.

Forty-five interview sessions were held with 47 individuals representing numerous organizations. Interviewees included: individuals with special knowledge of or expertise in public health; local public health department representatives with information and expertise relevant to the health needs of the community; and individuals and organizations serving or representing medically underserved, low-income, and minority populations. The organizations that provided input are listed after the discussion of issues identified in the interviews.

Interviews were conducted using a structured discussion guide. Informants were asked to discuss community health issues and encouraged to think broadly about the social, behavioral, and other determinants of health. Interviewees were asked about issues related to health status, health care access and services, chronic health conditions, populations with special needs, and health disparities.

The frequency with which specific issues were mentioned and interviewees' perceptions of the severity (how serious or significant) and scope (how widespread) of each concern were assessed. The following health status issues and contributing factors were reported to be of greatest concern. They are grouped by topic with the topics presented in alphabetical order.

Issues Identified as Needs in Interviews

Access to Preventive and Primary Care and Health Insurance

Interview participants identified several issues with respect to both the accessibility and use of preventive health services, affordability of care and insurance, and coverage. Some residents lack knowledge of community resources, including health care resources. Barriers to accessing care include a lack of family and social support, transportation and mobility needs, and scheduling challenges for people working multiple jobs or who are unable to take time off.

Interviewees reported generally limited engagement by people in seeking preventive care; residents may have difficulty navigating the health system, may be unsure how to advocate for their own health care, or may face barriers to care. Low health literacy is apparent; some residents lack knowledge of the benefits of preventive screenings and medical checkups and do not fully understand the consequences of poor health behaviors. Gaps in care coordination and follow-up by providers exacerbate access limitations.

Access to primary and preventive care also is impeded by limited financial resources and a lack of health insurance coverage. Many employed people in the community work in jobs with no benefits, including insurance coverage. Uninsured people have difficulty affording care, and even those with Medicaid coverage may have difficulty finding a doctor who is accepting new patients.

Chronic Diseases and Lifestyle Factors

Chronic diseases and lifestyle factors collectively were reported to be the leading health issue by interview participants. Obesity, overweight, and diabetes among both children and adults, especially in East Harlem and the Bronx, were frequently mentioned as a critical issue even though childhood obesity was perceived to be improving somewhat. Obesity and overweight were reported to drive other chronic conditions, including cardiovascular risk factors and ailments such as hypertension, and cancer. Poor diet and limited exercise were reported to be primary contributors to these chronic conditions, and to be influenced by the availability and affordability of quality food, the local environment not being conducive to exercise, and other factors.

Asthma and chronic obstructive pulmonary disease also were very frequently reported as a critical chronic disease issue, throughout the community and especially in East and Central Harlem and Western Queens. Continuing environmental factors including poor outdoor air quality and poor housing conditions are barriers to progress with the disease. A high prevalence of smoking in the community was viewed as contributing to high asthma rates, as well as to the range of other health issues for which smoking is a known risk factor.

Cultural, Ethnic, and Linguistic Barriers to Care

Interview participants universally discussed the role of the community's diversity, including a high proportion of minority residents—many of whom are recent immigrants—as a factor that presents challenges to health status and to the seeking and delivery of health care. Language

barriers are prevalent due to the many languages spoken in the community and a relatively high proportion of residents who are limited-English proficient. Language issues present barriers to knowledge or understanding of available resources and how to use them, the ability to obtain appointments with appropriate translation services, the ability to understand a provider's diagnoses and instructions, and the likelihood that one will seek health services. Language barriers also can impact a provider's ability to properly recognize, diagnose, or treat a condition.

Culture plays a significant role in health behaviors and health care seeking, as well. In some cultures, for example, women are expected to remain at home to care for the family. In others, some health conditions are associated with stigmas that may limit care seeking. There also are instances of mistrust of Western medicine and medical providers. Improper nutrition was cited as an issue for many immigrant populations; materials aimed at improving the community's diet are not targeted toward the nutritional habits of the community's many cultures.

Undocumented community residents frequently have an additional barrier, sometimes choosing not to interact with large organizations such as hospitals due to fears related to their immigration status.

Environmental Determinants of Health

Environmental factors in the community contribute significantly to poor health status, according to interview participants. While people in different parts of the community reported different specific factors (e.g., La Guardia airport and power plants in Queens, the FDR Drive and older public housing in Harlem), the major environmental health hazards mentioned included: air pollution from vehicular traffic, power generation, and construction dust; poor housing stock with lead-based paint, mold, and pest-related pollutants; relatively few safe open spaces and park areas; and a high density of fast-food vendors and few full-service grocers and farmers markets. These factors were viewed as contributing to a number of health needs, including asthma and respiratory ailments, obesity, diabetes, and stress, among others.

Senior Citizen Health and Health Care Needs

The special health needs of senior citizens were discussed by a number of interview participants. Seniors face a number of conditions that make them more vulnerable to poor health, including often-complex health needs and co-morbid conditions requiring multiple medical providers and visits. Many seniors experience functional disabilities such as limited mobility and difficulty preparing meals, and cognitive disabilities such as memory deficiencies and dementia. Social isolation and a lack of family or other social support can impede both self-care and care seeking, and contribute to depression. The "frail elderly" can have difficulty navigating the health care system, due to challenges understanding insurance coverage and their treatment plan, which can impact the continuity of care they receive.

Poor Mental Health Status

Mental health was reported as a significant health issue in numerous key informant interviews, and was manifest in a number of ways. Anxiety and depression affect all age groups, and are exacerbated by stress related to poverty, financial hardship, and social factors. Among other mental health conditions mentioned were learning disabilities, autism, bipolar disorder, psychoses, post-traumatic stress disorder, suicidal thoughts and behaviors, abuse and neglect, bullying, and domestic and community violence. Adolescents and senior citizens were highlighted as particularly vulnerable and in need of services. And, in some cultures, mental health issues are not recognized or not identified early, in part due to stigma.

Poverty, Financial Hardship, and Basic Needs Insecurity

Interview participants focused on poverty, financial hardship, and basic needs insecurity as important contributing factors to poor health status, and noted their role in limiting the ability to obtain any type of needed health care. Much of the community exhibits relatively high unemployment and underemployment rates, low incomes, and high numbers of people living in poor-quality housing. Constrained financial resources limit the ability to purchase high-quality food and provide for other basic needs, and contribute to daily stress. The ability to practice healthy behaviors and generally to prioritize and access health and health care is reduced in an environment of poverty. Chronic diseases were mentioned as especially prevalent in low-income populations. Poverty, financial hardship, and basic needs insecurity particularly affect residents living in the community's many affordable housing units.

Organizations Providing Community Input

Forty-five interview sessions were held with 47 individuals representing 27 community organizations and 15 Mount Sinai-affiliated or operated departments, divisions, or programs. **Exhibits 61A**, **61B**, **61C**, and **61D** include information on each of the organizations that provided input and describe whether each was a public health department (or other organization with public health expertise), an organization serving or representing medically underserved, low-income, and minority populations, or some other local organization with information and expertise relevant to the health needs of the community. **Exhibit 61D** highlights departments, divisions, or programs that are operated specifically by Mount Sinai.

Exhibit 61A: Organizations Providing Community Input

Organization	Description/Population Served
American Heart Association	The American Heart Association (AHA) is a nonprofit organization that supports the objective of providing appropriate cardiac care and reducing disability and deaths caused by cardiovascular disease and stroke.
Astoria Blue Feather Head Start	Astoria Blue Feather Head Start works to improve the lives of low-income children and their families through active parent involvement, the creation of family goals, and linking families to available community resources.
Astoria Civic Association	The Astoria Civic Association represents the best interests of its citizens, serving the community by sponsoring and coordinating scholarships, health fairs, activities, and sports, and collaborating with other civic associations and the New York City Council.
Bethel Gospel Assembly Church	Bethel Gospel Assembly Church serves approximately 1,500 individuals through the numerous programs and services conducted weekly. Its services are provided to those in need and who are seeking a better way of life.
Community Board 1 of Queens	Community Board 1 of Queens is one of 59 community boards in New York City, a local advisory group of up to 50 unpaid active community members who are appointed by a Borough's President. The Board's responsibilities include: land use and zoning issues, assessing the needs of the neighborhood, and addressing other community concerns.
Community Board 2 of Queens	Community Board 2 of Queens is one of 59 community boards in New York City, a local advisory group of up to 50 unpaid active community members who are appointed by a borough's president. The board's responsibilities include: land use and zoning issues, assessing the needs of the neighborhood, and addressing other community concerns.
Community Board 11 of Manhattan	Community Board 11 of Manhattan (East Harlem) is one of 59 community boards in New York City, a local advisory group of up to 50 unpaid active community members who are appointed by a borough's president. The board's responsibilities include: land use and zoning issues, assessing the needs of the neighborhood, and addressing other community concerns.
East and Central Harlem Neighborhood Public Health Office (DPHO)	The East and Central Harlem Neighborhood Public Health Office (DPHO) provides research, educational materials, promotion, tracking, and assistance with understanding health-related data in order to fulfill the objective of improving community safety and public health outcomes. It provides resources to produce awareness and education about the possible services to be utilized, especially by low-income, medically underserved, and minority communities.

Exhibit 61B: Organizations Providing Community Input

Organization	Description/Population Served
East Harlem Asthma Center of Excellence	The East Harlem Asthma Center of Excellence (EHACE) is a part of the New York City Department of Health and Mental Hygiene that focuses on addressing the rate of asthma hospitalizations of children in the East Harlem community. EHACE provides counseling, information, support groups, and more.
East Harlem Community Health Committee	The East Harlem Community Health Committee is a voluntary committee of health care providers, community organizations, and consumers addressing the needs of East Harlem and affiliated with the East and Central Harlem Neighborhood Public Health Office.
Greek Homeowners Association	The Greek Homeowners Association serves to promote Greek values and interest in Greek culture across the community. It organizes cultural events and provides scholarships to deserving individuals that engage and promote Greek culture in their community.
Harlem Community & Academic Partnership	The Harlem Community & Academic Partnership (HCAP) Inc. is a community and academic partnership that uses Community Based Participatory Research (CBPR) to improve the health of the East and Central Harlem community. HCAP has also recently created "intervention work groups (IWGs) involved in areas of cancer screening and prevention, obesity/nutrition targeting women of color and the family unit, medical management of asthma, rapid vaccine distribution, pharmacists as treatment linkages, the Web-based Harlem Resource Guide," and other community services. 36
Institute for Family Health	The Institute for Family Health operates five community health centers in the Bronx. It is one of the largest community health centers in New York State, serving more than 80,000 patients annually at 26 locations.
JVL Dimotsis- Vallone Senior Center of the HANAC Senior Center	The JVL Dimotsis-Vallone Senior Center is a branch of the Hellenic American Neighborhood Action Committee (HANAC) senior services, which includes community-centered organizations that provide seniors (individuals aged 60 and above) opportunities to socialize, develop new hobbies, find educational materials or resources, and participate in new activities and to be actively engaged in the community.
Long Island City Partnership (LICP)	The Long Island City Partnership (LICP) is a local development corporation that works to "improve the climate for business in greater Long Island City by assisting individual businesses, and advocating for economic development that benefits LIC's industrial, commercial, cultural, and residential sectors." 37
Lutheran Family Health Centers of Lutheran HealthCare	Lutheran Family Health Centers of Lutheran HealthCare provides safety net healthcare for low-income and underserved individuals that emphasizes the importance of cultural competence in preventive care, community-based services, and comprehensive specialty and supportive services.
Mailman School of Public Health at Columbia University	The Mailman School of Public Health at Columbia University is one of the oldest public health establishments in the nation and provides public health training and research through six academic departments and a number of degree programs and career management programs through its affiliated centers.
New York City Police Department Source: Interview sessions a	The New York City Police Department works in community partnership to meet and enforce constitutional rights and laws, and to create a safe environment for society. and research conducted by Verité, 2013

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³⁶Harlem Community & Academic Partnership (HCAP). (2013). Retrieved 2013, from:

http://www.hcapnyc.org/introhttp://www.hcapnyc.org/intro

37Long Island City Business Development Corporation – LICBDC. Retrieved 2013, from:
http://www.ourlic.com/guide/index.php?action=listingview&listingID=1772&printer_friendly=yes

Exhibit 61C: Organizations Providing Community Input

Organization	Description/Population Served
New York Common Pantry	New York Common Pantry is the largest community-based food pantry in New York City, meeting the needs of families by providing food to many populations, including homeless, starving, hungry, and indigent populations, while stressing the importance of self-sufficiency.
Our Lady of Mount Carmel Church	Our Lady of Mount Carmel Church organizes multiple events, classes, and education to promote Catholic values and guide the community about living a Catholic lifestyle.
Queens Chamber of Commerce	The Queens Chamber of Commerce serves as a resource for businesses across Queens through leadership, advocacy, networking, and education.
SHAREing & CAREing	SHAREing and CAREing provides cancer support services to individuals with cancer, incorporating assessment, planning, facilitation, and advocacy to meet cancer survivors' health needs.
Union Settlement Association	The Union Settlement Association provides advocacy and resources for the underserved community of East Harlem, including education, wellness, and community building programs for youth, adults, and senior citizens.
United Community Civic Association, Inc.	The United Community Civic Association organizes efforts and initiatives to improve the Queens community, such as public safety, environmental, civic participation, and public health concerns.
Visiting Nurse Service of New York	The Visiting Nurse Service of New York provides a range of mobile services, programs, and resources to low-income and Medicaid groups, including pregnant women, families, seniors, and the aging.
Young Men's Christian Association (YMCA) of	The Young Men's Christian Association (YMCA) of Greater New York provides a number of sports, athletic programs, and other services to all age groups,
Greater New York	promoting healthy lifestyles for the community.

The Mount Sinai Hospital Community Health Needs Assessment

Exhibit 61D: Mount Sinai Departments, Divisions, or Programs Providing Input

Mount Sinai Queens - Family Health Associates Family Health Associates Mount Sinai School Based Health Centers Mount Sinai School Based Health Centers Mount Sinai Visiting Doctors Program The Partnership for a Healthier Manhattan at Mount Sinai Mount Sinai The Partnership for a Healthier Manhattan at Mount Sinai The Tisch Cancer Institute at Mount Sinai Family Health Associates is the private practice at Mount Sinai Queens Hospital that offers outpatient primary and specialty care, as well as obstetrics, gynecology, and midwifery to adults and children. Mount Sinai School Based Health Centers provide care, including medical, sexual and reproductive health, mental health, and health education services to a number of low-income, minority, and indigent students. The Mount Sinai Visiting Doctors Program grew out of efforts of the Samuel Brofman Department of Medicine and the Brookdale Department of Geriatrics and Aging. It is one of the largest academic home-visit programs in the nation, with more than 5,000 home visits annually and reaching more than 1,000 patients. The Partnership for a Healthier Manhattan at Mount Sinai is an initiative funded by the Community Transformation Grant of the New York City DOHMH with the objective of reducing chronic disease in New York City through proven, community-level efforts to improve the environment, which impacts health. The Tisch Cancer Institute, established at Mount Sinai Medical Center in late 2007, develops robust cancer research programs, strengthens programs related to genomics and molecular pathology, and supports cancer clinical trials.	Organization	Description/Population Served
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