COMMUNITY HEALTH NEEDS ASSESSMENT
and
Implementation Plan

COMMUNITY SERVICE PLAN
and
Progress Report

2016 - 2018

MISSION STATEMENT

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

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Approved by Board of Trustees November 15, 2016

Full report can be obtained from the Department of Public Affairs at 718.206.6020 or on the Hospital's website: http://flushinghospital.org/community-service-plan

COMMUNITY HEALTH NEEDS ASSESSMENT

Executive Summary

Accessibility to primary healthcare remains a concern for some residents in Flushing Hospital's primary service area, as 13.6% of the residents of West Queens and 11% of the residents of Flushing-Clearview have reported[1] that there was an occasion when they have not been able to receive medical care within the past year when they needed it. These percentages of Flushing Hospital service area residents who were unable to access healthcare services were higher than those observed in Queens overall (10.1%) or NYC overall (9.6%). Reasons for a person's inability to receive needed medical services range from appointment availability to financial means (including insurance and Medicaid/Medicare coverage). According to New York City's 2015 Community Health Profiles, 38% and 36% of adult residents of Community Districts 3 and 4 (West Queens), respectively, reported that they did not have health insurance. These two Community Districts in West Queens contained the highest percentages of uninsured adult residents (out of 59 Community Districts); the Queens and NYC averages for adults who lack health insurance were 22% and 20%, respectively.[2] Compared with the other neighborhoods included in the Queens 2014 Community Needs Assessment (prepared for New York State's DSRIP program),[3] West Queens had the lowest ratio (10.6) of clinics [i.e., hospital-based extension clinics, Federally Qualified Health Centers (FQHCs), and comprehensive care Diagnostic and Treatment Centers (D&TCs)] to residents who are Medicaid beneficiaries or are uninsured. Flushing had the third lowest ratio (14.6); by comparison, neighborhood of Jamaica and the Queens service area overall had respective ratios of 72.5 and 27.9 clinics to residents who are Medicaid beneficiaries or uninsured. These ratios point to the unmet medical needs of these Queens neighborhoods.

Obesity, air quality/smoking, and the need for additional behavioral health services were priority health issues highlighted in the data analyses that Flushing Hospital conducted for this Community Health Needs Assessment (CHNA). These health concerns were also identified by residents of the Community Districts of Flushing and Corona, who took part in focus groups and surveys in the Spring of 2016 as part of New York City Department of Health and Mental Hygiene's (DOHMH) Take Care New York (TCNY) 2020 initiative. On the TCNY 2020 surveys, Flushing and Corona residents also named physical activity as a health issue, underscoring the need for more exercise programs and educational opportunities to help residents maintain a healthy weight.

Breastfeeding, which lowers the risk of death from infectious diseases in a child's first two years of life, and can also reduce the risk of childhood obesity,[4] as well as the risk of a woman developing breast or ovarian cancer[5], is still not practiced as often in parts of Flushing or West Queens as it is in New York City overall. Flushing Hospital has focused significant resources on improving rates of exclusive breastfeeding among women who deliver at the Hospital , as well as among mothers in the community, and hopes to soon be designated as a Baby Friendly Hospital for offering an optimal level of care for infant feeding and mother/baby bonding. Smoking and secondhand smoke, as well as household/outdoor air pollution, were identified as ongoing community health concerns that are correlated with chronic disease, such as asthma and chronic obstructive pulmonary disease (COPD), as well as cancer. Responding to the needs of the community, Flushing Hospital has focused on improving tobacco cessation rates and has been awarded Gold Star Status from the NYC DOHMH's Tobacco-Free Hospitals Campaign in recognition of its tobacco cessation programming and successes.

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[1] New York City Department of Health and Mental Hygiene. EpiQuery. Community Health Survey 2014.

[2] New York City Department of Health and Mental Hygiene. New York City Community Health Profiles Atlas. Accessed May 10, 2016 from https://www1.nyc.gov/assets/doh/downloads/pdf/data/2015_CHP_Atlas.pdf

[3] http://flushinghospital.org/community-service-plan/pdf/CNA.pdf#zoom=100

[4] World Health Organization. September 2014. Exclusive breastfeeding to reduce the risk of childhood overweight and obesity. Accessed May 16, 2016 from http://www.who.int/elena/titles/bbc/breastfeeding_childhood_obesity/en/

[5] http://ww5.komen.org/Breastcancer/Notbreastfeeding.html

FHMC COMMUNITY HEALTH NEEDS ASSESSMENT

Data Sources and Community Input

Flushing Hospital addressed the five Priority Areas identified by the New York State Department of Health in its Prevention Agenda 2013-2018: 1) *Prevent Chronic Disease*; 2) *Promote a Healthy and Safe Environment*; 3) *Promote Healthy Women, Infants, and Children*; 4) *Promote Mental Health and Prevent Substance Abuse*; and 5) *Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections*. Within each Priority Area, Flushing Hospital analyzed and summarized data relevant to "focus areas" (e.g., "reduce obesity" and "reduce illness, disability, and death related to tobacco use and secondhand smoke exposure" are focus areas for the Prevent Chronic Diseases priority). Data were primarily obtained from the New York City Department of Health and Mental Hygiene's (NYC DOHMH) 2015 Community Health Profiles and Community Health Surveys (EpiQuery); the New York State Department of Health's Delivery System Reform Incentive Payment (DSRIP) program's clinical metrics and performance data; community-wide surveys that were administered as part of data collection for the 2014 Queens Community Needs Assessment (CNA); and focus groups in the Spring of 2016 that were convened by the NYC DOHMH in neighborhoods across the city's five boroughs as part of New York City's Take Care New York (TCNY) 2020 initiative. Community Consultations were held in neighborhoods throughout NYC to vote on local priorities identified by the NYC Health Department for the TCNY 2020 initiative. The Corona TCNY 2020 Community Consultation was convened on January 11, 2016, and the Flushing TCNY 2020 Community Consultation was held on January 13, 2016; these two Community Consultations were held within Flushing Hospital's primary service area. TCNY 2020's four objectives *(1. Create Healthier Neighborhoods; 2. Support Healthy Living; 3. Promote Healthy Childhoods; 4. Increase Access to Quality Care)* are aligned with the five Priority Areas of New York State's Prevention Agenda.

NYC has different ways of describing and categorizing neighborhoods, which is relevant to how community health data are analyzed and presented. Neighborhoods are typically defined according to either NYC Community Districts or United Health Fund neighborhoods. There are 59 NYC Community Districts, which were established by local law in 1975. United Health Fund (UHF) neighborhoods consist of 34 neighborhoods made up of adjoining zip code areas, designated to approximate NYC Community Planning districts. Flushing Hospital's primary service area has traditionally been defined as covering the Queens neighborhoods of Flushing-Clearview (FC; also known as North Queens) and West Queens (WQ). These neighborhoods, as defined by the UHF (an independent, nonprofit, health services research and philanthropic organization), do not map exactly on to distinct Community Districts, as shown in the table and map on the following pages.

Most of the charts in this report reflect Flushing Hospital's service area data from the NYC DOHMH's Community Health Profiles and Community Health Surveys. Because the Community Health Profile data are organized by Community District, and the Community Health Survey data are organized by United Health Fund neighborhood, Flushing Hospital has used both ways to describe neighborhoods. Additionally, DSRIP data were aggregated into UHF neighborhoods to better capture and describe FHMC's service area.

FHMC COMMUNITY HEALTH NEEDS ASSESSMENT

Flushing Hospital worked with the New York Academy of Medicine's (NYAM) Center for Evaluation and Applied Research to conduct primary data collection and analysis for the Queens CNA, including focus groups, key informant interviews, and community-wide surveys. Focus group participants were jointly selected by FHMC and NYC Health + Hospitals (formerly known as the New York City Health and Hospitals Corporation). In all, 605 surveys of community residents, 18 focus groups, and 22 key informant interviews[6] with Queens residents, providers, and other stakeholders were conducted to capture community member and stakeholder perspectives on health issues and address anticipated gaps in the secondary data.

The findings from these primary data analyses were combined with analyses of secondary data sets provided by the New York City Department of Health and Mental Hygiene (NYC DOHMH) and New York State Department of Health (NYS DOH). For the DSRIP program's Queens Community Needs Assessment, Flushing Hospital's partner, NYC Health + Hospitals, conducted detailed secondary data analyses of its service areas which overlapped with FHMC's. Together, the analyses of primary and secondary data highlight the key health concerns and health needs of residents, overall, and according to neighborhood and sociodemographic characteristics.

Members of medically underserved, low-income, and minority populations (or organizations serving or representing the interests of such populations) in the community served by Flushing Hospital were asked to participate in the Queens Community Needs Assessment. The following groups participated in focus groups convened for the Queens Community Needs Assessment:[7] Adhikaar, Center For Independence of the Disabled in New York, Charles B. Wang Community Health Center, Chhaya Community Development Corporation, Health and Hospitals Corporation, Korean American Family Service Center, Korean Community Services, Make the Road NY, Queens Community House, Queens PPS, Queens Pride House, Self Help Community Services, Services & Advocacy for GLBT Elders (SAGE), South Asian Council for Social Services, Services Now for Adult Persons (SNAP), and Youth Congress of Bangladeshi Americans.

Furthermore, the Queens Community Needs Assessment's key informants represented members of medically underserved, low-income, and minority populations in the communities served by Flushing Hospital and other hospitals in the Queens service area defined in the CNA, or were individuals or organizations serving or representing the interests of such populations:[8]

- Association for the Help of Retarded Children (AHRC): Melvin Gertner, Board member
- Callen Lorde Health Center (LGBTQ): Jay Laudato, Executive Director
- Center for Independence of the Disabled, New York: Susan Dooha, Executive Director
- Charles B. Wang Community Health Center: Nuna Kim, Medical Director
- Children's Aid Society: Lisa Handwerker, Medical Director, and Maria Astudilla, Deputy Director, Health and Wellness Division
- Child Center of New York: Traci Donnelly, CEO
- Coalition for Asian American Families and Children (CACF): Noilyn Abesamis-Mendoza, Health Policy Director

[6] The New York Academy of Medicine. Appendix D: Report of the Primary Data Component. Community Needs Assessment. Draft: October 2, 2014. Available at: http://flushinghospital.org/community-service-plan/pdf/Appendix_D.pdf#zoom=100

[7] New York City Health & Hospitals Corporation. 10/2/2014. Queens Community Needs Assessment. Appendix C: Primary Data Collection. Available at: http://flushinghospital.org/community-service-plan/pdf/Appendix_C.pdf#zoom=100

[8] Ibid.

- Commission on the Public Health System: Anthony Feliciano, Director, and Judy Wessler, Former Director
- CommuniLife: Rosa Gil, President and CEO
- Community Service Society: Elisabeth Benjamin, Vice President of Health Initiatives
- Corporation for Supportive Housing: Kristin Miller, Director
- Haitian American United for Progress: Elsie St. Louis Accilien, Executive Director
- Jamaica Hospital Medical Center: Jogesh Syalee, MD, Director, School Health
- Jewish American Serving the Aging (JASA): Kathryn Haslanger, CEO, and Amy Chalfy, Director of Programs
- Make the Road: Theo Oshiro, Deputy Director
- National Association of Drug Abuse Problems (NADAP): John Darin, President & CEO, and Joy Demos, Assistant Director of Care Coordination
- New York Immigration Coalition: Jackie Vimo, Director of Health Advocacy, and Claudia Calhoon, Health Advocacy Senior Specialist
- New York Lawyers for the Public Interest: Shena Elrington, Former Director of the Health Justice Program
- NYC Department of Homeless Services: Dova Marder, Medical Director
- NYCDOH/Rikers Island: Alison Jordan, Executive Director, NYC DOHMH Correctional Health Services' Transitional Health Care Coordination
- Services & Advocacy for GLBT Elders (SAGE): Catherine Thurston, Senior Director for Programs
- South Asian Council for Social Services: Sudha Acharya, Executive Director

Additionally, members of Flushing Hospital's Community Advisory Board, which include hospital patients and representatives from significant community groups, such as local Community Planning Boards, provided input into FHMC's community health needs prioritizing and program planning, most recently during a meeting on August 10, 2016. On November 15, 2016, the Hospital Board of Trustees approved the plan.

Flushing Hospital Medical Center's Primary Service Area

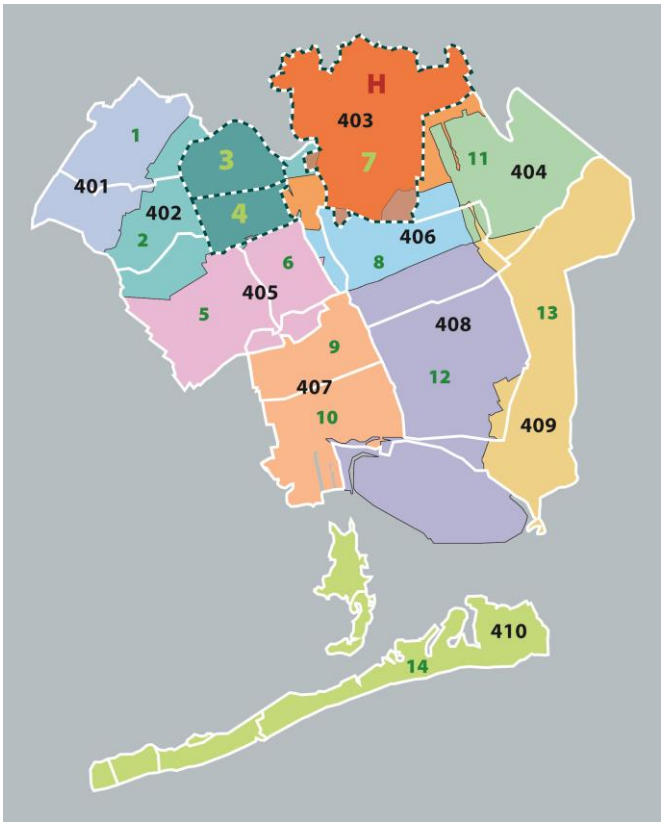
Flushing Hospital's primary service area was determined by analyzing Statewide Planning and Research Cooperative System (SPARCS) discharge data at the zip code level. The UHF neighborhoods with the highest volumes of patients were determined to be the primary service area. The total (primary and secondary) service area collectively accounts for approximately 88% of the Hospital's total inpatient cases. The primary service area accounts for 62% of the cases.

FHMC COMMUNITY HEALTH NEEDS ASSESSMENT

Zip Code	Queens Community District	UHF Neighborhood/(Code)
11354	7	Flushing-Clearview (403)
11355	7	Flushing-Clearview (403)
11356	7	Flushing-Clearview (403)
11357	7	Flushing-Clearview (403)
11358	7	Flushing-Clearview (403)
11359	7	Flushing-Clearview (403)
11360	7	Flushing-Clearview (403)
11368	3, 4, 7	West Queens (402)
11369	3	West Queens (402)
11370 *	1	West Queens (402)
11372	3	West Queens (402)
11373	4	West Queens (402)
11377 *	1, 2	West Queens (402)
11378 *	2, 5	West Queens (402)

*Signifies that only a very small percentage of Flushing Hospital's patients are from these zip codes (1% from 11370, 2% from 11377, and 1% from 11378), therefore, Community Districts 1, 2, and 5 were not included in CHNA analyses.

United Health Fund (UHF) and Community District Overlay of Flushing Hospital's Primary Service Area: The white outlines and green numbers mark the Community Districts. The black numbers and outlines mark the UHF neighborhoods. The black dashed line signifies Flushing Hospital's primary service area. The **H** signifies the location of Flushing Hospital, in zip code 11355 (Flushing-Clearview; Community District 7).



Snapshot of FHMC's Primary Service Area Neighborhoods

There are gaps in primary medical care and mental health care across Queens, which are also evident in Flushing Hospital's service area. Queens has seven neighborhoods that are designated as Medically Underserved Areas (MUA) by the Health Resources and Services Administration (HRSA); this designation is based on four factors: the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.[9] Elmhurst, a neighborhood within Flushing Hospital's primary service area, is in a designated MUA (Corona Service Area). Elmhurst is also designated as a primary care Health Professional Shortage Area (HPSA) by HRSA, meaning there are less primary care professionals than are necessary to accommodate the population living in that area.[10] Census tracts within West Queens are also designated as Mental Health HPSAs (Long Island City/Woodside), meaning there are fewer mental health care professionals than are necessary to accommodate the population living in those areas. Near Flushing Hospital's service area, there is one facility (The Floating Hospital, based in Long Island City, Queens) that received Mental Health HPSA designation because it provides mental health services to an area or population group designated as having a shortage of mental health professionals and have insufficient capacity to meet the psychiatric needs of the area or population group.[11]

Poverty and its effects on health, particularly on mental/behavioral health and nutrition, are of significance in Flushing and West Queens. Whereas 15% of Queens residents reported annual incomes that fell below twice the Federal Poverty Level (2009-2013 American Community Survey, U.S. Census),[12] 14.6% of Flushing, 20.5% of Jackson Heights (West Queens), and 22.4% of Elmhurst/Corona (West Queens) residents had annual incomes that fell below twice the Federal Poverty Level. Flushing residents identified "unmet mental health needs" as a concern in the TCNY 2020 initiative. Overall, 53% of Queens CNA survey respondents reported that they worried about not having enough to eat.[13] However, more than half (53%) of Queens CNA survey respondents from West Queens reported they were obese, compared with 44% of the full sample of Queens CNA survey respondents. Related to obesity is the issue of low breastfeeding rates. Flushing and West Queens were the communities with the lowest rates of exclusive breastfeeding (i.e., feeding an infant breastmilk and not giving the infant any other food or drink, even water) in 2012 and 2013. Since breastfeeding promotes the loss of pregnancy-related weight gain among mothers and reduces the risk of a child developing obesity or being overweight,[14] this is a health issue that needs to be addressed.

[9] Health Resources and Services Administration. HRSA Data Warehouse. Medically Underserved Areas/Populations. http://www.hrsa.gov/shortage/mua/index.html

[10] Health Resources and Services Administration. HRSA Data Warehouse. https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx

[11] Health Resources and Services Administration. HRSA Data Warehouse. Mental Health HPSA Designation Overview. http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/mentalhealthhpsaoverview.html

[12] New York City Department of Health and Mental Hygiene. Environment and Health Data Portal. Accessed from http://a816-dohbesp.nyc.gov/IndicatorPublic/VisualizationData.aspx?id=103,4466a0,109,Summarize

[13] New York City Health Provider Partnership Queens Community Needs Assessment. New York City Health and Hospitals Corporation (HHC); Appendix D: Report of the Primary Data Component. Available at: http://flushinghospital.org/community-service-plan/pdf/Appendix_D.pdf#zoom=100

[14]Centers for Disease Control and Prevention. (July 2007). Does breastfeeding reduce the risk of pediatric overweight? Research to Practice Series, No. 4. Accessed May 20, 2016 from http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/breastfeeding_r2p.pdf

Flushing-Clearview: Flushing-Clearview, with a total resident population of almost 262,000,[15] has a significant Asian community. About half (49.5%) of Flushing's residents are Asian and more than a third (37%) of Flushing's residents are White. Slightly less than 2% of Flushing's residents are Black and 16.5% identify as Hispanic/Latino (regardless of race). A quarter of Flushing's residents receive Medicaid and 13% of residents receive Medicare.[16]

Flushing-Clearview has several positive health indicators that stand out from other neighborhoods in Queens. Flushing had the 4th lowest non-fatal assault hospitalization rate (17 per 100,000 population) among the Community Districts; the non-fatal assault hospitalization rates (per 100,00 population) were 41 in Queens and 64 in NYC.[17] Alcohol-related hospitalizations were similarly low in Flushing, which had the 2nd lowest rate (357/100,000 population) among the Community Districts. The alcohol-related hospitalization rates in Queens and NYC were 638 and 1,019 per 100,000 population.[18] Flushing also had the 2nd lowest drug-related hospitalization rate (166 per 100,000 population) among all 59 NYC Community Districts;[19] drug-related hospitalization rates in Queens and NYC were 357 and 907 per 100,000 population, respectively. Flushing had the 3rd lowest percentage of preterm births (6.0%) among all of the Community Districts, just less than ¾ of the preterm birth percentage in Queens (8.4%) and only 2/3 of NYC's percentage (9.0%).[20]

Flushing-Clearview also has some health concerns. A primary health issue is the low rate of breastfeeding among mothers residing in Flushing. In 2013, Flushing (Community District 7) had the smallest percentage of infants fed exclusively breast milk during the first 5 days of life (11.2%)[21] among all of NYC's 59 Community Districts; it had the 2nd lowest percentage (16.1%) in 2012, just behind Elmhurst-Corona. The NYC average for exclusive breastfeeding was 31.7% in 2012 and 32.1% in 2013. Community District Priorities for Flushing, as identified in the Take Care New York 2020 Community Consultations, include air quality, physical activity, child-care, obesity, and unmet medical need.[22]

West Queens: With a total resident population of almost 470,000,[23] West Queens has diverse community that is different than Flushing's population profile. About half (51%) of the residents of West Queens identify as Hispanic/Latino (regardless of race). More than a quarter (26%), are Asian and 45% residents are White. Seven percent of West Queens' residents are Black. Thirteen percent of residents of West Queens receive Medicare and 24% of residents receive Medicaid.[24]

West Queens also has several positive health indicators that set the neighborhood apart from others in Queens. Elmhurst-Corona (Queens Community District 4) had the 4th lowest drug-related hospitalization rate (216 per 100,000 population; compared with 357/100,000 in Queens and 907/100,000 in NYC) and the 4th lowest percentage of adults who are current smokers (11%; compared with 15% in Queens and NYC).[25] Elmhurst-

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[15] U.S. Census. DP05: American Community Survey Demographic and Housing Estimates. American Community Survey 2010-2014.
[16] New York City Department of Health and Mental Hygiene. EpiQuery. Community Health Survey 2014
[17] New York City Department of Health and Mental Hygiene. 2015 New York City Community Health Profiles Atlas. Accessed from https://www1.nyc.gov/assets/doh/downloads/pdf/data/2015_CHP_Atlas.pdf
[18] Ibid.
[19] Ibid.
[20] Ibid.
[21] New York City Department of Health and Mental Hygiene. Bureau of Vital Statistics. Summary of Vital Statistics 2013. The City of New York. Pregnancy Outcomes. http://www.nyc.gov/html/doh/downloads/pdf/vs/vs-pregnancy-outcomes-2013.pdf
[22] New York City Department of Health and Mental Hygiene. Take Care New York 2020 Community Priorities and related DOHMH services in Queens. August 31, 2016.
[23] U.S. Census. DP05: American Community Survey Demographic and Housing Estimates. American Community Survey 2010-2014.
[24] New York City Department of Health and Mental Hygiene. EpiQuery. Community Health Survey 2014
[25] New York City Department of Health and Mental Hygiene. 2015 New York City Community Health Profiles Atlas.

Corona had the 5th lowest stroke hospitalization rate (190 per 100,000 population) among all of the Community Districts; the stroke hospitalization rates in Queens and NYC were 305 and 319 per 100,000 population, respectively.[26] Elmhurst-Corona had the 5th highest life expectancy (84.1 years); life expectancies in NYC ranged from 74.1 years to 85.4 years.[27]

Lack of health insurance is the chief health concern identified by the 2015 NYC Community Health Profiles in West Queens. Jackson Heights (Queens Community District 3) and Elmhurst-Corona were the Community Districts with the 1st (38%) and 2nd (36%) highest percentages of adults without health insurance.[28] To provide a comparison, 20% of NYC adult residents and 22% of Queens adult residents were uninsured. In 2012, Elmhurst-Corona (Community District 4) had the smallest percentage of infants fed exclusively breast milk during the first 5 days of life (15.9%).[29] It had the 2nd lowest percentage (12.3%) of exclusive breastfeeding in 2013, just behind Flushing's percentage. Community District Priorities for West Queens, as identified in the Take Care New York 2020 Community Consultations, include air quality, physical activity, controlled high blood pressure, obesity, and sugary drink consumption.

Other Health Resources in FHMC's Primary Service Area

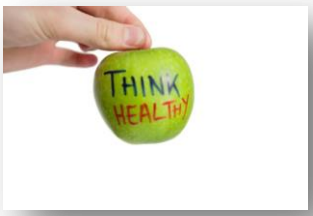
In addition to Flushing Hospital Medical Center, there are 25 HRSA-supported Federally Qualified Health Centers (FQHC) or Look-Alikes that provide services in Queens County.[30] New York-Presbyterian/Queens, Northwell Health Long Island Jewish Forest Hills Hospital, and NYC Health + Hospitals/Elmhurst 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 following FQHCs provide primary and/or specialty healthcare services to the communities within Flushing Hospital's primary service area: Plaza del Sol Health Center; Charles B. Wang Community Health Center, Inc. (two sites).

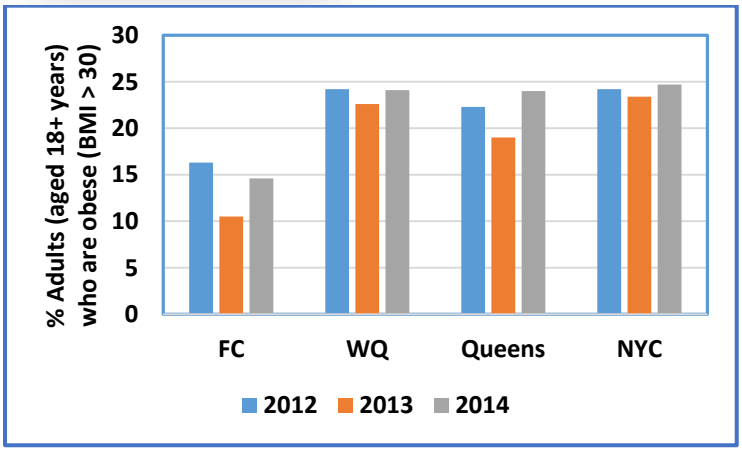
[26] Ibid.
[27] Ibid.
[28] Ibid.
[29] New York City Department of Health and Mental Hygiene. Bureau of Vital Statistics. Summary of Vital Statistics 2013. The City of New York. Pregnancy Outcomes. http://www.nyc.gov/html/doh/downloads/pdf/vs/vs-pregnancy-outcomes-2013.pdf
[30] Health Resources and Services Administration. HRSA Health Center and Look-Alike Site Directory. Accessed May 28, 2016 from https://datawarehouse.hrsa.gov/HGDWReports/OneClickRptFilter.aspx?rptName=FAHCSiteList

FHMC COMMUNITY HEALTH NEEDS ASSESSMENT

NYS Prevention Agenda Priority Area 1: Prevent Chronic Diseases



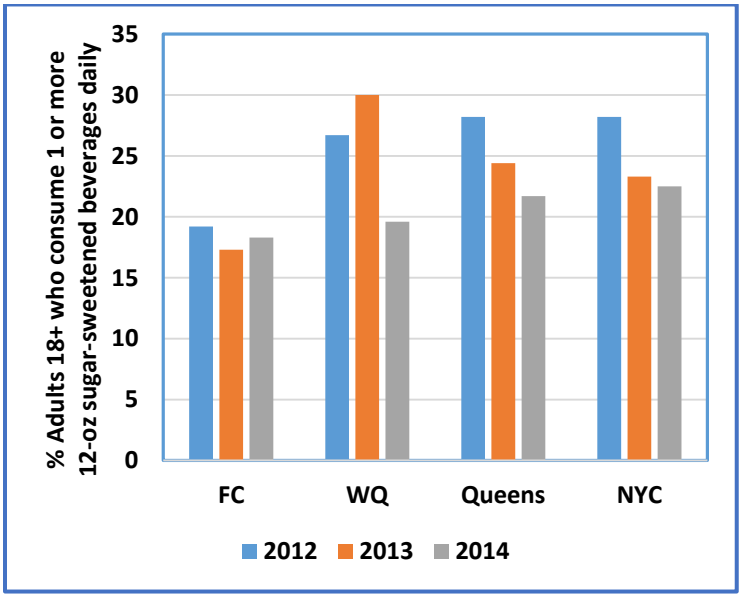
Focus 1: Reduce Obesity



Data from NYC DOHMH Community Health Survey (EpiQuery), 2012, 2013, 2014

Percentage of obese adults (18+), defined as having a Body Mass Index (BMI) of 30 or greater

Fewer adults (18+) residing within Flushing are defined as being obese than in WQ, Queens, and NYC overall. Obesity is linked to chronic conditions and diseases such as high blood pressure, heart disease, diabetes, and stroke.



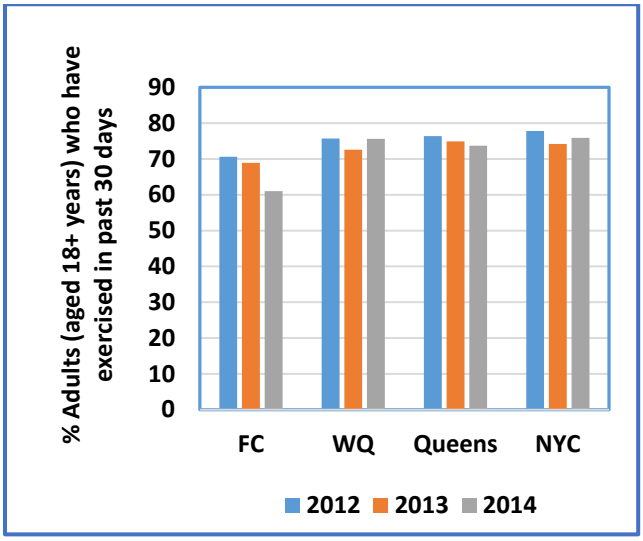
Data from NYC DOHMH Community Health Survey (EpiQuery), 2012, 2013, 2014

Percentage of adults (18+), consuming 1 or more 12-ounce sugar-sweetened beverages every day

Fewer adults (18+) residing within Flushing report drinking sugary beverages than residents of WQ, Queens, or NYC overall. are defined as being obese than in WQ, Queens, and NYC overall. Residents of Queens Community District 4 (WQ) named “consumption of sugary drinks” as one of their top-5 health concerns in the Take Care New York 2020 Community Consultation sessions.

Percentage of adults (18+) who have exercised in the past 30 days

Residents within FHMC's service area reported having engaged in some type of exercise routine (physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise) as frequently as residents of Queens and NYC overall. These data are encouraging, however, they do not describe the intensity or durations of exercise activities. According to the Centers for Disease Control, adults require at least 150 minutes of moderate-intensity aerobic activity *or* 75 minutes of high-intensity aerobic activity per week, combined with 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).



Data from NYC DOHMH Community Health Survey (EpiQuery), 2012, 2013, 2014

Queens CNA information is in line with the data shown on these charts depicting obesity and the consumption of sugar-sweetened beverages within Flushing Hospital's service area. More than one-third of key informant interviews, survey participants, and focus group respondents highlighted obesity as a health concern on the 2014 Queens Community Needs Assessment (CNA).[31] Additionally, the Queens CNA points to differences in health needs and behaviors based on neighborhood and/or population groups. The Queens CNA revealed that health needs vary with cultural/neighborhood differences, as, for example, African American and Caribbean populations in Jamaica considered obesity to be a pressing issue, along with limited access to healthy foods at local stores. Asians who participated in the Queens CNA, however, did not cite obesity as an issue, and reported easy access to healthy foods.

Resources: Flushing Hospital strives to help its community members reduce obesity and empower them to make health-conscious nutrition decisions. The Hospital's services include nutritionists and diabetes educators, who can assist patients with developing healthy eating habits and reaching weight management goals. Flushing Hospital participated in the NYC Department of Health and Mental Hygiene's "Healthy Hospital Food Initiative" to create a healthier food environment through such activities as meeting standards for stocking vending machines with healthy foods and beverages and offering healthy choices in the hospital cafeteria. FHMC offers a support group that consists of interactive sessions that aim to educate diabetic patients with lifestyle and professional recommendations from our highly qualified physicians, therapists, podiatrists, dieticians, and other clinical specialists. In November 2015, Flushing Hospital Medical Center sponsored a two-day Diabetes Champion Program, in which staff received in-depth education and training in diabetes pathophysiology, blood glucose monitoring, oral anti-diabetic medications, insulin, medical nutrition, as well as the importance of exercise and patient education methods. A goal of the program was for the Diabetes Champions to continue to develop their skills and work towards becoming Certified Diabetes Educators.

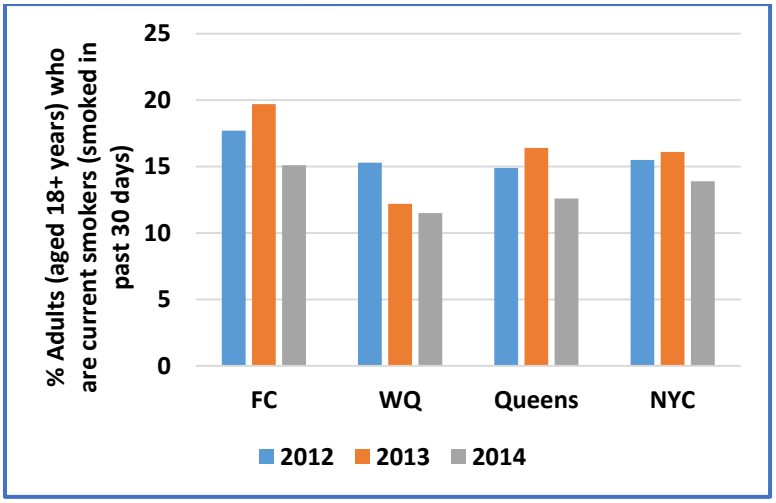
[31] New York City Health Provider Partnership Queens Community Needs Assessment. New York City Health and Hospitals Corporation (HHC). Available at http://flushinghospital.org/community-service-plan/pdf/CNA.pdf#zoom=100

In addition to Flushing Hospital's Nutritionists and Diabetes Educators, there are 56 Endocrine/Diabetes physicians in Queens. The NYC Department of Health and Mental Hygiene offers a "Health Bucks" program, through which fresh fruits and vegetables can be purchased at all farmers' markets in NYC. Four farmers' markets are found in FHMC's service area:[32] Corona Greenmarket, Elmhurst Hospital Greenmarket, Jackson Heights Greenmarket, and Queens Botanical Garden's Down to Earth Farmers' Market. On October 7, 2016 Hospital dietitians hosted a Farmers Market Tour (also known as the Grow NYC GreenMarket Tour) at the very busy Corona Queens location. Prior to the event the Hospital had begun distributing the City's Health Bucks to women in their prenatal clinics, which enabled then to receive twice their value when used at the Farmers Market tour. The Hospital's focus on increasing exclusive Breastfeeding (one of its two prevention agenda priorities) will have a significant effect on reducing obesity, as well as many other health benefits for mothers and babies.

[32] Health Bucks Queens 2015 Poster. https://www1.nyc.gov/html/doh/downloads/pdf/cdp/health-bucks-poster-qn.pdf

FHMC COMMUNITY HEALTH NEEDS ASSESSMENT

Focus 2: Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand *Smoke Exposure*



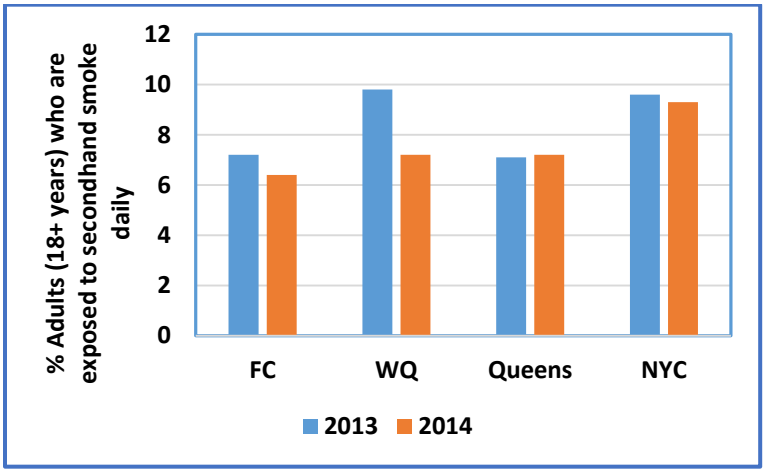
Data from NYC DOHMH Community Health Survey (EpiQuery), 2012, 2013, 2014

Percentage of adults (18+) who have smoked cigarettes in the past 30 days.

Slightly higher percentages of Flushing residents smoke cigarettes than WQ, or Queens or NYC residents overall. In Flushing, and Queens and NYC overall. Smoking prevalence rates increased slightly between 2012 and 2013, and then decreased between 2013 and 2014. Tobacco cessation efforts remain a priority in FHMC's community.

Percentage of adults (18+) who have been exposed daily to secondhand smoke from another home or apartment or outside.

Fewer residents of Flushing report being exposed to secondhand smoke on a daily basis, compared with residents of WQ, or Queens and NYC overall. Secondhand smoke is known to cause cancer, even in individuals who do not smoke, and is linked to respiratory conditions such as asthma and bronchitis.



Data from NYC DOHMH Community Health Survey (EpiQuery), 2013, 2014

NYC Community Health Survey smoking data are supported by Queens CNA informant data and highlight the need for smoking cessation services.

***Resources**:* Flushing Hospital has attained Gold Star Status from the NYC Tobacco-Free Hospitals campaign for its tobacco cessation work with outpatients, inpatients, and employees. Almost all (94%) of the Hospital's 9,114 inpatients were assessed. Tobacco-cessation interventions were administered to 40% of identified tobacco users. In 2015, the Hospital assessed 94% of outpatients; all outpatients who consented to cessation interventions received them. The Hospital's respiratory therapists and patient navigators with certification in smoking cessation counseling educate and counsel patients and community members on a one-to-one basis and in group settings. Flushing Hospital's Medical Home Department has partnered with the American Lung Association to implement Freedom from Smoking, a comprehensive group-based smoking cessation program facilitated by trained professionals. Smoking cessation group participants learn to identify the mental, physical, and social aspects of smoking to help them overcome their addiction to nicotine and break their cigarette habits. In 2014 FHMC received a two-year grant from the NYC Department of Health to continue its tobacco cessation programming and obtain expert consultation from Prevention Partners (in North Carolina), which has developed a Patient Quit-Tobacco System.[33]

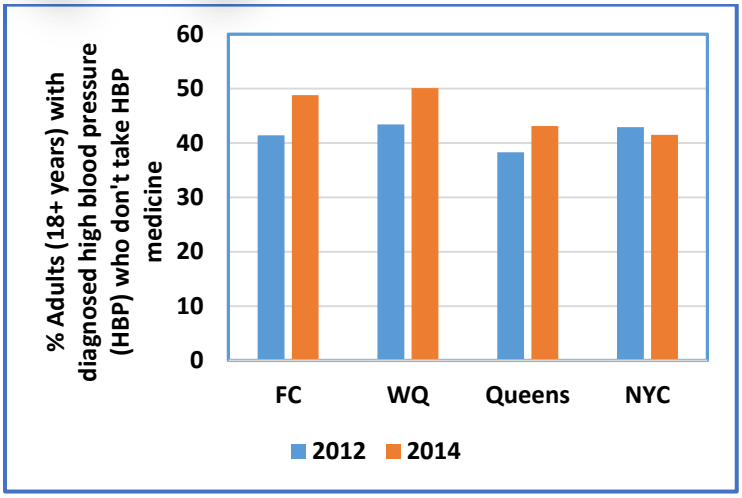
In addition to Flushing Hospital's community-based efforts and programming aimed at reducing tobacco use, there are three other hospital-based tobacco cessation programs (Jamaica Hospital; Queens Hospital; Elmhurst Hospital[34]) in Queens.

[33] Prevention Partners. http://forprevention.org/p2/solution/patient-quit/

[34] http://www.med.nyu.edu/pophealth/divisions/mtcp/health-care-providers/quit-smoking-program-nyc#queens

FHMC COMMUNITY HEALTH NEEDS ASSESSMENT

Focus 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings



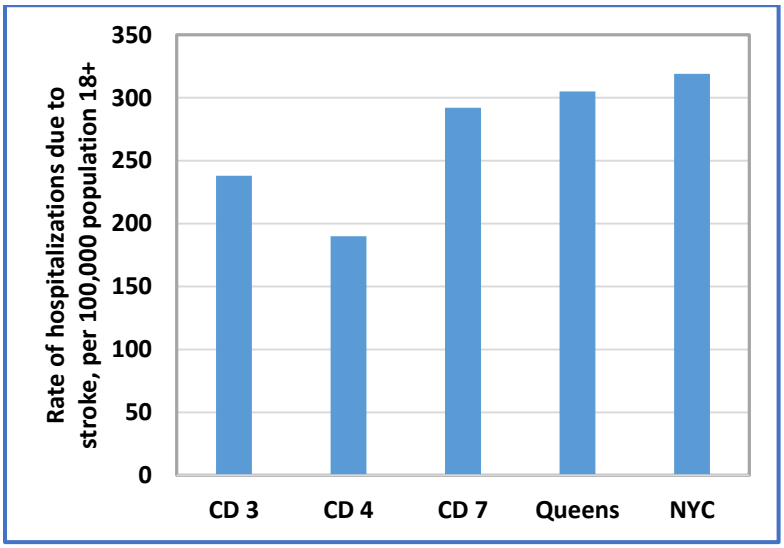
Data from NYC DOHMH Community Health Survey (EpiQuery), 2012, 2014; FC and WQ data had small sample sizes

Percentage of adults (18+) who are not taking medication to control their diagnosed condition of high blood pressure (HBP).

Although the data sets for West Queens and Flushing should be interpreted cautiously due to small sample sizes, FHMC service area residents were less likely to regularly take medications to manage their HBP than Queens or NYC residents. Uncontrolled HBP can lead to damage to the heart and coronary arteries as well as stroke.

Rate of hospitalizations due to stroke (per 100,000 population).

Lower rates of stroke-related hospitalizations were observed in CD 3 & 4 (WQ) relative to CD 7 (Flushing), Queens, and NYC overall. High blood pressure, high cholesterol, and smoking are the major risk factors for stroke. Stroke is a leading cause of long-term disability.



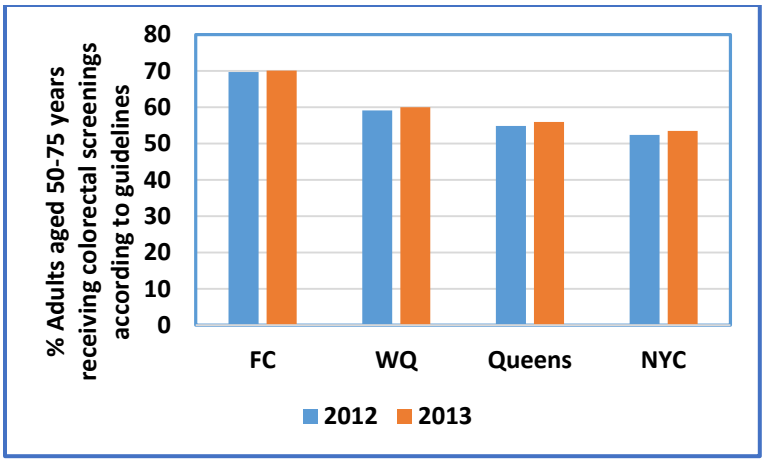
Data from data from 2015 Community Health Profiles (derived from SPARCS 2012)

FHMC COMMUNITY HEALTH NEEDS ASSESSMENT

The 2014 Queens Community Needs Assessment (CNA) included key informant interviews and focus group respondents that also highlighted obesity as a health concern among Queens residents, particularly as it relates to increased risk of diabetes, heart attack, and stroke.[35]

Resources: Flushing Hospital is a New York State-designated Stroke Center. Flushing Hospital received the 2015 American Heart Association/American Stroke Association's "Get With The Guidelines" Stroke Gold Plus Quality Achievement Award as well as Elite Honor Roll status for Target: Stroke.[36] FHMC earned these awards by meeting specific quality achievement measures for the diagnosis and treatment of stroke patients, which includes aggressive use of medications and risk-reduction therapies.

In addition to Flushing Hospital's Cardiology, Family Medicine, Pulmonary Medicine, and Care Management services, the Queens service area (as defined in the Queens CNA) has 361 Cardio/Pulmonary physicians and 56 Endocrine/Diabetes physicians.



Data from Delivery System Reform Incentive Payment (DSRIP) Program, Domain 3 Clinical Metrics Data Set, 2012, 2013; aggregated at zip code level into United Health Fund (UHF)-defined neighborhoods

Percentage of adults (50-75 years) who have received colorectal cancer screening exams (used a blood stool test at home in the past year; and/or, sigmoidoscopy in the past 5 years and blood stool test in the past 3 years; and/or, had a colonoscopy in the past 10 years).

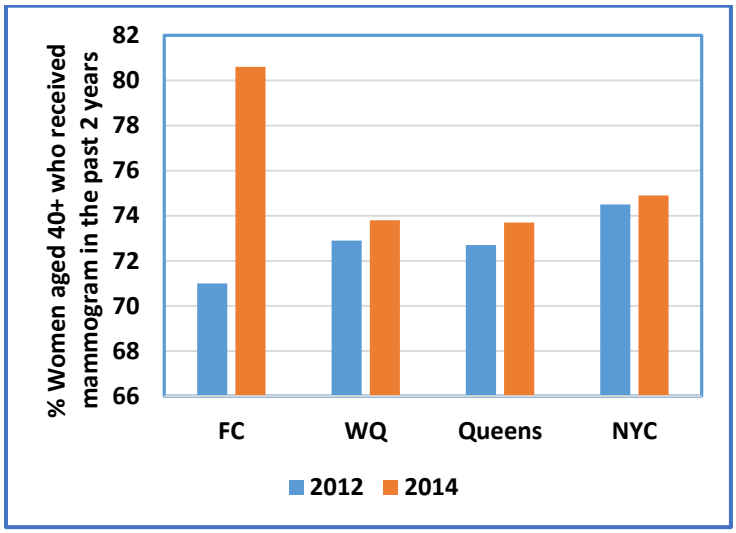
Flushing residents are more likely to receive regular colorectal screenings than residents of West Queens or in Queens or NYC overall. Regular screening, starting at age 50, is crucial to preventing colorectal cancer.

[35] New York City Health Provider Partnership Queens Community Needs Assessment. New York City Health and Hospitals Corporation (HHC). Available at http://flushinghospital.org/community-service-plan/pdf/CNA.pdf#zoom=100

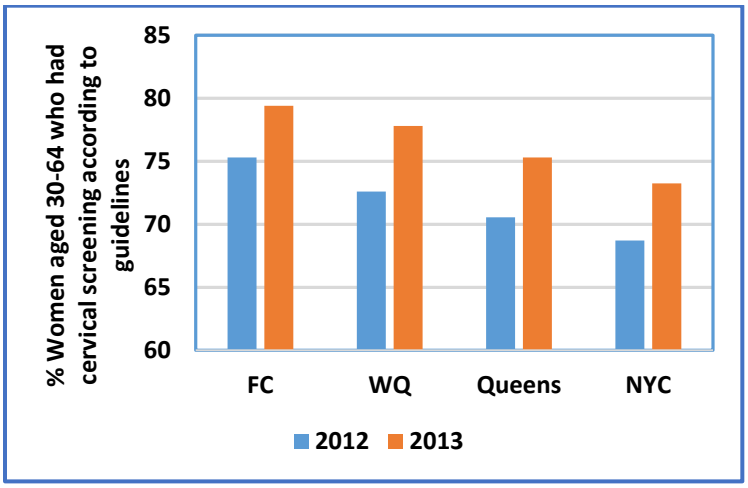
[36] American Heart Association (printed in U.S. News & World Report: Best Hospitals: 2016 Edition). Accessed May 20, 2016 from http://www.heart.org/idc/groups/heart-public/@wcm/@gwtg/documents/downloadable/ucm_476918.pdf

Percentage of women (aged 40+) who have had a mammogram within the past two years.

More women residing within Flushing received biannual mammograms in 2014 than women residing WQ, Queens overall, and NYC. Timely detection of breast cancer with screening mammography enables



Data from NYC DOHMH Community Health Survey (EpiQuery), 2012, 2014;note that FC (2012) and WQ (2012 & 2014) data had small sample sizes and data should be interpreted with that caveat



Data from DSRIP, Domain 3 Clinical Metrics Data Set, 2012, 2013; aggregated at zip code level into UHF-defined neighborhoods, Queens overall and NYC.

Percentage of women (aged 30-64) who have had cervical screenings according to recommended guidelines.

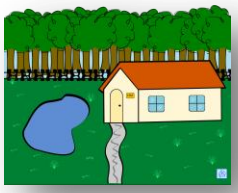
Women residing within FHMC's service area are receiving cervical screenings more often than women residing in Queens and NYC overall. The percentage of women receiving cervical screenings increased between 2012 and 2013 across all geographies. Timely detection of cervical cancer with Pap screening enables earlier treatment that can potentially prevent the cancer's

Key informants and focus group respondents who provided data to the 2014 Queens Community Needs Assessment (CNA) indicated that cancer is an additional health concern for Queens residents. Culturally-based and language differences can impede access to care; a key informant interview included in the Queens CNA gave an example about Arab women may try to hide a breast cancer diagnosis from their families and their community out of fear that their daughters may not be able to marry (if the cancer is genetically-linked) if their health information is known.

Resources: Flushing Hospital's Division of Gynecologic Oncology offers comprehensive and multidisciplinary care to patients with gynecologic malignancies. Treatment options include surgery, chemotherapy and radiation therapy. The Division is a member of the New York Gynecologic Oncology Group and thereby is able to use the most up-to-date treatment and clinical trials available. The Hospital's Radiology department offers imaging services such as mammography, ultrasound, high-speed CT scanning, and nuclear medicine. The Hospital offers four hours per week of extended evening hours for mammograms to accommodate patients' schedules. FHMC offers mammography services until 7 pm two days per week. Flushing Hospital's Gastroenterology Division consists of Board-Certified gastroenterologists who provide high quality and expert care to patients, including colorectal screenings using colonoscopy and endoscopy. Flushing Hospital's Oncology Division offers consultations to patients diagnosed with cancer. An Ambulatory Chemotherapy Unit, staffed by compassionate and specially trained nurses, is available for the administration of chemotherapy and blood products. The Pain Management Center specializes in the treatment of pain due to malignant cancer.

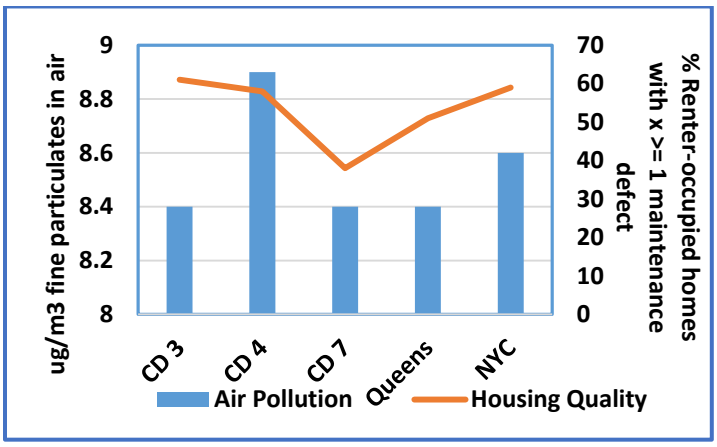
In addition to Flushing Hospital's Oncology Division, Division of Gynecologic Oncology, Gastroenterology Division, and Pain Management Care services, the Queens service area (as defined in the Queens CNA) has 103 Oncology physicians, eight hospice programs, and five other programs offering palliative care.

FHMC COMMUNITY HEALTH NEEDS ASSESSMENT



NYS Prevention Agenda Priority Area 2: Promote a Healthy and Safe Environment

Focus 1: Outdoor Air Quality / Built Environment



Air pollution data from 2015 Community Health Profiles (data derived from Community Air Survey 2013); Housing quality data from 2015 Community Health Profiles (data derived from NYC Housing and Vacancy Survey 2011)

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Air pollution as measured by micrograms (µg) of fine particulate matter per cubic meter (m^3). Housing quality as defined as the percentage of renter-occupied housing units with at least one maintenance defect (i.e., water leaks, cracks and holes, inadequate heating, presence of mice or rats, toilet breakdowns and peeling paint).

Although the New York City Community Air Survey* (released April 2016) reports that air pollution [e.g., levels of PM2.5 (fine particulate matter), NO2 (nitrogen dioxide), & NO (nitric oxide)] has generally decreased in NYC since 2009, higher concentrations of air pollutants and percentages of housing with maintenance defects were observed in CD 4 (West Queens) relative to other Community Districts, Queens, and NYC overall.

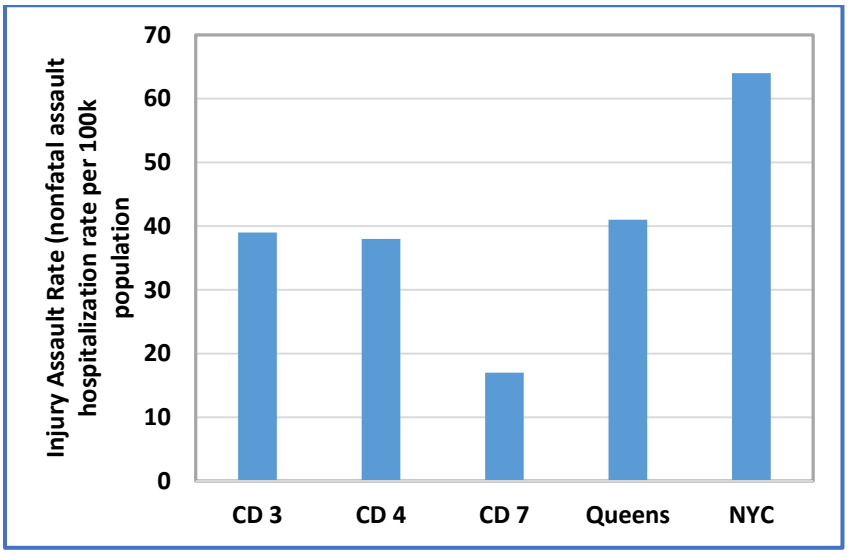
*http://www1.nyc.gov/assets/doh/downloads/pdf/environmental/comm-air-survey-08-14.pdf

Outdoor and household air pollution are environmental health hazards that are linked premature death attributable to respiratory diseases, cancer, and cardiovascular diseases. As previously shown in the cigarette smoking and secondhand smoke exposure graphs, air pollution due to cigarette smoke is a health concern in NYC and in Flushing Hospital's communities.

Resources: Flushing Hospital is part of the Asthma Coalition of Queens (formed in 2012), in which organizations work together to improve the quality of life for people with asthma by engaging patients, families, healthcare providers, institutions and the community. The Hospital's Division of Allergy-Immunology focuses on the diagnosis and long-term treatment of allergies and respiratory illnesses such as asthma. In addition, "Breathing Easy," a support group for patients with chronic lung and respiratory problems, is held monthly in conjunction with the American Lung Association and the Division of Pulmonary Medicine. Flushing Hospital's Pulmonary Medicine Division's pulmonary function laboratory uses the latest equipment to diagnose and treat patients experiencing breathing abnormalities and acute and chronic lung disorders. The Hospital's Pediatric Asthma and Allergy Clinic provides asthma and allergy management treatment services to children. Flushing Hospital's Patient Navigators were trained to conduct group counseling in the "Freedom from Smoking" program by the American Lung Association.

In addition to Flushing Hospital's resources, New York-Presbyterian/Queens also offers a Pediatric Asthma Center.

Focus 2: Injuries, Violence, and Occupational Health



Data from data from 2015 Community Health Profiles (derived from SPARCS 2011-2013)

Injury assault rate, as measured by the nonfatal assault hospitalization rate per 100,000 population.

Lower rates of assault-related hospitalizations were Flushing Hospital's service area relative to Queens, and NYC overall. Flushing (CD 7) ranked among the lowest (56/59) Community Districts in terms of the injury assault rate. According to New Yorkers Against Gun Violence, hospital visits for gun-related injuries from 2008-2010 cost NYC $118 million and $91 million in the rest of NYS. Research* shows that stricter State firearm legislation is associated with lower discharge rates for nonfatal gunshot injuries.

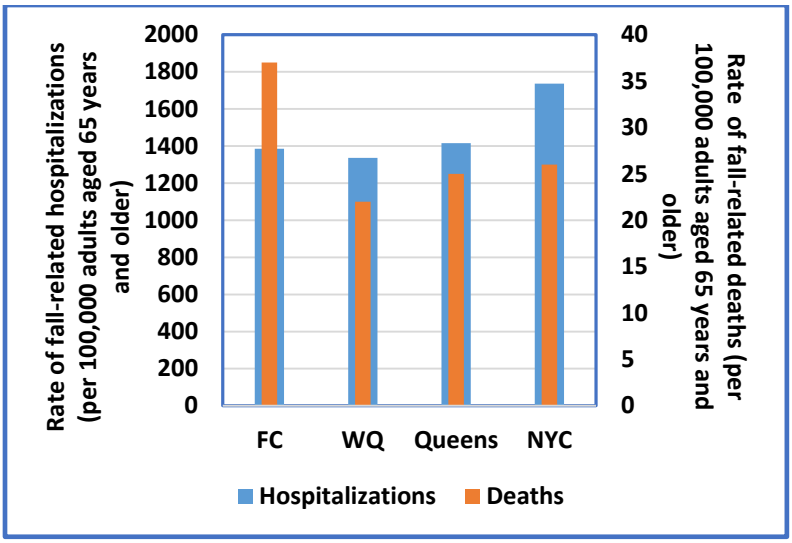
*e.g., Simonetti et. al. *Am J Public Health*. 2015 August; 105(8): 1703-1709.

Although the assault-related hospitalization rate has decreased across Queens from 52 hospitalizations per 100,000 population (2008-2010 SPARCS data) to 43 hospitalizations per 100,000 (2011-2013 SPARCS data) and meets the New York State Prevention Agenda 2013-2018's goal of 43 hospitalizations per 100,000 population,[37] it remains an issue in Flushing Hospital's service area. More than twelve percent of Queens CNA respondents indicated that violence/injury prevention was a health concern in their community.

[37] New York State Department of Health. New York State Prevention Agenda Dashboard – County Level: Queens County. Queens County – Assault-related hospitalization rate per 10,000. https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=ctr&ind_id=pa7_0&cos=61

Fall-related hospitalization and death rates of adults aged 65 years and older, per 100,000 population of adults aged 65 years and older.

Rates of fall-related hospitalizations were comparable across Flushing-Clearview, West Queens, and Queens overall, and slightly less than the rate for NYC overall. Higher rates of fall-related deaths were observed in Flushing-Clearview relative to West Queens and Queens and NYC overall.



Data obtained from NYC DOHMH, Epi Data Tables, April 2012 (No. 14) (SPARCS 2007-2009)[38]

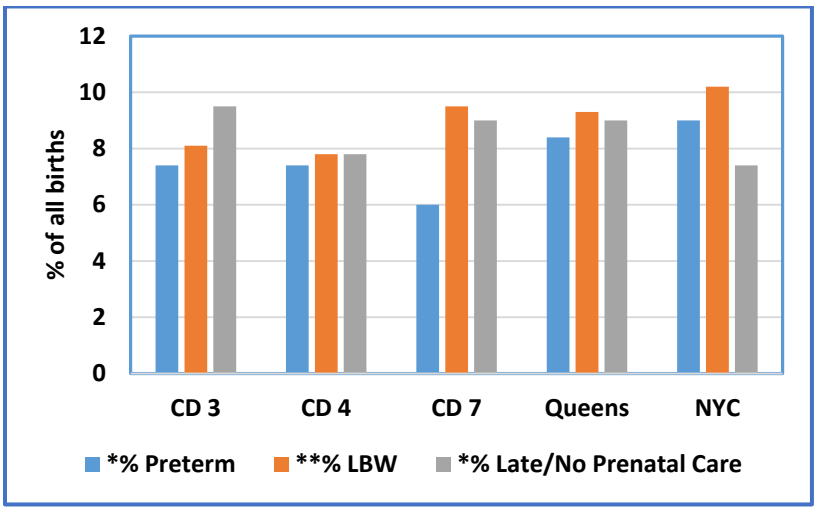
As shown in the chart above, between 2007 and 2009, more fall-related deaths among older adults (65 years or older) were observed in Flushing-Clearview than in Queens or NYC overall. More recent (SPARCS 2011) fall-related hospitalization data[39] show that Flushing-Clearview and West Queens had a high *number* of hospitalizations due to older adult falls, but the *rates* were not high because these neighborhoods have large populations of older adults. Programs targeting fall prevention are needed in FHMC's service area, particularly in Flushing-Clearview.

***Resources**:* Flushing Hospital's Wound Care Center is a state-of-the-art unit that provides specialized, interdisciplinary wound care to patients who suffer from non-healing or chronic wounds, including those resulting from injuries sustained from accidents or violent incidents. Flushing Hospital has adapted a screening tool for assessing injuries from the NYC DOHMH's Division for the Aging (DFTA) and refers patients to evidence-based falls-prevention programs when indicated.
Jamaica Hospital, Flushing Hospital's sister hospital within the MediSys Health Network, is a Level 1 Trauma Center. Regional Trauma Center[40] services are available within Queens at NYC H + H/Elmhurst and New York-Presbyterian/Queens. Flushing Hospital refers senior citizens who are treated for fall-related injuries to senior citizen centers that provide classes, such as Stay Active and Independent for Life (SAIL) and Tai Chi for Arthritis, that are designed to promote healthy exercise habits, strengthen joints, increase stability, and reduce the likelihood of falls. There are five senior citizen centers offering evidence-based fall prevention programming in Flushing-Clearview (Community District 7, Queens), including three SelfHelp Senior Citizen Center sites. West Queens (Community Districts 3 and 4, Queens) has nine senior citizen centers offering these programs.

[38] New York City Department of Health and Mental Hygiene. (April 2012). Epi Data Tables. Falls Among Adults Aged 65 Years and Older in New York City. http://www.nyc.gov/html/doh/downloads/pdf/epi/datatable14.pdf
[39] New York City Department of Health and Mental Hygiene. NYC Vital Signs. January 2014. Vol. 13, No. 1. Falls among older adults in NYC. http://homecarenyc.org/docs/HomeCareExtranet/docs/Clinical_Resources/survey-2014fallsamongolderadults.pdf
[40] http://www.health.ny.gov/professionals/ems/state_trauma/trauma2.htm

NYS Prevention Agenda Priority Area 3: Promote Healthy Women, Infants, and Children

Focus 1: Maternal and Infant Health



*Preterm & Late/No Prenatal Care data from 2015 NYC Community Health Profiles (which were based on 2013 NYC DOHMH Vital Statistics data); ** % LBW data from: NYC Summary of Vital Statistics 2013 – The City of New York – Appendix A: Supplemental Population, Mortality, Infant Mortality, and Pregnancy Outcome Data Tables

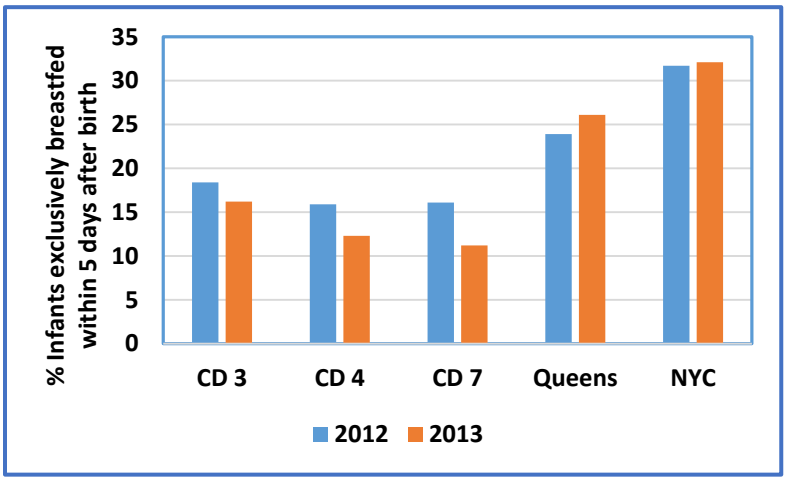
Preterm, Low Birth Weight (LBW), and Prenatal Care Entry data for all mothers

Mothers residing in CD 3 (West Queens) were less likely to receive timely prenatal care than mothers in other neighborhoods served by FHMC as well as Queens or NYC overall. Percentages of preterm births were substantially less in West Queens and Flushing than in Queens or NYC overall.

According to the U.S. Health Resources and Services Administration, babies born to mothers who received no prenatal care are three times more likely to be born at low birth weight, and five times more likely to die, than those whose mothers received

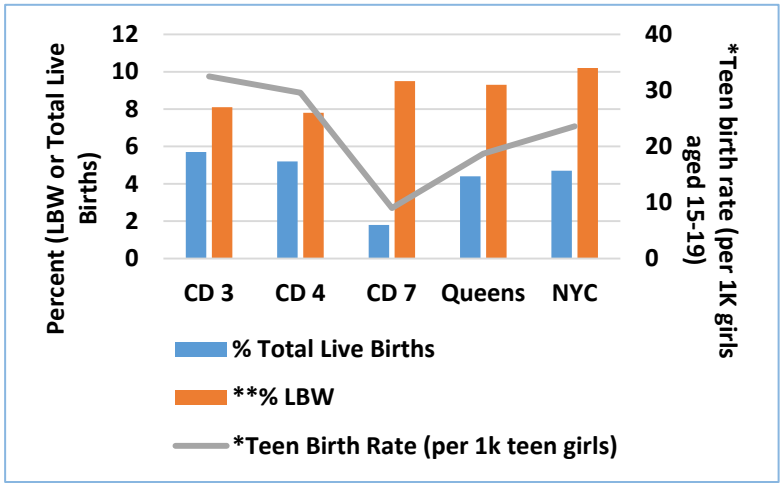
Percentage of infants who were exclusively breastfed within 5 days after birth

Substantially fewer infants born to mothers residing in Flushing Hospital's service area were exclusively breastfed within five days postnatally. While modest increases in breastfeeding between 2012 and 2013 were seen in Queens and NYC overall, the percentages of exclusively breastfed infants decreased in West Queens or Flushing. Breastfeeding confers numerous health protections upon infants and mothers alike. For example, breastfed children are less likely to contract a number of diseases later in life, including juvenile diabetes, multiple sclerosis, heart disease, and cancer before the age of 15. Breastfeeding mothers are less likely to develop osteoporosis later in life, are able to lose weight gained during pregnancy more easily, and have reduced risk of breast, uterine, and ovarian cancers.



Data source: NYC Summary of Vital Statistics 2012 & 2013 – The City of New York – Appendix A: Supplemental Population, Mortality, Infant Mortality, and Pregnancy Outcome Data Tables

Focus 2: Reproductive, Preconception, and Inter-Conception Health



*Teen birth rate (per 1,000 girls ages 15-19) from 2015 NYC Community Health Profiles (data derived from 2011-2013 NYC Vital Statistics); **% total live births and % low birthweight (LBW) birth data from NYC DOHMH, Bureau of Vital Statistics, 2013 data by Community District

Live births, low birth weight, and birth rate data for teenaged mothers (ages 15-19)

Teen mothers residing in CD 7 (Flushing) had higher percentages of low birth weight babies than the other neighborhoods that FHMC serves, and were comparable to the percentages seen in Queens and NYC overall. The teen birth rate in Flushing was the 10th lowest among the 59 NYC CD's.

Data published in the Queens CNA (which were obtained from the New York State Department of Health Perinatal Data Profiles 2010-2012) indicate that rates of late or no prenatal care have increased since 2010 and are still relatively higher among the neighborhoods that FHMC serves, particularly Jackson Heights (CD 3: West Queens: 9.5%), compared with Queens overall (9.0%), NYC overall (7.4%)[41], and New York State overall (5.6%)[42]. Flushing (CD 7) also had a considerable percentage (9%) of women who received late or no prenatal care.

Resources: Flushing Hospital recognizes that supporting breastfeeding is an important public health issue. In addition to promoting long-term health benefits for babies, breastfeeding is a way to reduce obesity among mothers and children alike. The Hospital discharged 376 (14%) exclusively breastfeeding mothers in 2015 and is in the final phase of seeking "Baby-Friendly" Hospital designation, a global initiative launched by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). Flushing Hospital's staff are dedicated to breastfeeding training efforts so they can share their knowledge with the community; most (70%) Obstetrics and Pediatrics (98%) providers have completed the recommended breastfeeding training. Half of the Obstetrics nursing staff have completed and passed the certified lactation course or an online course (Jones and Bartlett's "Ten Steps to Successful Breastfeeding"[43]). Flushing Hospital Medical Center offers a monthly breastfeeding support group to patients and community members at the local public library and at a Babies 'R Us® store.

[41] New York City Department of Health and Mental Hygiene. 2015 New York City Community Health Profiles Atlas. Accessed from: https://www1.nyc.gov/assets/doh/downloads/pdf/data/2015_CHP_Atlas.pdf
[42] New York State Department of Health. Percentage of births with late (3rd trimester) or no prenatal care *Source:2011-2013 Vital Statistics Data as of April, 2015* Accessed from: https://www.health.ny.gov/statistics/chac/birth/b22.htm
[43] http://tensteps.jblearning.com

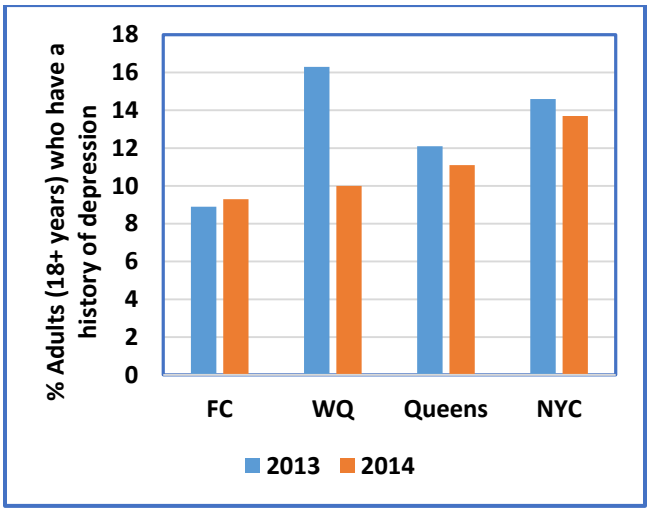
Flushing Hospital is a New York State Department of Health-designated Level 3 Perinatal Center, meaning that it cares for patients requiring increasingly complex care and operates a neonatal intensive care unit (NICU). FHMC's Women, Infants, and Children (WIC) program provides nutrition education, breastfeeding support, referrals, and a variety of nutritious foods to low-income pregnant, breastfeeding or postpartum women, infants and children up to age five to promote and support good health.

In addition to Flushing Hospital's Department of Obstetrics and Gynecology and Women's Health Center, there are seven hospitals within Queens offering maternity services.[44] There are four other hospitals in Queens that are Level 3 Perinatal Centers.[45] As of May 2016, only one hospital in Queens (Queens Hospital Center) has received a "Baby-Friendly" Hospital designation. Eight other hospitals or agencies provide WIC services within Queens. And a local not-for-profit agency, Public Health Solutions, provides numerous programs supporting pregnant women and their families to access the resources they need, through the Healthy Family grant program. The Hospital is working closely with them to ensure that women and their babies get the support they need.

[44] https://www.health.ny.gov/statistics/facilities/hospital/maternity/queens.htm
[45] http://profiles.health.ny.gov/hospital/designated_center/Level+3+Perinatal+Center

NYS Prevention Area Priority Area 4: Promote Mental Health and Prevent Substance Abuse

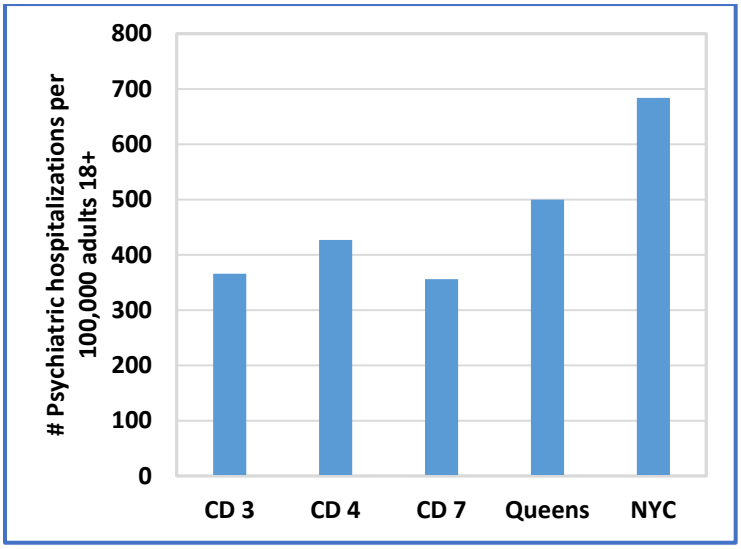
Focus 1: Promote Mental, Emotional, and Behavioral Well-Being



Data from NYC DOHMH Community Health Survey (EpiQuery), 2013, 2014

Percentage of adults (18+) who have ever been told by a medical professional that they have clinical depression

In 2014, the percentages of adults who have experienced clinical depression were lower within the neighborhoods served by FHMC, compared with NYC overall. Prevalence of serious psychological distress (SPD), a composite measure of 6 questions regarding symptoms of anxiety, depression, and other emotional problems, was analyzed in the NYC Health Provider Partnership's 2014 Queens Community Needs Assessment. While the rate of SPD in NYC's general population is 5.1%, and the Queens rate is 4.6%, the SPD rate in West Queens is 7.7%.

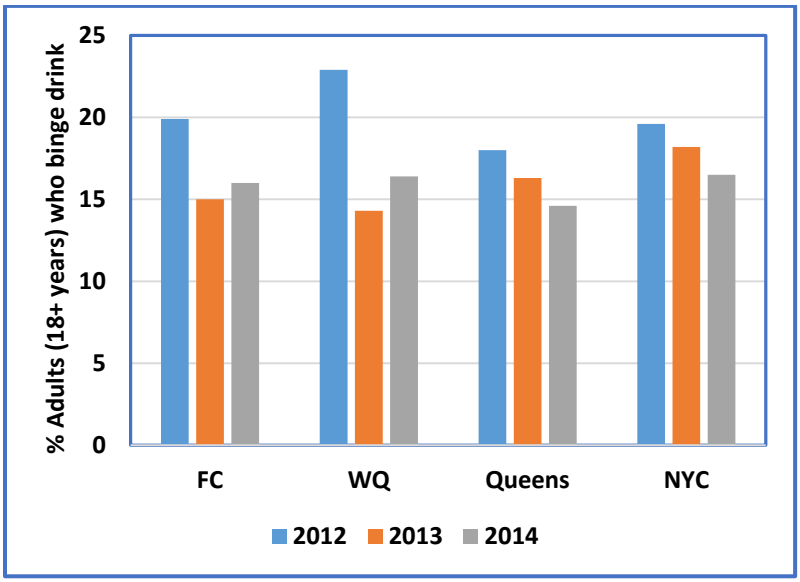


Data from data from 2015 Community Health Profiles (derived from SPARCS 2012)

Rate of psychiatric hospitalizations (per 100,000 adults)

The rate of psychiatric hospitalizations is lower in Flushing Hospital's service area, compared with Queens and NYC overall. Behavioral health discharges have higher readmission rates. Medication nonadherence, substance use, and lack of engagement in timely and adequate outpatient services are two key factors in behavioral health hospital readmissions.

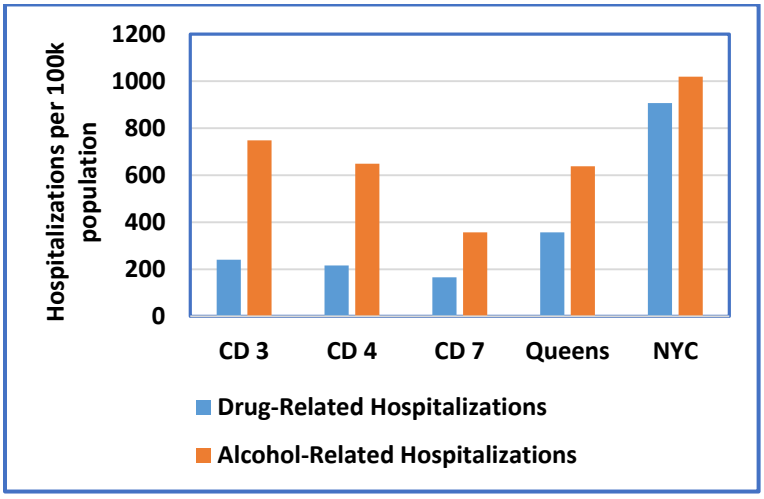
Focus 2: Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders



Binge drinking is defined as consuming five or more drinks on one occasion for men and four or more drinks on one occasion for women in the past 30 days. Data from NYC DOHMH Community Health Survey (EpiQuery), 2012, 2013, 2014

Percentage of adults (18+) who have engaged in binge drinking

While binge drinking decreased between 2012 and 2014 in Queens and NYC overall, both Flushing and West Queens had higher prevalences in 2012, which dropped in 2013 and increased slightly in 2014. Binge drinking is linked to many health problems, such as alcohol poisoning, unintentional (e.g., car crashes, falls) and intentional (e.g., domestic violence, firearm injuries, sexual assault) injuries, liver disease, and neurological damage.

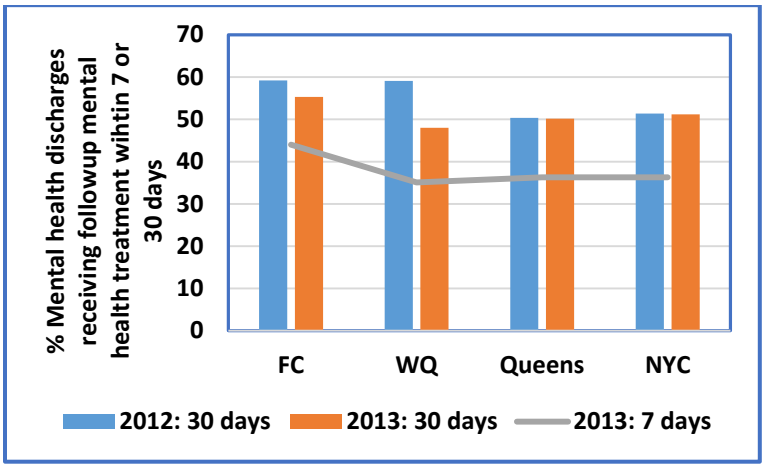


Data from data from 2015 Community Health Profiles (derived from SPARCS 2012)

Rate of alcohol-related and drug-related hospitalizations (per 100,000 adults)

Substantially lower rates of drug-related hospitalizations were observed in Flushing Hospital's service area, relative to Queens or NYC overall. West Queens (CDs 3 & 4), Queens, and NYC overall had similar rates of alcohol-related hospitalizations and were higher than Flushing's rate.

Focus 3: Strengthen Mental Health Services Infrastructure



Data from DSRIP, Domain 3 Clinical Metrics Data Set, 2012 (30-day only), 2013; aggregated at zip code level into UHF-defined neighborhoods. Percentages computed by dividing numerator (number of discharges where the patient was seen on an ambulatory basis or who was in intermediate treatment with a mental health provider within 7 (or 30) days of discharge) by denominator (Number of discharges between the start of the measurement period to 7 (or 30) days before the end of the measurement period for patients ages 6 years and older, who were hospitalized for treatment of selected mental health disorders. Note: Zip codes 11358 (FC), 11360 (FC), and 11378 (WQ) were not included, due to small sample sizes.

Inpatient discharges within FHMC's service area, Queens overall, and NYC who received follow-up mental health treatment within 7 or 30 days post-discharge

Residents of Flushing were more likely to receive follow-up mental health treatment within 7 or 30 days of hospital discharge than West Queens residents, or Queens or NYC residents on the whole. However, DSRIP goals that were established to reduce avoidable hospital use include ensuring that at least 74.2% of discharged patients receive mental health treatment within 7 days post-discharge and at least 88.2% of discharged patients receive mental health services within 30 days post-discharge.

These local, neighborhood data mirror national findings that highlight the prevalence of co-occurrence of drug-related, mental health- related, and injury-related diagnoses among alcohol-related ED visits and hospitalizations. Queens CNA survey respondents and focus groups also prioritized the gap in mental health services. Depression, anxiety, and alcohol and substance abuse were issues that the Queens CNA respondents specifically mentioned. These data highlight the need for more timely mental health services in FHMC's communities.

***Resources**:* 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) and are staffed by a multidisciplinary team of professionals skilled in the treatment of addiction. FHMC's Department of Psychiatry, including its large mental health outpatient service and its 18-bed voluntary inpatient unit, promote the coordination of mental health care, including increasing depression screening rates and providing appropriate and timely treatment when indicated. Flushing Hospital's healthcare providers conduct depression screenings (Patient Health Questionnaire 2, or, PHQ-2) at all primary care visits and additional screenings (Patient Health Questionnaire 9, or, PHQ-9) as indicated. Mothers who give birth at Flushing Hospital complete a Maternal Depression Screening prior to being discharged; if indicated, mothers receive intervention services to treat postpartum depression. The Hospital is also implementing ACP PPS DSRIP Project 3.a.i., Integration of Primary Care and Behavioral Health; and now offers primary care in its Mental Health Center. A clunucal coordinator for integrated care provides depression

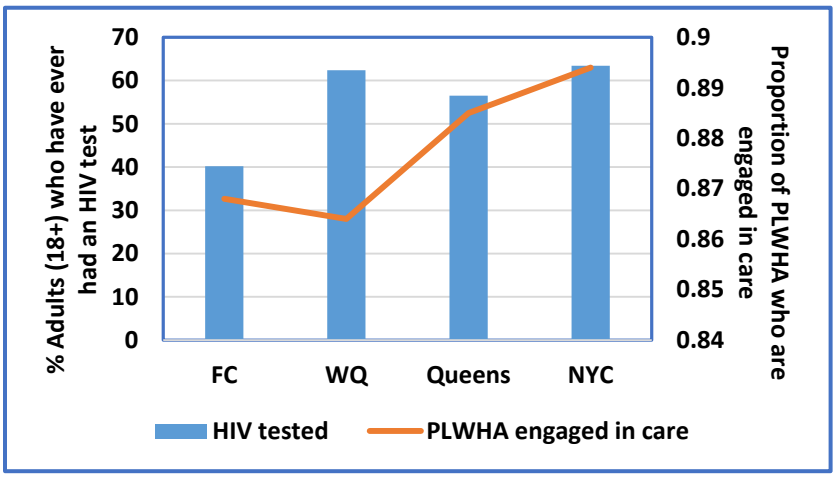
screening and counseling in its Ambulatory Care Center (ACC), and there are plans to expand this service to all outpatient centers.

In addition to behavioral health services offered through Flushing Hospital's Department of Psychiatry, the Queens service area (as defined in the Queens CNA) has 336 psychiatrists, psychiatric emergency services [three Comprehensive Psychiatric Emergency Programs (CPEP), one Crisis Intervention program, and three Home Based Crisis Intervention programs)], inpatient units at six general care and two state psychiatric hospitals, and outpatient services [including eight Assertive Community Treatment programs (ACT) and 52 Clinic Treatment programs]. There are also 34 licensed residential treatment programs in congregate, apartment and single room residences; these programs are particularly beneficial for persons with a history of repeated psychiatric hospitalizations, homelessness, involvement with the criminal justice system, and co-occurring substance abuse. Other substance and alcohol abuse treatment facilities located within Queens include three hospitals that provide outpatient withdrawal services, two hospitals that provide detoxification services, and five hospitals that provide outpatient rehabilitation services.[46]

[46] http://profiles.health.ny.gov/hospital/county_or_region/county:081/service:Chemical+Dependence+-+Withdrawal+OslashP

NYS Prevention Agenda PriorityArea 5: Prevent HIV, STDs, Vaccine Preventable Diseases and Health-Care Associated Infections

Focus 1: Prevent HIV and STDs



HIV test data from NYC DOHMH Community Health Survey (EpiQuery), 2014. PLWHA engaged in care data from DSRIP, Domain 3 Clinical Metrics Data Set, 2013; aggregated at zip code level into United Health Fund (UHF)-defined neighborhoods. Proportion of PLWHA who are engaged in care is computed by dividing numerator (number of people who had two visits for primary care or HIV related care with at least one visit during each half of the past year) by the denominator (number of PLWHA, ages 2 years and older).
Note: Engaged in care data: FC only reflects zip code 11355, as the other 6 zip codes had insufficient sample sizes. Zip code 11378 (WQ) was not included, due to small sample size.

Percentage of adults (18+) who have ever received an HIV test and proportion of People Living with HIV/AIDS (PLWHA) who are engaged in care

Residents of Flushing are far less likely to have ever received an HIV test than WQ, Queens, or NYC residents. PLWHA in Flushing and West Queens are substantially less likely to be engaged in care than PLHWA across Queens or in NYC overall. While almost 89% of PLWHA residing in Queens and NYC are engaged in care, the goal is to meet or exceed 91.8% across NYS. Engaging in and maintaining HIV/AIDS care is paramount to achieving viral suppression, helping PLWHA to live healthier, longer lives, and preventing HIV transmission to other people.

As of December 31, 2013, there were more than 6,500 people living with HIV/AIDS in Flushing Hospital's service area (Flushing, West Queens),[47] which is more than the number of people living with HIV/AIDS statewide in 23 of the 50 states.[48] Key informants who participated in the Queens CNA have asserted that while funding for HIV/AIDS services focuses on medical management, the support services necessary for PLWHA are difficult to obtain. As PLWHA are able to manage their illnesses with effective treatments, assistance with obtaining entitlements (e.g., Medicaid, Food Stamps/SNAP), affordable housing, and jobs becomes more important.

Resources: Flushing Hospital offers HIV testing annually to patients aged 13 – 64 years 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.

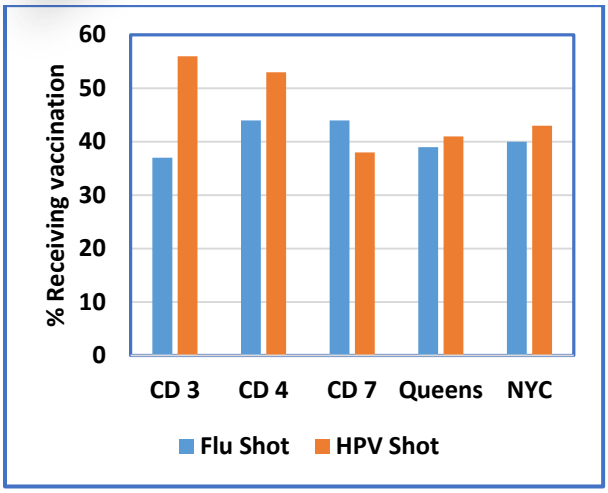
[47] New York City Department of Health and Mental Hygiene. HIV Epidemiology and Field Services Program. New York City HIV/AIDS Annual Surveillance Statistics 2013. http://www.nyc.gov/html/doh/downloads/pdf/ah/surveillance2013-table-all.pdf
[48] Kaiser Family Foundation. People Living with HIV/AIDS (data through November 2015). Accessed May 8, 2016 from http://kff.org/hivaids/state-indicator/estimated-numbers-of-adults-and-adolescents-living-with-an-hiv-diagnosis/

In addition to Flushing Hospital's Division of Infectious Disease services, the Queens service area (as defined in the Queens CNA) has 49 Infectious Disease physicians. There are three hospitals in Queens that are licensed as AIDS Centers (Elmhurst Hospital, Queens Hospital Center, and New York-Presbyterian/Queens).[49] Queens also has 25 agencies with 180 service sites that offer HIV related services, including Ryan White and CDC Prevention programs.[50] These services include HIV Prevention and Outreach efforts such as sexual and behavioral health for HIV prevention, condom distribution, harm reduction, testing and linkage to care, and syringe exchange.

[49] http://profiles.health.ny.gov/hospital/county_or_region/county:081/service:AIDS+Center

[50] https://jamaicahospital.org/wp-content/themes/jhmcus/csp/Community_Needs_Assessment_2014.pdf

Focus 2: Prevent Vaccine Preventable Diseases



Flu vaccination data are for adults (18+) and are from 2015 NYC Community Health Profiles (derived from 2011-2013 NYC Community Health Surveys). HPV vaccination data denote girls 13-17 years who have received all 3 doses of the HPV vaccination series & are from 2015 NYC Community Health Profiles (derived from 2014 NYC DOHMH Citywide Immunization Registry).

Percentage of residents within FHMC's service area, Queens overall, and NYC, who have received influenza (Flu) or Human papillomavirus (HPV) vaccinations

Teenaged girls (13-17) residing in West Queens (CD 3 and 4) were more likely to receive HPV vaccinations than their counterparts Flushing or in Queens or NYC overall. The HPV vaccine protects against cancers caused by HPV, which is a very common virus; nearly 80 million people—about one in four—are currently infected in the US. About 14 million people, including teens, become infected with HPV each year. Flu shot vaccination percentages were higher in CD 4 (Elmhurst-Corona: West Queens) and CD 7 (Flushing) compared to Queens and NYC overall, but still lower than the NYS average for 2014-2015 (48.6%),* which has increased by only 7% over the past 6 years. The Healthy People 2020 goal is to achieve 70% flu vaccination coverage.

* Centers for Disease Control's 2014-15 State, Regional, and National Vaccination Report.

Resources: Flushing Hospital mandates staff vaccinations for communicable and vaccine-preventable illnesses, such as influenza. Influenza vaccination rates for total healthcare staff at Flushing Hospital were 87% between 2014 and 2015.[51] The Hospital maintains recommended age-related vaccination protocols, such as the American Academy of Pediatrics' immunization schedule[52] for infants and children and the American Geriatrics Society's immunization guidelines[53] for older adults (e.g., for shingles, influenza vaccines).

In addition to Flushing Hospital's vaccination resources, low-to-no-cost immunization clinics are available in Queens.[54] Children can get walk-in immunization services at the New York City Health + Hospitals Corporation Child Health Clinic (Jackson Heights, NY). Adults can get comprehensive health care services, including low or no-cost immunizations, at Elmhurst Hospital Center (Elmhurst, Queens).

[51] New York State Department of Health. Health Data NY. Influenza Vaccination Rates for Health Care Personnel: Beginning 2012-13. https://health.data.ny.gov/Health/Influenza-Vaccination-Rates-for-Health-Care-Person/jpkp-z76p

[52] American Academy of Pediatrics. https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunization/Pages/Immunization-Schedule.aspx?nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR:+No+local+token

[53] American Geriatrics Society. A Pocket Guide to Common Immunizations for the Older Adult (>=65 years). http://www.americangeriatrics.org/files/documents/AGS_PocketGuide.pdf

[54] New York City Department of Health and Mental Hygiene. Immunization walk-in clinic. http://www.nyc.gov/html/doh/html/living/immun-clinics.shtml

COMMUNITY SERVICE PLAN

Selection of Prevention Agenda Priorities

Flushing Hospital's priorities are in line with the priorities identified by the NYS Prevention Agenda as well as Take Care New York (TCNY) 2020.

Although FHMC could have also selected other initiatives to highlight in its Prevention Agenda, based upon community health statistics and consumer needs/utilization surveys, its resources and capabilities are best suited to focus on:

- decreasing tobacco use within the community, and
- increasing rates of exclusive breastfeeding among mothers in the service area

FHMC elected to address these two particular health needs since they will make a significant impact on the community's health and create sustainable quality of life improvements. Because of its current and past efforts on these two priorities, Flushing Hospital earned a Gold Star for its accomplishments with NYC's Tobacco-Free Hospital campaign, and is in the final phase of being designated as a Baby Friendly Hospital.

The Hospital has incorporated community input from many organizations and individuals into its selection of priorities, as described in detail in the section on Data Sources and Community Input. At its meeting on August 10, 2016, Flushing's Community Advisory Board agreed with the above priorities, and on November 15, 2016 the Hospital's Board of Trustees approved the plan.

The Hospital has worked on many other prevention activities, and has partnered with the City DOHMH on Take Care New York (TCNY) 2016, other government agencies, and community-based organizations (CBOs), implementing a variety of evidence-based interventions, in addition to Tobacco Cessation and Exclusive Breastfeeding:

- Adopting the Healthy Hospital Food Initiative.
- Tracking and reporting the blood pressure control scores of patients in the hospital ambulatory footprint.
- Supporting and promoting the National Diabetes Prevention Program (NDPP) for overweight and obese adults with pre-diabetes or women with history of gestational diabetes.
- Ensuring routine offering of HIV testing in emergency departments and all outpatient clinics.
- Promoting appropriate and judicious prescribing of opioid analgesics.

Currently the Hospital is partnering with the City DOHMH on its TCNY 2020 agenda, which has four objectives, each with several indicators of progress. These objectives are aligned with the State's Prevention Agenda Priorities, described in detail above, as well as the DSRIP projects that the Hospital is implementing. The Hospital devotes considerable resources to most of the City and State prevention objectives described below with a few exceptions where the Hospital would have no agency, such as decreasing the jail population, increasing homes with no maintenance defects and others that government agencies and CBOs are better suited to address.

FHMC COMMUNITY SERVICE PLAN

TCNY 2020

1. Promote Healthy Childhoods (Aligned with NYS Priority: *Promote Healthy Women, Infants and Children*)

The first indicator is *Babies Born in Baby Friendly Hospitals*. The Hospital is in the final phase of being designated as a Baby Friendly Hospital. The second indicator is *Teenage Pregnancy*. Reducing teenage pregnancy is a very high priority for the Hospital. The Hospital is providing long acting contraceptives for all age groups, including adolescents in its ambulatory care center (ACC). City government and CBOs are better suited to work towards improvement in the other two indicators: *Openings in Child Care Centers* and *High School Graduation*.

2. Create Healthier Neighborhoods (Aligned with NYS Priority: *Promote a Healthy and Safe Environment*)

The Hospital is working on several of the indicators under this objective, including *Fall-Related Hospitalizations* by thorough documentation and analysis of falls patients and referral to evidence-based falls prevention programs in the community, *Air Quality* by virtue of its work on tobacco cessation, *Children's Visits to Emergency Departments for Asthma* by being part of the Queens Asthma Coalition and by working on DSRIP Project 3.d.iii - Evidence-Based Asthma Management in collaboration with its partners in the ACP PPS to make sure patients are properly diagnosed, have an Asthma Action Plan, and ongoing health coaching. City government and community-based organizations are better suited to work towards the other four indicators: *Assault Hospitalizations, Homes with No Maintenance Defects, Jail Population, and Social Cohesion*.

3. Support Healthy Living (Aligned with NYS Priority: *Prevent Chronic Disease*)

Patient navigators, nutritionists, diabetes educators, social workers and therapists support physicians and other providers in educating and coaching patients on making life style changes related to all the indicators under this objective: *Obesity, Sugary Drinks, Physical Activity, Sodium Intake, Smoking, Binge Drinking and Overdose Deaths.* Reducing tobacco use has been covered extensively in this report. Besides addressing nutrition and exercise on an individual basis with patients, the Hospital promotes healthy eating in the community. Two registered dietitians hosted a Farmer's Market tour in Corona Queens on October 7, 2016. Educational materials were distributed along with 2-3 Health Bucks (per family), recipes, and maps of NYC farmers' markets.

4. Increase Access to Quality Care (Aligned with NYS Priority: *Promote Mental health and Substance Abuse and Prevent HIV* and *STDs Vaccine Preventable Diseases and Healthcare Associated Infections*)

The Hospital is working on several of the indicators under this objective, including *Unmet Mental Health Need.* There is a clinical coordinator for Integrated Care in the ACC. This person serves at a minimum as a Depression Care Manager (DCM), but also serves to engage patients with any behavioral health problem in treatment and referral. In addition, Screening, Brief Intervention, and Referral to Treatment (SBIRT) is being administered in the ACC to detect substance abuse problems. Also, the Mental Health Clinic has an adult Nurse Practitioner who conducts all health screening assessments and either treats medical problems as a primary care practitioner, refers patients back to their primary care physician, and coordinates behavioral health and medical care for all patients. Finally, the Behavioral Health department was recently awarded a $1 million NYSDOH grant titled "Partnership Innovation for Older Adults." To carry out this project, Flushing Hospital has become a partner with New York City Department for the Aging (NYC DFTA) and Arms Acres, a major substance abuse provider, to develop integrated care services in senior centers and other facilities. Several years ago the Hospital addressed another indicator - *Unmet Medical Need* – by increasing its ambulatory care capacity with support from a HEAL NY grant, thereby reducing wait times for appointments to encourage patients to take

advantage of comprehensive preventive and primary health care. *Controlled High Blood Pressure* is receiving added attention through DSRIP Projects 3.b.i and 3.c.i - Evidence-based Cardiovascular Management and Diabetes Care - for all patients in partnership with the ACP PPS. The Hospital continues to try to affect *New HIV Diagnoses and HIV Viral Suppression* indicators by offering HIV testing in its emergency department and ACC.

Many prevention activities are undertaken by the Hospital, some of them documented in this section and others documented in the narratives for each of the five NYS Prevention Agenda Priority Areas. Staff in many areas of the Hospital have taken it upon themselves to develop prevention and education programs for patients and community residents, often in partnership with local CBOs and government agencies. The Hospital places a high value on the important work of prevention, community outreach and education. These activities will not only reduce disease and disability within our community, but will also enable the Hospital to prosper under value-based payment arrangements.

Implementation Plan and Progress Report

The charts on the following pages outline Goals, Objectives, Implementation Plans and 2016 Achievements for the Hospital's two Prevention Agenda Priorities:

- Prevent Chronic Diseases - Focus 2: Tobacco Cessation, pages 34-37
- Promote Healthy Women, Infants, and Children - Focus 1: Breastfeeding, pages 38-41

FHMC IMPLEMENTATION PLAN and PROGRESS REPORT
2016 - 2018 COMMUNITY SERVICE PLAN

NYS Priority Area: Preventing Chronic Diseases
NYS Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure
NYS Goal #2.2 - Tobacco Use Cessation, especially among low socioeconomic status (SES) population and those with poor mental health

Goal from NYS Prevention Agenda	Outcome Objectives	Evidence Based Interventions / Strategies Activities	Process Measures (evaluation measures)	Partner Role	Partner Resources	When Is Intervention Expected To Take Place?	Will Action Address Disparity? How?
FHMC Goal 1: Eliminate Tobacco Use on Hospital Campus	▪ Decrease smoking prevalence among staff. ▪ Train all Patient Navigators in smoking cessation. ▪ Achieve and maintain standards for Gold Star status.	▪ Counsel and refer tobacco-using employees for treatment, promote quit assists such as medication, NYS Quitline referral, and Freedom From Smoking® classes. ▪ Train additional personnel as quit coaches.	▪ Prevalence rate of smoking among employees. ▪ Number of prescriptions, NYS Quitline referrals, and Freedom From Smoking® classes offered for employees, and attendance. ▪ Number of staff trained in smoking cessation.	▪ North Carolina Prevention Partners - Subject Matter Experts (SMEs) ▪ NYCDOHMH - SMEs and Facilitators ▪ American Lung Association - SMEs and Trainers ▪ NYSDOH - SMEs and Facilitators	Staff Time	Ongoing	N/A

Achievements as of October 2016

Smoking prevalence = 0.6% (11 employees out of 1,887)
Patient Navigators trained: 9 out of 10, 5 trained in 2016.
Achieved Gold Star Status

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NYS Priority Area: Preventing Chronic Diseases
NYS Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure
NYS Goal #2.2 - Tobacco Use Cessation, especially among low socioeconomic status (SES) population and those with poor mental health

Goal from NYS Prevention Agenda	Outcome Objectives	Evidence Based Interventions / Strategies Activities	Process Measures (evaluation measures)	Partner Role	Partner Resources	When Is Intervention Expected To Take Place?	Will Action Address Disparity? How?
FHMC Goal 2: General Medical And Surgical (M/S) Patients Aged 13 And Above – Increase Tobacco Use Assessments, The Number Of Tobacco Users Who Receive An Intervention, and Number Who Quit	▪ Decrease smoking prevalence among patients. **Note:** NYS smoking prevalence target of 12.3% for adults and 20% among low SES adults. ▪ Achieve 95% or greater assessment rate for outpatients (OP) and inpatients (IP). ▪ Increase annual interventions for returning OP smokers to 85% or greater; 50% or greater for IP. ▪ Increase prescriptions for smoking cessation among Medicaid and Medicaid Managed Care (MMC) smokers. **Note:** NYS benefit use target of 41% for MMC enrollees. ▪ Increase use of NYS Quitline.	▪ Train and re-train all M/S providers to use the smoking module in the EHR . ▪ Track assessments and interventions for all patients, and prevalence of smoking for returning OP smokers. ▪ Review disparity data and develop intervention plan. ▪ Connect EHR to NYS Quitline for instant referrals, and refer all who consent. ▪ Automate EHR discharge process to provide information to all smokers on quit strategies and medications.	▪ Numbers and rates of assessments, smoking prevalence, interventions, and referrals to NYS Quitline. ▪ Smoking rates among adults by payer, using Medicaid, MMC and self pay as a proxy for low SES. ▪ Number of prescriptions for smoking cessation benefits among adult smokers enrolled in Medicaid and MMC.	▪ North Carolina Prevention Partners - SMEs and Facilitators ▪ NYCDOHMH - SMEs and Facilitators, ▪ American Lung Association - SMEs and Trainers, ▪ NYSDOH - SMEs and Facilitators	Staff Time	Ongoing	Disparity data over time will guide action plan.

Achievements as of October 2016

OP: Smoking prevalence = 8.8%.(324 and 3,699). 93.4% assessed at least once; 100% received at least one intervention; 29% of repetitive visits received an intervention. Low SES prevalence and number of prescriptions among Medicaid and MMC smokers OP: Data collection in process. 2017 report will include entire year 2016 and 2017.	IP: Smoking prevalence = 9.3% (657 out of 7,051). 94% assessed. 39% counseled; 38.5% received medication. Low SES prevalence and number of prescriptions among Medicaid and MMC smokers IP: Data collection in process. 2017 report will include entire year 2016 and 2017.	Hospital EHR connected to NYS Quitline. Referral to Quitline: Data collection in process; 2017 report will include entire years 2016 and 2017.

FHMC IMPLEMENTATION PLAN and PROGRESS REPORT
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NYS Priority Area: Preventing Chronic Diseases
NYS Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure
NYS Goal #2.2 - Tobacco Use Cessation, especially among low socioeconomic status (SES) population and those with poor mental health

Goal from NYS Prevention Agenda	Outcome Objectives	Evidence Based Interventions / Strategies Activities	Process Measures (evaluation measures)	Partner Role	Partner Resources	When Is Intervention Expected To Take Place?	Will Action Address Disparity? How?
FHMC Goal 3: **New Goal Mid-2016** Behavioral Health (BH) Patients Above Aged 13 - Increase Tobacco Use Assessments, Number Of Tobacco Users, Who Receive An Intervention, and Number Who Quit	▪ Decrease smoking prevalence among BH patients. ▪ Achieve 65% or greater assessment rate of BH outpatients (OP) and 100% or greater of inpatients (IP). ▪ Achieve 90% or greater intervention rate of BH OP and IP. **Note:** NYS smoking prevalence target of 24% among adults who report poor mental health. ▪ Increase prescriptions for smoking cessation among Medicaid and MMC patients. **Note:** NYS benefit use target of 41% for MMC enrollees. ▪ Increase use of NYS Quitline.	▪ Train and re-train all BH providers to use the smoking module in the EHR. ▪ Track assessments and interventions for all patients, and smoking prevalence for returning OP smokers. ▪ Review disparity data and develop intervention plan. ▪ Connect EHR to NYS Quitline for instant referrals, and refer all who consent. ▪ Automate EHR discharge process to provide information to all smokers on quit strategies and medications.	▪ Numbers and rates of assessments, interventions, smoking prevalence and referrals to NYS Quitline. ▪ Utilization of smoking cessation prescription benefits among adult smokers enrolled in Medicaid and MMC.	▪ North Carolina Prevention Partners - SMEs and Facilitators ▪ NYCDOHMH - SMEs and Facilitators ▪ American Lung Association - SMEs and Trainers ▪ NYSDOH - SMEs and Facilitators	Staff Time	Ongoing	Disparity data over time will guide action plan.

Achievements as of October 2016

OP: Smoking prevalence = 21.5% (130 patients out of 606). 42.1% assessed; 100% received at least one intervention; 81.5% of repetitive visits received an intervention. Number of prescriptions among Medicaid and MMC smokers: Data collection in process. 2017 report will include entire year 2016 and 2017.	IP: Smoking prevalence = 54% (103 patients out of 192). 95% assessed; 100% counseled; all received medication. Number of prescriptions among Medicaid and MMC smokers: Data collection in process. 2017 report will include entire year 2016 and 2017.	Hospital EHR connected to NYS Quitline. Referral to Quitline: Data collection in process; 2017 report will include entire years 2016 and 2017.

FHMC IMPLEMENTATION PLAN and PROGRESS REPORT

2016 - 2018 COMMUNITY SERVICE PLAN

NYS Priority Area: Preventing Chronic Diseases

NYS Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure

NYS Goal #2.2 - Tobacco Use Cessation, especially among low socioeconomic status (SES) population and those with poor mental health

Goal from NYS Prevention Agenda	Outcome Objectives	Evidence Based Interventions / Strategies Activities	Process Measures (evaluation measures)	Partner Role	Partner Resources	When Is Intervention Expected To Take Place?	Will Action Address Disparity? How?
FHMC Goal 4: Provide Tobacco Cessation Education To Community Residents And Providers	▪ Increase knowledge of community medical providers about how to promote tobacco cessation. ▪Increase the number of community educational events that cover tobacco cessation, in partnership with community organizations. ▪ Offer Freedom From Smoking® (FFS) classes in as many languages as possible.	▪ Include tobacco cessation information at all health fairs and other community events hosted or attended by the Hospital. ▪ Educate community providers about tobacco cessation assessment, intervention techniques and resources. ▪ Increase awareness via Social Media and print media.	▪ Number of community residents and providers engaged in tobacco cessation outreach events.	▪ Various community organizations, including Senior Centers. ▪ Advocate Community Providers Performing Provider System (ACP PPS) - promote tobacco cessation to their patients. ▪ Local Independent Practice Associations (IPAs) - promote tobacco cessation to their patients.	▪ Space ▪ Staff and Provider Time ▪ Staff and Provider Time	Ongoing	Educational events will be targeted to minority groups and providers.

Achievements as of October 2016

Providers: Developing plan to work with physician members of two IPAs to promote tobacco cessation in their practices, and with ACP PPS.
Community: Introduced smoking cessation information at all 50 Health Fairs and other outreach events held to date. Hosted a Great American Smokeout event on November 17, 2016.
Freedom From Smoking® Classes: Four (4) offered (in English and Spanish). Korean and Chinese classes and outreach events being planned.

FHMC IMPLEMENTATION PLAN and PROGRESS REPORT
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NYS Priority Area: Promoting Healthy Women, Infants and Children
NYS Focus Area 1: Maternal And Infant Health - Increase The Proportion Of Babies Who Are Breastfed
NYS Goal #2: Increase Exclusive Breastfeeding

Goal from NYS Prevention Agenda	Outcome Objectives	Evidence Based Interventions / Strategies Activities	Process Measures (evaluation measures)	Partner Role	Partner Resources	When Is Intervention Expected To Take Place?	Will Action Address Disparity? How?
FHMC Goal 1: Exclusive Breastfeeding (BF) at Discharge For As Many Patients As Clinically Possible.	▪ Increase exclusive BF rate at discharge by 2% per year. **Note:** NYS target of 48.1%. ▪ Reduce exclusive BF disparity between Medicaid and non-Medicaid enrollees. **Note:** NYS disparity target of 0.66. ▪ Achieve "Rooming In" for 70% of births with no contraindications. ▪ Achieve 95% or greater training rate of: - Medical providers in recommended BF education. - Maternal/Child nurses in BF management, and new hires within 3 months. ▪ Enroll 1,200 women in the Hospital's breastfeeding programs, including breastfeeding support groups, prenatal nutrition class, child birth classes and mother-baby classes.	▪ Send employees working with mothers of childbearing age and newborns to Certified Lactation Consultant (CLC) Course. ▪ Increase BF peer support group classes guided by an IBCLC to three times per week. ▪ Continue daily visits to new mothers by nurses and IBCLC to support BF. ▪ Continue classes given three times per week on the mother/baby units. ▪ Continue referrals to postpartum resources, such as Women, Infants, and Children (WIC), and Public Health Solutions (PHS) support group. ▪ Give patients telephone number to hospital IBCLC. ▪ Continue Talk and Tea weekly support group	▪ Number of pregnant women enrolled in BF classes and support groups. ▪ Number of new mothers attending the inpatient BF classes. ▪ Number and rate of exclusive BF at discharge for all mothers, and for Medicaid vs non-Medicaid enrollees. ▪ Number and rates of providers and nurses appropriately trained.	▪ NYC Baby Friendly Hospital Collaborative - Facilitators & Trainers. ▪ La Leche - SMEs ▪ FHMC WIC Program - Partners in service provision. ▪ Public Health Solutions (PHS) - Referral agency for families in need and direct service providers. ▪ Visiting Nurse Service of New York (VNSNY) - performs home visits for mothers with BF issues.	Staff Time	Ongoing	Staff will focus on increasing participation by Medicaid and Medicaid Managed Care (MMC) enrollees in classes, support groups and other resources. Peer counselors and staff speak the language of our patients to assist in reducing disparity.

Achievements as of November 2016

Exclusive BF rate at discharge = 5% (78 out of 1,220); exclusive BF disparity ratio-Medicaid vs non-Medicaid: 0.72, Rooming-In: 68%;
Staff members educated = 85%; Women enrolled in BF-related programs: 1,275

FHMC IMPLEMENTATION PLAN and PROGRESS REPORT
2016 - 2018 COMMUNITY SERVICE PLAN

NYS Priority Area: Promoting Healthy Women, Infants and Children
NYS Focus Area 1: Maternal And Infant Health - Increase The Proportion Of Babies Who Are Breastfed
NYS Goal #2: Increase Exclusive Breastfeeding

Goal from NYS Prevention Agenda	Outcome Objectives	Evidence Based Interventions / Strategies Activities	Process Measures (evaluation measures)	Partner Role	Partner Resources	When Is Intervention Expected To Take Place?	Will Action Address Disparity? How?
FHMC Goal 2: Achieve Baby Friendly Designation.	Successful site visit in 2017.	Continue multidisciplinary committee meetings and iniatives.	Achieve designation or agree to implement Baby Friendly USA action plan.	▪ FHMC WIC Program - Partners in service provision ▪ Baby Friendly USA - Assessors ▪ NYC DOHMH - "Breastfeeding Hospital Initiative Collaborative" - Facilitators.	Staff Time	2017	

Achievements as of November 2016

Pre-site visit conference call with Baby Friendly USA held on 11/9/2016.
Continue to work on the designation pathway with many of the required elements achieved already.

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Goal from NYS Prevention Agenda	Outcome Objectives	Evidence Based Interventions / Strategies Activities	Process Measures (evaluation measures)	Partner Role	Partner Resources	When Is Intervention Expected To Take Place?	Will Action Address Disparity? How?
FHMC Goal 3: **New Goal Mid-2016** Exclusive Breastfeeding At 3 And 6 Months For As Many Patients As Clinically Possible.	▪ Increase exlusive BF rates at 3 and 6 months for Hospital patients. **Note:** Healthy People 2020 Target = 46.2% at 3 months; 25.2% at 6 months. ▪ Achieve post partum visit rate of 90% among Hospital Ambulatory Care Center (ACC) patients.	▪ Increase referrals to out patient support services and in hospital patient support groups. ▪ Include Patient Navigators in Pediatric ACC to assist in referrals . ▪ Schedule repeat BF education programs for ACC providers and staff to enhance patient support ▪ Increase referrals for use of breast pumps after discharge and once patient returns to work.	▪ Number and rates of exclusive BF at 3 and 6 months, capturing: -Exclusive breast milk, -Exclusive Formula -Breast milk and formula -Medicaid vs non-Medicaid ▪ Number and rates of post-partum visits in ACC.	▪ PHS - Referral agency for families in need and direct service providers. ▪ FHMC WIC Program - Partners in service provision. ▪ VNSNY - performs home visits for mothers with BF issues.	Staff Time	Ongoing	Staff will focus on increasing participation by Medicaid and Medicaid Managed Care (MMC) enrollees in classes, support groups and other resources.

Achievements as of November 2016

Efforts have begun to enhance EHR to capture feeding history at every visit..
Post Partum visit rate for ACC patients: 90%

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NYS Priority Area: Promoting Healthy Women, Infants and Children
NYS Focus Area 1: Maternal And Infant Health - Increase The Proportion Of Babies Who Are Breastfed
NYS Goal #2: Increase Exclusive Breastfeeding

Goal from NYS Prevention Agenda	Outcome Objectives	Evidence Based Interventions / Strategies Activities	Process Measures (evaluation measures)	Partner Role	Partner Resources	When Is Intervention Expected To Take Place?	Will Action Address Disparity? How?
FHMC Goal 4: Increase Knowledge of Community Residents And Providers About The Benefits Of Breastfeeding.	▪ Increase adoption of Breastfeeding Friendly Practice (BFFP) standards by community providers. ▪ Increase participation of community residents in BF education programs. ▪ Offer 24/7 BF room on the main campus.	▪ Provide resources and guidance to selected community practice sites to assist them in adhering to standards for BFFP. ▪ Annual Baby shower for the community to educate on breastfeeding. ▪ Continue/develop new community partnerships to host BF education programs at local libraries and other locations twice a month or more, and in multiple languages. ▪ Publicize the Hospital's BF-related programs via Hospital's social media and on external sites, including print media.	▪ Number of community based BF education programs and attendees. ▪ Pre- and post-education: knowledge of benefits of BF and local resources by community residents. ▪ Number of practices adopting BFFP standards.	▪ FHMC WIC Program - Partners in service provision. ▪ PHS - Referral agency for families in need and direct service providers. ▪ NYC DOHMH - "Breastfeeding Hospital Initiative Collaborative" - Facilitators. ▪ Babies R US - Program Host ▪ Queens Library Branch - Program Host	▪ Staff Time ▪ Staff Time ▪ Staff Time ▪ Space ▪ Space	Ongoing	Staff will schedule as many BF education programs as possible in low-income areas, especially where racial minorities are predominant.

Achievements as of November 2016

Plan to promote BFFP standards in community practices to be developed together with PHS.
Increased community participants in BF education programs - increased to 203 from 112 in 2015.
Mothers' Nursing Room opened on ground floor of Hospital in August 2016