2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY

CONEY ISLAND HOSPITAL

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NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

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Introduction to
Coney Island Hospital

Coney Island Hospital (CIH) has been the safety net hospital provider in Southern Brooklyn and Staten Island for more than 100 years.

CIH, located at the intersection of Avenue Z and Ocean Parkway and directly adjacent to the westbound side of the Belt Parkway, serves a population of approximately 900,000 residents of Southern Brooklyn. With the addition of the many motorists who daily use the adjacent Belt Parkway and the large number of visitors who use the nearby Coney Island/Brighton/Manhattan beaches and amusement area, a minimum number of community persons who are using and could potentially use the Hospital exceeds 1 million persons much of the year.

Less than a mile from the Atlantic Ocean, Coney Island Hospital was hard hit by Hurricane Sandy in October 2012, and all inpatient services were closed for two months; limited outpatient services were provided shortly after the storm and an Urgent Center replaced the full Emergency Room for about two to three months. Very significantly, our Ida G. Israel Community Health Center, located two blocks from the shorefront, was totally destroyed, and limited replacement outpatient services were provided by medical vans throughout our service area. Plans are ongoing to relocate the services provided at the CHC, including medical, dental and behavioral health, in a shorefront location in the immediate future. As of April 2013, three-quarters of the inpatient services are in use and most of the outpatient program and ER services provided in our main campus are in operation.

CIH is part of the New York City Health and Hospitals Corporation (HHC), a public benefit corporation whose mission has always been to provide comprehensive and high quality healthcare to all, regardless of their ability to pay, in an atmosphere of dignity and respect. HHC, the largest municipal healthcare organization in the country, is a $6.7 billion integrated healthcare delivery system that provides medical, mental health and substance abuse services through its 11 acute care hospitals, four skilled nursing facilities, six large diagnostic and treatment centers and more than 70 community based clinics. HHC Health and Home Care also provide in-home services in the local communities it serves.

HHC is a crucial access point for local communities that have historically been overlooked by private physicians and voluntary hospitals seeking optimal market share in an extremely competitive healthcare environment. HHC's commitment to caring for patients regardless of their ability to pay ultimately gives it the highest "market share" of low-income and uninsured patients across this City.

Based on 2010 New York State Institutional and Health Center cost reports, HHC hospitals provided a far higher proportion of care to self-pay (or uninsured) patients than any other single healthcare provider in New York City. In 2010, HHC acute care hospitals were the source of 37% of all uninsured inpatient discharges, 43% of uninsured ED visits and 67% of uninsured clinic visits among all New York City hospitals. This volume of uninsured care translates into approximately $698 million in uncompensated care annually at HHC. ◆

I. Description of the Community Served By Coney Island Hospital

The Hospital is located in ZIP Code 11235, on the border of ZIP Code 11224, where the communities of Sheepshead Bay, Gravesend and Brighton Beach converge. The Hospital is approximately one mile from the historic Coney Island and Brighton Beach shorefront areas and more distant from the Manhattan Beach shorefront.

The Primary Service Area consists of these ZIP Codes: 11235, Brighton Beach, Manhattan Beach and a small part of Sheepshead Bay; 11224, Coney Island, West Brighton and the private community of Seagate; 11223, Gravesend; and 11229, part of Sheepshead Bay, Marine Park, Plumb Beach, Homecrest and Madison.

The Secondary Service Area includes ZIP Codes 11230, Midwood; 11214, Bensonhurst and Bath Beach; 11218, Kensington and part of Borough Park; 11204, Parkville, and part of Borough Park; 11226, Flatbush; 11234, Flatlands, Mill Basin and Bergen Beach, and 11210, East Midwood.

Please see attached Figure 1 for a map of the Service Area by ZIP Code.

FIGURE 1-CIH SERVICE AREA

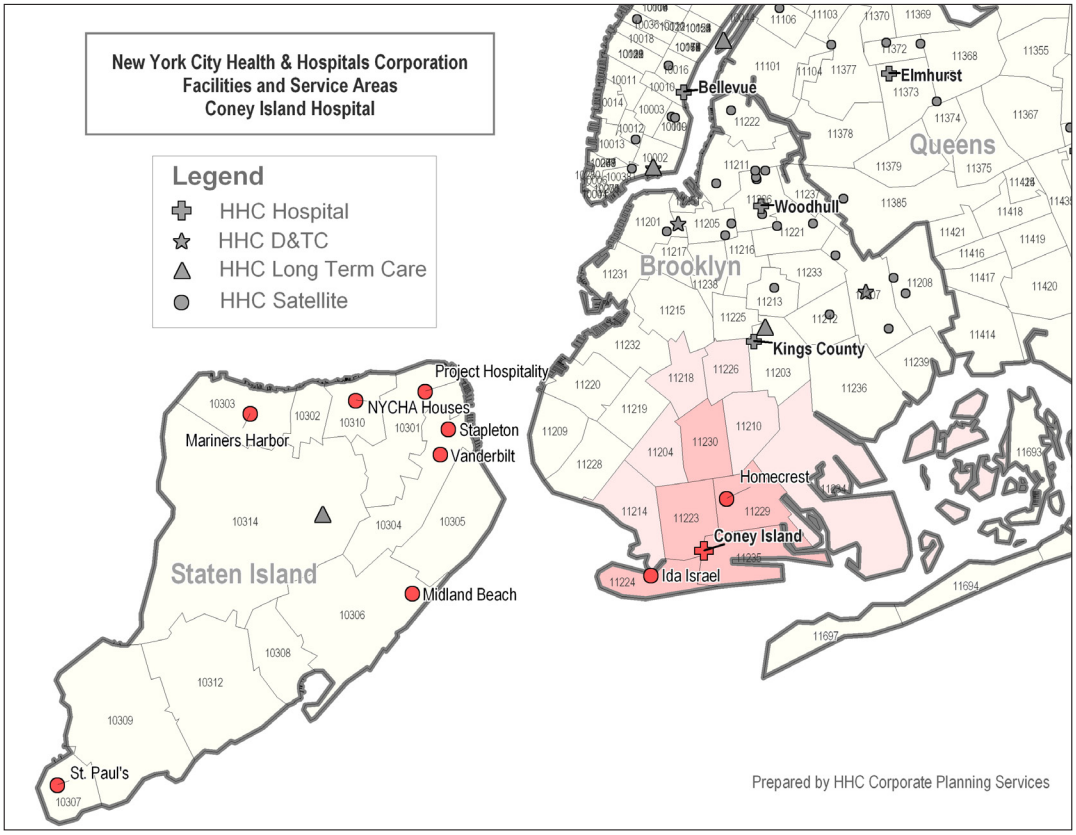

TABLE 1: CIH SERVICE AREA DEFINITION/ZIP CODES

	ZIP CODE	Unique Outpatients	% Of Total	Cumulative %
PRIMARY	11235	7,333	16.75%	16.75%
SERVICE AREA (PSA)	11224	6,563	14.99%	31.74%
	11223	4,042	9.23%	40.98%
	11229	3,457	7.90%	48.87%
SUBTOTAL		**21,395**		**48.87**
SECONDARY	11230	2,990	6.83%	55.7%
SERVICE AREA (SSA)	11214	2,451	5.60%	61.30%
	11218	1,728	3.95%	65.25%
	11204	1,385	3.16%	68.41%
	11226	1,295	2.96%	71.37%
	11234	1,240	2.83%	74.20%
	11210	767	1.75%	75.96%
SUBTOTAL		**11,856**		**76.0**
TOTAL PSA & SSA		**33,251**		

Source: Siemens Data Warehouse, Run date 10/15/12

The following table shows the population growth between the Year 2000 and the projected year 2018.

TABLE 2: CIH PRIMARY & SECONDARY SERVICE AREA POPULATION

	Population			Change 2000 - 2010		Change 2010 – 2018	
	2000	2010	2018	No.	Per.	No.	Per.
PSA	286,496	285,521	299,544	-975	-0.3%	14,023	5.0%
SSA	581,618	578,514	599,638	-3,104	-0.8%	21,124	3.7%
TOTAL	**868,114**	**864,035**	**899,182**	**-4,079**	**-0.5%**	**35,147**	**4.1%**

Source: Claritas 2013

Altogether, as shown in Table 2, it is projected that there will be a total of 299,544 residents in the primary service area in 2018. This represents a growth of 5% from 2010. With the secondary service area's projected growth of some 4% during the same time period, we anticipate a total service area population of approximately 900,000 in 2018, an overall growth of 4.1% from 2010.

Although it is currently only in the planning stages, there will probably be additional growth in the Southern Brooklyn community if the Coney Island Development Project, a multi-billion dollar city-supported project, is completed as expected, with the addition of significant housing units and a year-round amusement presence.

Table 3a shows that for the total service area, approximately 14% of the population was over the age of 65, compared to 11.4% for Brooklyn and 12% for all of New York City.

TABLE 3a: 2010 AGE DISTRIBUTION, CIH SERVICE AREA COMPARED TO BROOKLYN & NYC

Age Group	CIH Service Area	% of Total	Brooklyn	% of Total	NYC Total	% of Total
0-14	165,589	19.2	493,116	19.7	1,457,981	17.8
15 – 17	34,553	4.0	101,210	4.0	308,787	3.8
18-24	85,018	9.8	265,225	10.6	868,736	10.6
25 – 44	230,804	26.7	767,195	30.6	2,545,461	31.2
45-64	224,953	26.0	590,156	23.6	1,995,295	24.4
65 – 84	102,982	11.9	246,670	9.8	850,683	10.4
85+	20,136	2.3	40,951	1.6	141,056	1.7
Total	**864,035**	**100**	**2,504,523**	**100**	**8,167,999**	**100**

Source: Claritas 2013

While Table 3a shows that CIH serves an older population when looking solely at our total service area, when we look just at the Primary Service Area, there is a starker depiction of the impact of the elderly population compared to the Brooklyn and NYC situations (Table 3b):

TABLE 3b: 2010 AGE DISTRIBUTION, CIH PRIMARY SERVICE AREA COMPARED TO BROOKLYN & NYC

Age Group	CIH Service Area	% of Total	Brooklyn	% of Total	NYC Total	% of Total
0-14	47,135	16.5	493,116	19.7	1,457,981	17.8
15 - 17	10,325	3.6	101,210	4.0	308,787	3.8
18-24	26,531	9.3	265,225	10.6	868,736	10.6
25 - 44	70,781	24.8	767,195	30.6	2,545,461	31.2
45-64	79,291	27.8	590,156	23.6	1,995,295	24.4
65 - 84	42,256	14.8	246,670	9.8	850,683	10.4
85+	9,202	3.2	40,951	1.6	141,056	1.7
Total	**285,521**	**100**	**2,504,523**	**100**	**8,167,999**	**100**

Source: Claritas 2013

In the Primary Service Area, the percentage of persons 65 is now 18%, significantly higher than the 11.4% for Brooklyn and 12% for all of New York City. The patients seen at CIH reflect this demographic reality, as we serve the oldest population within HHC.

The CIH service area's racial composition is presented in Table 4. The primary service area has a large Asian population, reflecting the large number of Pakistani and Chinese residents of the service area. This percentage is expected to increase further until 2018, where it is expected to reach 17% in both Primary and Secondary service areas (Table 5). At the same time, the percentage of the White population in both the primary and secondary service areas is expected to decrease between the Years 2000 and 2018, while the percentage of Hispanic persons

will increase during this period. Included in the White population are Russians, Ukrainians and others from the former Soviet Union. At CIH, approximately one-third of all inpatients and outpatients are from this ethnic grouping.

TABLE 4: 2010 - CIH SERVICE AREA RACE/ETHNIC DISTRIBUTION

	PSA	SSA	Brooklyn	NYC
White	69.8%	48.5%	42.8%	44.6%
Black	7.4%	28.4%	34.3%	26.6%
Asian	15.4%	14.5%	10.5%	9.8%
Other	7.3%	8.5%	12.4%	18.9%
Hispanic	11.7%	12.7%	19.8%	27.0%

Source: Claritas 2013. 'Hispanic' includes anyone who self-identifies as Hispanic regardless of race.

TABLE 5: TRENDS IN RACE/ETHNIC DISTRIBUTION - CIH, BROOKLYN & NYC

	CIH PSA		CIH SSA		Brooklyn		NYC	
	2000	2018	2000	2018	2000	2018	2000	2018
White	71.9%	68.8%	51.7%	47.0%	41.2%	44.2%	44.6%	43.9%
Black	8.3%	6.77%	29.5%	27.2%	36.4%	32.3%	26.6%	24.3%
Asian	12.2%	17.1%	10.0%	17.0%	7.5%	12.1%	9.8%	14.4%
Other	7.6%	7.3%	8.4%	8.8%	14.8%	11.3%	18.9%	17.4%
Hispanic	10.3%	11.9%	10.3%	13.4%	19.8%	19.3%	27.0%	29.0%

Source: Claritas 2013

For large numbers of CIH service area residents, navigating healthcare services is complicated by the fact that English is not their primary language. Because many of the hospital's patients come from the former Soviet Union, South Asia and China, in addition to those who come from Spanish-speaking countries, they come with limited, and, often, no English skills or familiarity with the American healthcare system, which sometimes can be very complex. There are significant challenges coordinating care and services when language barriers exist. Establishing treatment compliance for chronic diseases such as diabetes requires that patients and their providers communicate effectively regarding the importance of filling prescriptions, diet, exercise, etc.

Table 6 shows that 36% of residents in CIH's primary service area speak some of the European languages in their homes, significantly higher than the 18% for Brooklyn and 13% for all of New York City. Our service area also indicates a large number of persons who speak Asian languages at home, again significantly more than the borough and the City.

TABLE 6: THE ORIGINS OF LANGUAGE SPOKEN AT HOME CIH SERVICE AREA COMPARED TO BROOKLYN & NYC

Area	English	Spanish	Asian	European	All Other
PSA	37.8%	8.0%	14.3%	36.1%	3.8%
SSA	49.3%	10.1%	10.4%	26.3%	3.8%
TOTAL SA	45.5%	9.4%	11.7%	29.6%	3.8%
BROOKLYN	54.2%	17.0%	8.2%	17.8%	2.7%
NYC Total	**51.4%**	**24.6%**	**8.6%**	**13.1%**	**2.4%**

Source: Claritas 2013

The most prevalent languages other than English include: Russian, Urdu, Bengali, Chinese, and Spanish. As a result, CIH is the only hospital in the nation that prints its Patient's Guide in four languages: English, Spanish, Russian and Urdu. In response to residents' language issues, we have implemented a language bank. We have several certified Spanish interpreters on staff as well as Russian and English sign language interpreters. Telephonic services are used for languages not covered by in-person interpreters, or if the patient is uncomfortable with having a third person in the examination room; these services are available on a 24-hour basis. In Fiscal Year 2012 (July 2011-June 2012), CIH provided interpretation services over 11,000 times to its patients and their families. During FY 2010 (July 2009-June 2010), data shows that the top three languages requiring interpretation were Spanish, Russian and Urdu, reflecting the actual demographics of our service areas' population

A large portion of households surrounding CIH require income support. As shown in Table 7, which lists the key Brooklyn Community Districts (CDs) that we serve, the population who received income support in 2011 ranged from 35% to 47.4%. CD 13 is the area in which the hospital is located.

TABLE 7: INCOME SUPPORT IN COMMUNITY DISTRICTS SERVED BY CIH, 2011.

Area	2010 Population	Total Persons Assisted	Percentage
CD 11	181,129	79,167	43.5
CD 13	104,276	49,450	47.4
CD 15	159,650	55,817	35.0
Brooklyn	2,504,700	1,024,519	40.9
New York City	8,175,133	2,913,453	35.6

Source: Community District Profiles: New York City Office of City Planning 2013

The extent of poverty within the service area is also reflected in the insurance status of CIH patients (Table 8). CIH's safety net burden for discharges, ED visits and clinic visits is significantly higher than that of the average of city voluntary hospitals or HHC hospitals. Some 48% of CIH inpatient discharges, 41% of the total Emergency Department visits and 43% of outpatient clinic visits are Medicaid. In addition, 32% of Emergency Department and 31% of clinic visits are uninsured/self-pay. In comparison, only 16% of Emergency Department and 11% of outpatient clinic care visits in New York City hospitals, excluding HHC facilities, are self-pay.

TABLE 8: CIH SAFETY NET BURDEN

Utilization by Payer Mix as a Percent of Total

	NYC Voluntary Nonprofit Hospitals Average*	All HHC Hospitals	Coney Island
Discharges			
Uninsured	3%	4%	6%
Medicaid	33%	38%	48%
Total Safety Net	**36%**	**42%**	**54%**
ED Visits			
Uninsured	16%	20%	32%
Medicaid	39%	41%	41%
Total Safety Net	**55%**	**61%**	**73%**
Clinic Visits			
Uninsured	11%	19%	31%
Medicaid	55%	52%	43%
Total Safety Net	**66%**	**71%**	**74%**

* Excludes HHC hospitals.
Source: 2010 Hospital Institutional Cost Report, and 2010 Health Center Cost Report.
Includes all NYC acute, general care hospitals and any wholly owned or controlled community health centers, including HHC.
Discharges exclude normal newborns. ED visits include treat and release, and visits that result in admission.
Clinic visits include comprehensive care and primary care visits only.
HHC's uncompensated care costs are $698 million.

The following table shows health data for selected conditions for the primary and secondary service areas and compares same with New York City data.

TABLE 9: COMMUNITY HEALTH SURVEY DATA

Primary Service Area	Diabetes	Obesity	High Cholesterol	Hypertension	Asthma	Adult Tobacco Smoker
Coney Island	13.8%	24.8%	38.8%	34.5%	10.2%	19.9%
Borough Park	11.4%	32.0%	31.5%	21.9%	10.8%	15.4%
Secondary Service Area						
Bensonhurst/Bay Ridge	10.8%	15.1%	30.3%	26.5%	10.4%	13.5%
Flatbush/East Flatbush	9.0%	25.2%	22.9%	32.8%	4.4%	15.4%
Primary and Secondary areas combined	**11.4%**	**25.1%**	**31.1%**	**29.1%**	**8.8%**	**16.3%**
NYC	**10.5%**	**23.7%**	**30.6%**	**28.9%**	**11.9%**	**14.8%**

Source: 2010 and 2011 NYCDOHMHCommunity Health Survey Epiquery databases.

The primary and secondary service areas show elevated rates for most of the conditions highlighted by the New York City Department of Health's Community Health Survey for 2010 and 2011.

Table 10, from the NYC Department of Health and Mental Hygiene (NYCDOHMH) shows mortality rates for Community Districts 13 and 15, the source for most of our Primary Service Area, and compares them with the corresponding rates for Brooklyn and New York City.

TABLE 10: DEATH RATES PER 100,000 POPULATION, BROOKLYN CD'S 13 AND 15 AND IN BROOKLYN AND NYC

	All Causes (Per 1,000)	Heart Disease	Malignant Neoplasms	Flu & Pneumonia	CVA	Chronic Lower Respiratory	Diabetes	Suicide
CD 13-Coney Island	11.7	425.3	278.8	85.6	34.2	33.3	28.5	8.6
CD 15-Sheepshead Bay	8.1	331.3	192.3	43.4	34.7	23.6	15.5	5.6
Brooklyn	6.1	204.8	149.7	32.7	20.8	18.4	24.4	4.6
New York City	6.4	205.0	163.0	30.2	21.2	21.5	21.5	6.2

Source: 2013 NYCDOHMH – Summary of Vital Statistics 2011- The City of New York- Appendix A, 2013

The two Community Districts show significantly higher death rates for all of the categories, both relative to Brooklyn and to New York City. The rates for Heart Disease, Malignant Neoplasms and Flu/Pneumonia especially stand out. The CD 13 rate exceeds the CD 15 rate and, it should be noted, CD 13 is where CIH is located and includes the key CIH shorefront community.

In summary, CIH is the only safety net provider in Southern Brooklyn, an area of almost a million persons. The need for access to healthcare services in CIH's communities is high. The communities served by Coney Island are largely European, especially residents from the former Soviet Union; Hispanic; and also from Southeast Asia, specifically persons from Pakistan and China. The need for health care is also evidenced by our serving what is probably the oldest population in all of New York City, with its attendant health related issues. ◆

II. Processes and Methods

The information contained in this Community Health Needs Assessment (CHNA) is derived from sources that include: 1) focus groups, 2) supplemental, or secondary, information, 3) feedback from outreach activities and 4) information from community groups, including our Community Advisory Board and local community-based organizations.

1. Primary Source: Focus Groups Conducted by This Facility in 2013

CIH conducted three focus groups in March 2013, each with a different group of participants:

- CIH patients
- Community stakeholders, including local residents and representatives of community-based organizations, and
- A group comprised of healthcare providers/staff, including many who also live in our service areas. This last group included community health experts.

The focus groups' questions were designed to produce the necessary content of a CHNA, and the groups' facilitators followed a plan that allowed maximum group participation and responses over a variety of issues in about 90 minutes. Although records of participants and verbatim responses were kept, participants were assured their names would not be associated with specific responses.

Facility patients were asked the following:

1. What are the greatest healthcare needs in your community? Or, put another way, what health problems do you see the most among your family members and neighbors?
2. On a scale from 1-5 (1 being the lowest), how does CIH respond to each health need listed?
3. Tell us about the greatest problems you and your family members face getting healthcare at CIH. If there aren't many responses, probe with: "Have you had a bad experience? Tell us about it.
4. What changes can CIH make so it can better respond to the needs and problems you've just mentioned?
5. What do you think are the greatest strengths of CIH?

Community stakeholders were asked the following five questions:

1. What do you think are the greatest strengths of healthcare in the community served by CIH?
2. What are the greatest weaknesses of healthcare in the community served by CIH?
3. What are the greatest healthcare needs in your community? Or, put another way, what illnesses do you see the most among your family and neighbors?
4. On a scale from 1-5 (1 being the lowest), how does CIH respond to each health need listed?
5. How can the facility better respond to each specific health need?

Providers were asked these questions:

1. What do you think are the greatest strengths of healthcare in the community served by CIH?
2. What are the greatest weaknesses of healthcare in the community served by CIH?
3. What are the greatest healthcare needs in the CIH community? Or, put another way, what illnesses do you see the most among your patients?

4. On a scale from 1-5 (1 being the lowest), how does CIH respond to each health need listed?
5. How can the facility better respond to each specific health need?

Responses for all three focus groups were recorded and were submitted to facility leadership for prioritization for the implementation plan.

2. Supplemental, or Secondary, Information

To assist with reporting community health needs in depth, we supplemented the focus group results with data that describes in additional detail the issues raised in those groups. These data came from a variety of primary and secondary sources, including: for population data, Claritas 2013, (U.S. Census data from Nielsen Site Reports, see http://www.claritas.com/sitereports/Default.jsp); New York City Health and Hospitals Corporation analyses of hospital and community health center cost reports 2010; New York City Department of Health and Mental Hygiene Community Health Surveys, (http://www.nyc.gov/html/doh/html/data/survey.shtml), several city boroughs' Statements of Community District Needs, Fiscal Year 2013, prepared by New York City's community district boards and available at http://www.nyc.gov/html/dcp/html/pub/cdnd13.shtmland, and data available from the New York State Department of Health website (http://www.health.ny.gov/statistics/). Additional demographic and resource information were obtained from the NYC Department of Planning http://www.nyc.gov/html/dcp/html/lucds/cdstart.shtml.

These data are presented as analyzed by the companies or agencies mentioned, or were further analyzed by HHC for purposes of this report.

3. Feedback from Outreach Activities

Our Office of Public Relations coordinates a series of events, described later in the document, throughout the Southern Brooklyn community. The office compiles feedback from the community.

4. Information from Community Groups

These include our Community Advisory Board and other organizations. CIH has excellent relations with our Community Advisory Board and we actively solicit members' opinions as to the needs of the Southern Brooklyn community. We also work well with additional community-based organizations, including the local Community Boards, and we convey their concerns to CIH clinical and administrative staffs. ◆

III. Health Needs Identified

As described in the previous section, each focus group was asked to respond to a series of questions that elicited information related to strengths and weaknesses of the nearby healthcare practices and delivery systems, unmet needs, and common illnesses/healthcare issues facing the community.

Reponses related to unmet need and common health problems were collapsed and a single list was created (Table 11). ◆

TABLE 11: HEALTH NEEDS/PREVAILING ILLNESSES

Diabetes	Cancer Services
Heart Disease	Geriatric Services
Behavioral Health	Cultural Sensitivity
Increase Preventive Care, Education and Outreach	Emergency Services
Asthma	Stroke
Obesity, including obesity in children	Prenatal Health
Additional Dental Services	End Stage Renal Disease
Arthritis	Pediatric Services

IV. Community Assets Identified

CIH and its off-site centers provide health services to large numbers of service area residents. A partial inventory of other community assets is included in the following.

Hospitals – There are two hospitals in the CIH's service area: New York Community Hospital and the Kings Highway Division of Beth Israel Medical Center. New York Community lies 2.5 miles north of CIH and Kings Highway is some 3.2 miles north of CIH. Kings Highway Hospital and New York Community are both small general hospitals, with New York Community having 134 Medical/Surgical beds, and Kings Highway having 212 such beds. Neither hospital has obstetric, pediatric or non-acute care beds and New York Community has no outpatient services.

Other Brooklyn hospitals, outside of the service area, include Maimonides Medical Center, 5 miles to the north; New York Methodist, 6 miles to the north, and Lutheran Medical Center, 7.5 miles to the west of CIH. There is a Veterans Administration facility, due west along the Belt Parkway but it is a specialized hospital for veterans of the armed forces.

Nursing Homes - Table 12 shows the nursing homes in our service area. The extensive number of such facilities reflects the aged population in Southern Brooklyn.

TABLE 12: NURSING HOMES, CIH SERVICE AREA

Name	Address/Zip	Beds
SHOREFRONT JEWISH GERIATRIC CENTER	3015 WEST 29TH STREET 11224	360
SHOREVIEW NURSING HOME	2865 BRIGHTON 3 STREET 11235	320
MENORAH HOME & HSOPITAL FOR AGED AND INFIRM	1516 ORIENTAL AVENUE 11235	320
SEA CREST HEALTH CARE CENTER	3035 WEST 24TH STREET 11224	320
SEPHARDIC SKILLED NURSING AND REHABILITATION CENTER	2266 CROPSEY AVENUE 11214	271
HAYM SOLOMON HOME FOR THE AGED	2340 CROPSEY AVENUE 11214	240
PALM GARDENS CENTER FOR NURSING AND REHABILITATION	615 AVENUE C 11218	240
PROSPECT PARK CARE CENTER	1455 CONEY ISLAND AVENUE 11230	215
SHEEPSHEAD NURSING AND REHAB CENTER	2840 KNAPP STREET 11235	200
SAINT JOACHIM AND ANNE NURSING AND REHAB CENTER	2720 SURF AVENUE 11224	200
HOLY FAMILY HOME	1740 84TH STREET 11214	200
DITMAS PARK CARE CENTER	2107 DITMAS AVENUE 11226	200
CROWN NURSING AND REHAB CENTER	3457 NOSTRAND AVE. 11229	189
CATON PARK NURSING HOME	1312 CATON AVENUE 11226	119

Source: NYC Department of City Planning, 2013

Ambulatory Care Sites – Table 13 lists the 10 Non-HHC Federally Qualified Health Center sites in the CIH service area..

TABLE 13: NON-HHC FEDERALLY QUALIFIED HEALTH CENTER SITES, CIH SERVICE AREA

Name	Address	Zip Code
ICL HEALTHCARE CHOICES, INC.	6209 16th Avenue	11204
SUNSET PARK HEALTH COUNCIL, INC.	1940 Benson Avenue	11214
SUNSET PARK HEALTH COUNCIL, INC.	2255 Cropsey Avenue	11214
EZRA MEDICAL CENTER.	1312 38th Street	11218
SUNSET PARK HEALTH COUNCIL, INC.	1608 Stillwell Avenue	11223
SUNSET PARK HEALTH COUNCIL, INC.	2840 West 12th Street	11224
SUNSET PARK HEALTH COUNCIL, INC.	100 Parkside Avenue	11226
SUNSET PARK HEALTH COUNCIL, INC.	911 Flatbush Avenue	11226
SUNSET PARK HEALTH COUNCIL, INC.	5905 Strickland Avenue	11234
SUNSET PARK HEALTH COUNCIL, INC.	2211 Emmons Avenue	11235

Source: HRSA Datawarehouse, HRSA.gov Health Centers and Look-A-Like Sites Data Download Healthcare Service Delivery Sites, Refresh Date 3/18/2013

The service area includes 13 New York State Department of Health (NYSDOH) licensed facilities that provide services including primary and specialty physician services and ambulatory surgery (Table 14).

TABLE 14: NYSDOH ARTICLE 28 DIAGNOSTIC & TREATMENT CENTERS IN CIH SERVICE AREA

Name	Address	Zip Code
AHAVA MEDICAL AND REHABILITATION CENTER	2555 NOSTRAND AVENUE	11210
BE WELL PRIMARY HEALTH CARE CENTER LLC	2019 NOSTRAND AVENUE	11210
BROOKLYN COMPREHENSIVE CARE CENTER	2501 86TH STREET	11214
SL QUALITY CARE DIAGNOSTIC AND TREATMENT CENTER	1902 86TH STREET	11214
L'REFUAH MEDICAL AND REHABILLITATION (EZRA MEDICAL CENTER)	571 MCDONALD AVENUE	11218
CENTURY MEDICAL AND DENTAL CENTER	260 AVENUE X	11223
CITY WIDE HEALTH FACILITY, INC.	201 KINGS HWY	11223
MERMAID HEALTH CENTER	1704 MERMAID AVENUE	11224
CALEDONIAN COMMUNITY HEALTH CENTER	10 ST. PAUL'S PLACE	11226
ALLHEALTH DIAGNOSTIC AND TREATMENT CENTER	1655 EAST 13TH STREET	11229
MIDWOOD CHAYIM ARUCHIM DIALYSIS ASSOCIATES	1915 OCEAN AVENUE	11230
PHYSICARE MULTI-SERVICES LTD.	3508 FLATLANDS AVENUE	11234
PRIME CARE ON THE BAY LLC	1711 SHEEPSHEAD BAY ROAD	11235

Source: NYS DOH Website, comprehensive clinics as of 2/1/13

Senior Centers - There are 23 senior citizen centers in the service area that CIH partners with on a variety of geriatric outreach efforts (Table 15).

TABLE 15: SENIOR CENTERS, CIH SERVICE AREA

Name	Address	Zip Code
HOUSE OF JACOB SENIOR CENTER	6222 23RD AVENUE	11204
MARLBORO SENIOR CENTER	2298 WEST 8TH STREET	11214
MOOSE LODGE SENIOR CENTER	7711 18TH AVENUE	11214
SENIOR CITIZENS LEAGUE OF FLATBUSH	SENIOR CENTER	11218
OCEAN PARKWAY SENIOR CITIZENS CENTER	1960 EAST 7TH STREET	11223
SEPHARDIC MULTI-SERVICE SENIOR CENTER	485 KINGS HIGHWAY	11223
BENSONHURST SENIOR CENTER	7802 BAY PARKWAY	11224
HABER HOUSES	3024 WEST 24TH STREET	11224
JASA LUNA PARK SENIOR CENTER	2880 WEST 12TH STREET	11224
JASA SCHEUER HOUSE OF CONEY ISLAND SENIOR CENTER	3601 SURF AVENUE	11224
SURF SOLOMON SENIOR CENTER	3001 WEST 37TH STREET	11224
DORCHESTER SENIOR CENTER	1419 DORCHESTER ROAD	11226
JAY SENIOR CENTER	2600 OCEAN AVENUE	11229
YOUNG ISRAEL OF BEDFORD BAY SENIOR CENTER	2114 BROWN STREET	11229
BFFY THE BAY SENIOR CENTER	3643 NOSTRAND AVENUE	11229
HOMECREST SADS	1413 AVENUE T	11229
BROOKDALE SENIOR CITIZENS CENTER	817 AVENUE H	11230
MIDWOOD SENIOR LEAGUE SATELLITE	1625 OCEAN AVENUE	11230
YOUNG ISRAEL OF MIDWOOD SENIOR CENTER	1694 OCEAN AVENUE	11230
COUNCIL CENTER FOR SENIOR CITIZENS	1001 QUENTIN ROAD	11230
JASA MANHATTAN BEACH SENIOR CENTER	60 WEST END AVENUE	11235
JASA SHOREFRONT SENIOR CENTER	3300 CONEY ISLAND AVENUE	11235
JASA SENIOR ALLIANCE SENIOR CENTER	161 CORBIN PLACE	11235

Source: NYC Planning Commission

As noted above, the Southern Brooklyn community has a large number of senior citizens. A source of medical and social services has been the recent development of NORCS, or Natural Occurring Retirement Communities. A NORC is usually an apartment building or housing complex in which a large segment of the residents are over 60, and where, for the most part, the residents are "aging in place." Seniors living in NORCS receive services provided by a NORC Supportive Services Program organization. A major percentage of all Brooklyn NORCs are located in the southern Brooklyn shorefront community, as shown in Table 16.

TABLE 16: NORCS IN SOUTHERN BROOKLYN

Name	Address	Zip Code
Marks JCS Good Neighborhoods NORC	7802 Bay Parkway	11214
Coney Island Active Aging NORC-SSP	2950 West 35th Street	11224
Trump Outreach Program for Seniors	2915 West 5th Street	11224
Trump 4 Us NORC-SSP	2942 West 5th Street	11224
Brighton on the Ocean- at Shorefront YM-YWHA	3300 Coney Island Avenue	11235
Warbasse Care for Seniors	2844 Ocean Parkway	11235

Community-Based Organizations- A partial list of community based organizations in the service area is included in Table 17. Many of these organizations regularly partner with CIH on a variety of activities including outreach, health screenings and health education. ◆

TABLE 17- LOCAL COMMUNITY BASED ORGANIZATIONS IN SOUTHERN BROOKLYN

Name	Address	Services Provided	Area Served
American Brotherhood for Russian Disabled	1849 86 Street 11214	Assistance for Disabled Russians	Russian community
Amethyst Women's Project	1907 Mermaid Avenue 11224	Advocacy; Community Development; Education; Health; Housing	Southern Brooklyn
Astella Development Corporation	1618 Mermaid Avenue 11224	Community Development; Economic Development; Housing	Coney Island
Brighton Neighborhood Association	1002 Brighton Beach Avenue 11235	Advocacy; housing; senior care; assistance for youth; immigrant outreach	Southern Brooklyn
Council of Jewish Organizations (COJO) of Flatbush	1523 Avenue M 11230	Family Health Plus/Medicaid/ Child Health Plus programs Social Services, Senior services Financial counseling, Legal assistance Emergency assistance/crisis intervention	Flatbush and all of Brooklyn
Council of Pakistani Peoples Organization USA	1081 Coney Island Avenue 11230	Serve south Asian Population Adult, family, youth and community empowerment, Healthcare education Community education	Pakistani community in Brooklyn and NYC
Greater Brooklyn Health Coalition (formerly Greater Southern Brooklyn Health Coalition)	1958 Flatbush Avenue 11233	Improve access to healthcare; help decrease health disparities and improve health for all residents of Brooklyn	All of Brooklyn
Homecrest Community Services	1413 Avenue T 11229	Community-based multi-service center for immigrants, seniors, children and families in southern Brooklyn Hot lunches for seniors, health and wellness programs, Medicare Part D enrollment- US citizenship assistance	Asians in Southern Brooklyn
Jewish Community Council of Greater Coney Island Also operates Shorefront JCC	3701 Surf Avenue 11224 128 Brighton Beach Avenue 11235	Senior Centers; Holocaust survivor program; homecare; senior transportation; after school programs; CBO technical assistance provision. Similar programs provided at Shorefront JCC	Southern Brooklyn and other parts of Brooklyn
Jewish Community Relations Council	225 West 34th Street 10122	Central Coordinating and resource body for Jewish community in metropolitan NYC-Focal point for the Jewish community in times of crisis	Metropolitan NYC
Kings Bay YM-YWHA	3495 Nostrand Avenue 11229	Physical educational programs, after school programs, summer camps, Jewish life programming, services for special needs, Multi-lingual staff.	Sheepshead Bay, Homecrest, Midwood, Marine Park, Manhattan Beach, Bergen Beach and Mill Basin
Kingsborough Community College	2001 Oriental Boulevard 11235	Educational relationships with CIH	All of Brooklyn and NYC
New York Aquarium	Surf Avenue & West 8th Street 11224	Art and culture; Education; Environment	All of Brooklyn and NYC
Marks Jewish Community House of Bensonhurst	7802 Bay Parkway 11214	Art and culture; community development; education; health; summer camp	All of Brooklyn
Russian American Foundation	70 West 36 Street 10018	Promote Russian heritage in US Promote economic and social development of Russians Promote better understanding and acceptance Russian among others in US	New York City and United States
Shorefront YM-YWHA	3300 Coney Island Avenue 11235	Art and culture; community development; education; health; summer camp	All of Brooklyn

V. Summaries: Assessments and Priorities

The CHNA for CIH was conducted in early 2013 in collaboration with the hospital's clinical and administrative leadership, representative staff from patient programs and clinical services, and community stakeholders. The purpose of this assessment is to identify existing and emerging health care needs of the local community so that CIH can develop and support meaningful and effective clinical and support services for its patients.

The existing resources and gaps in services identified through this CHNA process have been reviewed by the CHNA team, and an Implementation Plan was created to list and prioritize needs from the Assessment and to articulate strategies and resources to address them.

CIH's CHNA is aligned with several of the New York State Department of Health's Prevention Agenda Priorities for 2013-2015.

The priority needs developed by CIH are based on the focus group findings, analysis of quantitative health and social indicators as presented in this community health needs assessment, prioritization by Executive Staff, the resources available within the communities we serve, and our experience working with CIH patients and families. The five priorities that have been identified are:

1. Diabetes
2. Cardiovascular Disease
3. Behavioral Health
4. Asthma
5. Obesity, including childhood obesity.

The strategies and resources to address these priority areas are presented in the following Implementation Plan. ◆

VI. Implementation Strategy

CIH is committed to, and has taken active steps to implement, the Patient-Centered Medical Home (PCMH) Model, which will improve our care of persons with many medical conditions, including those identified above as priorities. With PCMH, CIH is committed to transforming how our patients receive their primary care. We have improved our comprehensive care practices by placing more focus on patient self-management tools which teach the patient to manage their disease, as well as monitor their success.

Some of the steps we have taken include:

1. We have expanded the hours for many of our outpatient clinics, including pharmacy and ancillary services, to 8 p.m. Monday through Thursday.
2. We have added weekend hours, Saturday and Sunday, from 8 a.m. to 4 p.m.
3. We have increased access to walk-in/same day appointment for those patients who just do not feel well and need to see a physician but do not require emergency services.
4. We have embarked on using an external call center, accessible 24 hours a day seven days a week, with operators who speak several languages. Our patients can now schedule, reschedule or cancel any appointment at any hour of the day. They can also call to leave a message for their physician or speak to a physician on call 24 hours seven days a week.
5. We have added care coordinators, who follow our high risk patient care plans and provide pre-appointment phone calls to the patient, as well as coordinate all necessary ancillary tests, utilizing diagnosis specific evidence based guidelines.

In the upcoming year, we aim to re-design our registration process to eliminate steps for our patients, while continuing to collect vital information needed to appropriately coordinate care. In addition, we plan to restructure the care team to create a patient-centered experience, with overall goals of decreasing wait times and providing quality care to our patients.

Priority: Diabetes

Diabetes Registry - The Registered Nurse Coordinator follows up with any patient with an HbA1c (blood glucose level) over 8.0 to coordinate care and patient education. The registry also provides outcome information that is included in "report cards" for physicians who are caring for diabetic patients.

Diabetes Management and Education - Patients learn how to control obesity and prevent complications from the disease. Patients diagnosed with diabetes may take advantage of frequent classes staffed with bilingual instructors who have created a curriculum that takes into account culturally influenced health beliefs, attitudes and practices. There are also specialized clinic sessions with certified diabetes educators for pediatric, pregnant and other adult diabetic patients. This program provides self-management education services that meet or exceed national standards.

Project RED (ReEngineering Discharge) - In this program, patients with selected diseases including diabetes, congestive heart failure (CHF), pneumonia, and acute myocardial infarctions (heart attacks), with chronic obstructive pulmonary

disease and asthma added in June 2013, are educated regarding their diseases while they are in the Hospital. A registered nurse case manager meets with the patient and family, evaluates their understanding of the disease and educates the patient about the disease, medications, and the importance of following the plan set by the physician. The care manager contacts the patient in 24-48 hours after discharge to make sure the person who has returned home has medications, reminds the person of the next doctor's appointment, and discusses diet and other issues specific to that patient. The process continues until the patient has made the first post-discharge visit to the primary physician.

Chronic Disease Collaborative - This collaborative, which includes other HHC hospitals, focuses on using a dynamic, group process to identify best-practices and redesign systems that improve care and clinical outcomes for patients with diabetes, heart failure, depression and pediatric asthma. The Collaborative focuses on improving the control of risk factors using data and information systems to support proactive care and improve self-management skills. The long term goal is to maximize the length and quality of life for people with chronic diseases.

Priority: Cardiovascular Disease

Collaborative Care Model for Congestive Heart Disease (CHD) and Hypertension Control - Patients with these conditions are treated by a team that includes the primary care provider, consulting specialists, and a care manager who establish a plan for regular, ongoing clinical care and at-home monitoring and lifestyle modification goals in order to effectively manage these chronic conditions.

As described above, Project RED includes congestive heart failure and acute myocardial infarction.

Priority: Behavioral Health Issues

Transition from inpatient to outpatient behavioral health programs - Due to the hurricane-related destruction of CIH's outpatient substance abuse facility, all programs will be consolidated in a new community site with an expanded scope of services. CIH's Psychiatric ER facility and the temporary replacement substance abuse program currently located at CIH are being designed programmatically to address the issues of alcoholism, abuse and suicide attempts. The Hospital's 64-bed Adult Inpatient Unit has been re-established in the Hammett Building, where it will remain pending the Hospital's long term modernization program.

Priority: Asthma

Pediatric Asthma Program - All children diagnosed with asthma are referred to this program and are assured 24-hour access to the physician specialist. The CIH Pediatric Department holds pediatric pulmonary and allergy clinics where the Pediatric Asthma Team monitors and controls asthma symptoms and provides health information on methods to reduce exposure to asthma triggers, utilize medications correctly, and deal with medication side effects.

Adult Asthma Team - The team develops an individualized care plan to manage symptoms, reduce triggers and deal with impending asthma attacks effectively. Patient education is provided during regular office visits to monitor the patient's response to medication and environmental management goals.

As noted above, Project RED will be expanded to include asthma in June 2013.

Priority: Obesity

Obesity Reduction Initiatives - Pediatric patients identified as being obese or at risk for becoming obese (based on Body Mass Index assessment) are referred to the weight loss program, operated by the pediatric endocrinologist. Patients and their families are counseled by the nutritionist and monitored by the physician.

Serving all our priority areas are programs designed to provide messages regarding healthcare and disease prevention:

Community Health Education and Outreach Programs - CIH has been raising awareness of accessible preventive and wellness programs to the communities we serve. We continue to go to local schools and address both the students and staff on relationship issues and on health educational materials, and offer workshops and health screenings, and educational forums on a variety of health topics, including diabetes, high blood pressure, cholesterol, podiatry, asthma, cancer, HIV, and behavioral health, among others. Many of our health screenings are held at local political offices throughout the year.

Health Fairs and other Health Educational Programs - During 2012, CIH participated in many health fairs, some for seniors, others for Russian and Chinese Americans and others for the general public. We work with a Farmer's Market, located in front of the Hammett Pavilion on Ocean Parkway between mid-June and mid-November. During selected Fridays, our educators have conducted open air classes and performed screening services. ◆

VII. Approval

The Implementation Strategy has been approved by the Board of Directors of the New York City Health and Hospitals Corporation on May 30, 2013. ◆