



**Mount
Sinai**

THE MOUNT SINAI HEALTH SYSTEM

The Mount Sinai Hospital · Mount Sinai Queens

Community Health Needs Assessment

Community Service Plan

Implementation Strategy

| 2016 - 2018 |

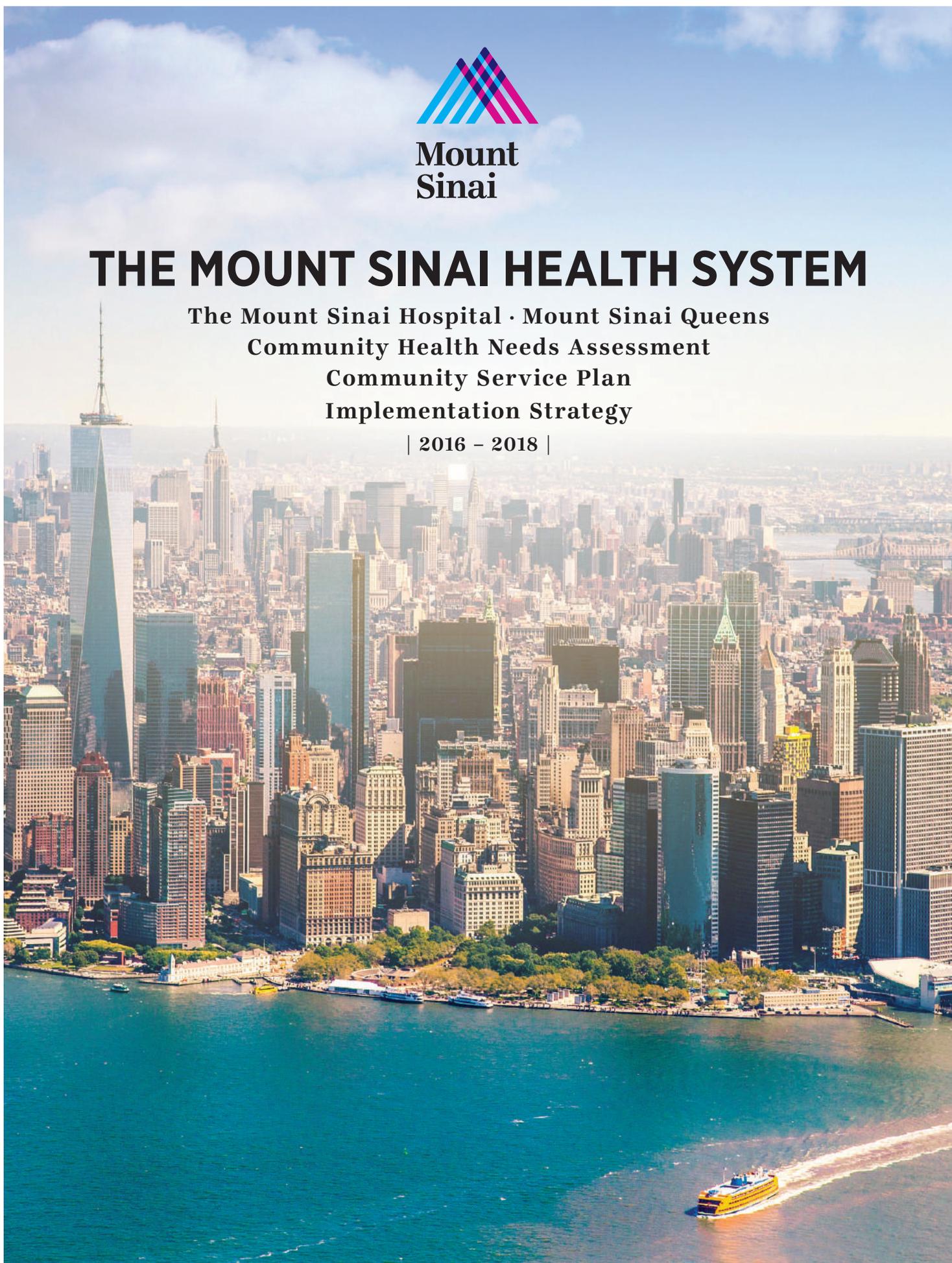




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Executive Summary



Improving the health of all New Yorkers is not only in the best interest of our communities and the region, but it is also the mission of the Mount Sinai Health System. We are proud to be part of the communities we serve and are committed to making the lives of our patients, staff, and friends better through the work we do.

Mount Sinai's Community Service Plan "CSP" builds on New York State Department of Health "NYSDOH" Prevention Agenda Priorities 2016-2018 and Mount Sinai's 2014 implementation strategy which identified preventing chronic diseases, access to mental health services, and the continued progress in reducing HIV/AIDS diagnoses and death in New York City. The 2014-2016 CSP objectives were met, setting the stage operationally for the adoption of other interventions

aimed at addressing racial and ethnic health disparities.

The Mount Sinai Health System's assessment represents an internal collaboration across its facilities, along with external organizations, to identify the health needs of the community and develop a strategy for addressing them. The purpose of this document is to describe how these needs will be addressed over a three-year period.

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

In New York State, all not-for-profit hospitals are required to develop a CSP. In 2015, NYSDOH encouraged local health departments and hospitals to work together in 2016 to address identified community health priorities tied to the Prevention Agenda. Since many hospitals recently completed a community needs assessment as part of the Delivery System Reform Incentive Program "DSRIP" process, NYSDOH is not asking for a new comprehensive health needs assessment in this cycle.

The Mount Sinai Health System will continue to work with DSRIP Provider Partners to ensure their Prevention Agenda goals and implementation efforts are aligned with Mount Sinai's Performing Provider System "PPS", in DSRIP Domain 4 projects.



About Us



The Mount Sinai Health System is an integrated health care system providing exceptional medical care to our local and global communities.

Encompassing the Icahn School of Medicine at Mount Sinai and seven hospital campuses in the State of New York, as well as a large, regional ambulatory footprint, Mount Sinai is internationally acclaimed for its excellence in research, patient care, and education across a range of specialties. The Mount Sinai Health System was created from the combination of the Mount Sinai Medical Center and Continuum Health Partners, which agreed unanimously to combine entities in July 2013.

The Health System is designed to increase efficiencies and economies of scale; improve quality and outcomes; and expand access to advanced primary, specialty, and ambulatory care services

throughout a wide clinical network. It includes more than 7,000 primary and specialty care physicians and 12 joint-venture ambulatory surgery centers. Mount Sinai also features a robust and continually expanding network of multispecialty services, including more than 45 ambulatory practices throughout the five boroughs of New York City and Westchester County. With an extraordinary array of resources for the provision of compassionate, state-of-the-art care, the Mount Sinai Health System is poised to identify and respond to the health-related needs of the diverse populations we serve.

In 2014, the Mount Sinai Health System announced new brand identification to build on the

principal strengths and world-renowned recognition for excellence of The Mount Sinai Hospital and the Icahn School of Medicine at Mount Sinai.

The hospitals within the Mount Sinai Health System, which underwent brand enhancement changes, include: Mount Sinai Brooklyn (formerly Beth Israel Brooklyn), Mount Sinai Beth Israel (formerly Beth Israel Medical Center), Mount Sinai St. Luke's (formerly St. Luke's Hospital), Mount Sinai West (formerly Mount Sinai Roosevelt), and the New York Eye and Ear Infirmary of Mount Sinai (formerly New York Eye and Ear Infirmary). The names of The Mount Sinai Hospital and Mount Sinai Queens remain the same.



About Us



Our Mission

Why we exist; why the world will be different because we are here

The mission of the Mount Sinai Health System is to provide compassionate patient care with seamless coordination, and to advance medicine through unrivaled education, research, and outreach in the many diverse communities we serve.

Vision

Who we want to become; what we want to achieve or create

The Mount Sinai Health System's vision is to continue to grow and challenge convention through our pioneering spirit, scientific advancements, forward-thinking leadership, and collaborative approach to providing exceptional patient care in the many unique communities we serve.

Brand Promise

The net benefit we deliver to those we serve

Mount Sinai is the choice for groundbreaking and compassionate health care. Our unrivaled education, translational research, and collaborative clinical leadership ensure that we deliver the best patient care—from prevention, diagnosis, and treatment of the most serious and complex diseases.

Brand Positioning

Who we serve; what we provide; and how we are different

At Mount Sinai, we reimagine what is possible and redefine the practice of modern medicine, both in our local communities and across the world, to produce the only result that really matters: radically better outcomes for our patients.



Facts and Figures

The Mount Sinai Health System combines the Icahn School of Medicine at Mount Sinai and seven hospital campuses to provide the highest quality health care throughout the State of New York.

Our integrated resources and expertise offer patients comprehensive care from birth through geriatrics, including the most complex cases.

This newly established system significantly expands our geographic footprint and increases our number of beds.



› 145,336 inpatient admissions

› more than 481,139 Emergency Department visits



Hospital Campuses

Mount Sinai Beth Israel
 Mount Sinai Brooklyn
 The Mount Sinai Hospital
 Mount Sinai Queens
 Mount Sinai St. Luke's
 Mount Sinai West
 New York Eye and Ear Infirmary of Mount Sinai

› 2 urgent care joint ventures



› More than 2,000 residents and clinical fellows

› 12 free-standing joint venture centers



› More than 7,000 physicians, including general practitioners and specialists



› More than 38,000 employees

› 16,350 babies delivered a year

› 36 multidisciplinary research, educational, and clinical institutes

› 138 operating rooms

› More than 3,100,000 outpatient visits to offices and clinics (non-Emergency Department)





Community Advisory Board The Mount Sinai Health System

The purpose of the Mount Sinai Health System Community Advisory Board is to provide support to the Health System, to further its goals on community and governmental issues, and communicate the Health System strategy to the community. The Board is responsible for helping the system to better reflect the opinions and needs of the people it serves while developing best practices on community programs implemented by the system.

Membership on the board consist of consumer and provider members of the respective hospital Community Advisory Boards.

Under the Mount Sinai Health System, there are four respective Community Advisory Boards:

- › The Mount Sinai Hospital and Icahn School of Medicine at Mount Sinai Community Advisory Board
- › Mount Sinai Queens Community Advisory Board
- › Mount Sinai St. Luke's and Mount Sinai West Community Advisory Board
- › Mount Sinai Beth Israel Community Advisory Council



About The School



Icahn School of Medicine at Mount Sinai

The Icahn School of Medicine at Mount Sinai is an international leader in medical and scientific training, biomedical research, and patient care. It is the medical school for the Mount Sinai Health System, which includes seven hospital campuses, and has more than 5,000 faculty and nearly 2,000 students, residents, and fellows.

Our unwavering pursuit of intellectual exchange, breakthrough research, and multidisciplinary teamwork propels us ever forward in biomedical discoveries and advances. We pursue ideas that often challenge conventional wisdom to revolutionize the practice of medicine and produce dramatically better

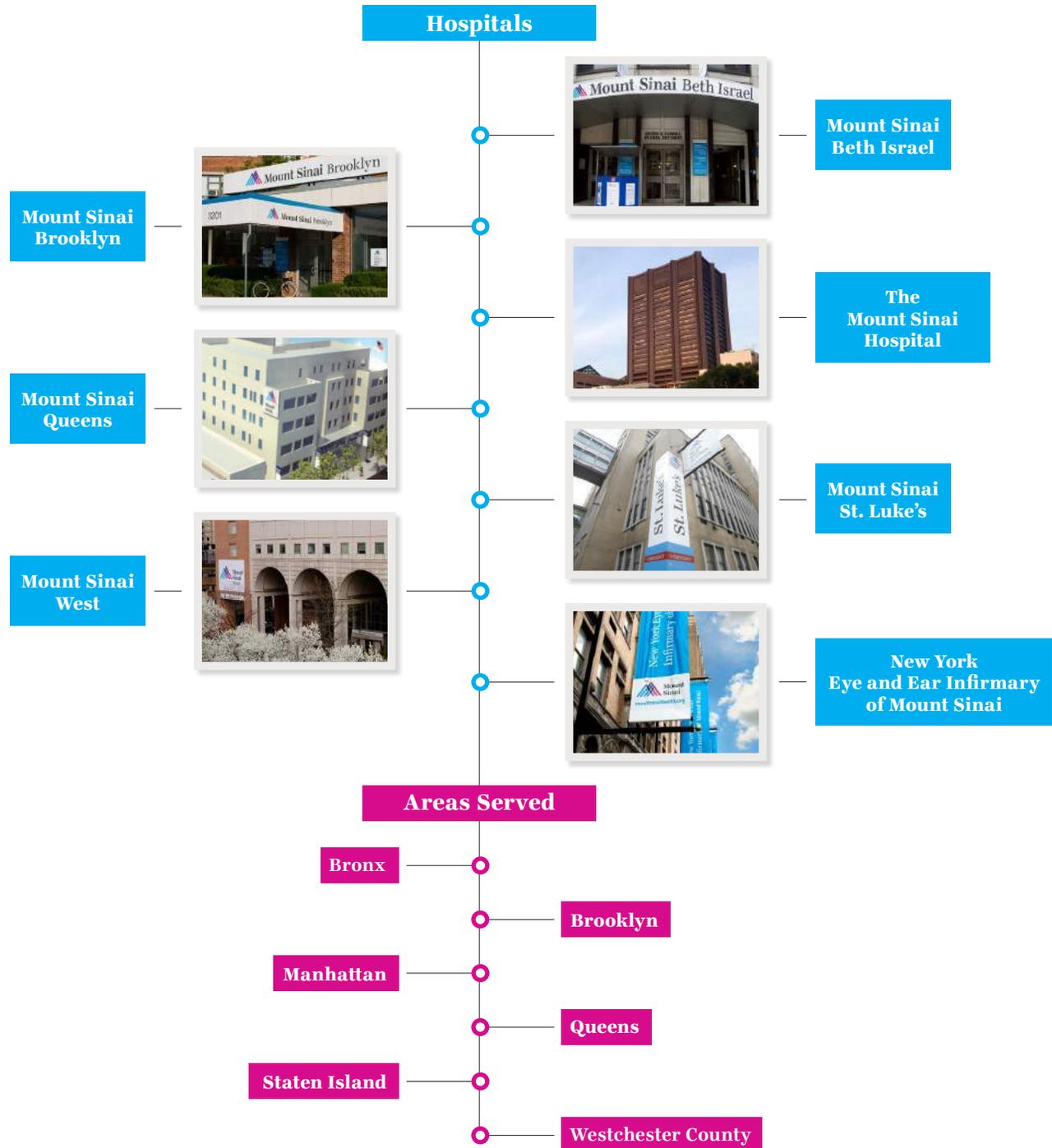
outcomes for patients. We make big, bold bets by investing in radical free thinkers and technology at the cutting edge.

The Icahn School of Medicine at Mount Sinai is an integral component of the Mount Sinai Health System. The medical school is a top-tier fully-integrated network of physicians and professional staff who provide education, research, and medicine across the full range of specialties. We blaze new trails in our global community. By translating discoveries and inventions into advanced patient care, we have the unique opportunity to serve one of the most diverse cultural and socioeconomic populations in the world.



Mount Sinai Health System

The Mount Sinai Health System services the entirety of the five New York City boroughs, along with Westchester County. The following pages provide updated information collected in 2016 by Mount Sinai on a borough-by-borough basis and focus on the demographics of the communities being served.





THE MOUNT SINAI HOSPITAL



Founded in 1852, The Mount Sinai Hospital is a 1,171-bed, tertiary-care teaching facility acclaimed internationally for excellence in clinical care.

In the 2016-17 “Best Hospitals” issue of *U.S. News & World Report*, the institution was ranked in eleven specialties nationally. In the magazine’s 2016-17 “Best Children’s

Hospitals” issue, The Kravis Children’s Hospital at Mount Sinai is listed among the country’s best children’s hospitals in seven out of 10 pediatric specialties.

The Mount Sinai Hospital consistently earns Magnet® designation status for nursing care, and it is the only medical center in New York State to earn Disease-

Specific Care Comprehensive Stroke Center Certification from The Joint Commission. The institution also received a Health Care Innovation Award from the Centers for Medicare and Medicaid Services to open the first geriatric emergency department in New York City. The Mount Sinai Access service is one of the largest and most sophisticated inpatient transfer services in the city.



Mount Sinai Health System - Campus ZIP Code Exhibits

THE MOUNT SINAI HOSPITAL

ZIP Codes Served

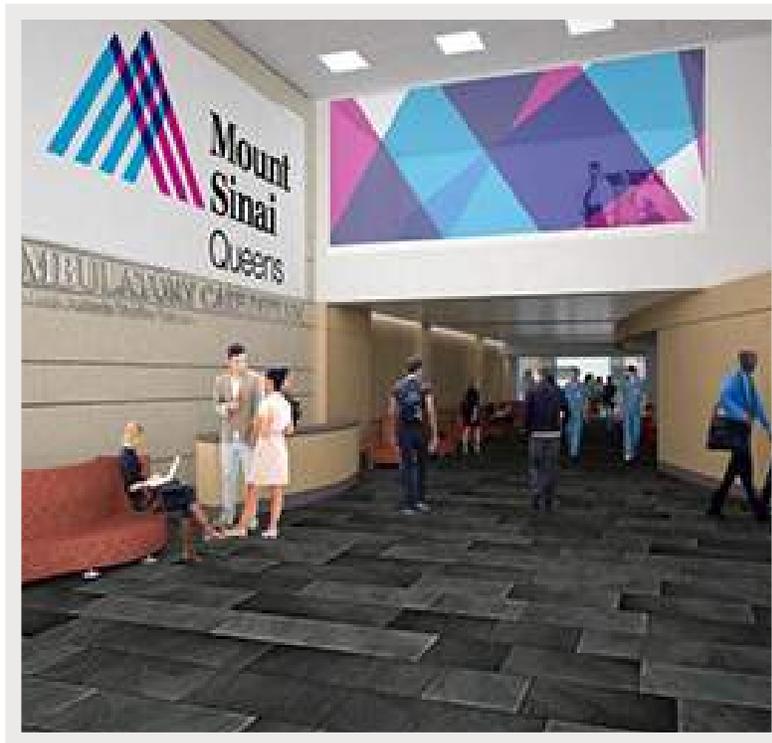
New York, NY		Queens, NY		Bronx, NY	Kings, NY		Richmond, NY	Westchester, NY	
60		64		25	42		12	69	
10001	10032	11004	11380	10451	11201	11222	10301	10502	10576
10002	10033	11005	11385	10452	11202	11223	10302	10503	10577
10003	10034	11101	11386	10453	11203	11224	10303	10504	10580
10004	10035	11102	11411	10454	11204	11225	10304	10505	10583
10005	10036	11103	11412	10455	11205	11226	10305	10506	10587
10006	10037	11104	11413	10456	11206	11228	10306	10507	10588
10007	10038	11105	11414	10457	11207	11229	10307	10510	10589
10008	10039	11106	11415	10458	11208	11230	10308	10514	10590
10009	10040	11109	11416	10459	11209	11231	10309	10518	10591
10010	10044	11354	11417	10460	11210	11232	10310	10519	10594
10011	10045	11355	11418	10461	11211	11233	10312	10520	10595
10012	10065	11356	11419	10462	11212	11234	10314	10522	10597
10013	10069	11357	11420	10463	11213	11235		10523	10598
10014	10075	11358	11421	10464	11214	11236		10527	10601
10016	10101	11360	11422	10465	11215	11237		10528	10602
10017	10107	11361	11423	10466	11216	11238		10530	10603
10018	10108	11362	11426	10467	11217	11239		10532	10603
10019	10111	11363	11427	10468	11218	11241		10533	10604
10020	10113	11364	11428	10469	11219	11243		10535	10605
10021	10116	11365	11429	10470	11220	11249		10536	10606
10022	10125	11366	11431	10471	11221	11252		10538	10607
10023	10128	11367	11432	10472				10538	10607
10024	10150	11368	11433	10473				10543	10701
10025	10159	11369	11434	10474				10546	10702
10026	10162	11370	11435	10475				10547	10703
10027	10163	11372	11436					10548	10704
10028	10185	11373	11690					10549	10705
10029	10274	11374	11691					10550	10706
10030	10280	11375	11692					10552	10707
10031	10282	11377	11693					10553	10708
		11378	11694					10560	10709
		11379	11697					10562	10710
								10566	10801
								10567	10803
								10570	10804
								10573	10805



MOUNT SINAI QUEENS

Mount Sinai Queens is committed to providing the western Queens community with the best outpatient, emergency, and inpatient medical care. Patients have access to our highly trained team of nearly 500 physicians representing close to 40 medical and surgical specialties and subspecialties.

Our expert team of physicians, nurses, and support staff uphold the Mount Sinai tradition of excellence by providing high-quality, patient-centered care, delivered with compassion. For more than 120 years, medical care at this location has been a cornerstone of our community. Now, we can offer even more comprehensive service as a result of our expansion project, featuring a new state-of-the-art Emergency Department and a range of advanced medical and surgical services.



With the opening of our \$175-million, 140,000-square-foot building, we are introducing a new era of health care in Queens, starting with our Stavros Niarchos Foundation Emergency Department. We now offer medical and surgical capabilities previously only available at Mount Sinai locations in Manhattan, while still maintaining the comfort and familiarity of a community hospital dedicated to the health of our neighbors.



Mount Sinai Health System - Campus ZIP Code Exhibits

MOUNT SINAI QUEENS

ZIP Codes Served

New York, NY	Queens, NY		Bronx, NY	Kings, NY	Richmond, NY	Westchester, NY
34	59		24	35	9	8
10001	11004	11378	10451	11201	10301	10522
10002	11101	11379	10452	11203	10302	10550
10003	11102	11380	10453	11204	10303	10552
10006	11103	11385	10454	11205	10304	10594
10007	11104	11411	10455	11206	10305	10603
10009	11105	11412	10456	11207	10306	10605
10010	11106	11413	10457	11208	10309	10701
10011	11109	11414	10458	11209	10310	10705
10012	11354	11415	10459	11211	10314	
10013	11355	11416	10460	11212		
10016	11356	11417	10461	11213		
10017	11357	11418	10462	11214		
10018	11358	11419	10463	11215		
10019	11360	11420	10465	11216		
10021	11361	11421	10466	11217		
10022	11362	11422	10467	11218		
10024	11362	11422	10467	11219		
10025	11363	11423	10468	11220		
10026	11364	11426	10469	11221		
10027	11365	11427	10470	11222		
10028	11366	11428	10471	11223		
10029	11367	11429	10472	11224		
10030	11368	11432	10473	11225		
10031	11369	11433	10474	11226		
10032	11370	11434	10475	11228		
10035	11372	11435		11229		
10036	11373	11436		11230		
10037	11374	11691		11231		
10038	11375	11692		11232		
10044	11377	11693		11233		
10045		11694		11234		
10075				11236		
10128				11237		
10150				11238		
				11249		

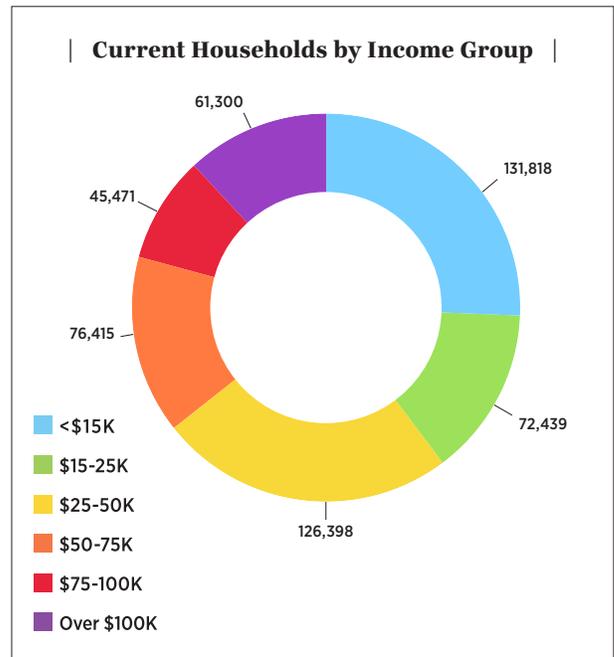
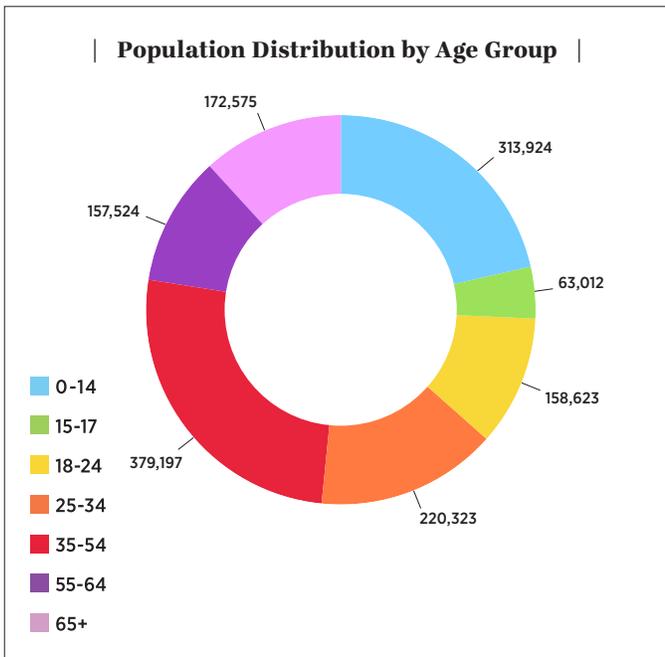


Communities Served by Mount Sinai Health System

Demographic Snapshot: Bronx

Demographic Characteristics		
	Selected Area	USA
2010 Total Population	1,393,501	308,745,538
2016 Total Population	1,465,178	322,431,073
2021 Total Population Projected	1,520,118	334,341,965
% Change 2016 - 2021	3.7%	3.7%
Average Household Income	\$49,267	\$77,135

Demographic Characteristics			
	2016	2021	% Change
Total Male Population	692,395	722,499	4.3%
Total Female Population	772,783	797,619	3.2%
Females, Childbearing Age (15-44)	324,009	322,974	-0.3%



Population Distribution by Age Group					
Age Group	2016	% of Total	2021	% of Total	USA 2016 % of Total
0-14	313,924	21.0%	321,873	21.2%	19.0%
15-17	63,012	4.3%	63,027	4.1%	4.0%
18-24	158,623	10.8%	146,379	9.6%	9.8%
25-34	220,323	15.0%	226,088	14.9%	13.3%
35-54	379,197	25.9%	386,882	25.5%	26.0%
55-64	157,524	10.8%	173,973	11.4%	12.8%
65+	172,575	11.8%	201,896	13.3%	15.1%
Total	1,465,178	100.0%	1,520,118	100.0%	100.0%

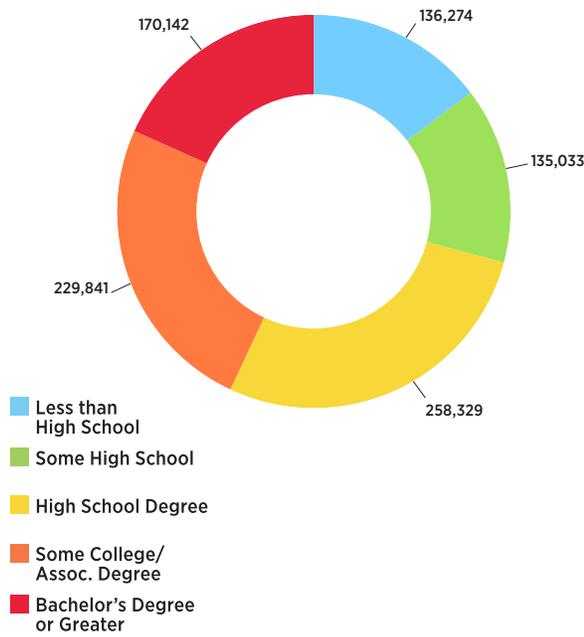
Household Income Distribution			
2016 Household Income	HH Count	% of Total	USA % of Total
<\$15K	131,818	25.7%	12.3%
\$15-25K	72,439	14.1%	10.4%
\$25-50K	126,398	24.6%	23.4%
\$50-75K	76,415	14.9%	17.6%
\$75-100K	45,471	8.8%	12.0%
Over \$100K	61,300	11.9%	24.3%
Total	513,841	100.0%	100.0%



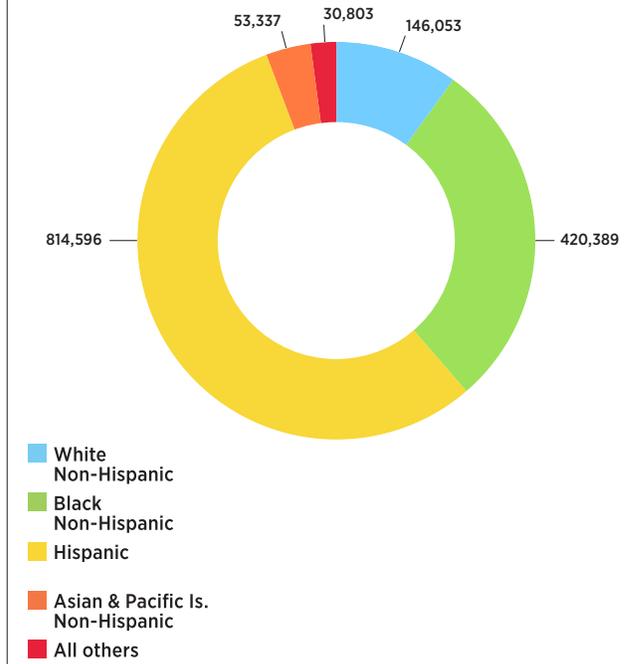
Communities Served by Mount Sinai Health System

Demographic Snapshot: Bronx

Population Age 25+ by Education Level



Population Distribution by Race/Ethnicity



Education Level Distribution

2016 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	136,274	14.7%	5.8%
Some High School	135,033	14.5%	7.8%
High School Degree	258,329	27.8%	27.9%
Some College/ Assoc. Degree	229,841	24.7%	29.2%
Bachelor's Degree or Greater	170,142	18.3%	29.4%
Total	929,619	100.0%	100.0%

Race/Ethnicity Distribution

Race/Ethnicity	2016 Pop	% of Total	USA % of Total
White Non-Hispanic	146,053	10.0%	61.3%
Black Non-Hispanic	420,389	28.7%	12.3%
Hispanic	814,596	55.6%	17.8%
Asian & Pacific Is. Non-Hispanic	53,337	3.6%	5.4%
All Others	30,803	2.1%	3.1%
Total	1,465,178	100.0%	100.0%

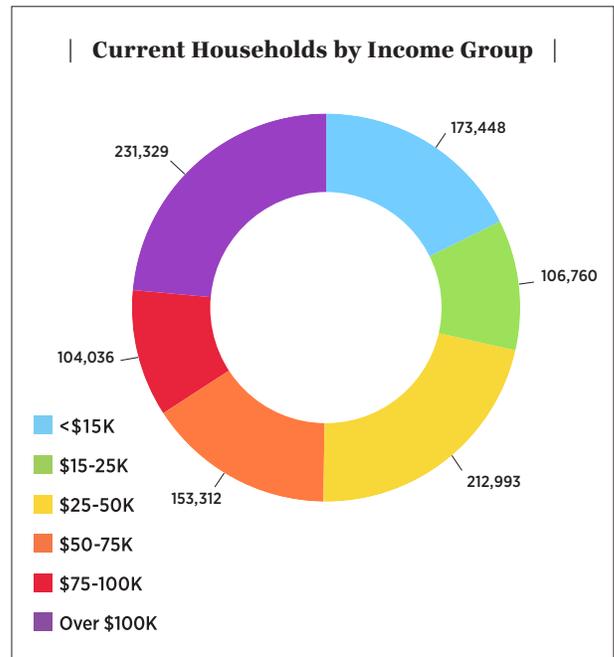
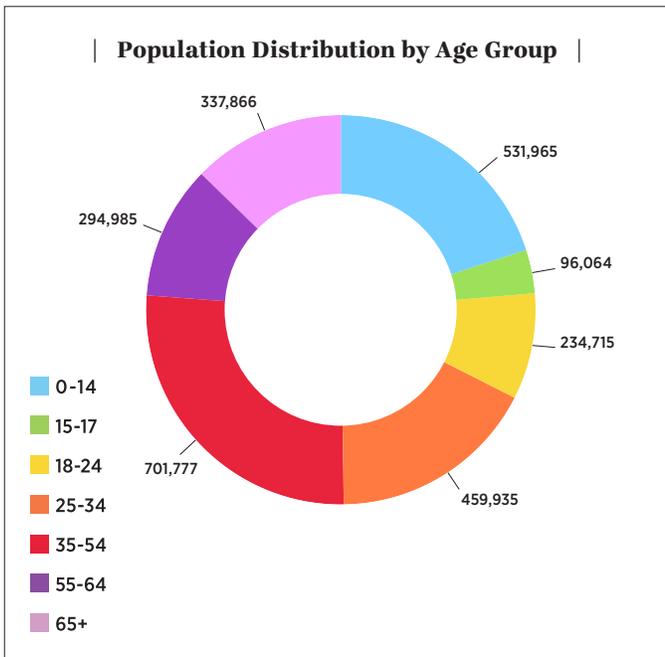


Communities Served by Mount Sinai Health System

Demographic Snapshot: Brooklyn

Demographic Characteristics		
	Selected Area	USA
2010 Total Population	2,504,089	308,745,538
2016 Total Population	2,657,307	322,431,073
2021 Total Population Projected	2,766,906	334,341,965
% Change 2016 - 2021	4.1%	3.7%
Average Household Income	\$74,284	\$77,135

Demographic Characteristics			
	2016	2021	% Change
Total Male Population	1,263,259	1,321,349	4.6%
Total Female Population	1,394,048	1,445,557	3.7%
Females, Childbearing Age (15-44)	596,680	587,069	-1.6%



Population Distribution by Age Group					
Age Group	2016	% of Total	2021	% of Total	USA 2016
0-14	531,965	20.0%	563,354	20.4%	19.0%
15-17	96,064	3.6%	101,218	3.7%	4.0%
18-24	234,715	8.8%	220,986	8.0%	9.8%
25-34	459,935	17.3%	430,542	15.6%	13.3%
35-54	701,777	26.4%	747,159	27.0%	26.0%
55-64	294,985	11.1%	308,306	11.1%	12.8%
65+	337,866	12.7%	395,341	14.3%	15.1%
Total	2,657,307	100.0%	2,766,906	100.0%	100.0%

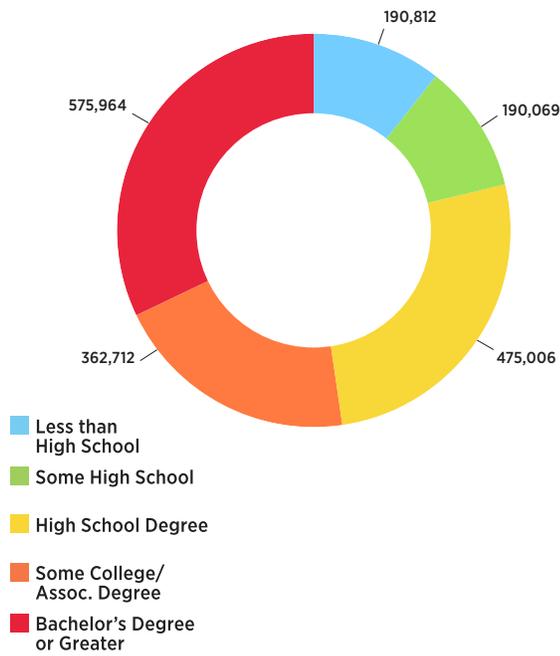
Household Income Distribution			
2016 Household Income	HH Count	% of Total	USA
<\$15K	173,448	17.7%	12.3%
\$15-25K	106,760	10.9%	10.4%
\$25-50K	212,993	21.7%	23.4%
\$50-75K	153,312	15.6%	17.6%
\$75-100K	104,036	10.6%	12.0%
Over \$100K	231,329	23.6%	24.3%
Total	981,878	100.0%	100.0%



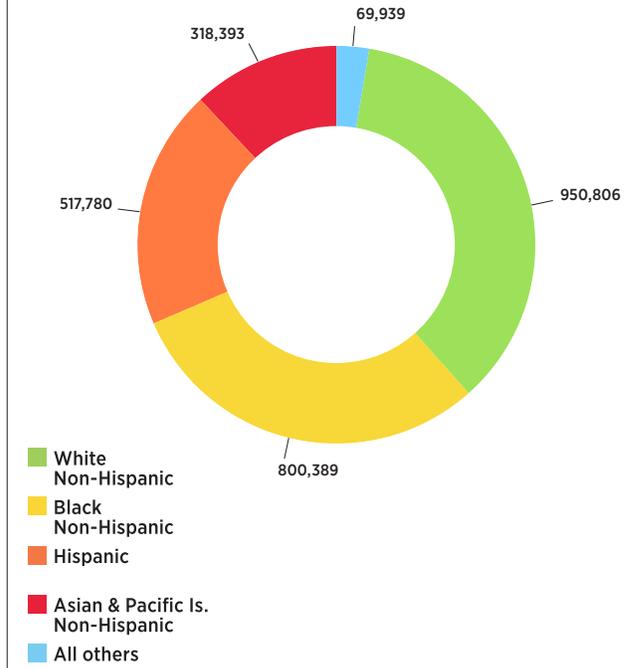
Communities Served by Mount Sinai Health System

Demographic Snapshot: Brooklyn

Population Age 25+ by Education Level



Population Distribution by Race/Ethnicity



Education Level Distribution

2016 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	190,812	10.6%	5.8%
Some High School	190,069	10.6%	7.8%
High School Degree	475,006	26.5%	27.9%
Some College/ Assoc. Degree	362,712	20.2%	29.2%
Bachelor's Degree or Greater	575,964	32.1%	29.4%
Total	1,794,563	100.0%	100.0%

Race/Ethnicity Distribution

Race/Ethnicity	2016 Pop	% of Total	USA % of Total
White Non-Hispanic	950,806	35.8%	61.3%
Black Non-Hispanic	800,389	30.1%	12.3%
Hispanic	517,780	19.5%	17.8%
Asian & Pacific Is. Non-Hispanic	318,393	12.0%	5.4%
All Others	69,939	2.6%	3.1%
Total	2,657,307	100.0%	100.0%

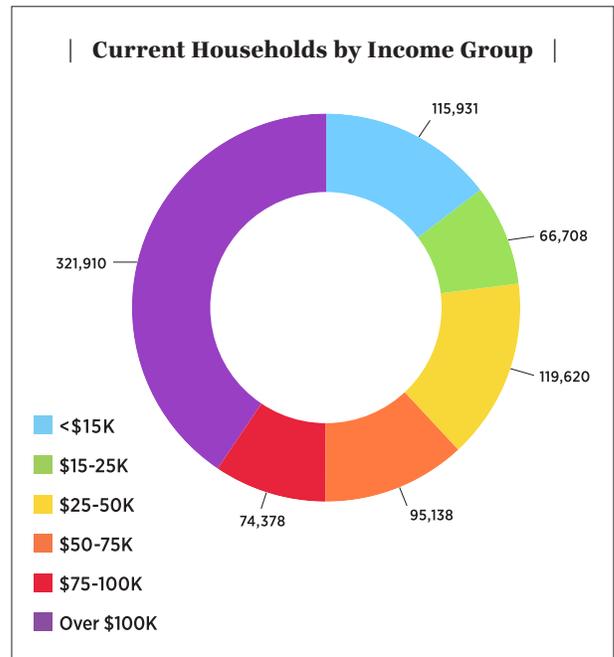
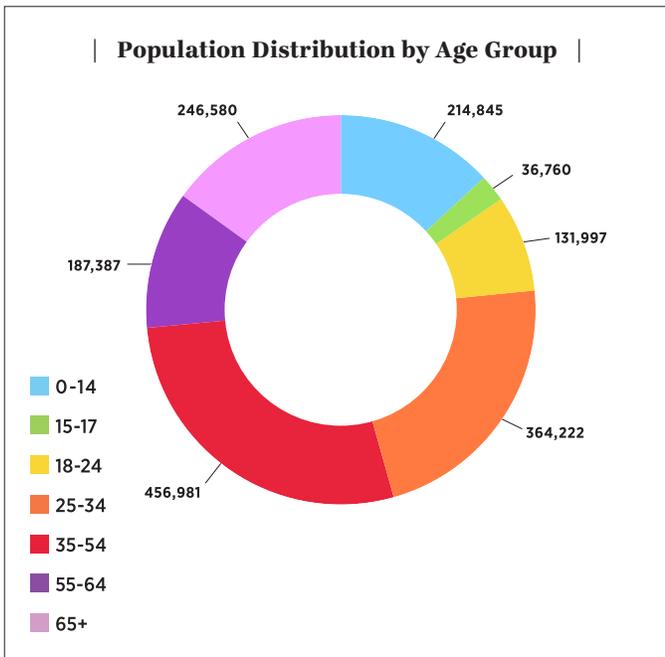


Communities Served by Mount Sinai Health System

Demographic Snapshot: Manhattan

Demographic Characteristics		
	Selected Area	USA
2010 Total Population	1,577,411	308,745,538
2016 Total Population	1,638,772	322,431,073
2021 Total Population Projected	1,683,997	334,341,965
% Change 2016 - 2021	2.8%	3.7%
Average Household Income	\$127,026	\$77,135

Demographic Characteristics			
	2016	2021	% Change
Total Male Population	775,419	798,252	2.9%
Total Female Population	863,353	885,745	2.6%
Females, Childbearing Age (15-44)	407,157	386,990	-5.0%



Population Distribution by Age Group					
Age Group	2016	% of Total	2021	% of Total	USA 2016
0-14	214,845	13.1%	234,060	13.9%	19.0%
15-17	36,760	2.2%	39,374	2.3%	4.0%
18-24	131,997	8.1%	110,905	6.6%	9.8%
25-34	364,222	22.2%	331,666	19.7%	13.3%
35-54	456,981	27.9%	488,994	29.0%	26.0%
55-64	187,387	11.4%	197,015	11.7%	12.8%
65+	246,580	15.0%	281,983	16.7%	15.1%
Total	1,638,772	100.0%	1,683,997	100.0%	100.0%

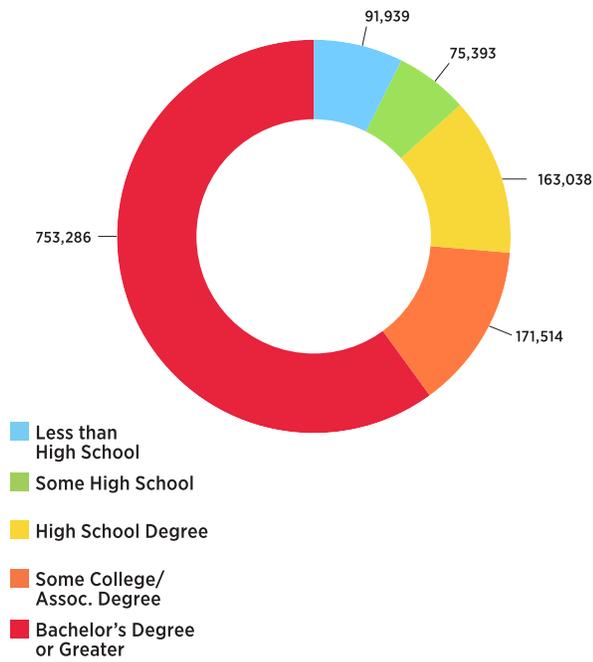
Household Income Distribution			
2016 Household Income	HH Count	% of Total	USA
<\$15K	115,931	14.6%	12.3%
\$15-25K	66,708	8.4%	10.4%
\$25-50K	119,620	15.1%	23.4%
\$50-75K	95,138	12.0%	17.6%
\$75-100K	74,378	9.4%	12.0%
Over \$100K	321,910	40.6%	24.3%
Total	793,685	100.0%	100.0%



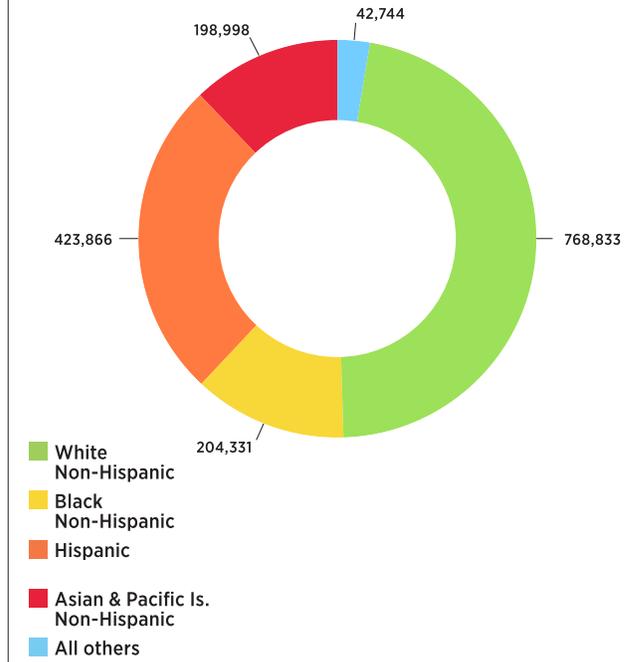
Communities Served by Mount Sinai Health System

Demographic Snapshot: Manhattan

Population Age 25+ by Education Level



Population Distribution by Race/Ethnicity



Education Level Distribution

2016 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	91,939	7.3%	5.8%
Some High School	75,393	6.0%	7.8%
High School Degree	163,038	13.0%	27.9%
Some College/ Assoc. Degree	171,514	13.7%	29.2%
Bachelor's Degree or Greater	753,286	60.0%	29.4%
Total	1,255,170	100.0%	100.0%

Race/Ethnicity Distribution

Race/Ethnicity	2016 Pop	% of Total	USA % of Total
White Non-Hispanic	768,833	46.9%	62.3%
Black Non-Hispanic	204,331	12.5%	12.3%
Hispanic	423,866	25.9%	17.8%
Asian & Pacific Is. Non-Hispanic	198,998	12.1%	5.4%
All Others	42,744	2.6%	3.1%
Total	1,638,772	100.0%	100.0%

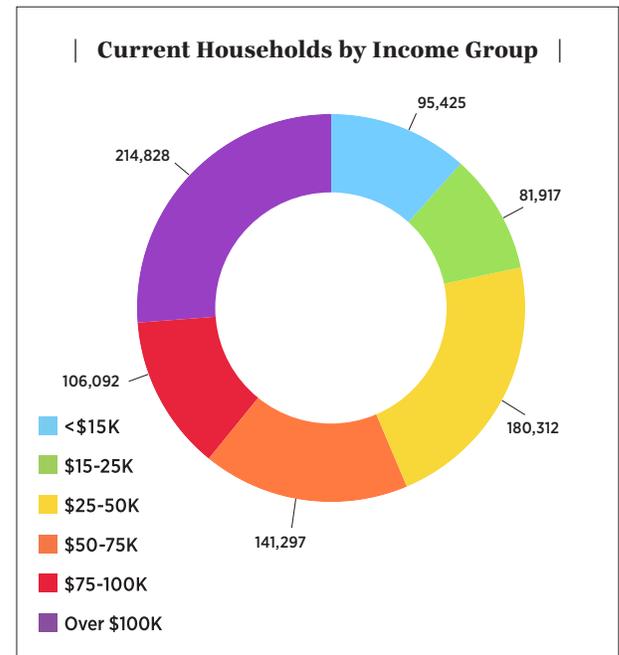
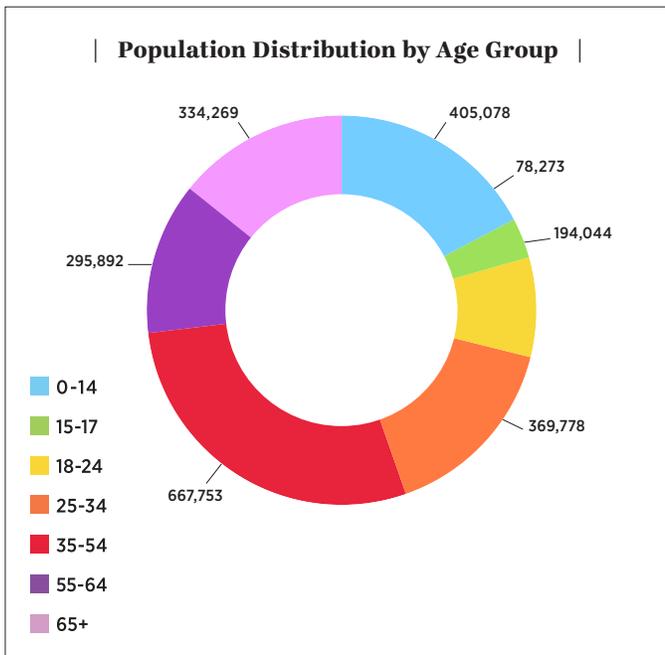


Communities Served by Mount Sinai Health System

Demographic Snapshot: Queens

Demographic Characteristics		
	Selected Area	USA
2010 Total Population	2,224,423	308,745,538
2016 Total Population	2,345,087	322,431,073
2021 Total Population Projected	2,435,541	334,341,965
% Change 2016 - 2021	3.9%	3.7%
Average Household Income	\$77,530	\$77,135

Demographic Characteristics			
	2016	2021	% Change
Total Male Population	1,140,346	1,186,862	4.1%
Total Female Population	1,204,741	1,248,679	3.6%
Females, Childbearing Age (15-44)	488,727	478,682	-2.1%



Population Distribution by Age Group					
Age Group	2016	% of Total	2021	% of Total	USA 2016 % of Total
0-14	405,078	17.3%	422,805	17.4%	19.0%
15-17	78,273	3.3%	81,581	3.3%	4.0%
18-24	194,044	8.3%	180,881	7.4%	9.8%
25-34	369,778	15.8%	339,660	13.9%	13.3%
35-54	667,753	28.5%	696,325	28.6%	26.0%
55-64	295,892	12.6%	318,292	13.1%	12.8%
65+	334,269	14.3%	395,997	16.3%	15.1%
Total	2,345,087	100.0%	2,435,541	100.0%	100.0%

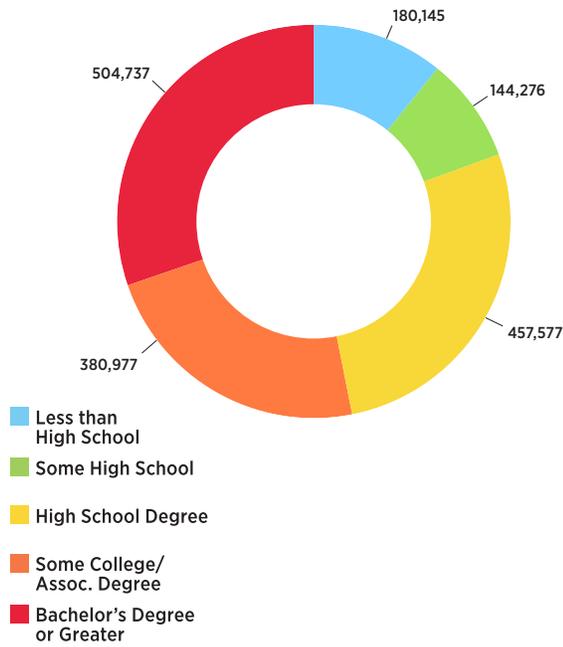
Household Income Distribution			
2016 Household Income	HH Count	% of Total	USA % of Total
<\$15K	95,425	11.6%	12.3%
\$15-25K	81,917	10.0%	10.4%
\$25-50K	180,312	22.0%	23.4%
\$50-75K	141,297	17.2%	17.6%
\$75-100K	106,092	12.9%	12.0%
Over \$100K	214,828	26.2%	24.3%
Total	819,871	100.0%	100.0%



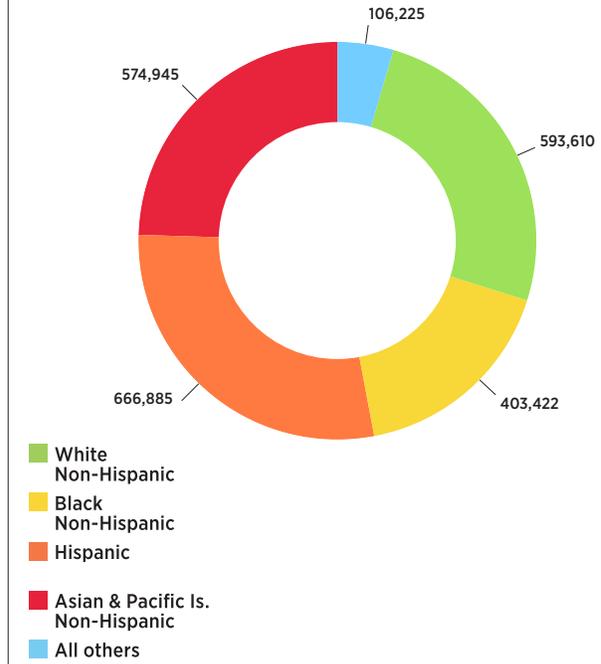
Communities Served by Mount Sinai Health System

Demographic Snapshot: Queens

Population Age 25+ by Education Level



Population Distribution by Race/Ethnicity



Education Level Distribution

2016 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	180,145	10.8%	5.8%
Some High School	144,276	8.7%	7.8%
High School Degree	457,577	27.4%	27.9%
Some College/ Assoc. Degree	380,977	22.8%	29.2%
Bachelor's Degree or Greater	504,737	30.3%	29.4%
Total	1,667,692	100.0%	100.0%

Race/Ethnicity Distribution

Race/Ethnicity	2016 Pop	% of Total	USA % of Total
White Non-Hispanic	593,610	25.3%	61.3%
Black Non-Hispanic	403,422	17.2%	12.3%
Hispanic	666,885	28.4%	17.8%
Asian & Pacific Is. Non-Hispanic	574,945	24.5%	5.4%
All Others	106,225	4.5%	3.1%
Total	2,345,087	100.0%	100.0%

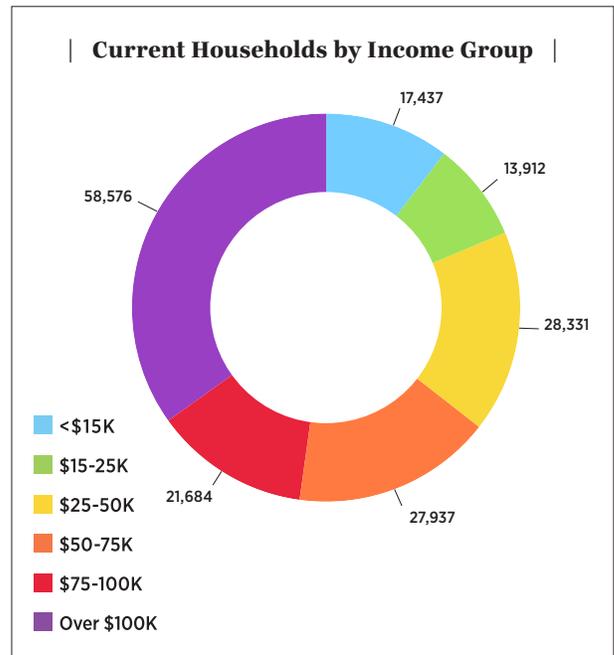
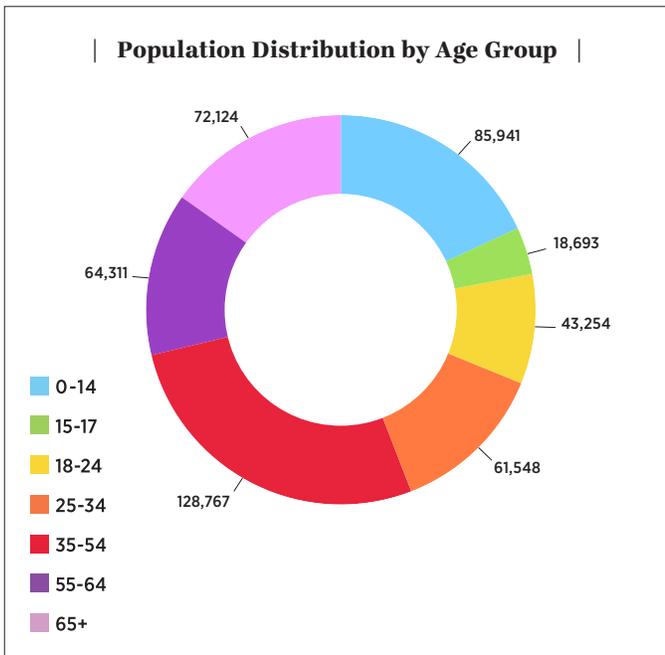


Communities Served by Mount Sinai Health System

Demographic Snapshot: Staten Island

Demographic Characteristics		
	Selected Area	USA
2010 Total Population	468,728	308,745,538
2016 Total Population	474,638	322,431,073
2021 Total Population Projected	481,751	334,341,965
% Change 2016 - 2021	1.5%	3.7%
Average Household Income	\$92,232	\$77,135

Demographic Characteristics			
	2016	2021	% Change
Total Male Population	229,963	233,682	1.6%
Total Female Population	244,675	248,069	1.4%
Females, Childbearing Age (15-44)	92,199	90,692	-1.6%



Population Distribution by Age Group					
Age Group	2016	% of Total	2021	% of Total	USA 2016 % of Total
0-14	85,941	18.1%	83,327	17.3%	19.0%
15-17	18,693	3.9%	18,790	3.9%	4.0%
18-24	43,254	9.1%	42,475	8.8%	9.8%
25-34	61,548	13.0%	62,184	12.9%	13.3%
35-54	128,767	27.1%	66,372	25.6%	26.0%
55-64	64,311	13.5%	85,055	13.8%	12.8%
65+	72,124	15.2%	395,341	17.7%	15.1%
Total	474,638	100.0%	481,751	100.0%	100.0%

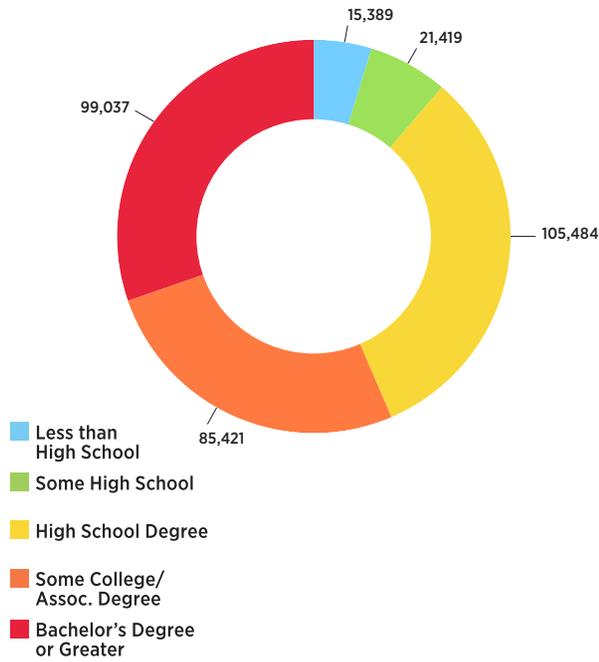
Household Income Distribution			
2016 Household Income	HH Count	% of Total	USA % of Total
<\$15K	17,437	10.4%	12.3%
\$15-25K	13,912	8.3%	10.4%
\$25-50K	28,331	16.9%	23.4%
\$50-75K	27,937	16.6%	17.6%
\$75-100K	21,684	12.9%	12.0%
Over \$100K	58,576	34.9%	24.3%
Total	167,877	100.0%	100.0%



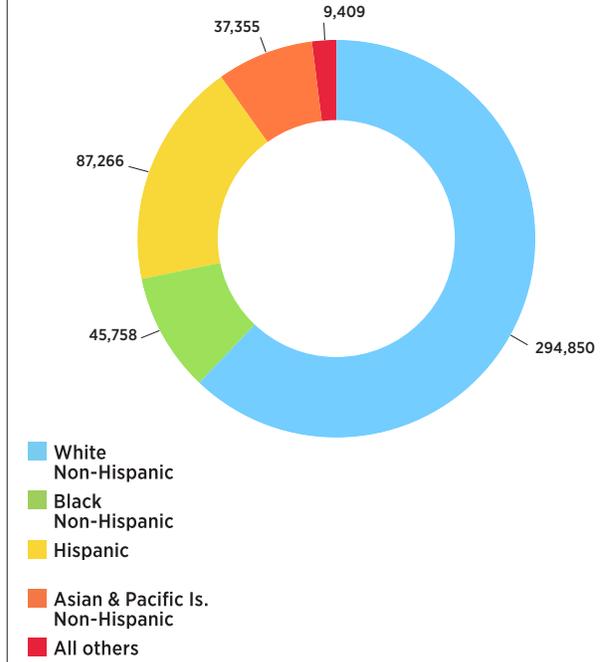
Communities Served by Mount Sinai Health System

Demographic Snapshot: Staten Island

Population Age 25+ by Education Level



Population Distribution by Race/Ethnicity



Education Level Distribution

2016 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	15,389	4.7%	5.8%
Some High School	21,419	6.6%	7.8%
High School Degree	105,484	32.3%	27.9%
Some College/ Assoc. Degree	85,421	26.1%	29.2%
Bachelor's Degree or Greater	99,037	30.3%	29.4%
Total	326,750	100.0%	100.0%

Race/Ethnicity Distribution

Race/Ethnicity	2016 Pop	% of Total	USA % of Total
White Non-Hispanic	294,850	62.1%	61.3%
Black Non-Hispanic	45,758	9.6%	12.3%
Hispanic	87,266	18.4%	17.8%
Asian & Pacific Is. Non-Hispanic	37,355	7.9%	5.4%
All Others	9,409	2.0%	3.1%
Total	474,638	100.0%	100.0%

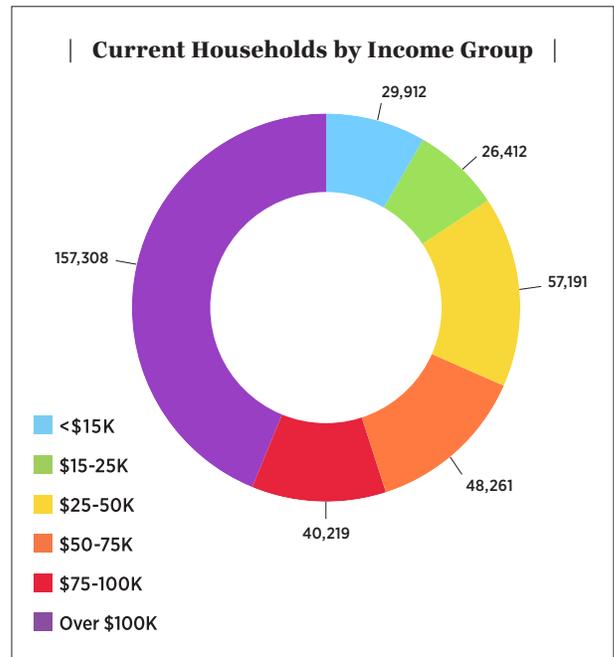
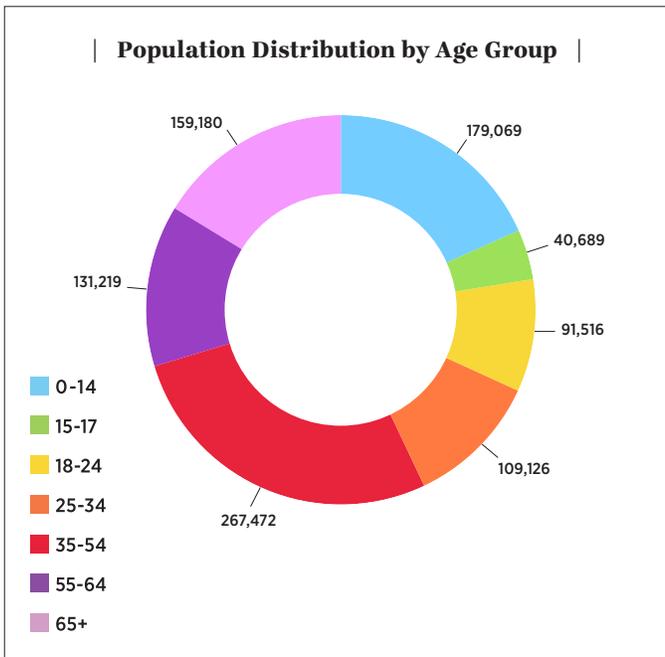


Communities Served by Mount Sinai Health System

Demographic Snapshot: Westchester

Demographic Characteristics		
	Selected Area	USA
2010 Total Population	947,502	308,745,538
2016 Total Population	978,271	322,431,073
2021 Total Population Projected	1,004,151	334,341,965
% Change 2016 - 2021	2.6%	3.7%
Average Household Income	\$127,993	\$77,135

Demographic Characteristics			
	2016	2021	% Change
Total Male Population	472,882	486,060	2.8%
Total Female Population	505,389	518,091	2.5%
Females, Childbearing Age (15-44)	181,444	182,815	0.8%



Population Distribution by Age Group					
Age Group	2016	% of Total	2021	% of Total	USA 2016
0-14	179,069	18.3%	172,825	17.2%	19.0%
15-17	40,689	4.2%	41,728	4.2%	4.0%
18-24	91,516	9.4%	99,792	9.9%	9.8%
25-34	109,126	11.2%	113,343	11.3%	13.3%
35-54	267,472	27.3%	250,457	24.9%	26.0%
55-64	131,219	13.4%	142,007	14.1%	12.8%
65+	159,180	16.3%	183,999	18.3%	15.1%
Total	978,271	100.0%	1,004,151	100.0%	100.0%

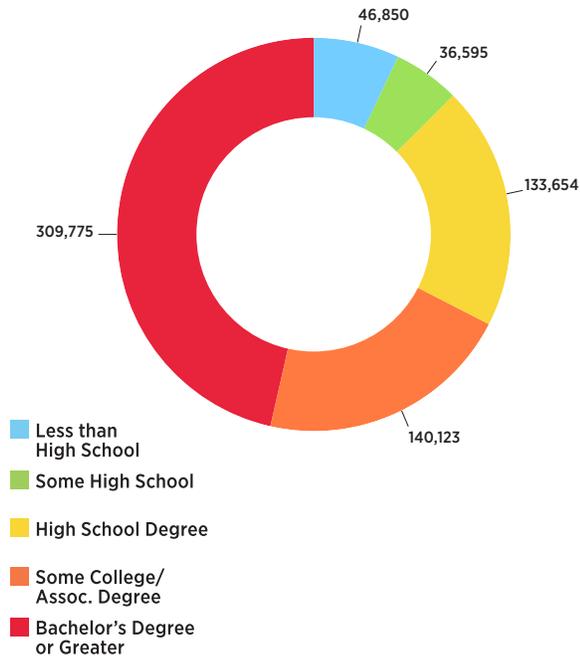
Household Income Distribution			
2016 Household Income	HH Count	% of Total	USA
<\$15K	29,912	8.3%	12.3%
\$15-25K	26,412	7.4%	10.4%
\$25-50K	57,191	15.9%	23.4%
\$50-75K	48,261	13.4%	17.6%
\$75-100K	40,219	11.2%	12.0%
Over \$100K	157,308	43.8%	24.3%
Total	359,303	100.0%	100.0%



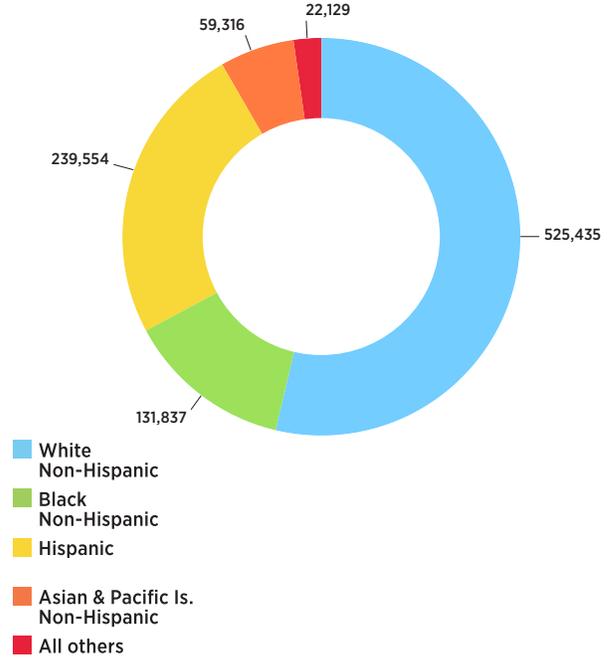
Communities Served by Mount Sinai Health System

Demographic Snapshot: Westchester

Population Age 25+ by Education Level



Population Distribution by Race/Ethnicity



Education Level Distribution

2016 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	46,850	7.0%	5.8%
Some High School	36,595	5.5%	7.8%
High School Degree	133,654	20.0%	27.9%
Some College/ Assoc. Degree	140,123	21.0%	29.2%
Bachelor's Degree or Greater	309,775	46.4%	29.4%
Total	666,997	100.0%	100.0%

Race/Ethnicity Distribution

Race/Ethnicity	2016 Pop	% of Total	USA % of Total
White Non-Hispanic	525,435	53.7%	61.3%
Black Non-Hispanic	131,837	13.5%	12.3%
Hispanic	239,554	24.5%	17.8%
Asian & Pacific Is. Non-Hispanic	59,316	6.1%	5.4%
All Others	22,129	2.3%	3.1%
Total	978,271	100.0%	100.0%



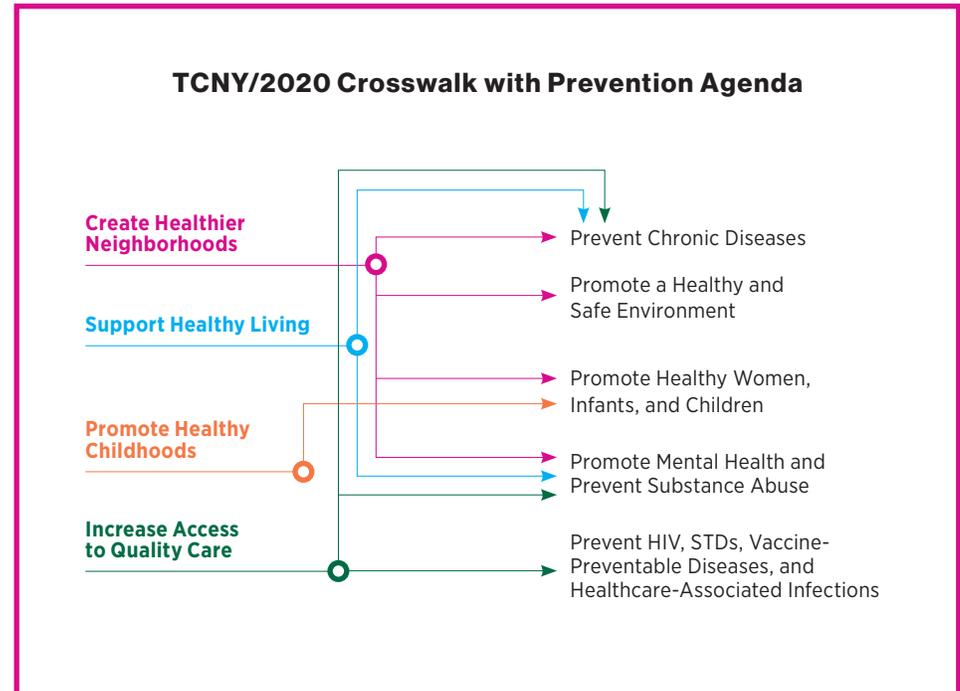
Methodology Summary

Prevention Agenda and Take Care New York 2020

Mount Sinai Health System's Community Health Needs Assessment "CHNA" involve collaboration efforts with New York State Department of Health "NYSDOH" - Prevention Agenda, 2013-2018, New York City Department of Health and Mental Hygiene's "DOHMH" Take Care New York 2020 "TCNY 2020, New York City 2015 Community Health Profiles, and the Delivery System Reform Incentive Program "DSRIP"- Mount Sinai Performing Providers Systems "PPS", Community Needs Assessment, December 2014.

► **Take Care New York "TCNY" 2020** TCNY 2020 is the New York City Health Department's blueprint for giving everyone the chance to live a healthier life. Its goal is twofold—to improve the health of every community, and to make greater strides with groups that have the worst health outcomes, so that New York City becomes a more equitable place for everyone. TCNY 2020's priorities are aligned with New York State Prevention Agenda Priorities.

The New York City Department of Health and Mental Hygiene DOHMH collected a variety of sources to review data on diseases and deaths, while looking at trends that unjustly affect some neighborhoods and groups more than others. Differences in health outcomes by age, race/



ethnicity, gender, education, employment, housing, neighborhood poverty, immigration status, sexual orientation, and other aspects of daily life that affect health were reviewed. Data from the Community Health Survey was used to better understand the health and risk behaviors of New Yorkers and to track progress in key TCNY 2020 indicators.

DOHMH held 28 community consultations across the five boroughs, in addition to releasing an online survey during October 2015 and March 2016. Residents ranked the TCNY 2020 indicators in order of importance to their community. Interviews

were conducted in English, Spanish, Russian, Mandarin, and Cantonese, in order to reach a broader audience within the communities. TCNY 2020 recognized that health outcomes are influenced by factors outside of an individual's control and some of the social determinants of health may include neighborhood safety, access to healthy food, and housing quality.

► **New York City 2015 Community Health Profiles**

The Community Health Profiles summarize a large part of information reviewed during the TCNY 2020 process and individual reports capturing health, social, economic, and environmental issues of 59 Community

Districts across New York City. This is the most comprehensive report of neighborhood health ever produced. It looks beyond traditional health measures to define a broader picture of neighborhood health including conditions such as: housing quality, air pollution, and types of accessible food. The report provides valuable information on significant health issues and can serve as a critical resource for improving health, community by community, and marks a step towards participatory public health. The indicators were selected to reflect a broad set of conditions that impact health.



Methodology Summary

DSRIP-Mount Sinai PPS

DSRIP Project

DSRIP is the main mechanism by which New York State is implementing its Medicaid Redesign Team Waiver Amendment. DSRIP's purpose is to restructure the health care delivery system by reinvesting in the Medicaid program. The primary goal is to reduce avoidable hospital use by 25 percent over five years.

In order to advance the goals of DSRIP, Mount Sinai Health System was required to conduct a comprehensive Community Needs Assessment "CNA", in 2014. This process included a description of the population to be served, an assessment of its health status and clinical care needs, and an assessment of the health care and community-wide systems available to address those needs. The ultimate goal is the selection of DSRIP projects that are based on a solid understanding of the health needs of the Medicaid and uninsured populations and the available resources that will help achieve the "Triple Aim"—improved health, lower costs, and improved quality of care.

The CNA addresses data in the anticipated service area of the Mount Sinai PPS Project, which encompasses the five boroughs (Brooklyn, Bronx, Manhattan,

Queens, Staten Island), and Westchester County. The population examined is primarily Medicaid; however, where applicable and when it was sometimes the only data available, there is also data on all-payer populations, which includes Medicaid beneficiaries.

Mount Sinai used quantitative measures available in New York State's data books and other identified data sources that align with the DSRIP metrics for measuring the success of each project; and data from PPS stakeholders designated as critical for successful project planning and execution.

Data was collected from approximately 500 indicators including the U S Census Bureau, SPARCS, Epiquery, Salient Dashboards, and other data sources available to the public. Categories of these indicators included demographics, mortality, hospitalizations, barriers to accessing health care, economic indicators, health care needs and community resources; all provided comprehensive information on the health status and community needs in the PPS service area.

In the Mount Sinai PPS service area, PPS providers and community members were surveyed to confirm and validate

quantitative feedback identified through the data analysis. PPS providers also addressed resource gaps, such as lack of adequate behavioral health providers. PPS partners and stakeholders were surveyed from October through November 2014 through online Survey Monkey tool.

Qualitative data was selected based on their alignment with DSRIP metrics and milestones for each domain and project category. Details on the data, including definition of the indicator, data source, year(s), geography, location, and data type, were compiled in a standardized template.

Qualitative data derived from Mount Sinai PPS provider partner survey results, which collected on-the-ground insights from providers on key community health needs and barriers to accessing care.

Respondents answered 62 questions divided into six components: Organizational Information, Access to Health Care Services, Care Coordination, Population Health, Health Care Barriers, and Patient Centered Medical Homes. Of the approximately 200 parent organizations and unique standalone organizations in our PPS, 190 completed and submitted a survey.

MOUNT SINAI PPS PROJECTS

DOMAIN 2: System Transformation

- Create Integrated Delivery Systems
- Coordination and Transitional Care
- Connecting Settings

DOMAIN 3: Clinical Improvement

- Behavioral Health
- Cardiovascular Health
- Diabetes Care
- Asthma
- HIV/AIDS
- Perinatal Care
- Palliative Care
- Renal Care

DOMAIN 4: Population-wide

- Promote Mental Health and Prevent Substance Abuse
- Prevent Chronic Diseases
- Prevent HIV/STDs
- Promote Healthy Women, Infants, and Children



Methodology Summary

DSRIP-Mount Sinai PPS *continued*

Summary of Community Needs Assessment DSRIP - Mount Sinai PPS

Community Need Identification Number	Community Needs Assessment Title	Brief Description	Primary Data Source
Community Need - 1	Lack of access to Social Services	Shortage of food pantries in low-income homeless populations living in these areas.	Health Information Tool for Empowerment SITE, 2014
Community Need - 2	Increase access to Specialty Care Services	61% of respondents surveyed have difficulty accessing specialty care services, such as Medicaid.	Mount Sinai PPS Community Needs Assessment Survey #1, 2014
Community Need - 3	Shortage of Mental Health Services	Mental Health Professional Shortage Area (HPSA) in service areas with 59 designations combined; 68% of respondents indicated Medicaid beneficiaries have difficulty accessing mental health services.	HPSA - Mount Sinai PPS Community Needs Assessment Survey #1, 2014
Community Need - 4	Shortage of Primary Care Services	Primary Care Services - largest HPSA designations in six service areas, combined with 69 designations.	HPSA
Community Need - 5	Shortage of Dental Care Services	Dental care has HPSA designations in service areas with 54 designations combined	HPSA
Community Need - 6	Lack of Community Health Centers	Shortage of Health Centers providing primary and preventive care to low-income residents in Queens and Staten Island	HRSA Site Directory, Kaiser Family Foundation, 2011
Community Need - 7	Increase in Care Coordination	Barrier to care coordination; lack of physician training; current delivery system operates in "silos"; lack of IT infrastructure to promote effective communication and coordination.	Mount Sinai PPS Community Needs Assessment Survey #1, 2014
Community Need - 8	Increase Behavioral Health Services for Children and Adolescents	Lack of behavioral health facilities to serve adolescents and children.	Medicaid Utilization and Expenditures for Region Providers - local Fiscal Year 2013
Community Need - 9	Increase Disability Resources	Westchester County and Queens are both underrepresented in the percentage of services given their population.	
Community Need - 10	Need Additional Health and Education Materials on Diabetes.	Public health data surveyed – type 2 diabetes is not addressed effectively.	New York City, EpiQuery Survey Data, 2012
Community Need - 11	Improve Infant and Maternal Health	Maternal mortality rates among Medicaid enrollees in New York City are higher than the state average. The percentage of children, ages 0-15 months, recommended well child visits is lower in New York City than the state.	NYSDOH HEDIS Measures, 2012
Community Need - 12	Resource Materials on Promoting Healthy Lifestyles	One in four adults are obese and one in five are smokers. Staten Island has highest proportion of adults who smoke, 20% compared to the state average of 17%.	2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010, Percentage of Adults that are Obese (BMI 30 or Higher), 2008-2009 NYS Expanded



Methodology Summary

DSRIP-Mount Sinai PPS *continued*

Summary of Community Needs Assessment DSRIP - Mount Sinai PPS

Community Need Identification Number	Community Needs Assessment Title	Brief Description	Primary Data Source
Community Need - 13	Necessity for patient navigation, including patient engagement and education	Patients have difficulty navigating the system; lack of awareness of available resources.	Mount Sinai PPS Community Needs Assessment Survey #1, 2014
Community Need -14	Need follow-up care after discharged	New York City – poorest Ambulatory Care follow-up within 7 days of discharge	Office of Performance Measurement and Evaluation, BHO Data book, CY2012
Community Need - 15	Improve quality of nursing homes in the Mount Sinai PPS service area	Nursing Homes in three of the six service areas are performing below the state average; need proper levels of care and monitoring for depressive symptoms and pain management.	NYDOH Nursing Home Profiles, 2014
Community Need - 16	Increase provider participation in a health information exchange.	One-third of respondents surveyed reported participating in a health information exchange.	Mount Sinai PPS IT Readiness Assessment Survey, 2014 data
Community Need - 17	Increase number of providers who accept Medicaid coverage	Manhattan - the largest number of physicians, and the lowest percentage accept Medicaid; only 40% of physicians accepting Medicaid patients.	New York State Doctor Profile, 2014
Community Need - 18	High mortality rate - AIDs, pneumonia, diabetes, and homicide	High mortality rate - Mount Sinai PPS service area for AIDS, pneumonia, diabetes, and homicide, compared to the state.	New York Vital Statistics, 2012
Community Need - 19	High prevalence of cardiovascular conditions	30% of 3.5 million Medicaid enrollees in New York City have cardiovascular disease or a disorder.	NYSDOH, Number of Medicaid beneficiaries with cardiovascular disease or disorder System, 2012, Number of Medicaid Enrollees
Community Need - 20	High preventable hospital admissions due to cardiovascular conditions	New York City - highest rate of preventable hospital admissions for cardiovascular conditions than the state based on the measures for PQI #7 and PQI #13.	NYSDOH, Adult Hypertension (PQI #7) Admissions per 100,000 Recipients, 2011-12 data, Adult Angina without Procedure (PQI #13) Admissions per 100,000 Recipients, 2011-12
Community Need - 21	High prevalence of asthma	64% reported asthma diagnoses among New York State Medicaid beneficiaries are higher in New York City compared to the state. New York City has a higher rate of preventable hospital admissions due to asthma compared to the state.	NYSDOH, Medicaid Chronic Conditions, Inpatient Admissions and Emergency Room Visits by Zip Code: Starting 2012, NYSDOH data, Statewide Planning and Research Cooperative System (SPARCS), 2012
Community Need - 22	High HIV prevalence and incidence	There are 53,901 Medicaid beneficiaries living with HIV in New York State, with 93% living in New York City. New York City HIV incidence rate per 100,000 is nearly double the state rate.	NYSDOH- Vital Statistics, 2012 data, New York State HIV/AIDS Surveillance Annual Report, 2012, NYSDOH - 2012 data, New York Prevention Agenda Dashboard, 2012
Community Need - 23	High rate of gonorrhea and syphilis	Gonorrhea rate in New York City for males is doubled the case in the state. Gonorrhea rate in New York City for women is higher than the state rate. Syphilis rate is 8 times higher than the state for late and early syphilis.	NYSDOH rate per 100,000 Population by Disease and County: Strep Group B Invasive - Vibrio Non-Cholera, 2011



Community Engagement and Public Participation



Throughout the CNA process, Mount Sinai PPS engaged partners and the public in a meaningful dialogue to better understand community needs, challenges and barriers to accessing care, and disparities in service provision and health outcomes. To ensure full transparency, multiple opportunities for feedback and input through document review, survey instruments, webinars, and local meetings were provided.

The Mount Sinai PPS clinical committee and subgroups were involved in selecting health care indicators, vetting gathered data,

and evaluating the analysis. Provider partners participated in breakout groups in the following categories: Post-Acute Care Transitions, Disease Management, Care Coordination and Patient Engagement, and Behavioral Health and Primary Care Integration.

Dialogue was encouraged through PPS committee meetings, local community boards, and input from persons representing the broad interest of the community, including providers with special knowledge of/ or expertise in public health was taken into account via surveys, and meetings. Approximately 190

parent organizations, community members and agency leaders completed and submitted a survey which captured data on provider readiness and gaps in care.

A critical aspect of the local meetings involve reviewing and discussing findings from the qualitative data analysis. Furthermore, the general public, including community leaders, were invited to comment on results posted on the PPS webpage, distributed through PPS listserv, and noted in the PPS weekly newsletter.



Health Disparities



Health disparities are defined as the differences in health between groups of people because of social inequalities, such as a poor neighborhood environment, poor quality of health care, or other social factors.

According to the 2015 Community Health Survey, 29% (1.8 million adults) of New Yorkers reported having hypertension—a modifiable risk factor for the leading cause of heart disease and stroke. Hypertension also disproportionately impacts the African American populations. Nearly two-thirds of adults in New York City, age 65 and older; and 11% of adults, age 18 to 44, reported having hypertension.

With regards to race and ethnicity, African American adults had a hypertension prevalence of 35%, which is 1.5 times higher than Caucasian adults (24%) and 1.6 times higher than Asian/Pacific Islander adults (22%). Latinos had a hypertension prevalence of 33%, which is 1.4 times higher than Caucasians and 1.5 higher than Asian/Pacific Islanders.

Higher neighborhood poverty is associated with a higher prevalence of hypertension in New York City. High-poverty neighborhoods have a hypertension prevalence of 32% compared with 24% in low-poverty neighborhoods.

Overdose Deaths

In New York City, eight in ten overdose deaths involved opioids. Mortality data from the New York City DOHMH Bureau of Vital Statistics and the New York City Office of the Chief Medical Examiner show that there were 937 unintentional drug overdose deaths in 2015, and the age-adjusted rate was 66% higher than in 2010. Both volume and rate have increased every year since 2010.

In 2015, males had an unintentional overdose death rate of 21.5 per 100,000 which is 3.3 times higher than the rate for females. With regards to race and ethnicity, non-Latino/Hispanic Whites had a rate of 19.1 per 100,000 in unintentional overdose deaths, Latinos/Hispanics had a rate of 16.4 and non-Latino/Hispanic Blacks had a rate of 10.9.

Heroin accounted for 59% of overall unintentional overdose deaths. Neighborhood rates range from 3.7 to 30.0 and the five neighborhoods with highest rates are in the Bronx, Staten Island, and Manhattan.



2016 County Health Rankings

New York City is marked by sharp disparities in health across neighborhoods. Each year, the State's 62 counties are ranked by health outcomes.

The latest survey available, published in 2016, tracks data ranging from 2007 to 2014. In this survey, the Bronx ranked last, with Brooklyn also near the bottom of the list. In contrast, Manhattan, Queens, and Staten Island ranked relatively high.

Indeed, the Bronx leads New York State in the percentage of premature deaths in people age 65 years or under (32.5%). The percentage of adults reporting fair or poor health in Brooklyn (20%) is 25% higher than the national average (16%) and in the Bronx (29%) nearly double the national average.

Even within boroughs, large disparities persist—according to a recent research report. Life expectancy within Manhattan can differ nearly 10 years in the six subway stops that separate Murray Hill and East Harlem.

These differences across boroughs persist when looking at rates of chronic disease. As shown below, 13.8% of Bronx residents have diabetes compared to 7.9% in Manhattan. The newly-diagnosed HIV case rate per 100,000 age-adjusted lives, by contrast, is sharply higher in Manhattan (45.1) than in Queens (21.3), or Staten Island (9.5).



With respect to preventable hospitalizations, the rate in the Bronx (221.2) is 80% higher than the rate in Manhattan (121.9), Queens (119.7), and Staten Island (125.4) and is significantly above the statewide average (127.4). Many of these hospitalizations could have been prevented had patients been engaged in accessible primary care supported by other community-based services. Health insurance coverage is also uneven.

The Affordable Care Act brought health insurance to millions of Americans and over a million New Yorkers. However, nearly a million City residents still remain uninsured.

For the estimated 345,000 uninsured New Yorkers who lack documentation, there are no affordable coverage options, as they are excluded from enrolling in Medicaid and are not permitted to purchase coverage on the state's insurance exchange.



Significant Health Needs Identified

In 2016, the Mount Sinai Health System identified a number of significant health needs in the community, based on a multi-year action plan that supports the DRSIP-Mount Sinai PPS Project, NYSDOH Prevention Agenda 2013-2018, and DOHMH Take Care New York 2020 and New York City Community Health Profiles.

The significant health needs identified are summarized and listed below in alphabetical order. A complete description of these health needs and how they were identified - including community input, data analyzed, prioritization methods used, can be found on the website of the organizations listed above.

› **Chronic Diseases**

Chronic diseases such as heart disease, cancer, diabetes, stroke, and arthritis are the leading causes of disability and death in New York State. More than 40 percent of New York adults suffer from a chronic disease, and 23 percent of all hospitalizations in New York State are associated with chronic diseases.

Six out of every 10 deaths in New York State are caused by chronic diseases. Heart disease and cancer account for

over half of all deaths in New York State. Although common and costly, many chronic diseases are preventable and linked to lifestyle choices that are within your own hands to change. Eating nutritious foods, becoming more physically active and avoiding tobacco can help keep you from developing many of these diseases and conditions.

› **Cultural, Ethnic, and Linguistic Barriers to Care**

Linguistic isolation, not being aware of or understanding available resources and how to use them, difficulty obtaining appointments with appropriate translation services, difficulty understanding a provider's diagnoses and instructions, stigmas or lack of trust preventing appropriate care-seeking, fears related to immigration status, and cultural differences in the roles of family members.

› **Environmental Determinants of Health**

Health can be affected by the air we breathe, the water we drink, the food we eat, or the contaminants we touch. Chemicals, radiation, microbes, or anything in the physical world has the potential to affect our health. Though it can be

easy to take the air we breathe for granted, air pollution poses serious health risks for city dwellers, including heart disease, lung cancer and asthma. The city recently estimated that up to 2,700 premature deaths a year could be attributed to fine particulate matter and ozone in the air—more than eight times the number of murders that took place in 2013.

› **Infant Mortality**

While the infant mortality rate in New York City has decreased overall from 6.7 per 1000 live births in 2000 to 4.2 per 1000 in 2014. It still remains high among infants born to African American and Puerto Rican mothers. Babies born to Puerto Rican mothers have an infant mortality rate that is 2.9 times the White infant mortality rate. The next highest rate is among babies born to African American mothers who have an infant mortality rate that is 2.8 times the White infant mortality rate.

› **Mental Health and Substance Abuse**

While statistics alone cannot capture the devastating human costs of mental illness, they drive home the scope of the mental health crisis

facing New York City. At least one in five adult New Yorkers is likely to experience a mental health disorder in any given year. Eight percent of New York City public high school students report attempting suicide. Consequences of substance misuse are among the leading causes of premature death in every neighborhood in New York City. Each year, 1,800 deaths and upwards of 70,000 emergency room visits among adults aged 18 to 64 can be attributed to alcohol use. Unintentional drug overdose deaths outnumber both homicide and motor vehicle fatalities. The stigma of mental illness has been found to have serious negative effects on hope and an individual's sense of self-esteem. Stigma also increases the severity of psychiatric symptoms and decreases treatment adherence.

› **Poverty, Financial Hardship, and Basic Needs Insecurity**

High poverty rates, especially for African American and Hispanic residents and those living in subsidized housing; high unemployment rates; unaffordable housing; and an inability to purchase high quality food.



Significant Health Needs Identified *continued*

- › **Prevent HIV/AIDS** Sexually transmitted diseases can be a significant community and public health issue due to low rates of diagnosis, significant health consequences, potentially high care costs, and their communicable nature. Reducing the incidence of sexually transmitted diseases requires attention to a number of factors, including health education, preventive health behaviors, social supports, and accessible health care and public health services. The goal is to decrease new HIV infections to 750 per year by the end of 2020. When successful, this achievement will mark the state's first-ever decrease in HIV prevalence since the disease emerged in New York.

Significant Health Needs Mount Sinai Health System Will Not Address

No hospital can address all of the health needs present in its community. The Mount Sinai Health System is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a range of important health care services and community benefits. This implementation strategy does not include specific plans to address: **Environmental Determinants of Health, and Poverty, Financial Hardship, and Basic Needs Insecurity.**

Making a significant impact on environmental determinants of health extends far beyond the ability or responsibility of any single organization. As an acute care facility, Mount Sinai Health System is not suited to be the lead organization in addressing environmental determinants of health in the community.

However, The Mount Sinai Hospital will continue to help improve accessibility to healthy food by providing access to fresh produce through the Mount Sinai Greenmarket—a farmer's market that is offered every Wednesday from June through November. Senior Vouchers, EBT, New York City Health Bucks, and Mount Sinai coupons are accepted. Greenmarket shoppers receive \$2 in Health Bucks for every \$5 spent in food stamps.

Mount Sinai understands the role that poverty plays as a contributor to poor health status. As an organization that provides health care services, the Mount Sinai Health System lacks the resources, expertise, and mission to directly address this need. The Health System does provide care to community members with limited financial means and individuals without health insurance by offering discounted fees and flexible payment plans based on the patient's ability to pay, through the Resource Entitlement and Advocacy Program (REAP) and the Patient Financial Assistance Program. Mount Sinai will continue to offering a wide range of free health screening and education programs.



Community Service Plan 2016-2018 Selection of Public Health Priorities

NYSACHO is the
voice of public health
in New York State.



All not-for-profit hospitals in New York State are required to develop a Community Service Plan. To achieve New York State's Prevention Agenda goals, each hospital or hospital system were asked to identify two priorities areas and one health disparity; and worked together in 2016 with their local health department and other providers to address identified community health priorities tied to the Prevention Agenda. Mount Sinai Health System propose a three year action plan that supports New York State's Prevention Agenda, New York City's TCNY 2020 priorities, and activities align with and support Domain 4: Population-wide of DRSIP-Mount Sinai PPS Project. For each significant health need the hospital plans to address, the strategy describes:

- › Actions the hospital intends to take, including programs and resources it plans to commit;
- › Anticipated impact of these actions and a plan to evaluate such impact; and
- › Planned collaboration between the hospital and other organizations.

The Health System will address the priorities listed below.

Priority Area: Prevent Chronic Diseases

Focus Area 1: Reduce obesity in children and adults

Goal: Expand the role of health care, health service providers, and insurers in obesity prevention.

Focus Area 3: Increase access to high-quality chronic disease preventative care and management in both clinical and community settings.

Goal: Increase screening rates for cardiovascular disease, diabetes, breast, cervical and colorectal cancers, especially among disparate populations.

Goal: Promote use of evidence-based care to manage chronic diseases.

Priority Area: Prevent HIV/STDs, Vaccine-Preventable Disease and Healthcare-Associate Infections

Focus Area 1: Prevent HIV and STDs

Goal: Decrease HIV morbidity in New York City.

Goal: Increase early access to and retention in HIV care in New York City.

Priority Area: Promote Mental Health and Prevent Substance Abuse

Focus Area 2: Prevent substance abuse and other Mental Emotional Behavioral (MEB) disorders

Goal: Prevent suicides among youth and adults.

Focus Area 3: Strengthen infrastructure across system.

Goal: Support collaboration among leaders, professionals, and community members working in MEB health promotion, substance abuse, and other MEB disorders and chronic disease prevention, treatment, and recovery.



Implementation Strategy

Mount Sinai Health System - The Mount Sinai Hospital Mount Sinai Queens

Significant Health Needs Addressed

Prevent Chronic Diseases, Promote Mental Health and Prevent HIV, STDs, Vaccine-Preventable Diseases, and Healthcare Associated Infection

Priority Area: Prevent Chronic Diseases

Chronic Diseases including obesity, diabetes, high blood pressure, asthma, cardiovascular conditions, and other respiratory ailments are highly prevalent in the community. Three modifiable risk behaviors - lack of physical activity, unhealthy nutrition, and tobacco use, are largely responsible for the incidence, severity and adverse outcomes of chronic disease. Access to care, health knowledge literacy, lack of physical exercise, poor diet and nutrition, the physical environment, and culture norms all influence chronic disease which impose a heavy burden in quality of life, morality, and the cost of health care. According to DSRIP, chronic health conditions in the New York City region has the lowest average percentage of adults with asthma (6%) and the second lowest average percentage of adults that are overweight or obese (59%).

Focus Area 1

Reduce Obesity in Children and Adults (The Mount Sinai Hospital)

Childhood obesity is a serious medical condition that has immediate and long term effects on the health of children and adolescents, according to Centers for Disease Control and Prevention. The Mount Sinai Adolescent Health Center "MSAHC" offers a comprehensive array of medical, mental health and reproductive health services, plus prevention education to young people aged 10-22. The MSAHC sees 12,000 teens a year and half are overweight or obese.

Goal 1.3

- › Expand the role of health care, health service providers and insurers in obesity prevention.

Plan of Action

- › Customize workout programs at MSAHC for teens trying to overcome weight problems;
- › Continue offering combine nutrition, education and counseling workshops that supports the physical and emotional health and well-being of adolescents.

Outcome Objectives

- › By December 31, 2018, Mount Sinai Adolescent Health Center aims to reduce the percentage of adolescents who are obese by 5% so that the percentage in New York City public schools is reduced from 20.7% to 19.7% (Data Source: NYC Fitness gram).
- › By December 31, 2018, Mount Sinai Adolescent Health Center aims to provide a complete medical evaluation for adolescents with binge eating disorder or other types of disordered eating patterns.
- › By December 31, 2018, Mount Sinai Adolescent Health Center aims to provide Individual and group dietary counseling and nutrition education offered by a registered dietitian.

Intervention/Strategies/Activities

- › MSAHC will continue offering teen fitness classes Monday, Wednesday, and Friday.
- › MSAHC will continue offering training sessions that focus on improving strength, flexibility and aerobic capacity.
- › MSAHC will continue to provide nutrition and wellness service to support and improve teens fitness.



Implementation Strategy *continued*

- › Mount Sinai Adolescent Health Center-Teen Fit program encourages young people to stay active and healthy with a number of exercise, workout, and dance fitness classes. Classes take place at the Mount Sinai Adolescent Health Center or the 92nd Street Y and include training sessions that focus on improving strength, flexibility, and aerobic capacity.

Process Measures

- › Monitor program performance annually, including number of persons served, outcome data and other select indicators monitored as part of Prevention Agenda chronic diseases priority area.

Planned Collaboration/Community Partners

92nd Street Y; Asphalt Green; Adolescent Health Center school -based schools: Julia Richman Education Complex, Manhattan Center for Science and Mathematics, Humanities Educational Campus, Martin L. King Jr. High School Campus, A. Philip Randolph Campus High Brandeis Campus High School; Goldman Sachs Employee, Callen-Lorde Community Center; Children's Aids Society, Boriken School Health Center

Resources

Mount Sinai Adolescent Health Center, Adolescent Medicine Fellowship Program, Icahn School of Medicine at Mount Sinai,

Disparity Addressed

- › Continue to reduce disparities that exist among adolescent health through education, outreach and prevention.

Focus Area 3

- › Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings.

Goal 3.1

- › Increase screening rates for breast, cervical, and colorectal cancers, especially among disparate populations.

Plan of Action

- › Increase colonoscopy screening rates for eligible patients, especially among disparate populations by 5%. (Mount Sinai Queens)
- › Continue offering free diagnostic services including: comprehensive breast examination, mammography, and Pap test to eligible patients at no cost.
- › Offer community-based educational programs on breast and cervical cancer to African American and Hispanic/Latina women, through the Witness Project of Harlem and the Esperanza y Vida—The Latina Witness Project of Harlem, both programs aim to increase adherence to recommended screening guidelines. (The Mount Sinai Hospital)

Outcome Objectives

- › By December 31, 2018, Mount Sinai Queens aims to increase by at least 5 % the percentage of adults seen at the Mount Sinai Queens Family Health Associates Center who are eligible for colon cancer screening.
- › By December 31, 2018, The Mount Sinai Hospital and Mount Sinai Queens aim to increase diagnostic services including: breast examination, mammography, and breast biopsy to eligible patients at no cost.
- › By December 31, 2018, The Mount Sinai Hospital aims to increase community-based educational programs to African American and Hispanic/Latina women, through the Witness Project of Harlem and the Esperanza y Vida—The Latina Witness Project of Harlem.



Intervention/Strategies/Activities

- › Mount Sinai Queens' primary service areas, Astoria and Long Island City, experience extremely low screening rates for most types of cancers, especially colon cancer. The Direct Access program streamlines the process for patients to obtain colorectal cancer screening. The primary care physician will educate the patients about the importance of colorectal cancer screening and refer the patients to the Direct Access program coordinator. (Mount Sinai Queens)
- › The Breast Health Resource Program is dedicated to meeting the emotional and practical needs of women and men with breast cancer. We offer information, guidance, and critical support to patients from diagnosis through survivorship. Our clinical social workers offer highly individualized counseling to help manage the complex demands of a breast cancer diagnosis.
- › Mount Sinai Queens Breast Health Partnership Program continue to increase access to quality breast health services which is funded by the New York State Cancer Services Program for the medically underserved or underinsured/uninsured in western Queens.
- › Witness Project of Harlem offers breast and cervical community-based education and referrals for African Americans. Esperanza Y Vida provides culturally sensitive breast and cervical cancer education and referrals to the Latina population primarily in Spanish.

Process Measures

- › Monitor program performance annually, including number of persons served, outcome data and other select indicators monitored as part of Prevention Agenda chronic diseases priority area.

Planned Collaboration/Community Partners

- › SHAREing & CARING, Louis and Rachel Rudin Foundation, Inc., Queens Family Health Associates Center (Mount Sinai Queens); Boriken Neighborhood Health Center, Little Sisters of the Assumption Family Health Services. (The Mount Sinai Hospital)

Resources

Mount Sinai Health System, American Cancer Society, CAREing & SHAREing, NYSDOH Cancer Service Programs, The Tisch Cancer Institute, Dubin Breast Center, Judges & Lawyers Breast Cancer Alert, Susan B. Komen Foundation, and Mount Sinai Queens Family Health Associates Center.

Disparity Addressed

- › Provide screenings to low-income, underserved / uninsured populations.

Goal 3.2

- › Promote use of evidence-based care to manage chronic diseases. (Mount Sinai Queens)

Plan of Action

- › Increase screening rates for hypertension for seniors 55 yrs. and older.

Outcome Objective

- › By December 31, 2018, Mount Sinai Queens aims to empower seniors aged 55 and older to take control of their health; and promote healthy lifestyle changes and the necessity of good health care.



Intervention/Strategies/Activities

- › Offer community-based health education programs and other resources related to hypertension, and symptoms management.
- › Establish clinical-community linkages that connect patients/community members to self-management education and community resources.
- › The Stay Well program provides monthly hypertension screening to older adults and seniors at local senior centers. Referral for follow-up care is provided as needed. Seniors benefit from this program because measurements are taken in-between doctor's visits, offering participants the convenience of not having to travel to a medical facility and the comfort of knowing their status. The program also offers a human "touch" and a supportive educator.

Process Measures

- › Monitor program performance annually, including number of persons served, outcome data and other select indicators monitored as part of Prevention Agenda chronic diseases priority area.

Planned Collaboration/Community Partners

- › Establish partnerships with health and faith-based organizations, ethnic organizations, Coalitions, and senior centers.

Resources

- › Mount Sinai Queens staff

Disparity Addressed

- › At risk seniors in Mount Sinai Queens primary service areas.

Priority Area: Promote Mental Health and Prevent Substance Abuse (The Mount Sinai Hospital)

The Mount Sinai Behavioral Health System is a comprehensive network of psychiatric clinical and addiction services located throughout the Mount Sinai Health System. Through its dynamic integration of clinical care, leading-edge science, and education, the Behavioral Health System is able to deliver new models of treatment and support a large-scale research infrastructure. With a combined wealth of specialized centers and programs, the Behavioral Health System is poised to provide patients with unparalleled psychiatric treatment and to advance the field of mental health and substance abuse care.

Focus Area 2

Prevent Substance Abuse and other Mental Emotional Behavioral "MEB" Disorders

While statistics alone cannot capture the devastating human costs of mental illness, they drive home the scope of the mental health crisis facing New York City. At least one in five adult New Yorkers is likely to experience a mental health disorder in any given year. Eight percent of New York City public high school students report attempting suicide. Consequences of substance misuse are among the leading causes of premature death in every neighborhood in New York City. Each year, 1,800 deaths and upwards of 70,000 emergency room visits among adults aged 18 to 64 can be attributed to alcohol use. Unintentional drug overdose deaths outnumber both homicide and motor vehicle fatalities. The stigma of mental illness has been found to have serious negative effects on hope and an individual's sense of self-esteem. Stigma also increases the severity of psychiatric symptoms and decreases treatment adherence.



Implementation Strategy

Mount Sinai Health System - The Mount Sinai Hospital *continued*

Goal 2.3

- › Prevent suicides among youth and adults.

Plan of Action

- › Support collaboration among professionals work in the fields of mental, emotional and behavioral health.
- › Promote chronic disease prevention, recovery.
- › Address access to mental health and substance abuse services by preventing and reducing occurrence of mental, emotional and behavioral disorders among youth and adults.
- › Provide mental health counseling, support and family therapy services to the community.

Outcome Objectives

- › By December 31, 2018, The Mount Sinai Hospital aims to reduce suicide attempts by New York adolescents (grades 9 to 12) who attempted suicide one or more times in the past year by 10% to no more than 6.4%. (Baseline: 7.1 suicide attempts per 100, 2011 YRBS - Tracking Indicators).
- › By December 31, 2018, the Mount Sinai Hospital aims to reduce the age-adjusted suicide mortality rate by 10% to 5.9 per 100,000. (Baseline: 6.6 per 100,000, Bureau of Biometrics 2007- 2009 - Tracking Indicators).

Intervention/Strategies/Activities

- › Promote policies that reduce access to lethal means of suicide among individuals with identified suicide risk.
- › Advocate for increasing MEB disorder screening in primary care settings of adolescents and adults at risk.
- › Upper Manhattan Behavioral Crisis Response Pilot— Mount Sinai/Office of Mental Health/New York State Office of Alcoholism and Substance Abuse Services/New York City Department of Health and Mental Hygiene pilot to test new model and system of mental health mobile crisis response and outreach services in Upper Manhattan.
- › Network of community partners to provide rapid access as well as urgent and clinic-based services to prevent future crises.

Process Measures

- › Monitor program performance annually, including number of persons served, outcome data and other select indicators monitored as part of Prevention Agenda Promote Mental Health and Prevent Substance Abuse priority area.

Planned Collaboration/Community Partners

New York Psychotherapy and Counseling Center, Northside Center for Child Development, Outreach Development Corp, Phoenix House, Steinway Child and Family Services, Inc., HealthFirst, Office of Mental Health, New York State Office of Alcoholism and Substance Abuse Services, the Coalition of Voluntary Mental Health Agencies, Inc., and Metropolitan Institute for Training in Psychoanalytic Psychotherapy.

Resources

- › Mount Sinai Health System

Disparity Addressed

- › Access to preventative behavioral health visits and services
-



Priority Area: Prevent HIV, STDs, Vaccine-Preventable Diseases, and Healthcare Associated Infection (The Mount Sinai Hospital)

Reducing the incidence of sexually transmitted diseases requires attention to a number of factors, including health education, preventive health behaviors, and accessible health care and public health services. The Jack Martin Fund Clinic at Mount Sinai provides primary outpatient and inpatient treatment for adults and children with infectious diseases. It is a New York State Department of Health Designated AIDS Center.

The Mount Sinai PPS HIV Care Access and Prevention Workgroup is an active group derived from Mount Sinai PPS Project 4cii: - Increase Early Access to, and Retention in, HIV Care. The HIV workgroup participates in the city-wide DSRIP HIV Coalition, made up of eight New York City PPSs projects with the purpose of facilitating collaboration to maximize effectiveness of HIV project activities.

Focus Area 1

- › Prevent HIV and STDs
- › Mount Sinai offers a selection of excellent preventive and primary care services for patients with HIV/AIDS.

Goal 1

- › Decrease HIV morbidity in New York City

Plan of Action

- › Increase early detection of new HIV cases
- › Reduce new HIV infections
- › Increase timely linkage to care

Outcome Objectives

- › By December 31, 2018, The Mount Sinai Hospital aims to implement routine testing throughout The Mount Sinai Hospital.
- › By December 31, 2018, The Mount Sinai Hospital aims to promote the use of biomedical prevention methods including Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP).
- › By December 31, 2018, Mount Sinai Hospital aims to increase access to preventive services for uninsured/underinsured patients.
- › The Mount Sinai Hospital - The Men's Sexual Health Project at Mount Sinai promotes sexual health among men who have sex with men in New York City. Our core goal is to make access to sexual health testing easily accessible, convenient, free, and sensitive to the needs of our community. We test for HIV and Sexually Transmitted Infections, two issues impacting the sexual health of men in the New York City metropolitan area.

Intervention/Strategies/Activities

- › The Mount Sinai Hospital aims to offer PrEP and PEP services (including sexual assault) to off-site clinics
- › The Mount Sinai Hospital aims to provide routine training to Emergency Department staff to ensure adherence to protocol and address barriers.
- › The Mount Sinai Hospital aims to provide routine STI screening to all primary care patients.
- › Provide wraparound insurance assistance, medical visits, and behavioral health counseling for patients needing PEP.



Implementation Strategy

Mount Sinai Health System - The Mount Sinai Hospital *continued*

Process Measures

- › Monitor program performance annually, including number of HIV tests offered, number of test completed, and percentage of tests yielding HIV+ results; and outcome data and other selected indicators monitored as part of Mount Sinai PPS Project and Prevention Agenda Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections priority area.
- › Monitor number of training sessions provided to Emergency Department Staff.
- › Monitor number of PrEP and PEP prescriptions written, and HIV seroconversion rates.
- › Monitored number of community outreach attempts for unlinked patients

Planned Collaboration/Community Partners

- › NYSDOH, New York Knows, community-based organizations, community health centers, faith-based organizations, connect with high at-risk communities (e.g. transgender women, men who have sex with men (MSM)), City Health Works, Visiting Nurse Service of New York, AIDS Service Center New York City, God's Love We Deliver, Hispanic AIDS Forum, Aid for AIDS, Village Care, Bailey House, Callen-Lorde Community Health Center,

Resources

- › Mount Sinai Health System, Mount Sinai PPS

Disparity Addressed

- › Remove the stigma of offering HIV testing to perceived at-risk patients.



Community Partners

- › ACMH, Inc.
- › ACRIA (formerly AIDS Community Research Initiative of America)
- › AIDS Center of Queens County
- › African Services Committee
- › Ahava Community Center of New York
- › Aid for AIDS
- › AIDS Service Center NYC
- › Alianza Dominicana
- › American Cancer Society
- › APICHA
- › Bailey House
- › Bronx AIDS Services
- › Brooklyn AIDS Task Force
- › Callen-Lorde Community Health Center
- › Charles B. Wang Community Health Center
- › Children's Aid Society
- › Chinese-American Planning Council
- › City Health Works
- › Coordinated Behavior Care
- › Community Board No. 11 – Manhattan, Health & Human Services Committee
- › Community Healthcare Network
- › Council of Jewish Organizations of Flatbush
- › Covenant House
- › East Harlem Chamber of Commerce
- › East Harlem HIV Care Network
- › East Harlem Partnership for Cancer
- › Greater Harlem Chamber of Commerce
- › God's Love We Deliver
- › Hatzolah of Flatbush
- › HealthFirst
- › Hispanic AIDS Forum
- › Jewish Home and Hospital
- › Latino Commission on AIDS
- › Little Sisters of the Assumption Family Health Services
- › Legal Aid Society
- › LGBT Center
- › Lower New York Consortium
- › M.E.N.T.O.R.S
- › Metropolitan Institute for Training in Psychoanalytic Psychotherapy
- › New York Academy of Medicine
- › New York Legal Assistance Group
- › New York Psychotherapy and Counseling Center
- › New York State Office of Alcoholism and Substance Abuse Services
- › Northside Center for Child Development
- › Office of Mental Health
- › Outreach Development Corp
- › Phoenix House
- › Settlement Health
- › SHAREing & CARING
- › Steinway Child and Family Services, Inc.
- › Strivright Auditory Oral School of New York
- › The Coalition of Voluntary Mental Health Agencies, Inc.
- › The Door
- › The Louis and Rachel Rudin Foundation, Inc.
- › Union Settlement Association
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Copies of this document can be downloaded from the Mount Sinai Health System website at www.mountsinai.org/locations/mount-sinai/about/community. For questions or comments, please contact Linda J. Hackett, MPA, Senior Program Director, Community Affairs at linda.hackett@mountsinai.org