Community Service Plan

2013-2017 Prevention Agenda

HOSPITAL MISSION STATEMENT

To provide superior service to our patients and our community in a caring environment

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HOSPITAL MISSION STATEMENT

To provide superior service to our patients and our community in a caring environment

DEFINITION AND BRIEF DESCRIPTION OF THE COMMUNITY SERVED

Flushing Hospital Medical Center ("FHMC" or "Flushing Hospital")'s primary service area was determined by analyzing Statewide Planning and Research Cooperative System (SPARCS) discharge data at the zip code level. The highest volume zip codes were aggregated into United Hospital Fund (UHF) neighborhoods. The total (primary and secondary) service area collectively accounts for approximately 88% of the Hospital's total cases. The primary service area accounts for 65% of the cases.

Figure 1: Map of Service Area in Queens

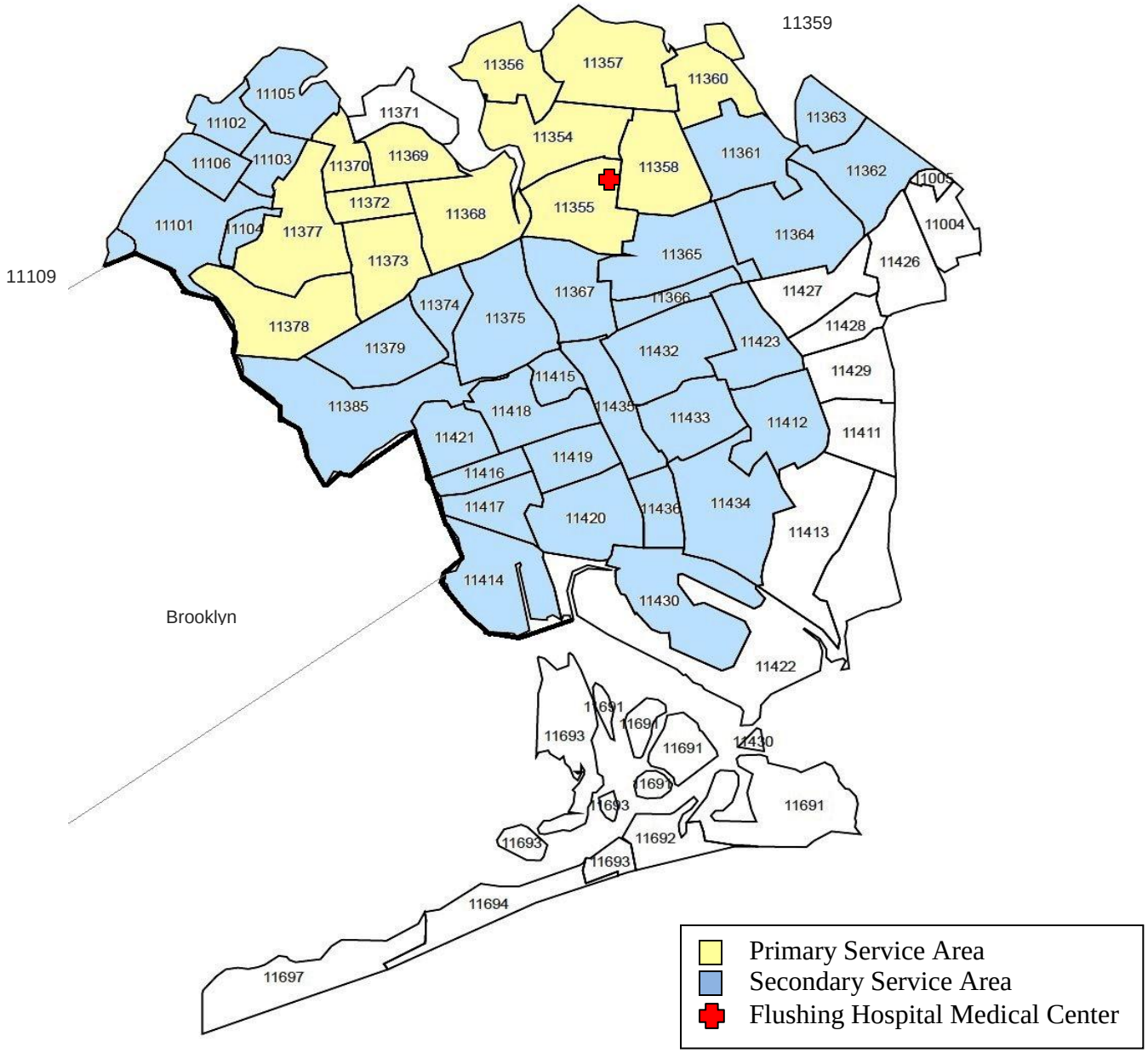


Table 1: Flushing Hospital's primary service area neighborhoods, zip codes, and % of cases[1]

Neighborhood	Zip Codes	Population[2]	% Cases (2012)	FHMC Market Share (2012)
Flushing-Clearview (FC) (a.k.a. North Queens)	**11354, 11355, 11356, 11357, 11358, 11359, 11360**	**259,767**	**39%**	**22%**
West Queens (WQ)	**11368, 11369, 11370, 11372, 11373, 11377, 11378**	**469,410**	**26%**	**8%**

Population, Race, and Ethnicity: The neighborhoods served by Flushing Hospital are home to almost 730,000 people (Table 1), most of whom identify as racial/ethnic minority residents (see Table 2). Almost one in five people who live in the service area is under 20 years of age (19.4% aged 0-19 years in Flushing-Clearview/North Queens; 23.5% aged 0-19 years in West Queens).[3] Almost half of the population in Flushing Hospital's service area is female (48% of population is female in West Queens, 52% of population is female in Flushing-Clearview/North Queens).[4] A considerable percentage of people living in the FHMC service area is foreign born, ranging from 30% (zip code 11357, Whitestone section of Flushing-Clearview/North Queens) to 71% in zip code 11373 (Elmhurst section of West Queens).[5] Recent waves of Ecuadorean immigrants are concentrating in large numbers in the Corona area of northwest Queens and Korean immigrants are settling into the Murray Hill section of Flushing-Clearview/North Queens.[6]

To meet the needs of the Chinese and Korean community that it serves, TJH Medical Services, the Hospital's affiliated group practice, operates a state-of-the-art Asian Health Center, for Obstetrics and Gynecology, in the Sanford Towers. In 2012 the Hospital employed 930 staff who spoke English and a second language, including 230 who spoke Spanish, 161 who spoke Tagalog, 103 who spoke Korean and 92 who spoke Chinese.

[1] United Hospital Fund, 2006, Neighborhood Definitions, Accessed August 3, 2013 http://www.health.ny.gov/statistics/cancer/registry/appendix/neighborhoods.htm
[2] U.S. Census. American FactFinder. 2010 population data.
[3] New York City Department of Health and Mental Hygiene. EpiQuery. 2010 Census Counts by Borough and Age. Available at: https://a816-healthpsi.nyc.gov/epiquery/ Accessed August 5, 2013.
[4] Ibid.
[5] U.S. Census American FactFinder. DP02: Selected Social Characteristics in the United States. 2007-2011 ACS 5 year estimates. Accessed August 5, 2013 from http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_5YR_DP02
[6] Semple, K. Take the A Train to Little Guyana. (2013 June 8). New York Times. Accessed August 5, 2013 from http://www.nytimes.com/interactive/2013/06/09/nyregion/new-york-citys-newest-immigrant-enclaves.html?_r=0

Table 2: Racial/Ethnic Characteristics of Neighborhoods in FHMC's Primary Service Area[7]

	White	Black	Hispanic	Asian
Flushing-Clearview	81,267 (31.2%)	5,538 (2.1%)	42,201 (16.2%)	125,668 (48.4%)
West Queens	76,379 (16.3%)	22,383 (4.8%)	242,970 (51.8%)	117,736 (25.1%)
Total	157,646 (21.6%)	27,921 (3.8%)	285,171 (39.1%)	243,404 (33.4%)

Socioeconomic and Health Insurance Status: Flushing Hospital serves a relatively lower-income population (median income ranges[8] from low of $37,574 in zip code 11370—East Elmhurst to high of $74,097 in zip code 11357—Whitestone). By comparison, the median household income in Queens and NYC was $56,506 and $56,951, respectively (2007-2011 data). In the FHMC service area, some residents are on Medicaid (Flushing-Clearview: 12.3%; West Queens: 18.6%) or Medicare (Flushing-Clearview: 17.3%; West Queens: 15.9%) enrollees[9]. Almost 40% of residents have private insurance (Flushing-Clearview: 44.7%; West Queens: 37.3%). About one-quarter of people living in FHMC's neighborhoods are uninsured (Flushing-Clearview: 19.6%; West Queens: 26%)[10]. In Queens, Hispanic residents (34%) are more likely to be uninsured than Black (20%) or White residents (10%). Men in Queens (24%) are more likely to be uninsured than women (18 %).[11]

Other Healthcare Resources in Flushing-Clearview and West Queens Neighborhoods

In addition to FHMC and there are 31 HRSA-supported Federally Qualified Health Centers (FQHC) or Look-Alikes that provide services in Queens County.[12] New York Hospital Queens, North Shore-Forest Hills Hospital and Elmhurst Hospital Center also provide primary and/or specialty healthcare services to the communities within Flushing Hospital's primary service area. Other providers in Flushing Hospital's service area offering primary and preventive health care services include 12 diagnostic and treatment centers; and physician group practices and individual physician offices.

The Hospital has partnerships with some of these providers through several grant-funded programs and its ownership in Queens Coordinated Care Partners (QCCP), a state-designated Health Home. The Hospital will be forging more partnerships around its two prevention agenda priorities, as described in the Three Year Action Plan.

[7] New York City Department of Health and Mental Hygiene. EpiQuery. NYC DOHMH Census Counts 2010. Accessed August 5, 2013 from https://a816-healthpsi.nyc.gov/SASStoredProcess/guest?_PROGRAM=%2FEpiQuery%2FCensus%2Fcensuscal&year=2010&geo=uhf&race=race; and U.S. Census

[8] Population Studies Center (PSC), University of Michigan Institute for Social Research. Accessed September 21, 2013 from http://www.psc.isr.umich.edu/dis/census/Features/tract2zip/index.html. The PSC provided national zip code files of median and mean household income based upon 2006-2010 American Community Survey Data.

[9] New York City Department of Health and Mental Hygiene. EpiQuery. Community Health Survey, 2011 data. Available at: https://a816-healthpsi.nyc.gov/epiquery/ Accessed August 5, 2013.

[10] Ibid.

[11] Ibid.

[12] U. S. Department of Health and Human Services. Health Resources and Services Administration-Data Warehouse. Health Centers And Look-alike Sites Site Directory Data as of 09/23/2013. Available at http://datawarehouse.hrsa.gov/Download_HCC_LookALikes.aspx

PUBLIC PARTICIPATION

Participants in the development of the community service plan included staff from public affairs, administration, as well as medical staff, the Hospital's Board of Trustees, the Hospital's Community Advisory Board (CAB), and the New York City Department of Health and Mental Hygiene (NYC DOHMH).

The department of public affairs conducted a survey during the month of September 2013 to help identify which health related issues were most important to the community. Each of the community organizations that participated in the survey process were provided with a list of common health issues and asked to indicate which issues they felt were the three most important factors for a healthy community. The surveys revealed that community members had many concerns including childhood obesity, hypertension, nutrition, diabetes, asthma, sexually transmitted diseases, as well as tobacco use and breastfeeding. Flushing Hospital is partnering on several prevention projects with community based organizations and with NYC DOHMH as part of its Take Care New York (TCNY) program to address these problems.

Prior to distributing these surveys, a brief introduction and explanation of the survey was given to those in attendance, either by the leadership of the host organization or by a member of the public affairs staff. The respondents were told that the surveys were anonymous and would be used by the staff of the Hospital to better understand what the community believes are important problems to be addressed.

The organizations surveyed were:

Date	Organization	Responses
09-12-13	Community Board 6	24
09-15-13	Associated Chapter of Asian Physicians	30
09-19-13	Community Board 3	39
09-23-13	Community Board 7	34
09-23-13	District Service Council – Community Board 7	15

Two initiatives that the Hospital has chosen to address as part of the Community Service Plan and the number of people who indicated that these initiatives are important:

Smoking Cessation	71
Educating and encouraging mothers to breast feed	11

Several discussions have been held with the Hospital's CAB, highlighting the service area's health problems, including the two problems that were being considered as prevention agenda priorities for the Hospital's 2013 Community Service Plan.

At the March 12, 2013 CAB meeting Mrs. Maria Smilios, RN, Assistant Director of Nursing for Perinatal, Pediatrics and NICU, discussed the benefits of increasing exclusive breastfeeding, and the Hospital's participation in Latch on NYC, a program initiated by NYC DOHMH and endorsed by NYS DOH, GYNHA, HHC, AAP, AAFP and SAHM which supports new mothers to breast feed their newborns and continue after their discharge from the Hospital. Currently there are 27 hospitals within the NYC area that are participating, including Jamaica and Flushing Hospitals under the MediSys Health Network.

In 2009, the Hospital had, with the help of its CAB, selected decreasing tobacco use as one of its prevention agenda priorities for the Community Service Plan. Since that time the Hospital has worked closely with Queens Quits to increase referrals to their program. At the April 12, 2011 CAB meeting representatives from Queens Quits reviewed how the program works, a synopsis of relevant statistics, and their outreach efforts in partnership with local hospitals and health centers. Queens Quits literature was provided for distribution by CAB members to the community groups they represent.

Through these discussions CAB members gained a better understanding of the importance of decreasing tobacco use and increasing exclusive breastfeeding, and expressed support for the Hospital's plans to address these high priority prevention initiatives.

ASSESSMENT OF COMMUNITY HEALTH NEEDS

Lower-income, minority adults and children bear a disproportionate burden of chronic disease, use emergency room services more often for care, have poorer health status, and higher premature mortality.[13] [14] Additionally, lower-income, minority populations are more likely to lack access to health care and to develop mental health conditions (e.g., mood disorders, drug or alcohol abuse) associated with high psychosocial stressors (e.g., job loss, financial strain)[15]. Given the demographics of its primary service area, Flushing Hospital has identified chief concerns in the neighborhoods it serves, and is committed to reducing disparities in healthcare access so that the health status of all residents is improved. Here, death rates and data capturing a feature from each of the ten priority areas identified by New York City's *Take Care New York* (TCNY) 2016 (and corresponding with the New York State's Prevention Agenda 2013-2017's five priority action plans) are described for Flushing Hospital's neighborhoods and compared with Queens and NYC.

Death Rates

Flushing Hospital's neighborhoods displayed similar ranking patterns for the top three causes of death (Table 3), namely, heart disease, cancer, and flu/pneumonia. Of particular note in Flushing Hospital's primary service area are rates of death from chronic lower respiratory diseases (lung diseases, such as asthma), which were ranked higher in Flushing-Clearview than in Queens and NYC, and HIV/AIDS, which was not a leading cause of death in Flushing-Clearview or across Queens, but was ranked higher in West Queens than across NYC .

Table 3: Ranked Leading Causes of Death[16] in Flushing Hospital's Neighborhoods, compared with Queens County and NYC

	FC	WQ	Queens	NYC
Heart Disease	**1**	**1**	**1**	**1**
Cancer	**2**	**2**	**2**	**2**
Flu & Pneumonia	**3**	**3**	**3**	**3**
Stroke	**6**	**4**	**4**	**4**
Accidents (except drug poisoning)	**5**	**6**	**7**	**8**
Diabetes	**7**	**7**	**6**	**5**
Lung Diseases	**4**	**5**	**5**	**6**
Suicide	**8**	**10**	**10**	---
HIV/AIDS	----	**8**	---	**7**
Mental and Behavioral Disorders due to Accidental Poisoning/ Drug Use	**10**	**9**	**9**	**9**
High Blood Pressure & Kidney Diseases	**9**	**8**	**8**	**10**

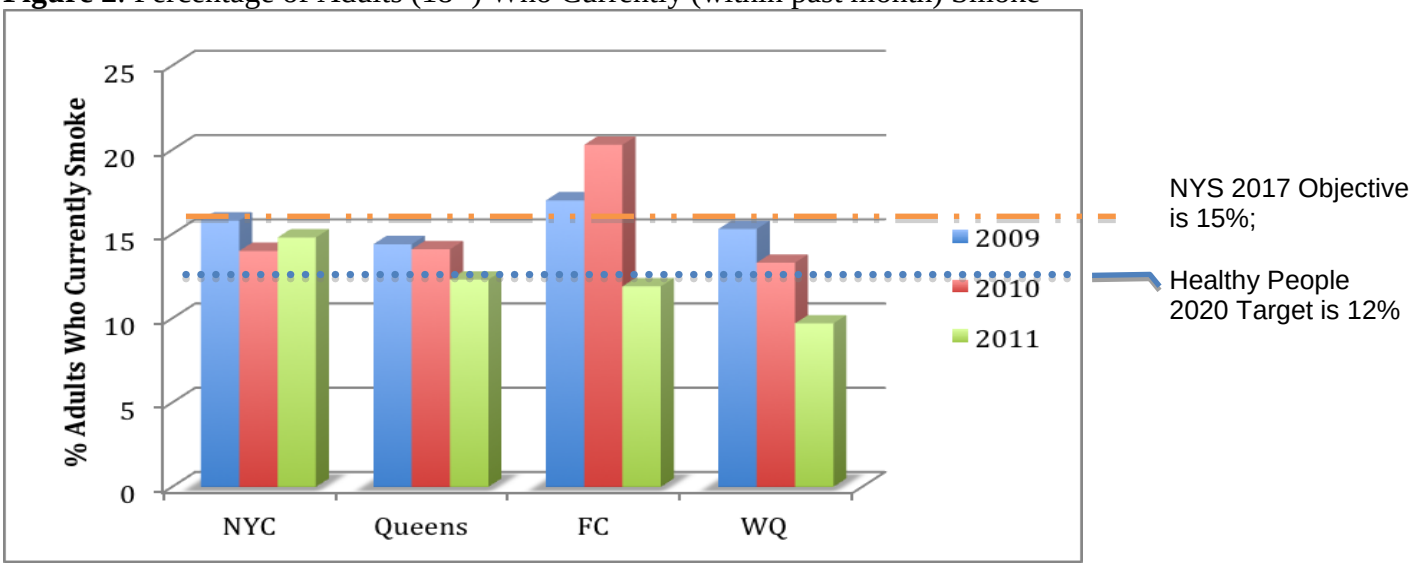
Note: Dashed lines in white boxes indicate not a leading (top 10) cause of death in this area

[13] Cooper RS, Kennelly JF, Durazo-Arizu R, Oh H-J, Daplan G, Lynch J. Relationship between premature mortality and socioeconomic factors in Black and White populations of US metropolitan areas. Public Health Reports 116:464-73, 2001.
[14] Addressing Racial and Ethnic Disparities in Health Care. April 2013. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/research/findings/factsheets/minority/disparit/index.html
[15] Murali, V. & Oyebode, F. Poverty, social inequality and mental health. Advances in Psychiatric Treatment 10: 261-224. 2004.
[16] New York City Department of Health and Mental Hygiene. Top 10 Leading Causes of Mortality, 2007. Accessed August 22, 2013 from https://a816-healthpsi.nyc.gov/epiquery/VS/index.html

Tobacco-Free Living *(corresponds to NYS's Prevention Agenda - Preventing Chronic Diseases Action Plan)*: In 2010, tobacco use was markedly higher in Flushing-Clearview, relative to West Queens, Queens, and NYC overall (Figure 2). Queens' overall and Flushing-Clearview's 2011 rates hovered around the Healthy People 2020 target of 12%, while West Queen's rate was lower. Generally, smoking rates declined between 2010 and 2011 in Queens and FHMC's service area.

Flushing Hospital's efforts to reduce tobacco consumption, particularly smoking among adults, are described in a later section (SELECTION OF PUBLIC HEALTH PRIORITIES).

Figure 2: Percentage of Adults (18+) Who Currently (within past month) Smoke

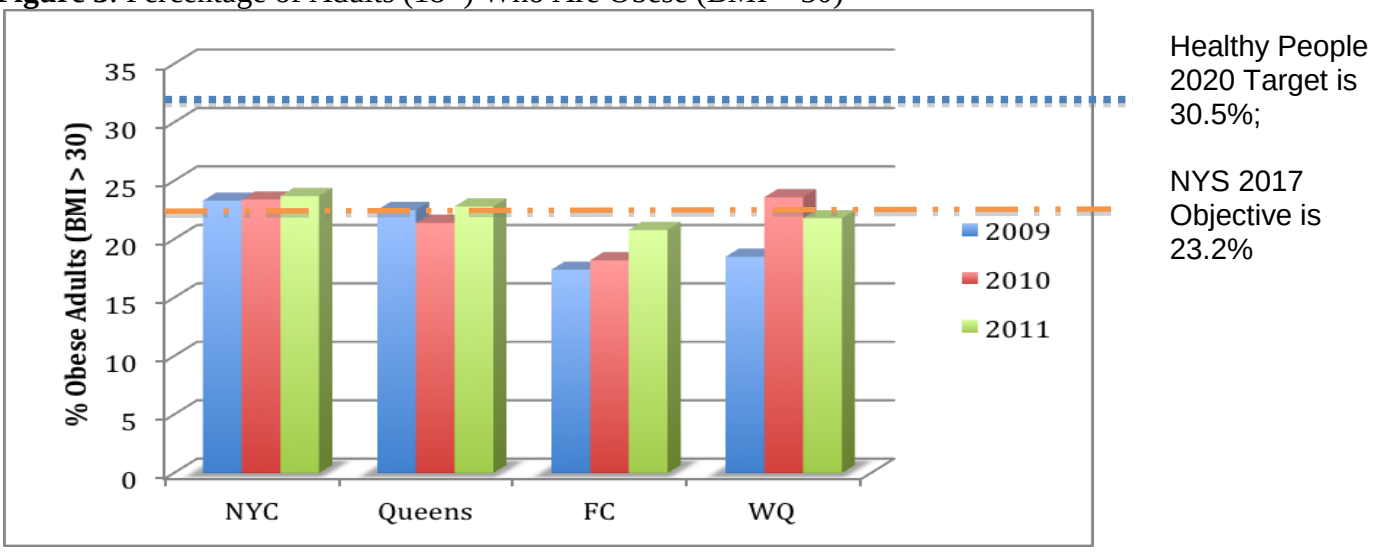


Source: New York City Department of Health & Mental Hygiene, Community Health Survey

Healthy Eating (*corresponds to NYS Prevention Agenda's Preventing Chronic Diseases):* Obesity rates have remained virtually the same (in NYC & Queens), increased in Flushing Hospital's service area (Figure 3). Neighborhoods in FHMC's service area have already met the Healthy People 2020 target and are at or below the NYS 2017 objective of reducing obesity (i.e., Body Mass Index < 30) among the adult population to 23.2%.

Flushing Hospital's services include nutritionists and diabetes educators, who can assist patients with developing healthy eating habits and reaching weight management goals. The Hospital's partnership with NYC DOHMH on their anti-obesity campaign and Healthy Hospital Food Initiative will help the Flushing community reach the NYS and Healthy People targets.

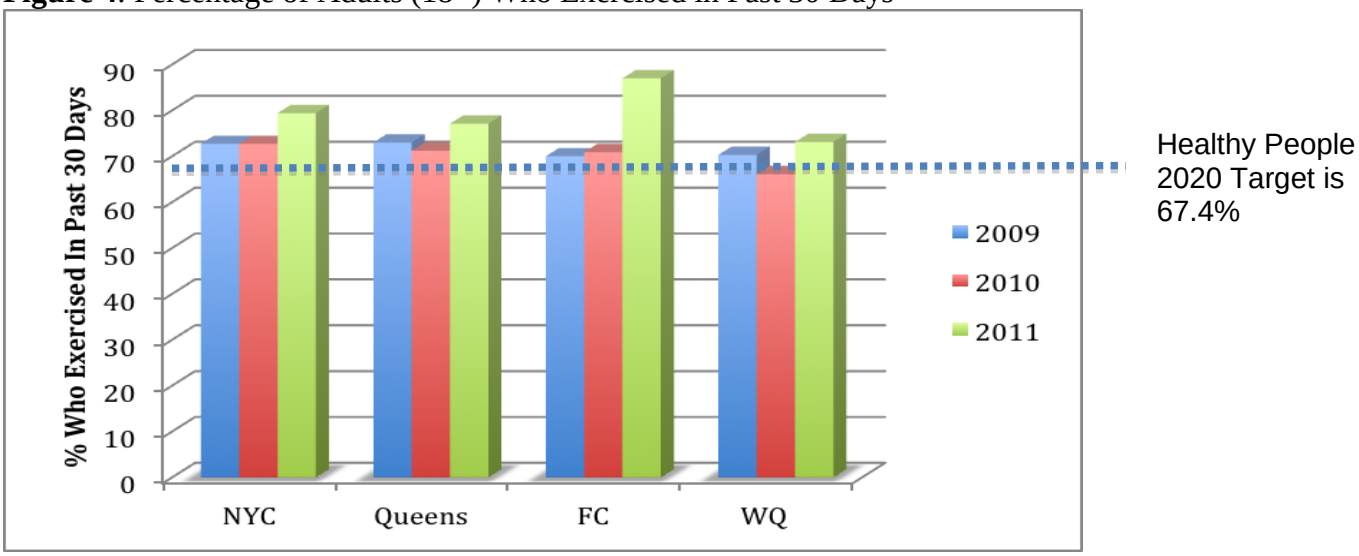
Figure 3: Percentage of Adults (18+) Who Are Obese (BMI > 30)



Notes: BMI = Body Mass Index; Categorization of "obese" is a BMI greater than 30. Source: New York City Department of Health & Mental Hygiene Community Health Survey

Active Living *(corresponds to NYS Prevention Agenda's Preventing Chronic Diseases):* Overall, the percentage of adults who exercise has only increased slightly over the past few years (Figure 4), however, residents of Flushing-Clearview (North Queens) reported higher exercise rates in 2011. To meet the NYS Prevention Agenda 2013-2017 objective of increasing the percentage of adults ages 18 years and older who participate in leisure-time physical activity from 73.7% to 77.4%, all NYC residents, including Flushing Hospital's community, need to engage in exercise programs to prevent obesity and its related effects, including heart disease, diabetes, and stroke.

Figure 4: Percentage of Adults (18+) Who Exercised in Past 30 Days

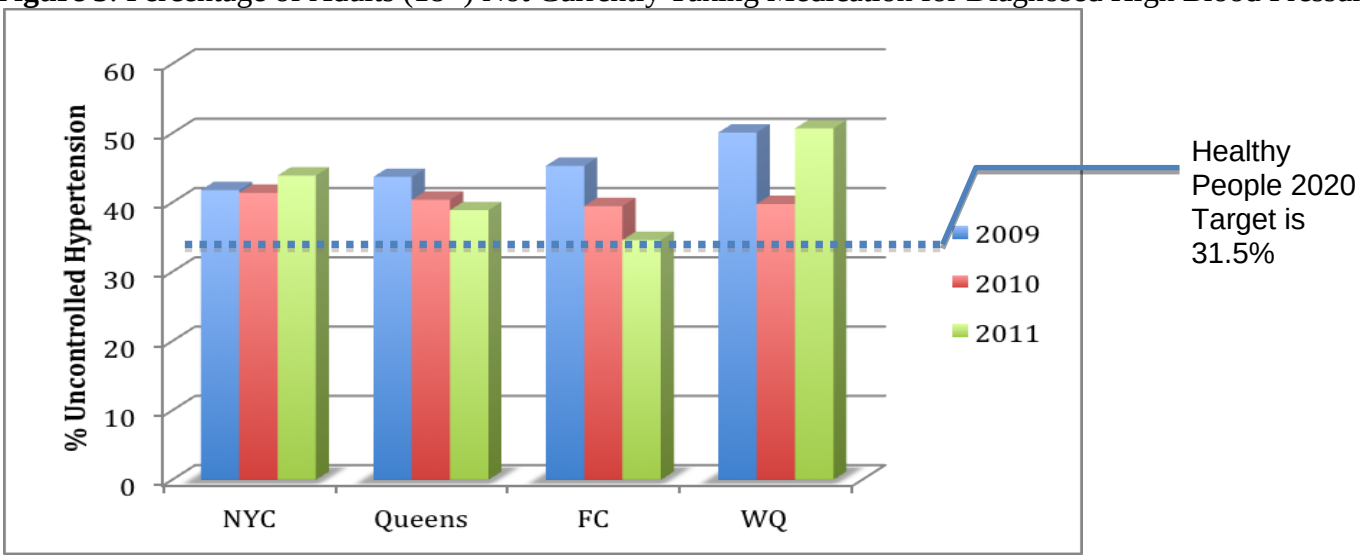


Source: NYC DOHMH Community Health Survey

Heart Health *(corresponds to NYS Prevention Agenda's Preventing Chronic Diseases)*: Rates of uncontrolled high blood pressure were relatively higher in West Queens than Flushing-Clearview and across NYC/Queens (Figure 5). Exercise data for NYC, Queens, and FHMC's neighborhoods indicate that most residents are meeting the Healthy People 2020 target for incorporating exercise into their lifestyle. Flushing-Clearview's 2011 data were particularly encouraging, as the percentage of adults who reported they exercised in the past month exceeded the Healthy People 2020 target by almost 30%. Relevant NYS Prevention Agenda 2013-2017 objectives include reducing the age-adjusted heart attack hospitalization rate (per 10,000) from 14.4 (Queens) and 15.5 (NYS) to 14.0.

Flushing Hospital's Cardiology Department and primary care physicians work to help patients monitor and manage factors related to heart disease, such as high blood pressure and high cholesterol, ultimately to reduce premature deaths from heart disease. Flushing Hospital is partnering with NYC DOHMH to ensure all ambulatory care patients with high blood pressure are being tracked, appropriately controlled, and that the data is being reported. The Hospital is also planning to partner with NYC by participating in the National Diabetes Prevention Program.

Figure 5: Percentage of Adults (18+) Not Currently Taking Medication for Diagnosed High Blood Pressure

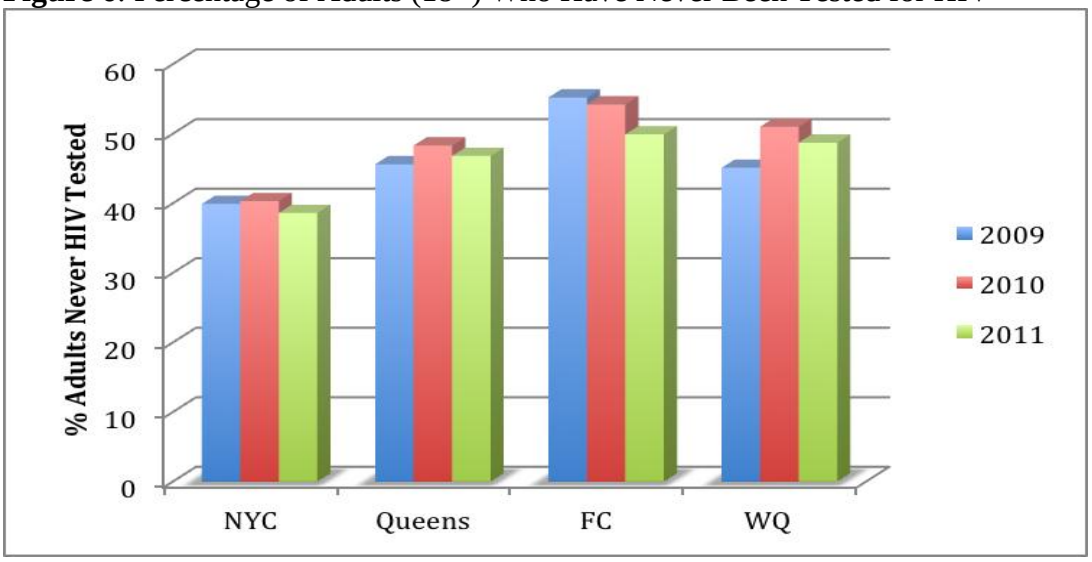


Source: NYC DOHMH Community Health Survey

HIV Prevention *(corresponds to NYS's Prevent HIV/STDS, Vaccine-Preventable Disease, & other Healthcare Associated Infections Action Plan)*: HIV/AIDS remains an important health issue in the communities that FHMC serves. In 2011, there were more than 5,400 people living with HIV/AIDS in the service area,[17] which is more than the number of people living with HIV/AIDS statewide in 22 of the 50 states.[18] An important part of preventing HIV is to encourage everyone to receive routine HIV testing and develop awareness of their HIV status. Rates of HIV testing (Figure 6) are generally lower in Queens and in Flushing Hospital's service area than across NYC. Relevant Healthy People 2020 HIV testing targets are to increase the proportion of people living with HIV who know their serostatus from 80.6% (2006) to 90% and to increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months from 17.2% (2006-2010) to 18.9%. Relevant NYS Prevention Agenda 2013-2017 objectives include reducing the rate of newly diagnosed HIV cases (per 100,000) from 26.1 (Queens) and 21.6 (NYS) to 14.7.

Flushing Hospital offers HIV testing annually to patients 13 – 64 in the inpatient units, the Emergency Department and the clinics. Patients who are HIV positive are cared for at FHMC or referred to other community service programs for supportive services, as necessary.

Figure 6: Percentage of Adults (18+) Who Have Never Been Tested for HIV



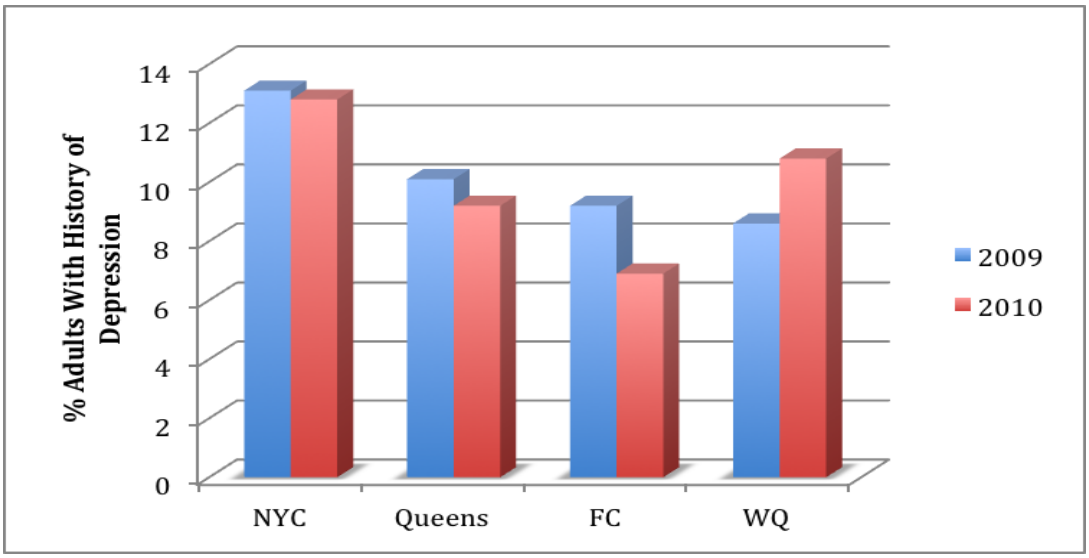
Source: New York City Department of Health & Mental Hygiene Community Health Survey

[17] AIDSVu. Emory University Rollins School of Public Health. Available at http://aidsvu.org/downloadable-maps-and-resources Accessed September 21, 2013.
[18] Kaiser Family Foundation. People Living with HIV/AIDS (data through December 2008). Available at http://kff.org/hivaids/state-indicator/people-living-with-hivaids/ Accessed September 21, 2013.

Promote Mental Health *(corresponds to NYS's Promote Mental Health and Prevent Substance Abuse):* Depression rates were higher across NYC than within FHMC's neighborhoods, decreasing in Queens and Flushing-Clearview to varying degrees, while increasing in West Queens between 2009 and 2010 (Figure 7). Relevant Healthy People 2020 targets are to reduce the proportion of adults (18+) who experience major depressive episodes from 6.4 % (in 2008) to 5.8% and to increase the proportion of primary care physicians who screen adults (19+) for depression during office visits from 2.2% (2007) to 2.4%. Relevant NYS Prevention Agenda 2013-2017 objectives are to reduce the percentage of adult New Yorkers reporting 14 or more days with poor mental health in the last month by 10% to no more than 10.1% (Baseline: 11.1%, 2011 BRFSS) and 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). Flushing Hospital's Department of Psychiatry and Addiction Services is staffed with licensed professionals including Psychiatrists, Clinical Psychologists, Clinical Social Workers, Psychiatric Nurses, and Creative Arts Therapists who provide timely and appropriate care to patients with mental health disorders or substance abuse issues.

FHMC's facilities include an Inpatient Psychiatry Unit, a consultation-liaison service to other units, and a Mental Health Clinic.

Figure 7: Percentage of Adults (18+) Who Have Ever Received Depression Diagnosis from Doctor, Nurse, or Other Health Professional

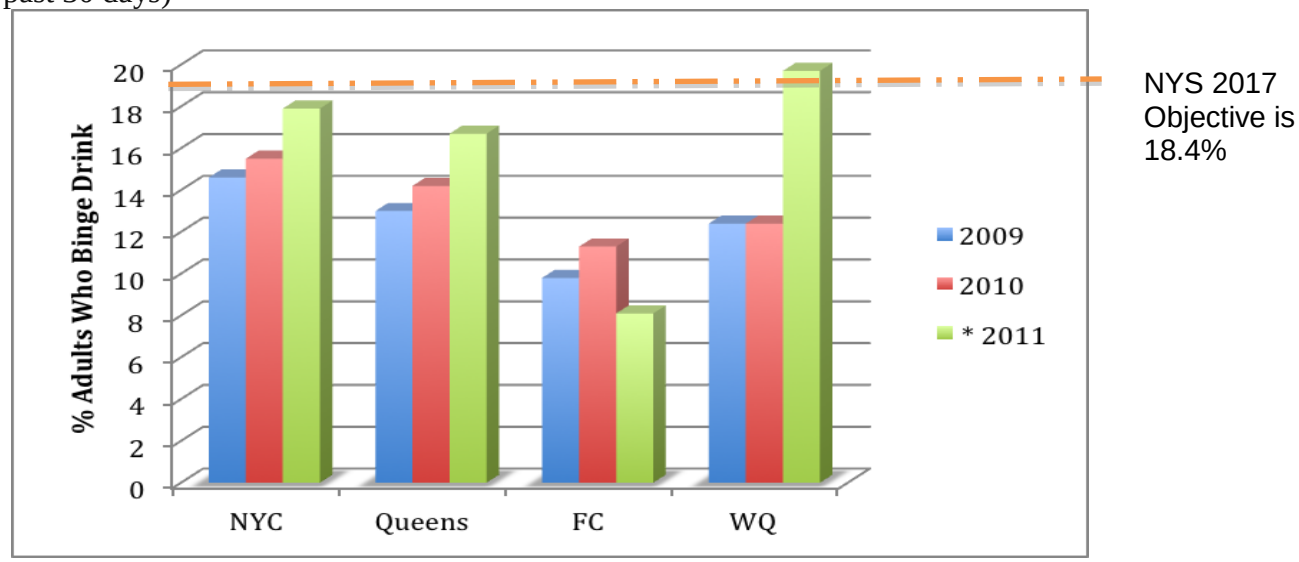


Source: NYC DOHMH Community Health Survey

Reduce Alcohol and Drug Abuse *(corresponds to NYS's Promote Mental Health and Prevent Substance Abuse)*: Consistent with NYC's and Queens' data, binge drinking rates increased between 2009 and 2010 in Flushing-Clearview (North Queens) but are lower than the Healthy People 2020 target of 24.4%. The binge drinking rate was substantially higher in West Queens in 2011 than for NYC, Queens, and Flushing-Clearview and exceeded the NYS 2013-2017 Prevention Agenda objective.

Flushing Hospital's Addiction Treatment Division provides comprehensive assessments and treatment of alcohol and chemical dependency through its inpatient Chemical Dependency Unit and its Reflections Outpatient Program; both programs are licensed by the New York State Office of Alcoholism and Substance Abuse Services (OASAS). The Hospital is partnering with NYC to ensure appropriate prescribing of opioid analgesics.

Figure 8: Percentage of Adults (18+) Who Binge Drink (consumed five or more drinks on one occasion in the past 30 days)

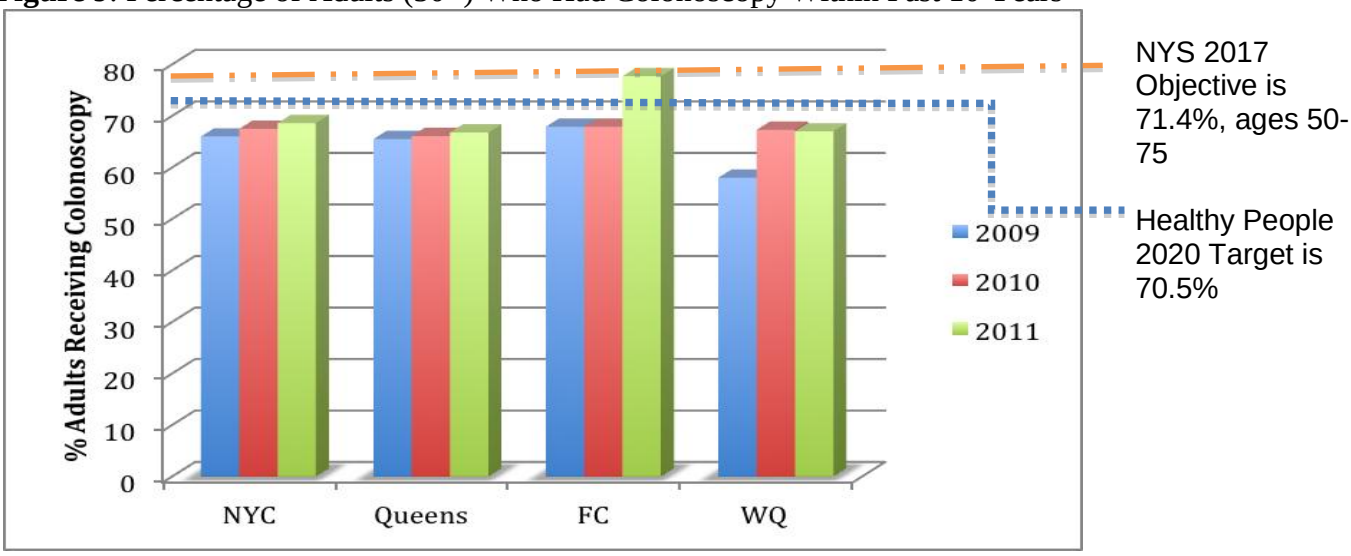


Notes: *2011 data cannot be compared with 2009 & 2010 data because definition of "binge drinking" for women changed (2002 revision from National Institute on Alcohol Abuse and Alcoholism) from drinking five or more alcoholic beverages at the same time or within a couple of hours of each other (2009 & 2010) to four or more alcoholic beverages. Source: New York City Department of Health & Mental Hygiene Community Health Survey

Prevent & Treat Cancer *(corresponds to NYS's Prevent HIV/STDS, VPDs, & Other Healthcare Associated Infections):* Colonoscopy rates (Figure 9) were consistent across NYC and Queens, as well as West Queens, between 2010 and 2011, but were slightly improved in Flushing-Clearview in 2011. Used primarily to screen for colorectal polyps or cancer, a colonoscopy is an outpatient procedure that involves the insertion of a colonscope (slender tube with a camera attached) inside of the large intestine (colon and rectum) to examine and remove, if warranted, any abnormal tissue to check for cancer.[19]

Flushing Hospital has focused on improving colonoscopy rates, including efforts to raise colon cancer awareness and increase the number of appropriate referrals to the gastrointestinal clinic for screenings. The Hospital is part of the Queens Cancer Services Program, funded by NYS DOH to increase rates among under- and uninsured individuals for breast, cervical, colorectal and prostate cancer.

Figure 9: Percentage of Adults (50+) Who Had Colonoscopy Within Past 10 Years



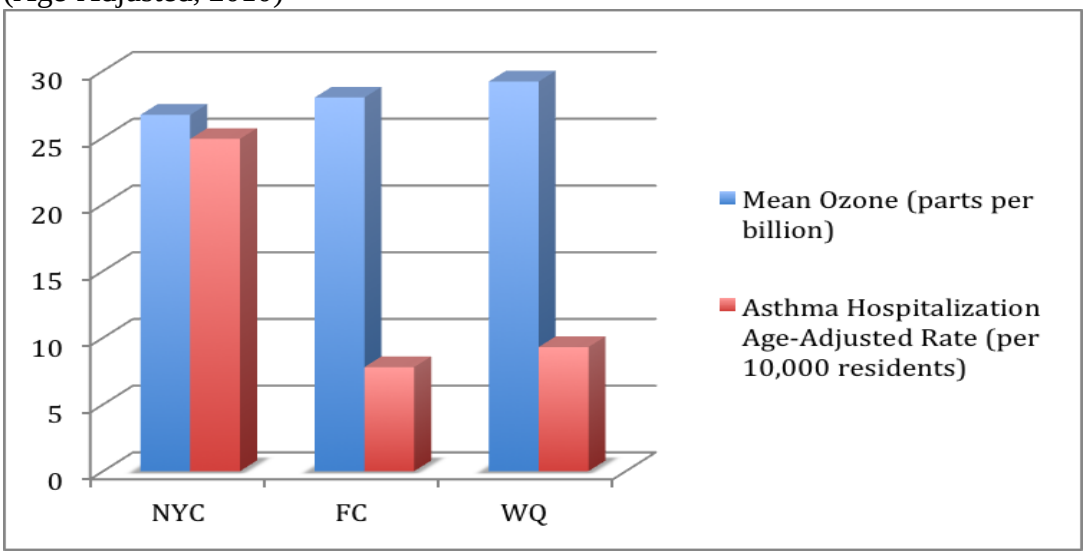
Source: New York City Department of Health & Mental Hygiene Community Health Survey

[19] Mayo Clinic. http://www.mayoclinic.com/health/colonoscopy/my00621

Healthy Indoor & Outdoor Air *(corresponds to NYS's Promote a Healthy & Safe Environment):* Ozone levels were slightly higher across FHMC's neighborhoods in comparison with NYC's overall level (Figure 10). Asthma hospitalization rates were much lower in Flushing Hospital's service area than across NYC. Relevant Healthy People 2020 targets are to reduce hospitalizations for asthma among children under age 5 years from 41.4/10,000 children <5 years (2007) to 18.1 hospitalizations/10,000 children <5 years and to reduce hospitalizations for asthma among children and adults age 5 to 65 years from 11.1 hospitalizations for asthma per 10,000 children and adults aged 5 to 64 years (2007) to 8.6/10,000 (age adjusted to the year 2000 standard population). Relevant NYS Prevention Agenda 2013-2017 objectives include: increasing the percentage of homes in NYS's Healthy Neighborhood Program (HNP; program providing in-home assessments and interventions for asthma, tobacco cessation, indoor air quality, lead, fire safety, and other environmental health hazards) that have fewer asthma triggers during the home revisits from 23.9% to 20%; and reducing the annual number of days with unhealthy air as measured by the Air Quality Index (AQI)>100 to 0 (Baseline: NYC annual average is 5 days for ozone and 6 days for particulate matter; 2005 - 2009 DEC monitoring data compared to National Ambient Air Quality Standards—NAAQS).

FHMC's Respiratory Care Department helps with the management of diseases (e.g., asthma) that can be triggered or made worse by air pollutants.

Figure 10: Mean Ozone Levels (2-Year Averages, Summers 2009 & 2010) and Asthma Hospitalization Rates (Age-Adjusted, 2010)

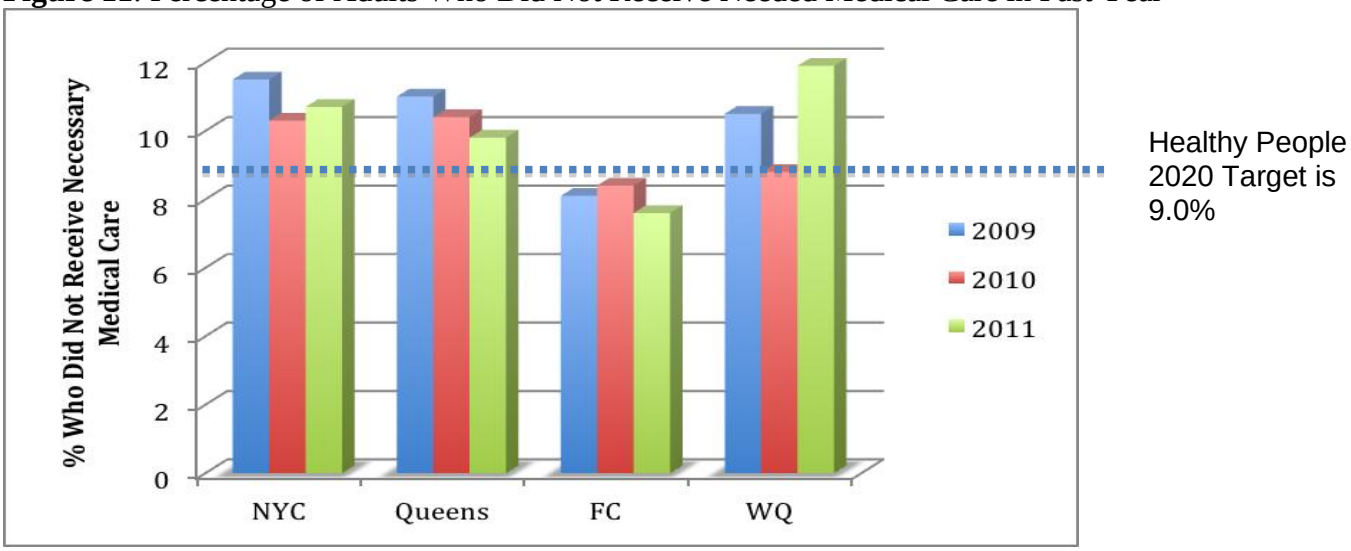


Note: Data from New York City Community Air Survey and New York State Statewide Planning and Research Cooperative System (SPARCS) De-identified Hospital Discharge Data

Quality Preventive Care *(corresponds to NYS's Prevent Chronic Diseases)*: While percentages of patients reporting they were unable to access care have decreased slightly in Queens, they have fluctuated in FHMC's service area, particularly in West Queens (Figure 11). These variations may be affected by hospital closings, such as the February 2009 closing of Mary Immaculate and St. John's Queens Hospitals (Caritas). Relevant NYS Prevention Agenda 2013-2017 objectives include increasing the age-adjusted percentage of adults who have a regular health care provider from 85.9% (Queens) and 83.0% (NYS) to 90.8% and reducing the age-adjusted preventable hospitalization rate per 10,000 from 136.9 (Queens) and 155.0 (NYS) to 133.3.

Flushing Hospital recently completed construction for an expanded ambulatory care center, and operates a dental care center, soon to be expanded, which serve, in particular, Elmhurst and Corona – two underserved communities in the service area. The expansion was funded by a HEAL NY grant. The Hospital's primary care service is designated as a level 2 Primary Care Medical Home. An application for level 3 status under the newer, more rigorous standards will be submitted in the near future. Flushing Hospital is also a founding owner of QCCP, a state-designated Health Home, which provides care management services to Medicaid beneficiaries with chronic diseases who have very high utilization. The Hospital, which already cares for thousands of Medicaid beneficiaries through Managed Care Plans, has executed contracts with eight plans participating in the state's insurance exchange, New York State of Health, and anticipates that many uninsured persons in the area will sign up and access deferred primary and preventive care.

Figure 11: Percentage of Adults Who Did Not Receive Needed Medical Care in Past Year

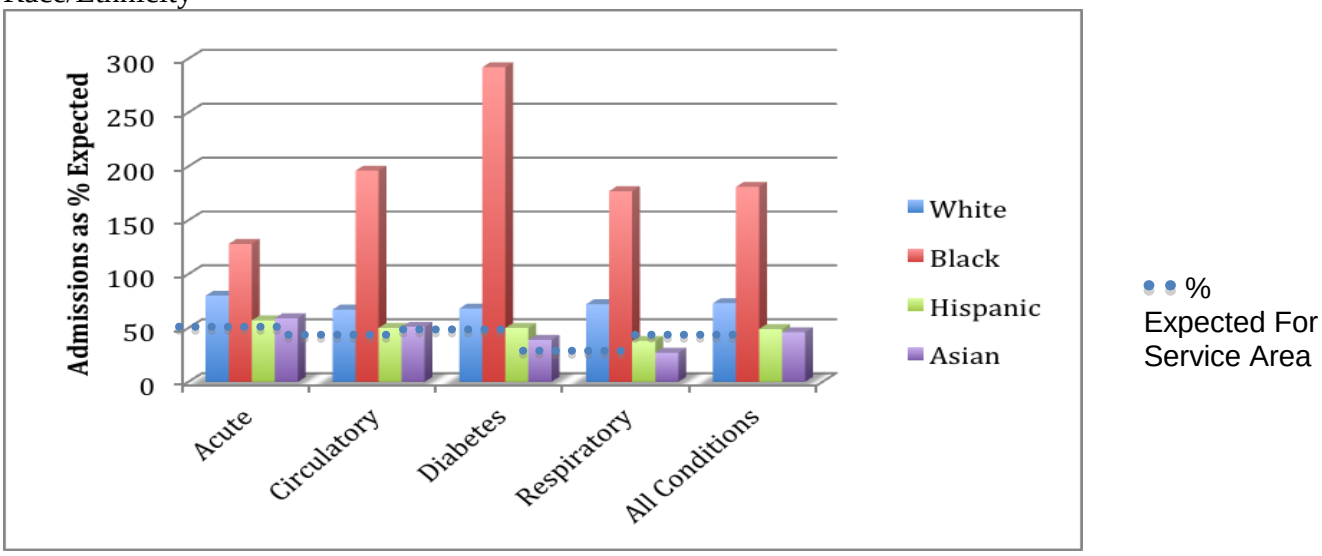


Note: Here, "medical care" includes doctor's visits, tests, procedures, prescription medication, and hospitalizations. Source: NYC DOHMH Community Health Survey

Prevention Quality Indicators *(PQIs)* are measurements of the quality of outpatient care for ambulatory care sensitive conditions – conditions for which good outpatient care can typically prevent the need to be admitted to the hospital. In Figure 12, the PQI data for FHMC's service area are exhibited, based upon hospital discharge rates per 100,000 people. When above 100%, the percent of the expected discharge rate indicates how much the observed rate exceeded the expected rate. For example, the discharge rate for circulatory conditions for Black patients in FHMC's service area was almost double (~200%) the expected rate. For each condition category, the percentage of observed admissions exceeds that expected percentage for Black residents in FHMC's service area, highlighting racial disparities in hospitalizations for conditions that could be addressed with preventive care. Reducing disparities in preventable hospitalizations is also a priority for the NYS Prevention Agenda 2013-2017, as objectives include reducing the ratio of age-adjusted preventable hospitalizations among Black non-Hispanics to White non-Hispanics from 1.82 (Queens—which already is lower than the NYS Prevention Agenda 2013-2017 objective) and 2.09 (NYS) to 1.85 and reducing the ratio of age-adjusted preventable hospitalizations among Hispanics to White non-Hispanics from 0.85 (Queens—which is already lower than the NYS Prevention Agenda 2013-2017 objective) and 1.47 (NYS) to 1.38.

As noted on the prior page Flushing Hospital has taken many steps to improve and expand ambulatory care and insurance coverage in its service area.

Figure 12: Prevention Quality Indicators (admissions as % expected) for FHMC's Service Area, by Race/Ethnicity



Notes: "Acute conditions" include bacterial pneumonia, dehydration, and urinary tract infections; "circulatory conditions" include hypertension, congestive heart failure, and angina; "diabetes" includes short-term complications, long-term complications, lower extremity amputations, and uncontrolled diabetes; "respiratory conditions" include asthma and Chronic Obstructive Pulmonary Disease (COPD). Admissions % as expected data is based on rate per 100,000 population of adults > 18 years, SPARCS data. Dotted line represents FHMC service area-wide % as expected for that condition. Source: NYS DOH, SPARCS.[20]

[20] PQI data for Flushing Hospital's service area, NYC, & NYS obtained from New York State Department of Health. Available at https://apps.health.ny.gov/statistics/prevention/quality_indicators/mapaction.map

Promote Healthy Women, Infants, and Children

Maternal and Infant Health Indicators: Low birth weight (LBW) and preterm births are more likely to result in medical problems, both as newborns [e.g., respiratory distress syndrome or breathing problem caused by lack of surfactants in premature lungs); bleeding in the brain; patent ductus arteriosus (when a crucial artery fails to close after birth and can cause heart failure]; and later in life (e.g., high blood pressure, diabetes, heart disease).[21] Neighborhoods served by FHMC have demonstrated relatively lower percentages of preterm births and low birth weight events. In Flushing Hospital's primary service area (Table 5), the low birth weight rate is 6.51%, compared with the Healthy People 2020 goal of 7.8%.[22] Approximately 11.1% of the births in the Flushing Hospital service area zip codes were preterm, which meets the Healthy People 2020 goal of reducing the percentage of preterm birth events to 11.4% or less.[23] In Queens, there is a notable disparity in the ratios of preterm births, where the rate of preterm births is higher for Black non-Hispanics (ratio is 1.65) than White non-Hispanics (across NYS, ratio is 1.61). This disparity is also found when comparing preterm birth rates for Hispanic and White non-Hispanic mothers (ratio is 1.33 in Queens, compared with 1.25 in NYS[24]). Additionally, FHMC's neighborhoods reflect high rates of risk factors for low birth weight and preterm births, including births to Medicaid beneficiaries, African-American and Latino women, and low-income women. Breastfeeding rates are also indicative of the health status of women, infants, and children and are lower in FHMC's service area than Healthy People 2020 and NYS 2013-2017 Prevention Agenda targets (see Figures 16 & 17 and later section addressing FHMC's health needs priorities).

Flushing Hospital operates a Women, Infants and Children (WIC) program funded by the New York State Department of Health, which provides food vouchers and education to low income pregnant women and children up to age five and is seeking Baby Friendly Designation by promoting exclusive breastfeeding. The Hospital's efforts to increase exclusive breastfeeding are described in a later section (SELECTION OF PUBLIC HEALTH PRIORITIES).

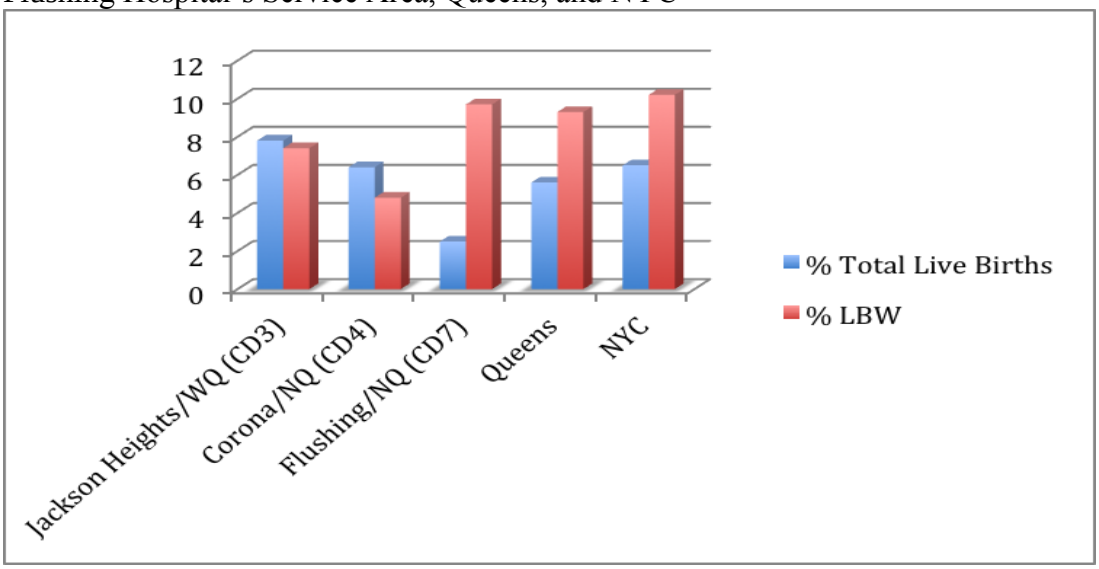
Table 5: Socioeconomic status & race/ethnicity, and selected birth-related characteristics in the FHMC service area

Neighborhood	Key Populations			Births (3 year total, 2008-2010 data)[25]			
	# Poverty[26]	# AA[27]	# Latino[28]	Total Births	# LBW	# Preterm	# Medicaid
Flushing-Clearview	31,899	5,538	42,201	9,505	573	878	5,392
West Queens	76,614	22,383	242,970	22,590	1,515	2,672	17,506
Total	**108,513**	**27,921**	**285,171**	**32,095**	**2,088**	**3,550**	**22,898**

[21] March of Dimes. www.marchofdimes.org
[22] Healthy People 2020. Overview. http://www.healthypeople.gov/, Accessed February 4, 2012.
[23] Ibid.
[24] Birth Data, NYS Vital Statistics.
[25] Zip Code Level Birth Data, Cumulative 3-Year Total, 2008-2010. NYC Department of Health and Mental Hygiene, Bureau of Vital Statistics. Provided in RFA Number #1207271237
New York State Department of Health Center for Community Health Division of Family Health Bureau of Maternal and Child Health.
[26] U. S. Census Bureau. American FactFinder. S1701. Poverty Status In the Past 12 Months. 2007-2011 American Community Survey 5-Year Estimates
[27] U.S. Census Bureau. American FactFinder. DP-1. Profile of General Population and Housing Characteristics: 2010. 2010 Demographic Profile Data.
[28] Ibid.

Teenage Pregnancy: Queens' teenage birth rates demonstrate racial/ethnic disparities[29], as the ratio of the Black non-Hispanic teenage pregnancy rate to the White non-Hispanics teenage pregnancy rate is 6.31 (5.74 in NYS; the NYS Prevention Agenda 2013-2017 Objective is to reduce this ratio to 4.90). Similarly, the ratio of the Hispanic teenage pregnancy rate to the White non-Hispanic teenage pregnancy rate is 5.67 in Queens (5.16 for NYS; the NYS Prevention Agenda 2013-2017 Objective is to reduce this ratio to 4.10). Among Flushing Hospital's neighborhoods, Flushing's (North Queens) percentage of low-birth weight babies born to teenage mothers was higher than Queens and NYC's overall percentages (Figure13), highlighting the need for quality prenatal care for all mothers-to-be in the community.

Figure 13: % Total Live Births and Low Birth Weight (LBW) Births to Teenage Mothers (age < 20 years) in Flushing Hospital's Service Area, Queens, and NYC[30]



Notes: CD = Community District; NQ = North Queens/Flushing-Clearview; WQ = West Queens. Source: Summary of Vital Statistics, NYC, 2009, NYC DOHMH

[29] Birth Data, NYS Vital Statistics.
[30] NYC DOHMH. Summary of Vital Statistics 2009. The City of New York. http://www.nyc.gov/html/doh/downloads/pdf/vs/2009sum.pdf

SELECTION OF PUBLIC HEALTH PRIORITIES

Flushing Hospital's priorities are in line with the priorities identified by the NYS Prevention Agenda as well as *Take Care New York 2016.*

Although FHMC could have also selected other initiatives, based upon community health statistics and consumer needs/utilization surveys, its resources and capabilities are best suited to focus on efforts to decrease tobacco use rates within the community and increase rates of exclusive breastfeeding among mothers in the service area. That is, FHMC elected to address these two particular health needs to make the most impact on the community's health and create sustainable quality of life improvements. Flushing Hospital is already a partner in NYC's Tobacco-Free Hospital campaign, having earned a Bronze Star for its accomplishments, and participates in the City's Latch On NYC breastfeeding initiative.

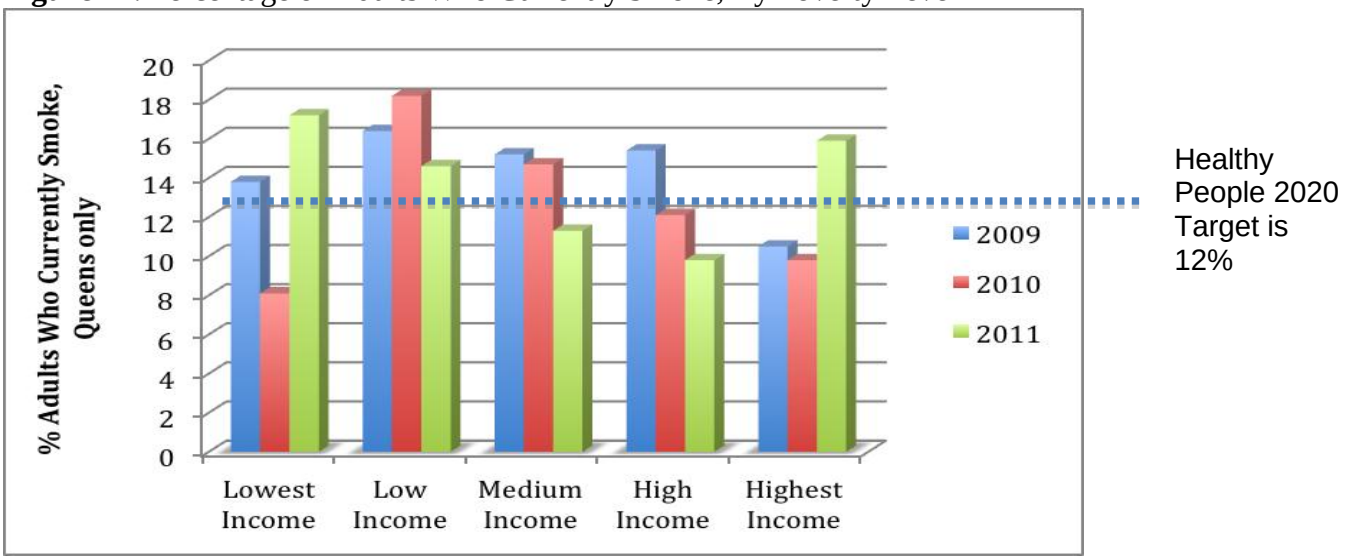
The Hospital is also partnering with the City DOHMH on six (6) other Hospital Community Health Interventions and is, therefore, an official *Take Care New York* partner, implementing evidence-based interventions in partnership with the City:

1. Support the development and placement of anti-obesity educational /media campaigns.
2. Adopt Healthy Hospital Food Initiative.
3. Track and report the blood pressure control scores of patients in the hospital ambulatory footprint.
4. Support and promote the National Diabetes Prevention Program (NDPP) for overweight and obese adults with pre-diabetes or women with history of gestational diabetes.
5. Ensure routine offering of HIV testing in emergency departments and all outpatient clinics.
6. Promote appropriate and judicious prescribing of opioid analgesics.

Prevention Agenda Priority #1: Decrease Tobacco Use

Flushing Hospital is committed to promoting tobacco-free living, one of the top ten goals as rated by *Take Care New York*. Disparities in tobacco use, both related to socioeconomic status (Figure 14) and racial/ethnic background (Figure 15) are seen nationally and in NYS (i.e., higher rates of smoking among Caucasians and low-income residents) and can be observed to some extent in Queens, as well. In Figure 14, the Queens data generally demonstrate the disparity where lower income residents are more likely to smoke than higher income residents, although the 2011 data do not fit this pattern, as the more of the highest income residents were current smokers than the lowest income residents. Some research indicates that racial/ethnic minorities develop more smoking-related illnesses, like cancer and heart disease, over time than non-Hispanic Caucasians, despite higher rates of smoking among non-Hispanic Caucasians[31,32,33] As suggested by some studies[34], this disparity in smoking-attributable illness and mortality may hinge upon evidence that Black and Hispanic smokers are less likely than Caucasians to receive and use smoking cessation advice and aids. Relevant NYS Prevention Agenda 2013-2017 objectives are to reduce smoking among adults with income levels less than $25,000 from 27.8% (2011) to 20.0% and to increase the utilization of smoking cessation benefits among smokers who are enrolled in Medicaid Managed Care by 141% from 17% (2011) to 41%.

Figure 14: Percentage of Adults Who Currently Smoke, By Poverty Level



Notes: Highest poverty households' incomes <100% Federal Poverty Level (FPL); high: 100% to <200% FPL; medium: 200% to <400% FPL; low: 400% to < 600% FPL; lowest <600% FPL
Source: New York City Department of Health & Mental Hygiene Health Survey

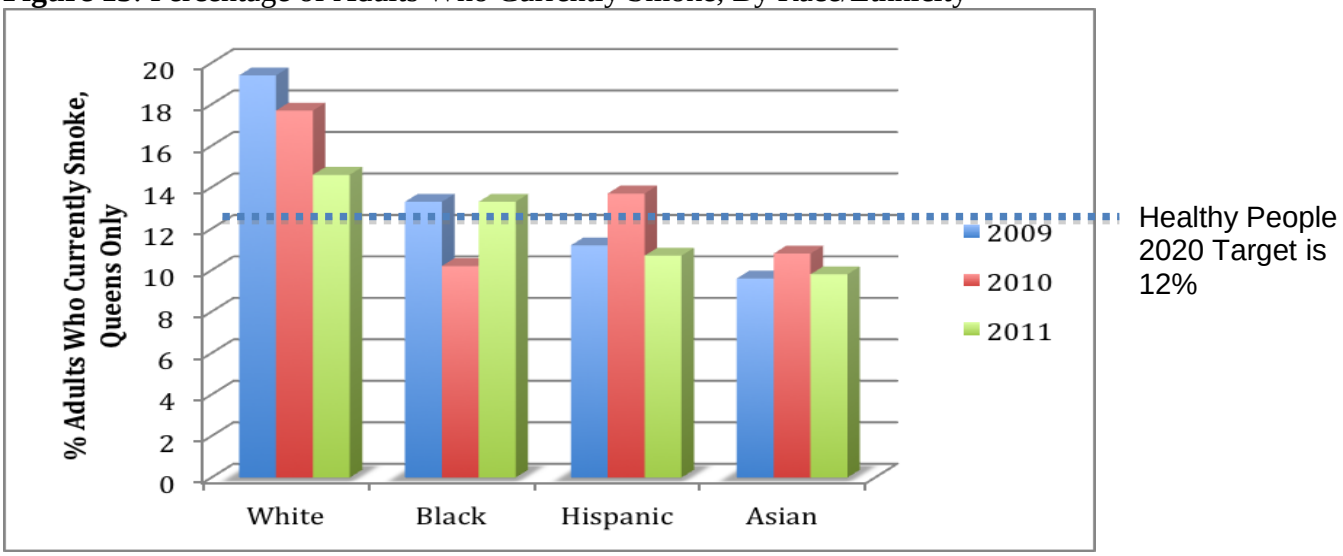
[31] Reimer RA, Gerrard M, Gibbons FX.(2010). Racial disparities in smoking knowledge among current smokers: data from the health information national trends surveys. Psychol Health, 943-539

[32] West Virginia Department of Health and Human Resources. Health Statistics Center: HSC Statistical Brief No. 21. (October 2007). http://www.wvdhhr.org/bph/hsc/pubs/briefs/021/brief21_20071016.pdf

[33] Trinidad DR, Pérez-Stable EJ, White MM, Emery SL, Messer K.. (2011). A nationwide analysis of US racial/ethnic disparities in smoking behaviors, smoking cessation, and cessation-related factors .American Journal of Public Health, 699-706.

[34] Cokkinides VE, Halpern MT, Barbeau EM, Ward E, Thun MJ. (2008). Racial and ethnic disparities in smoking-cessation interventions: analysis of the 2005 National Health Interview Survey. American Journal of Preventive Medicine, 404-412.

Figure 15: Percentage of Adults Who Currently Smoke, By Race/Ethnicity



Source: New York City Department of Health and Mental Hygiene Community Health Survey

One of the concerns brought forward during the TCNY Borough-Wide Listening Session (Queens, May 14, 2013[35]) centered on increasing smoke-free housing. Queens's stakeholders identified the need for smoke-free counseling training for case managers who work in public housing, which speaks to income-associated disparities in tobacco cessation success (and relates to NYS Prevention Agenda 2013-2017 objective 2.3.2, to increase the number of local housing authorities that adopt a tobacco-free policy for all housing units from 3 (2012) to 12). Flushing Hospital's planned activities to increase smoking cessation include efforts to engage the community through outreach (e.g., developing and distributing multilingual informational posters/flyers), education (working with Queens Quits, a partnership between the Queens Health Network, the American Cancer Society and Memorial Sloan-Kettering Cancer Center, to train tobacco cessation leaders), and augmenting screening, referral, and counseling.

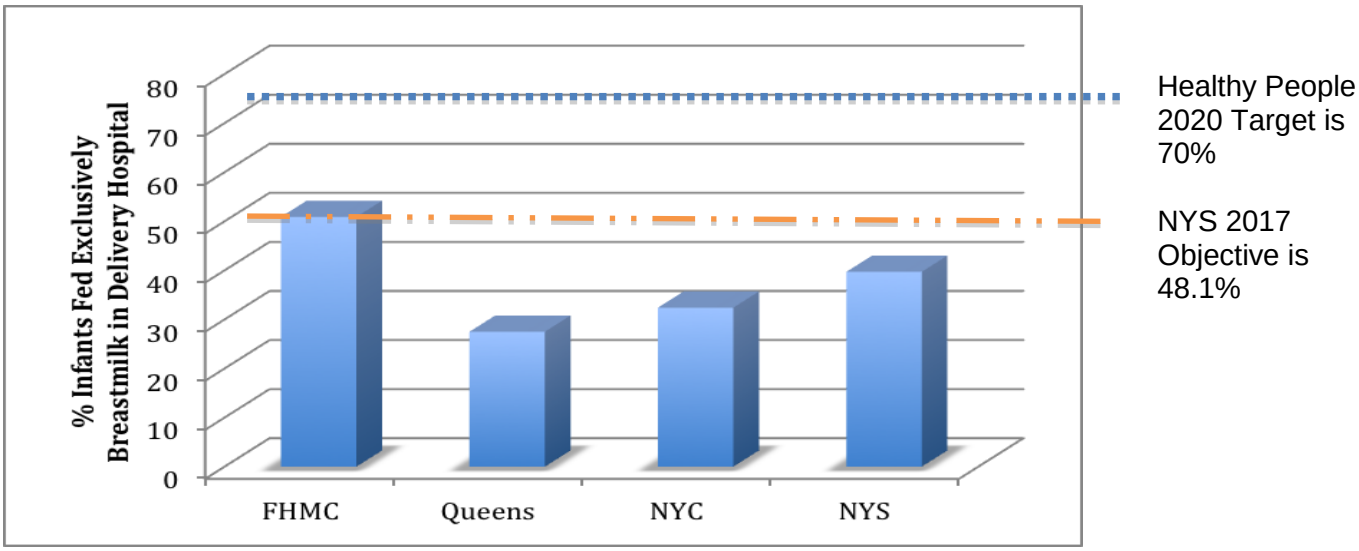
Flushing Hospital has achieved Bronze Star Status from the NYC Tobacco-Free Hospitals Campaign for the completion of its Environmental and Employee Cessation Program assessments. Through its partnership in the City's campaign, the Hospital has worked with the North Carolina Prevention Partners, a state and national leader in this field, to enhance its FHMC's tobacco-free campus policies and compliance strategies. FHMC actively seeks to help employees quit smoking by offering smoking cessation benefits, counseling, hotlines, and educational programs. One initiative Flushing Hospital is focusing on to meet *TCNY* and NYS tobacco cessation objectives is to increase the number of outpatients and inpatients who are counseled, referred, treated and tracked (via Electronic Health Records) for tobacco cessation services. The Hospital intends to seek NYC's Silver and Gold Star Status for its efforts to help patients reduce or eliminate tobacco use. In its efforts to reduce tobacco use in the community, particularly cigarette smoking by adults, Flushing Hospital will directly address income and racial/ethnic-related disparities and provide cessation services in a culturally-competent manner.

[35] New York City Department of Health and Mental Hygiene Take Care New York Borough-Wide Listening Sessions Queens; http://www.nyc.gov/html/doh/downloads/pdf/tcny/listening-session-summary-qu.pdf

Prevention Agenda Priority #2: Increase Exclusive Breastfeeding

As a focus on children and adolescent health is an integral part of the goals set by *Take Care New York*, Flushing Hospital has elected to direct efforts on increasing breastfeeding within the communities it serves. FHMC's breastfeeding promotion initiatives will work to increase the number of women who breastfeed exclusively in the hospital after childbirth and, will in turn, help advance other objectives, such as the reduction of childhood obesity rates and the prevention of cancer, as breastfeeding has been shown to provide protection against childhood obesity and the development in women of some types of cancers (namely breast and ovarian).[36]

Figure 16: Percentage of Infants Who Were Exclusively Breastfed in the Hospital After Delivery



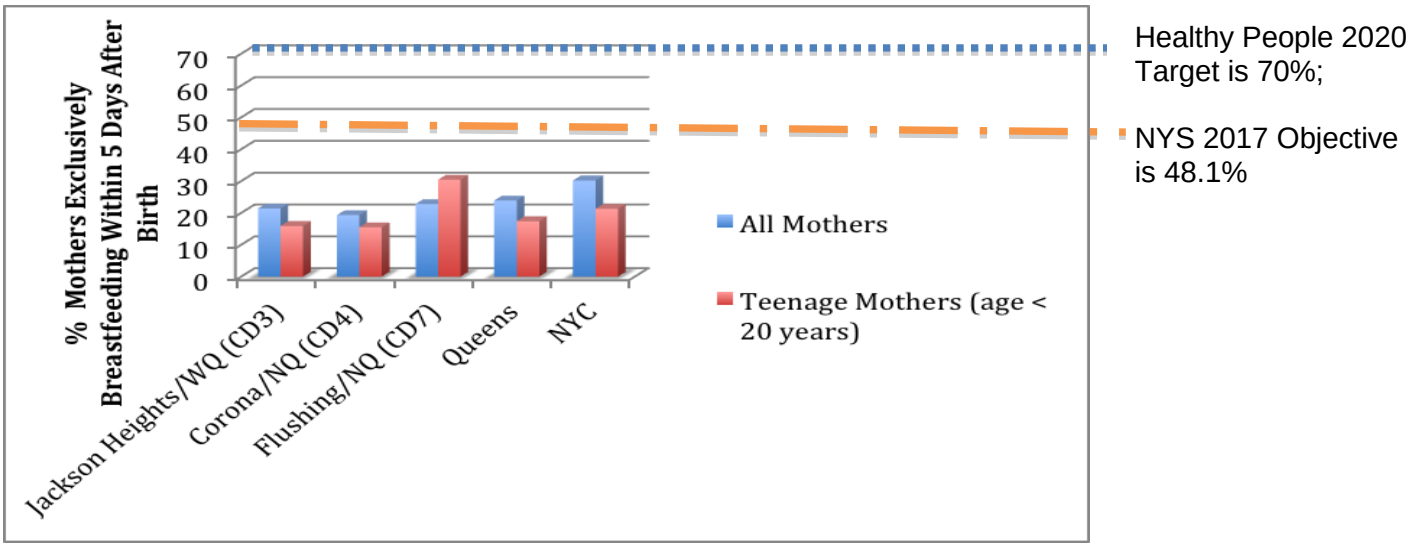
Notes: FHMC and NYS data are from 2011; Queens & NYC data are from 2008-2010 Vital Statistics.

The promotion of exclusive breastfeeding is encouraged, particularly as it may have a stronger protective effect against childhood obesity than combined breastfeeding and formula feeding.[37] In 2011, Flushing Hospital ranked the sixth highest among all NYC hospitals reporting data on exclusive breastfeeding (Figure 16). Just over half (50.9%)[38] of all infants born at Flushing Hospital were exclusively fed breast milk, compared with 27.5%[39] across Queens (crude rate, 2008-2010 data), 32.4% across New York City (crude rate, 2008-2010 data)[40], and 39.7% statewide.[41] Flushing Hospital's, Queens', NYC's and NYS's exclusive breastfeeding rates all fell far short of the Healthy People 2020 goal of at least 70% of infants receiving only breast milk[42].

[36] Ip S, Chung M, Raman G, et al. Breastfeeding and maternal and infant health outcomes in developed countries. Evidence Report/Technology Assessment No. 153 AHRQ Publication No. 07-E007, 1-415. 2007. Rockville, MD, Agency for Healthcare Research and Quality.
[37] Centers for Disease Control and Prevention. Does breastfeeding reduce the risk of pediatric overweight? Research to Practice Series, No. 4, July 2007. Accessed August 20, 2013 from http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/breastfeeding_r2p.pdf
[38] New York State Department of Health. Queens County Hospitals Maternity Information. 2011 Data. Accessed August 20, 2013 from http://hospitals.nyhealth.gov/browse_view.php?pfi=1629&p=svc&subpage=maternity
[39]New York State Department of Health. Percentage of infants fed exclusively breast milk in delivery hospital. Source: 2008-2010 Vital Statistics Data as of February, 2012. Accessed August 23, 2013 from
[40] Ibid.
[41] NYS DOH (2008-2010 data). http://www.health.ny.gov/statistics/chac/birth/b25.htm
[42] Healthy People 2020. Maternal, Infant, and Child Health. Accessed August 21, 2013 from http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=26

Breastfeeding rates in Elmhurst/Corona (Community District 4, North Queens) were the lowest in Queens and among the lowest of all NYC Community Districts (Figure 17) for the percentage of infants fed breast milk only at the time of birth certificate filing (within first five days of life) by in 2011, reporting that only 19.3% of infants were exclusively fed breast milk.[43] Among teenage mothers (age < 20 years), breastfeeding rates were higher in Flushing (Community District 7) than in the other neighborhoods served by FHMC (Figure 17), but the other community districts in FHMC's service area (CD 3, West Queens; and CD 4, North Queens) had lower percentages of teenage mothers breastfeeding than the State or Queens averages. The percentage of infants fed any breast milk at Flushing Hospital (68.9%) was below the statewide percentage (82.7%).

Figure 17: Percentage of Mothers Exclusively Breastfeeding Their Infants Within Five Days After Giving Birth



Notes: CD = Community District; NQ = North Queens/Flushing-Clearview; WQ = West Queens.. "All Mothers" data are from 2011; "Teenage Mothers" data are combined from 2009-2011 because of the relatively small number of live births per year for teenage mothers. Source: Summary of Vital Statistics, NYC, 2011, NYC DOHMH

Only two hospitals in NYC, and 166 nationwide, are currently designated "Baby-Friendly," meaning they have received accreditation from the Baby-Friendly Hospital Initiative [a global initiative launched by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF)] as a birthing facility that implements the WHO's Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes. Flushing Hospital is part of the Queens Breastfeeding Alliance (a local member of the New York Statewide Breastfeeding Coalition, formed to protect, promote, and support breastfeeding) and is participating in "Latch on NYC," an initiative launched by NYC DOHMH in 2012 to support breastfeeding mothers and limit the promotion of formula feeding. The Hospital hopes to be designated "Baby Friendly" as a result of these collaborative efforts.

[43]Summary of Vital Statistics 2011, The City of New York: Pregnancy Outcomes. Available at http://www.nyc.gov/html/doh/downloads/pdf/vs/vs-pregnancy-outcomes-2011.pdf

Flushing Hospital's breastfeeding program is engaged to meet the *NYS Prevention Agenda 2013-2017*'s objectives of increasing the percent of infants born in NYS who are exclusively breastfed by at least 10% (to 48.1%) and improving racial, ethnic, and economic disparities in breastfeeding rates in NYS by at least 10%. NYS data clearly highlight disparities, both racial/ethnic (ratio of Black non-Hispanic to White non-Hispanic infants exclusively breastfed in the hospital was 0.52 in 2010, target is 0.57; ratio of Hispanic to White non-Hispanic percentage of infants exclusively breastfed in the hospital was 0.58 in 2010, target is 0.64) and socioeconomic (ratio of Medicaid to non-Medicaid percentage of infants exclusively breastfed in the hospital was 0.60 in 2010, target is 0.66)[44].

Given the racial/ethnic demographics (Table 2) and the number of births within its primary service area (Community District 3 (West Queens), Community District 4 (North Queens), and Community District 7 (North Queens) accounted for almost 8,312/26,876, or 31% of, births in Queens in 2011[45]), Flushing Hospital recognizes the priority of advancing breastfeeding initiatives in the community through counseling/education and clinical interventions. As with its tobacco cessation initiative, Flushing Hospital will actively focus on improving racial/ethnic and economic disparities in breastfeeding rates.

[44] NYS Vital Records

[45] Summary Of Vital Statistics 2011 The City Of New York Appendix A. Supplemental Population, Mortality and Pregnancy Outcome Data Tables. Available at: http://www.nyc.gov/html/doh/downloads/pdf/vs/vs-appendix-a-2011.pdf

RESOURCES AND METHODS USED TO COMPLETE COMMUNITY HEALTH NEEDS ASSESSMENT

Existing, publically-available data resources were used to complete the community health needs assessment, including:

- **Census:** The U.S. Census counts every resident in the United States. It takes place every 10 years. The Census asks about race, ethnicity, age, sex, home ownership, and the number of people in the home.
- **American Community Survey**: The American Community Survey (ACS) is an ongoing survey that provides data every year. The survey asks a sample of the U.S. population about age, sex, race, family and relationships, income and benefits, health insurance, education, veteran status, disabilities, work, transportation, home, and expenses.
- **New York City Department of Health and Mental Hygiene (DOHMH)'s Community Health Survey**: The New York City Community Health Survey (CHS) is a telephone survey conducted annually by the DOHMH, Division of Epidemiology, Bureau of Epidemiology Services. The CHS provides robust, self-reported data on the health of New Yorkers, including neighborhood, borough, and citywide estimates, on a broad range of chronic diseases and behavioral risk factors. The CHS is a cross-sectional survey that samples approximately 10,000 adults aged 18 and older from all five boroughs of New York City. A computer-assisted telephone interviewing (CATI) system is used to collect survey data, and interviews are conducted in a variety of different languages.
- **New York State Department of Health, Bureau of Vital Statistics**: The New York State Department of Health (NYS DOH) collects birth and cause of death information for all births and deaths that occur in New York State. Causes of death are attributed to the underlying causes classified according to the tenth revision of the International Classification of Diseases (ICD, 10th revision or ICD-10 codes). Birth –related data available for review include race/ethnicity of mother, low birthweight/premature birth events, primary financial coverage of mother during birth, and percentage of mothers who received early/late/no prenatal care.
- **New York State Department of Health, Community Health Assessment Clearinghouse (CHAC)**: The CHAC contains several data resources that were of particular relevance to Flushing Hospital's Community Health Needs Assessment, including Community Health Indicators, EpiQuery, as well as links to sociodemographic data sources
- **New York City Department of Health and Mental Hygiene, Office of Vital Statistics**: The NYC DOHMH's Office of Vital Statistics produces an annual summary that presents data on many important health indicators such as life expectancy, leading causes of death and the infant mortality rate in NYC. The DOHMH uses these indicators, which are broken down by ethnic group, gender, age and neighborhoods, to monitor public health.
- **Healthy People 2020**: Maintained by the U.S. Department of Health and Human Services, Healthy People is an initiative that provides science-based, 10-year national objectives for improving the health of all Americans. The most current objectives are described as targets to achieve by 2020.
- **AIDSVu, Emory University Rollins School of Public Health**: is an interactive, online map of data, delineating the prevalence of HIV across the U.S., and providing data for comparison at the local (zip code) level for NYC. Zip code and census tract data come directly from NYS, county and NYC DOHMH health departments, depending on which entity is responsible for HIV surveillance in a particular geographic area.

- **New York City Department of Health and Mental Hygiene, Take Care New York 2016 Borough-Wide Listening Session (Queens)**: Held on May 14, 2013, this feedback session sponsored by the NYC DOHMH provided an opportunity for community members to share their views on what community health needs should be prioritized to improve health outcomes. Community-based organizations, healthcare providers, and stakeholders from the general public joined NYC DOHMH staff and discussed healthcare/healthy lifestyle issues and strategies to address them.
- **New York City Community Air Survey (NYCCAS)**: The NYC DOHMH and Queens College (QC-CUNY) conduct the NYCCAS to evaluate how air quality differs across various parts of NYC. Developed along with NYC's sustainability initiative, PlaNYC, the NYCCAS examines how pollutants emanating from traffic, buildings (e.g., boilers and furnaces) and other sources can affect air quality differentially across NYC's neighborhoods. The NYCCAS tracks pollutants, such as sulfur dioxide, ozone, nitrogen oxides, and fine particles that are known to cause/exacerbate health problems. To capture data, NYCCAS takes air pollution measurements at approximately 100 locations throughout NYC each season.
- **New York State Department of Health, New York State Statewide Planning and Research Cooperative System (SPARCS)** collects patient-level details on patient characteristics, diagnoses and treatments, services, and charges for every hospital discharge, ambulatory surgery patient, and emergency department admission in New York State. These de-identified hospital discharge data are particularly relevant to hospitals, agencies, and health care organizations when making decisions regarding financial planning and monitoring of inpatient and ambulatory surgery services and costs.
- **New York City Department of City Planning, Community District Profiles**: These profiles, which contain information about each of NYC's 59 Community Districts, were last updated in June 2013. Profiles include data on topics such as population size, birth, death and infant mortality rates, land use, and income support. Additionally, the profiles include listings of program and facility sites such as private and public schools, parks, public safety, health, mental health, and other social service facilities. Data from the 2010 U.S. Census and NYC DOHMH Vital Statistics are incorporated into the profile information.

THREE YEAR ACTION PLAN

New York State Priority Area: Prevent Chronic Disease
Focus Area 2: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure

FHMC Prevention Agenda Priority #1 Decrease Tobacco Use among Employees, Visitors, Patients and Community Residents			
Goa1s	**Objectives 2014**	**Objectives 2015**	**Objectives 2016**
1. Eliminate smoking and other tobacco use on hospital campus and grounds.	1. Develop and maintain database of all employees regarding their tobacco use habits, referral and treatment. 2. Counsel and refer for treatment all employees and all tobacco using applicants for employment. 3. Achieve sustained quit-rate of 5-7% per year of identified tobacco users. 4. Establish employee support group. 5. Sustain NYC DOHMH Bronze Star status.	1. Update database of tobacco using employees. 2. Counsel and refer all tobacco using employees and applicants. 3. Achieve sustained quit rate of 5-7% per year. 4. Include community residents in support group. 5. Sustain NYC DOHMH Bronze Star status.	1. Update database of tobacco using employees. 2. Counsel and refer all tobacco using employees and applicants. 3. Achieve sustained quit rate of 5-7% per year. 4. Include community residents in support group. 5. Sustain NYC DOHMH Bronze Star status.

Activities

1. Joined NYC DOHMH Tobacco-Free Hospitals Campaign in 2012 and received Bronze Star in 2013.
2. Issued employee policy and posted appropriate signs on campus.
3. Informed staff of insurance benefits for smoking cessation and services available in Occupational Health Service.
4. Included policy as well as benefits and services available in employee orientation and reorientation, and also in employee handbook. Also include "scripts" for use by any staff member about how to effectively approach/engage tobacco users.
5. Medical Director of Occupational Health Service was certified in Smoking Cessation Counseling at the Rutgers University program.
6. Reminders of policy and benefits will be made at regular meetings of department heads and individual departments.

THREE YEAR PLAN OF ACTION

FHMC Prevention Agenda Priority #1 Decrease Tobacco Use among Employees, Visitors, Patients and Community Residents			
Goa1s	**Objectives 2014**	**Objectives 2015**	**Objectives 2016**
2. Increase number of outpatient and inpatient tobacco users aged 13 and above who receive an intervention including counseling referral for treatment and/or medication.	1. Outpatients a. Provide assessment to 100% of patients. b. Increase interventions to 65%. c. Achieve sustained 5-7% quit-rate at one year. 2. Inpatients a. Provide assessment to 100% of patients. b. Increase interventions to 15% of tobacco users. 3. Treat and Release ED patients a. Provide assessment to 100% of patients: b. Refer to Quit Line 100% of tobacco users who give consent. 4. NYC DOHMH Tobacco-Free Hospitals Campaign: Achieve Silver Star status	1. Outpatients a. Sustain 100% assessment rate. b. Increase interventions to 75%. c. Achieve sustained 5-7% quit-rate at one year. 2. Inpatients a. Sustain 100% assessment rate. b. Increase interventions to 35%. 3. Treat and Release ED patients a. Sustain 100% assessment rate. b. Sustain referral rate of 100% 4. NYC DOHMH Tobacco-Free Hospitals Campaign: Sustain Silver Star Status and achieve Gold Star status.	1. Outpatients a. Sustain 100% assessment rate. b. Increase interventions to 85%. c. Achieve sustained 5-7% quit-rate at one year. 2. Inpatients a. Sustain100% assessment rate. b. Increase interventions to 65%. 3. Treat and Release ED patients a. Sustain 100% assessment rate. b. Sustain referral rate of 100%. 4. NYC DOHMH Tobacco-Free Hospitals Campaign: Sustain Silver Star Status and Gold Star status.
Activities			
1. Train providers on completion of tobacco use screens in Epic EHR. 2. Implement electronic referral to NY Quits line from Epic EHR. 3. Schedule Queens Quits to provide education sessions on counseling, referral and treatment for all providers. 4. Send four respiratory therapists to be certified in Smoking Cessation Counseling and work with inpatients. 5. Hire one asthma educator who will earn certification in Smoking Cessation Counseling and work with outpatients. 6. Provide quarterly reports to clinical and administrative leadership on counseling, referral and medication prescribed. 7. Enter current information in the NYC DOHMH system and earn Silver and Gold Stars in their Tobacco-Free Hospitals Campaign. 8. Establish organization-wide PI program concerning tobacco use.			

THREE YEAR PLAN OF ACTION

FHMC Prevention Agenda Priority #1 Decrease Tobacco Use among Employees, Visitors, Patients and Community Residents			
Goa1s	**Objectives 2014**	**Objectives 2015**	**Objectives 2016**
3. Educate the community about the dangers of tobacco use and how to quit.	1. Establish quarterly educational forums on the topic on-campus for staff, visitors and the community. 2. Develop a collaborative effort with community-based organizations to host programs lectures on the topic at local businesses, and religious, cultural and entertainment organizations. 3. Set up information and referral tables about tobacco use at health fairs and other community events hosted or attended by the hospital. 4. Host a poster competition at the hospital's School Based Health Centers and other middle and elementary schools in the service area.	1. Quarterly educational forums. 2. Continue collaborative efforts with Community- Based Organizations (CBOs) to educate the community. 3. Continue to focus on tobacco use at health fairs and other community events. 4. Continue poster competition and other school based-events.	1. Quarterly educational forums. 2. Continue collaborative efforts with Community- Based Organizations (CBOs) to educate the community. 3. Continue to focus on tobacco use at health fairs and other community events. 4. Continue poster competition and other school based-events.
Activities			
1. Develop schedule and program for educational forums on campus. Prepare and distribute invitations to these events. 2. Together with community-based organizations develop annual schedule of events off-campus. 3. Together with local school districts plan a poster competition and related activities.			

THREE YEAR PLAN OF ACTION

New York State Priority Area: Promote Healthy Women, Infants and Children
Focus Area 1: Maternal and Infant Health – Increase the proportion of babies who are breastfed.

FHMC Prevention Agenda Priority #2 Increase Exclusive Breastfeeding among Hospital's Patients and Community Residents			
Goa1s	**Objective 2014**	**Objective 2015**	**Objective 2016**
1. Exclusive breastfeeding for as many patients as clinically possible. 2. Baby Friendly designation.	1. Increase exclusive breastfeeding rate at discharge from the annual rate as of July 2013 (300) to annual average of 360. 2. Enroll 50 women in the Centeringinpregnancy program at the Women's Health Center. 3. Enroll 100 women in the hospital's breastfeeding support group which meets weekly, and will be open to community members in need of breastfeeding support. 4. Reduce the number of babies transferred to newborn nursery after birth from all births to 150 out of approximately 250 total per month in order to promote the "Rooming In" concept. 5. 25% of All Maternal Child nurses trained and eligible to take the Clinical Lactation Counselor (CLC) exam. 6. Hire one (1) IBCLC lactation consultant to support exclusive breast feeding throughout the institution, including direct patient care and training to providers and other staff.	1. Increase exclusive breastfeeding rate from 360 to 400. 2. Enroll 75 women in Centeringinpregnancy. 3. Enroll 150 women at the hospital's breastfeeding support group meeting. 4. Reduce the number transferred to newborn nursery after birth to 0, except for babies needing additional observation. 5. 50% of All Maternal Child nurses trained and eligible to take the exam. 6. Hire an additional IBCLC lactation consultant.	1. Increase exclusive breastfeeding rate from 400 to 450. 2. Enroll 100 women in Centeringinpregnancy. 3. Enroll 200 women at the hospital's breastfeeding support group meeting. 4. Maintain total number of babies accompanying mother to postpartum and bypassing nursery as the norm for FHMC. 24 hour rooming in adhered to for all births, except those with medical indications. 5. 75% of All Maternal Child nurses trained and eligible to take the exam. 6. Partner with large community organizations, voluntary physician offices to go on-site to educate the community on breastfeeding practices 1x/week.

THREE YEAR PLAN OF ACTION

FHMC Prevention Agenda Priority #2 Increase Exclusive Breastfeeding among Hospital's Patients and Community Residents			
Goa1s	**Objective 2014**	**Objective 2015**	**Objective 2016**
	7. 25% of All OB/GYN and Pediatric providers will complete 4 hours of breastfeeding education as recommended the American Academy of Pediatrics 8. Develop and offer a breastfeeding peer support group off-campus for mothers from the hospital, guided by an IBCLC Lactation Consultant	7. 50% of All OB/GYN and Pediatric providers will complete 4 hours of breastfeeding education. 8. Enroll 30 mothers from the community into the off-campus breastfeeding peer support group.	7. 75% of all OB/GYN and Pediatric providers will complete 4 hours of breastfeeding education. 8. Enroll 75 mothers from the community enrolled in the off-campus breastfeeding peer support group.
Activities			
1. Fully implement breast-feeding curriculum from evidence-based sources by trimester for all pregnant patients 2. Developed and begin implementation nursing curriculum to prepare inpatient and outpatient Maternal-Child RNs to sit for the examination certification in Lactation Counseling. 3. Developed a 4 hour provider educational program focused on the benefits of breast feeding and the provider approach to promote this health choice by all patients; mandatory for OB/GYN, Pediatrics, Family Medicine and Medicine. 4. Developed a mandatory educational program to educate general staff who interact with patients (e.g., registrars, housekeepers, managers) 5. Active participation in Latch On NYC, NY state's Greater Beginnings, and the Cohort study 6. Continue to make available private areas for breastfeeding in all ambulatory care locations. 7. Offer to the community child birth education classes with breast feeding component on campus two times each month. 8. Promote breastfeeding via posters at all ambulatory care and inpatient sites. 9. Reminders of the exclusive breastfeeding goal will be made at all regular meetings of department heads and individual departments.			

THREE YEAR PLAN OF ACTION

FHMC Prevention Agenda Priority #2 Increase Exclusive Breastfeeding among Hospital's Patients and Community Residents			
Goa1s	**Objective 2014**	**Objective 2015**	**Objective 2016**
3. Educate the community on the benefits of breastfeeding.	1. Develop a collaborative effort with community –based organizations to educate the community and local business about the benefits of breastfeeding, how to support breastfeeding and resources to support the decision to breastfeed 2. Offer to the community child birth education classes with breast feeding component on campus two times each month. 3. Provide to various media outlets an article or publish a community bulletin on the benefits of breastfeeding and services offered at FHMC on a quarterly basis.	1. Sustain a collaborative effort with community – based organizations to educate the community and local business about the benefits of breastfeeding, how to support breastfeeding and resources to support the decision to breastfeed 2. Offer to the community child birth education classes with breast feeding component on campus two times each month. 3. Provide to various media outlets an article or publish a community bulletin on the benefits of breastfeeding and services offered at FHMC on a quarterly basis.	1. Sustain a collaborative effort with community – based organizations to educate the community and local business about the benefits of breastfeeding, how to support breastfeeding and resources to support the decision to breastfeed 2. Offer to the community child birth education classes with breast feeding component on campus two times each month. 3. Provide to various media outlets an article or publish a community bulletin on the benefits of breastfeeding and services offered at FHMC on a quarterly basis.
Activities			
1. Continue to participate in community health fairs and provide educational materials as well as counseling on the benefits of breastfeeding. 2. Continue partnership with Women, Infant and Children's (WIC) by ensuring that all eligible patients are referred for additional assistance.			

DISSEMINATION OF THE PLAN TO THE PUBLIC

Written summaries of this report will be distributed to the public via the Hospital's Community Advisory Board members, community outreach, and other programs. In addition, copies of the full report can be obtained from the Department of Public Affairs at 718.206.6772 or on the Hospital's website: http://flushinghospital.org/community/csp.html

For more news items, refer to the MediSys Health Network newsletter archives at http://medisys.typepad.com/medisys_network_news/archives.html

PROCESS TO MAINTAIN COMMUNITY ENGAGEMENT AND TRACK PROGRESS

A standing committee on Population Health comprising members of senior management and senior clinical staff will oversee implementation of the Hospital's prevention agenda priorities, track progress made on achieving the goals and objectives, and make mid-course corrections as necessary. The committee will take an active role in developing and maintaining effective partnerships with the Hospital's local community partners. Partnerships include many community-based organizations, the NYC DOHMH, QCCP, a state-designated Health Home of which Flushing Hospital is a founding owner, Community-Based Care Transitions, a CMS pilot program coalition to reduce readmissions of Medicare beneficiaries. This coalition includes the NYC Division for the Aging, the NYC DOHMH, Jamaica Hospital and three other Queens hospitals and several local service agencies.