



# BROOKLYN COMMUNITY NEEDS ASSESSMENT APPENDIX A - MAPS

December 16, 2014

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION The New York Academy of Medicine



**TABLE OF CONTENTS**

Table of Contents ..... 1

Appendix A: Maps of Brooklyn ..... 6

1. Medicaid Beneficiaries by Zip Code ..... 6

2. Dual-Eligible Beneficiaries by Zip Code ..... 7

3. Uninsured Population by Zip Code ..... 8

4. Unemployment Rate by Zip Code ..... 9

5. Household Poverty by Zip Code ..... 10

6. Low Birth Weight Percentage by Zip Code ..... 11

7. Teen Fertility by Zip Code ..... 12

8. Percentage of Births Medicaid or Self-Pay by Zip Code ..... 13

9. Citizenship Status by Zip Code ..... 14

10. Language—Speaks English Less than “Very Well” by Community District ..... 15

11. Ambulatory Difficulty Ages 18-64 by Zip Code ..... 16

12. Ambulatory Difficulty Ages 65+ by Zip Code ..... 17

13. NYC Department of Corrections Jail Admissions by Resident Zip Code ..... 18

14. Serious Crime Rate by Community District ..... 19

15. Serious Housing Violation by Community District ..... 20

16. Rat Sightings ..... 21

17. Obesity Rate (by UHF Neighborhood) and Medicaid Beneficiaries (by Zip Code) ..... 22

18. Obesity Rate (by UHF Neighborhood) and Uninsured (by Zip Code) ..... 23

19. Serious Psychological Distress Rate (by UHF Neighborhood) and Medicaid Beneficiaries (by Zip Code) ..... 24

20. Serious Psychological Distress Rate (by UHF Neighborhood) and Uninsured (by Zip Code) ..... 25

21. Cigarette Smoking Rate (by UHF Neighborhood) and Medicaid Beneficiaries (by Zip Code)..... 26

22. Cigarette Smoking Rate (by UHF Neighborhood) and Uninsured (by Zip Code) ..... 27

23. Asthma-Related Service Utilization Among Medicaid Beneficiaries..... 28

24. All Inpatient Admissions (For Any Reason) for Medicaid Beneficiaries with Asthma-Related Utilization ..... 29

25. Respiratory-Related Service Utilization Among Medicaid Beneficiaries ..... 30

26. Cardiovascular-Related Service Utilization Among Medicaid Beneficiaries ..... 31

27. Hypertension-Related Service Utilization Among Medicaid Beneficiaries ..... 32

28. Diabetes-Related Service Utilization Among Medicaid Beneficiaries..... 33

29. HIV-Related Service Utilization Among Medicaid Beneficiaries ..... 34

30. All Inpatient Admissions (For Any Reason) for Medicaid Beneficiaries with HIV-Related Utilization ..... 35

31. Behavioral Health-Related Service Utilization Among Medicaid Beneficiaries ..... 36

32. All Inpatient Admissions (For Any Reason) for Medicaid Beneficiaries with Behavioral Health-Related Utilization ..... 37

33. Alcohol/Drug Use-Related Service Utilization Among Medicaid Beneficiaries ..... 38

34. All Inpatient Admissions (For Any Reason) for Medicaid Beneficiaries with Alcohol/Drug Use-Related Utilization ..... 39

35. PQI Overall Composite (PQI 90) by Zip Code ..... 40

36. PQI Acute Composite (PQI 91) by Zip Code ..... 41

37. PQI Chronic Composite (PQI 92) by Zip Code ..... 42

38. PQI All Diabetes Composite (PQI S01) by Zip Code..... 43

39. PQI All Circulatory Composite (PQI S02) by Zip Code ..... 44

40. PQI All Respiratory Composite (PQI S03) by Zip Code ..... 45

41. Diabetes Short-term Complications (PQ1 01) by Zip Code ..... 46

42. Diabetes Long-term Complications (PQI 03) by Zip Code ..... 47

43. Chronic Obstructive Pulmonary Disease or Asthma in Older Adults (PQI 05) by Zip Code ..... 48

44. Hypertension (PQI 07) by Zip Code ..... 49

45. Heart Failure (PQI 08) by Zip Code..... 50

46. Dehydration (PQI 10) by Zip Code..... 51

47. Bacterial Pneumonia (PQI 11) by Zip Code ..... 52

48. Urinary Tract Infection (PQI 12) by Zip Code ..... 53

49. Angina Without Procedure (PQI 13) by Zip Code..... 54

50. Uncontrolled Diabetes (PQI 14) by Zip Code ..... 55

51. Asthma in Younger Adults (PQI 15) by Zip Code ..... 56

52. Lower-Extremity Amputation among Patients with Diabetes (PQI 16) by Zip Code ..... 57

53. Potentially Preventable ER Visits (PPV) by Zip Code..... 58

54. FQHCs and Medicaid Beneficiaries by Zip Code..... 59

55. FQHCs and Uninsured Population by Zip Code ..... 60

56. Health Centers Serving Medicaid Beneficiaries and the Uninsured (I)..... 61

57. Health Centers Serving Medicaid Beneficiaries and the Uninsured (II)..... 62

58. School-Based Health Centers and Medicaid Beneficiaries (Ages 0-17) by Zip Code ..... 63

59. School-Based Health Centers and Uninsured Population (Ages 0-17) by Zip Code..... 64

60. Health Insurance Enrollment Sites and Uninsured Population by Zip Code..... 65

61. Alcohol/Drug Use Resources with Weighted Condition Prevalence Among Beneficiaries ..... 66

62. Ambulatory Surgery Centers and Office-Based Surgical Practices ..... 67

63. Physical, Occupational and Speech Therapy Programs and Medicaid Beneficiaries by Zip Code ..... 68

64. Older Adults Care Resources and Dual-Eligible Beneficiaries by Zip Code ..... 69

65. Older Adult Care Resources and Medicaid Beneficiaries by Zip Code..... 70

66. Developmental Disabilities Resources and Medicaid Beneficiaries by Zip Code..... 71

67. Disease Information and Support and Medicaid Beneficiaries by Zip Code..... 72



68. Disease Information and Support and the Uninsured by Zip Code ..... 73

69. Healthy and Active Living Resources and Obesity Rate by UHF Neighborhood ..... 74

70. Cardiovascular Disease Resources and PQI All Circulatory Composite (PQI S02) by Zip Code ..... 75

71. Diabetes Resources and PQI All Diabetes Composite (PQI S01) by Zip Code ..... 76

72. Asthma Resources and PQI All Respiratory Composite (PQI S03) by Zip Code..... 77

73. Asthma Resources and % Beneficiaries with Asthma-Related Utilization ..... 78

74. HIV/AIDS Resources and % Beneficiaries with HIV/AIDS-Related Utilization..... 79

75. Immigrant Healthcare Resources and Citizenship Status by Zip Code ..... 80

76. Dental Clinics and Medicaid Beneficiaries by Zip Code ..... 81

77. Dental Clinics and Uninsured Population by Zip Code..... 82

78. Hospitals and Public Transit..... 83

79. Hospitals and Medicaid Beneficiaries by Zip Code ..... 84

80. Local Government Services and Medicaid Beneficiaries by Zip Code ..... 85

81. Local Government Services and Uninsured Population by Zip Code..... 86

82. Safety-Net Physicians, Physician Assistants and Nurse Practitioners and Medicaid Beneficiaries by Zip Code ..... 87

83. Safety-Net Physicians, Physician Assistants and Nurse Practitioners and Uninsured Population by Zip Code..... 88

84. Safety-Net Dentists and Medicaid Beneficiaries by Zip Code..... 89

85. Safety-Net Dentists and Uninsured Population by Zip Code ..... 90

86. Behavioral Health Resources with Weighted Condition Prevalence Among Beneficiaries ..... 91

87. Primary Care, OB/GYN and “Mental Health” Physicians for Whom Self-Pay is 30% or More of Panel by Zip Code..... 92

88. Housing and Homeless Resources and Medicaid Beneficiaries by Zip Code..... 93

89. Housing and Homeless Resources and Uninsured Population by Zip Code ..... 94

90. Youth Services and Medicaid Beneficiaries (Ages 0-17) by Zip Code ..... 95

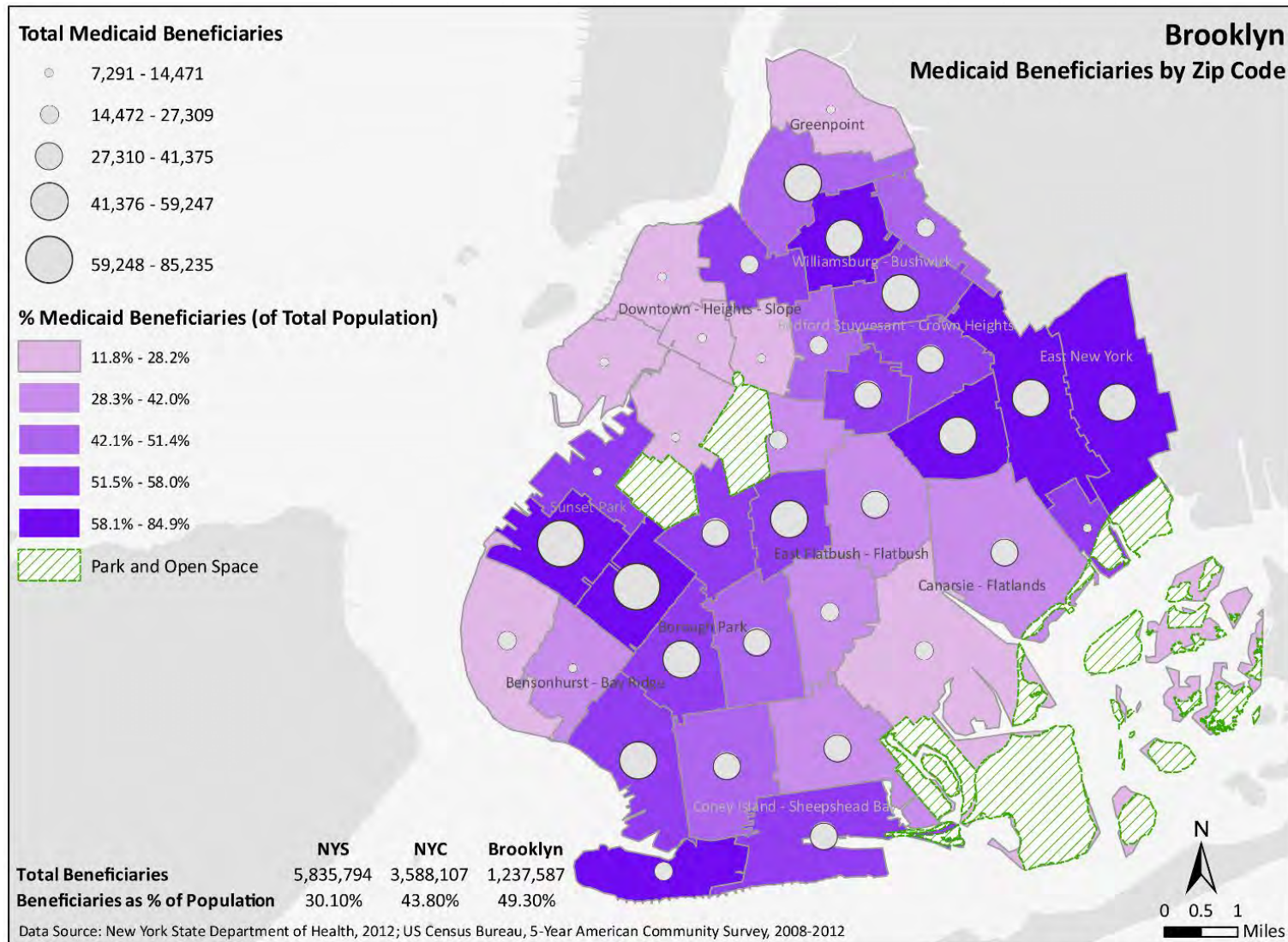
91. Youth Services and Uninsured Population (Ages 0-17) by Zip Code..... 96

92. Public Libraries and Medicaid Beneficiaries by Zip Code..... 97

93. Public Libraries and Uninsured Population by Zip Code ..... 98

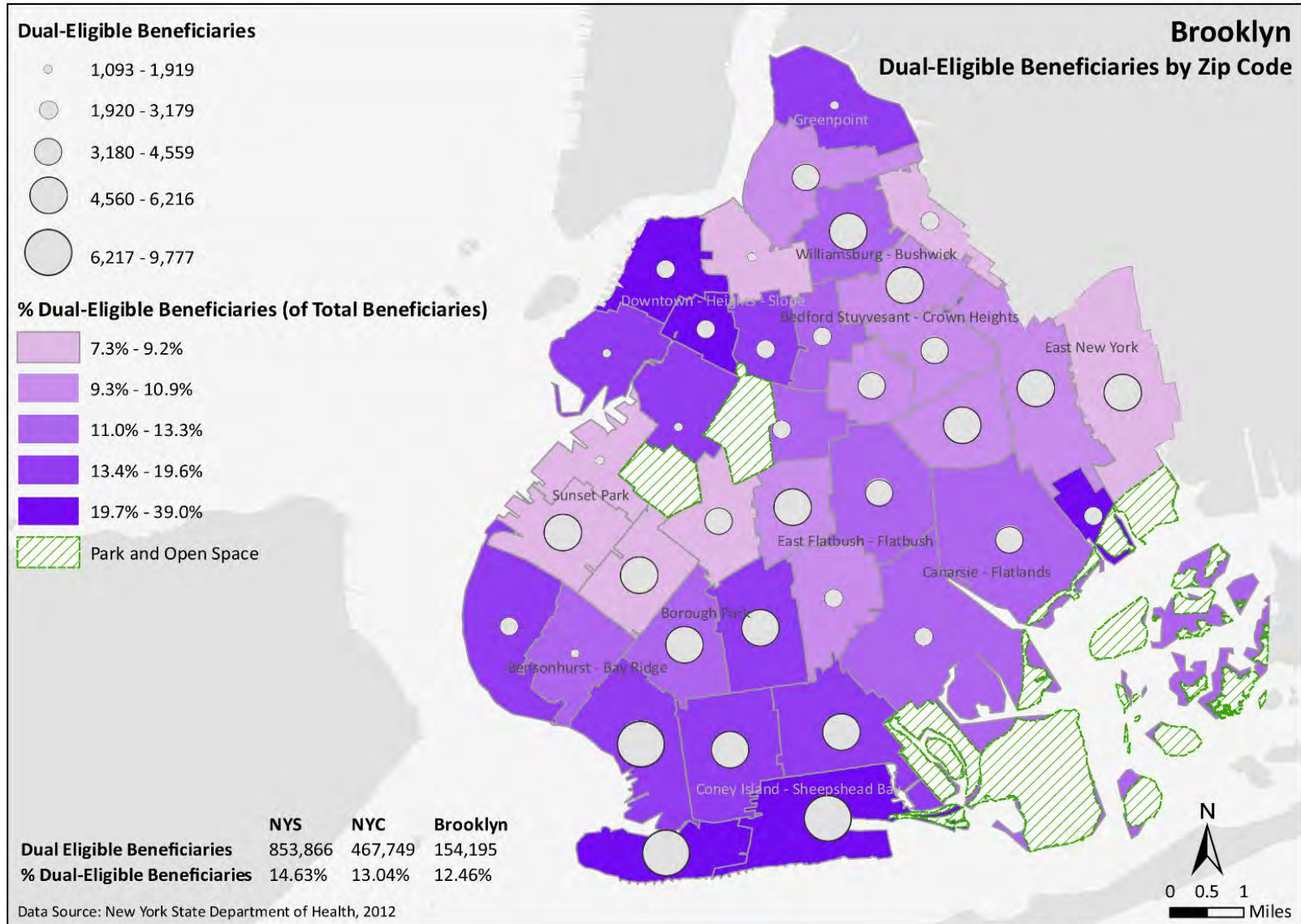
**APPENDIX A: MAPS OF BROOKLYN**

1. Medicaid Beneficiaries by Zip Code



Prepared by The New York Academy of Medicine

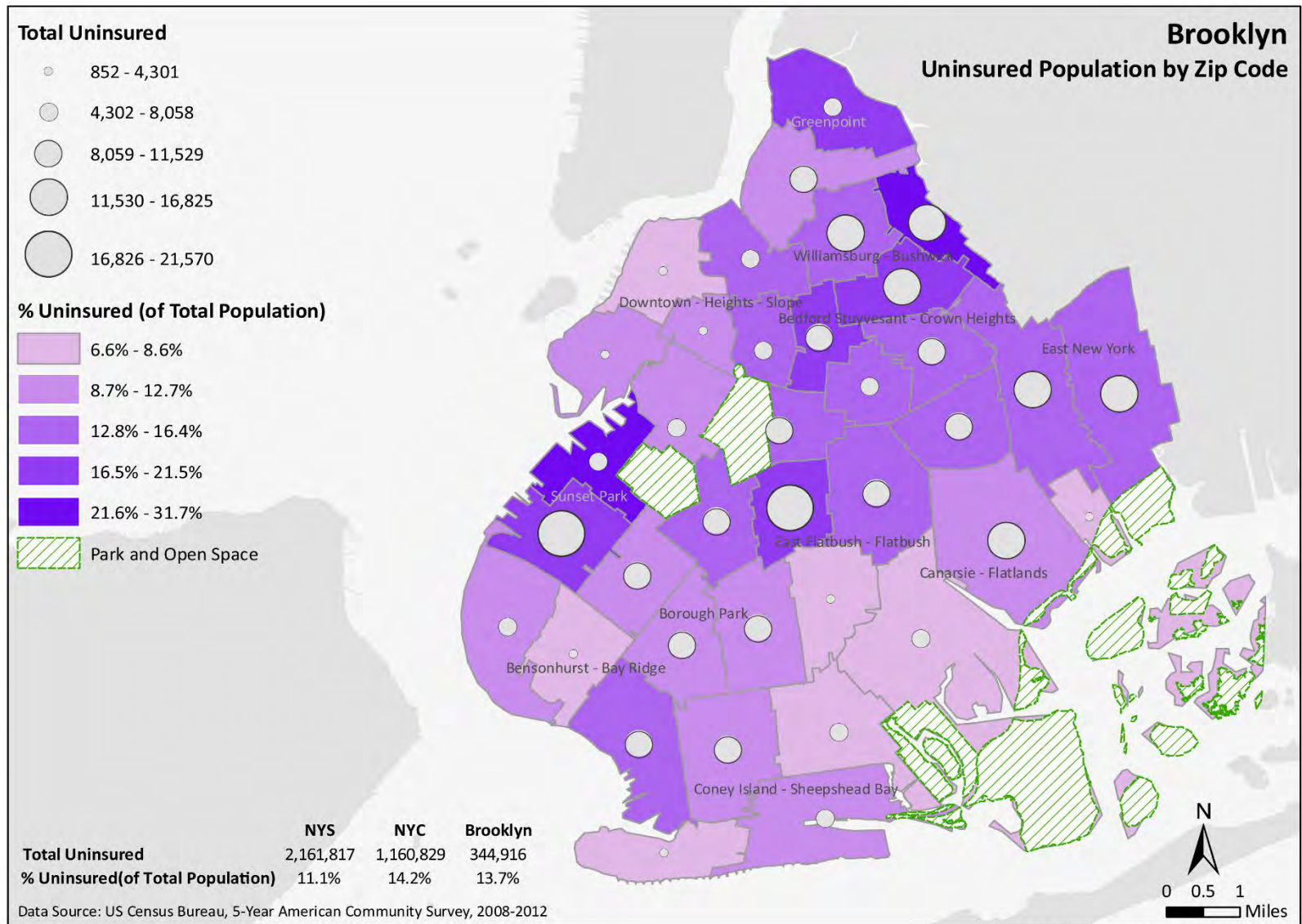
2. Dual-Eligible Beneficiaries by Zip Code



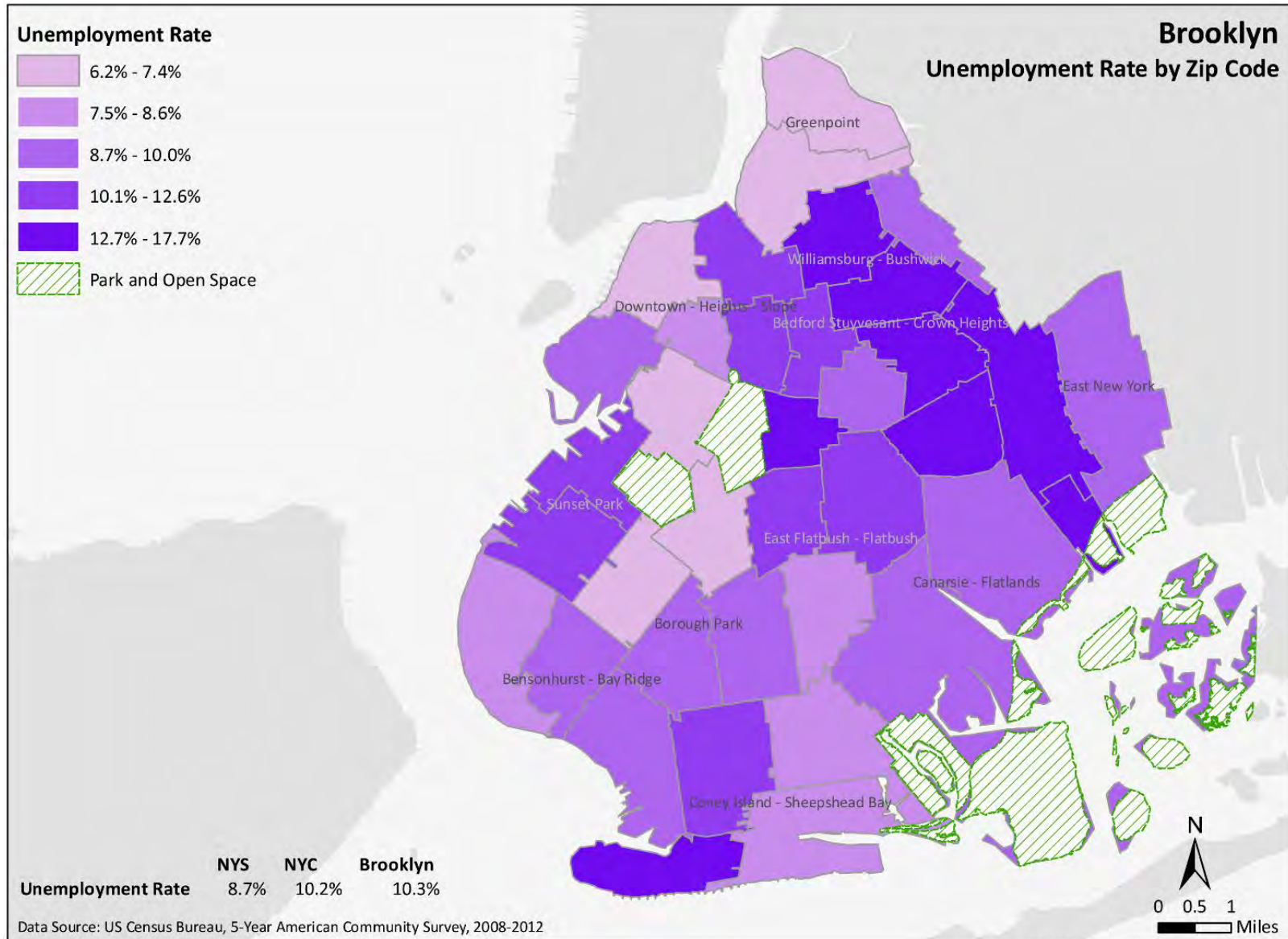
Prepared by The New York Academy of Medicine



3. Uninsured Population by Zip Code

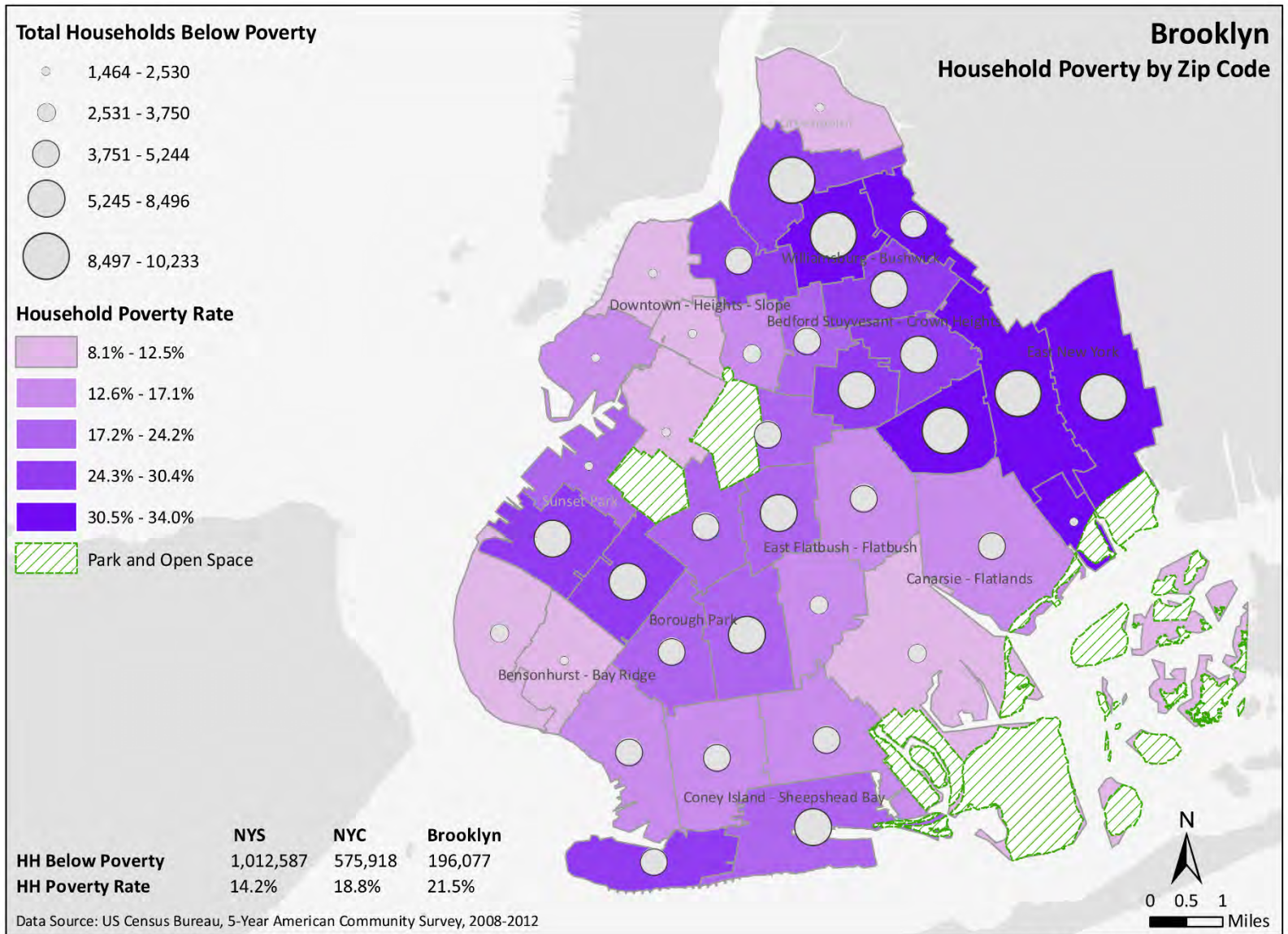


4. Unemployment Rate by Zip Code

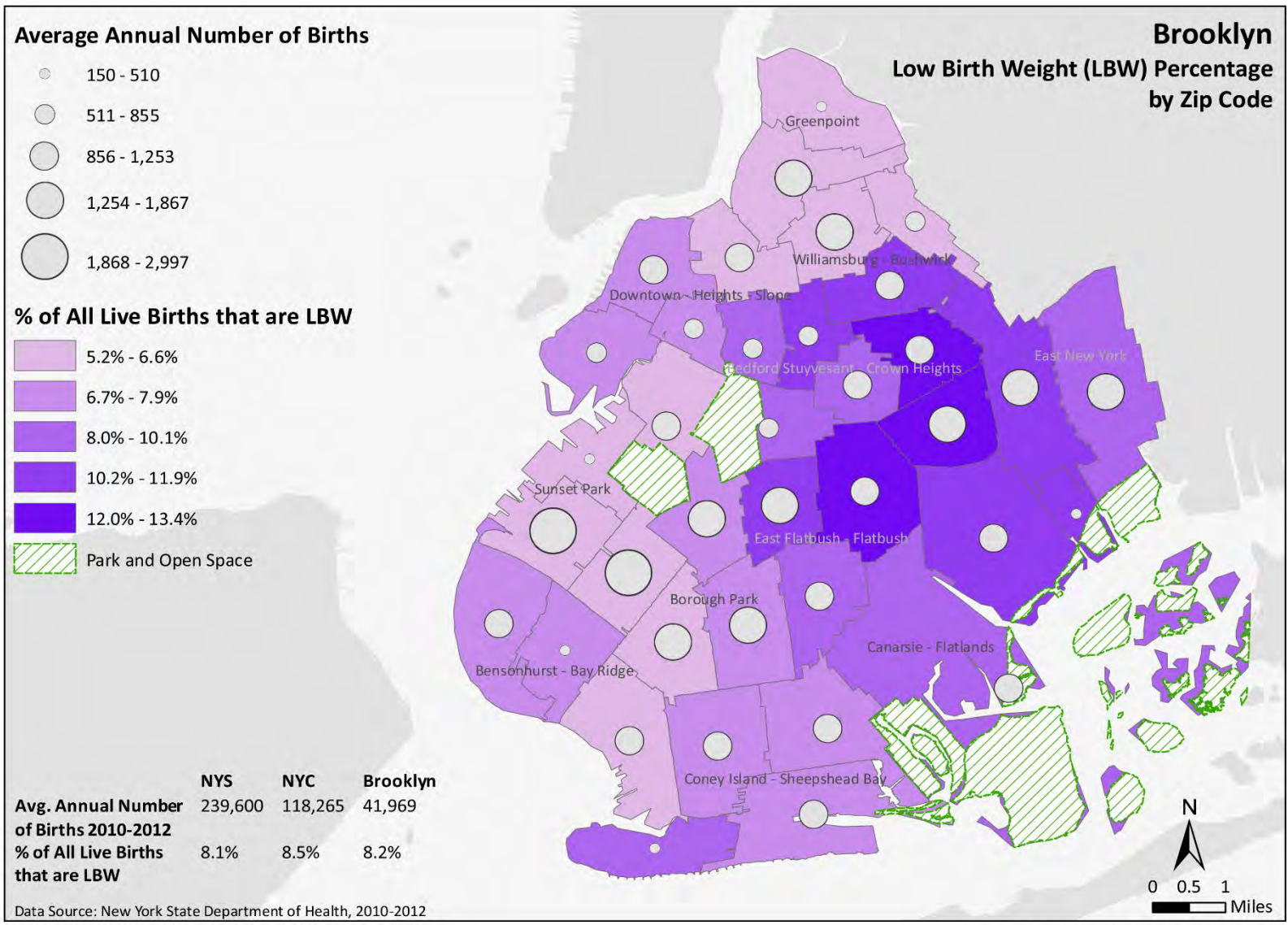




5. Household Poverty by Zip Code



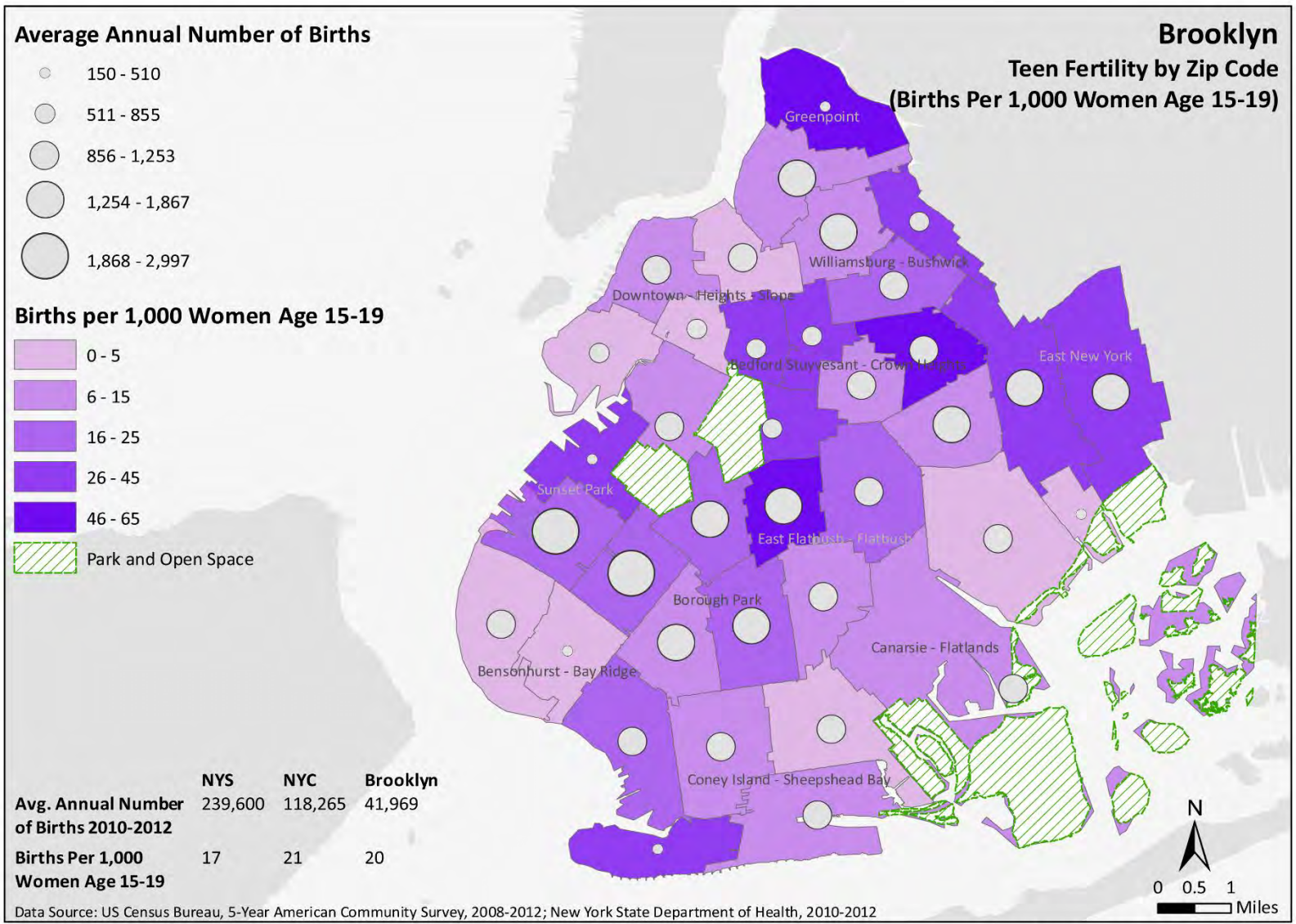
6. Low Birth Weight Percentage by Zip Code



Prepared by The New York Academy of Medicine

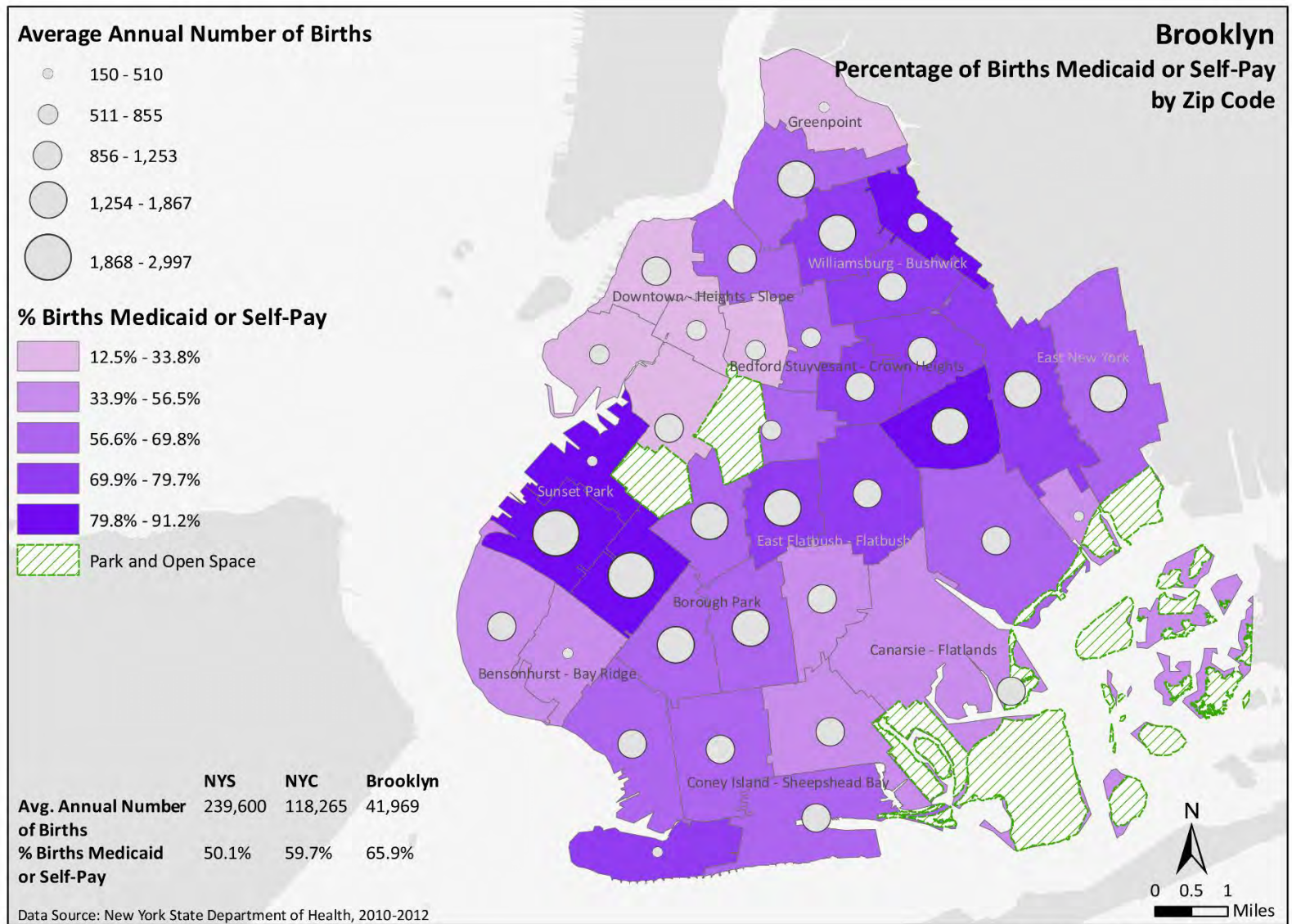


7. Teen Fertility by Zip Code



Prepared by The New York Academy of Medicine

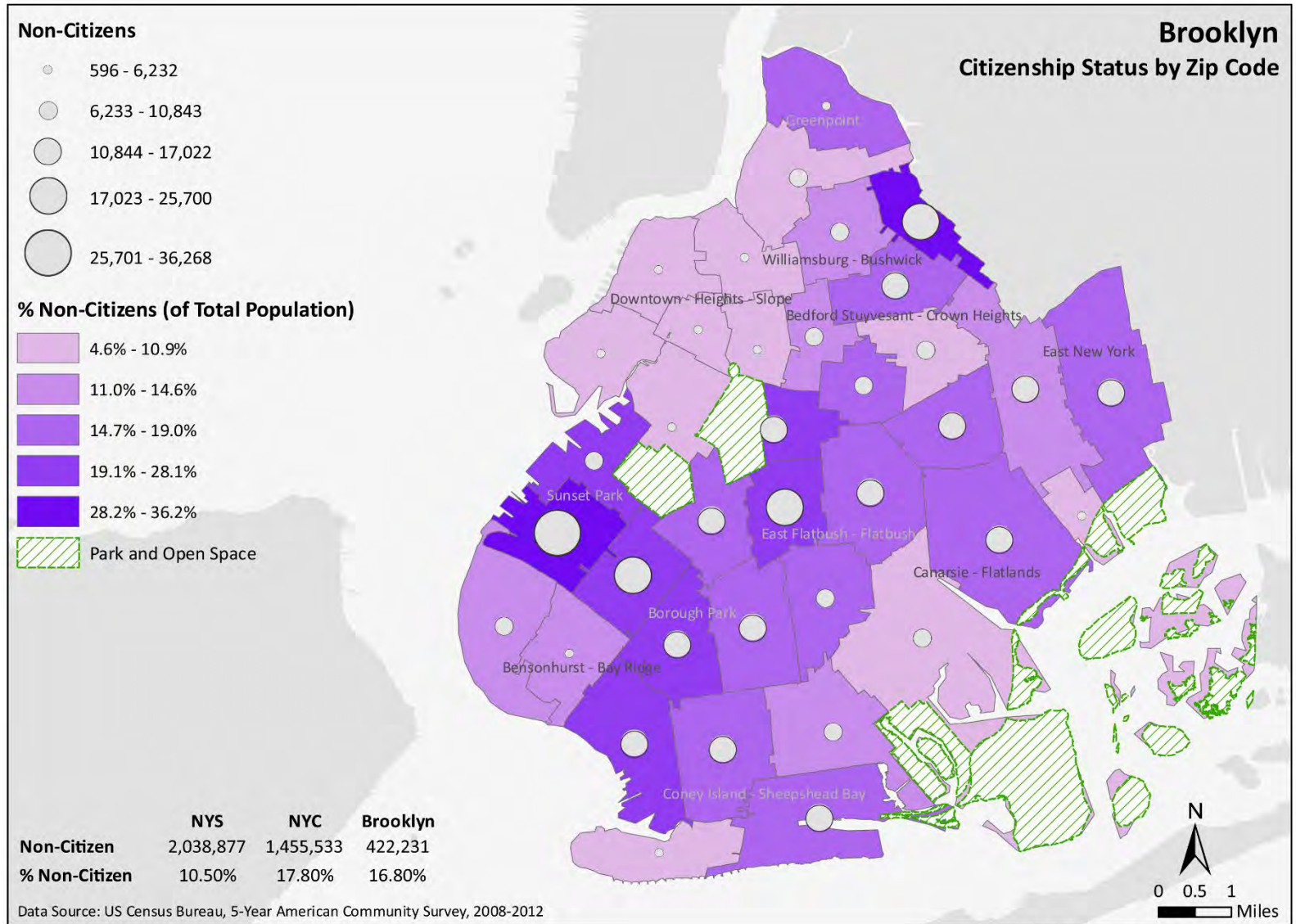
8. Percentage of Births Medicaid or Self-Pay by Zip Code



Prepared by The New York Academy of Medicine

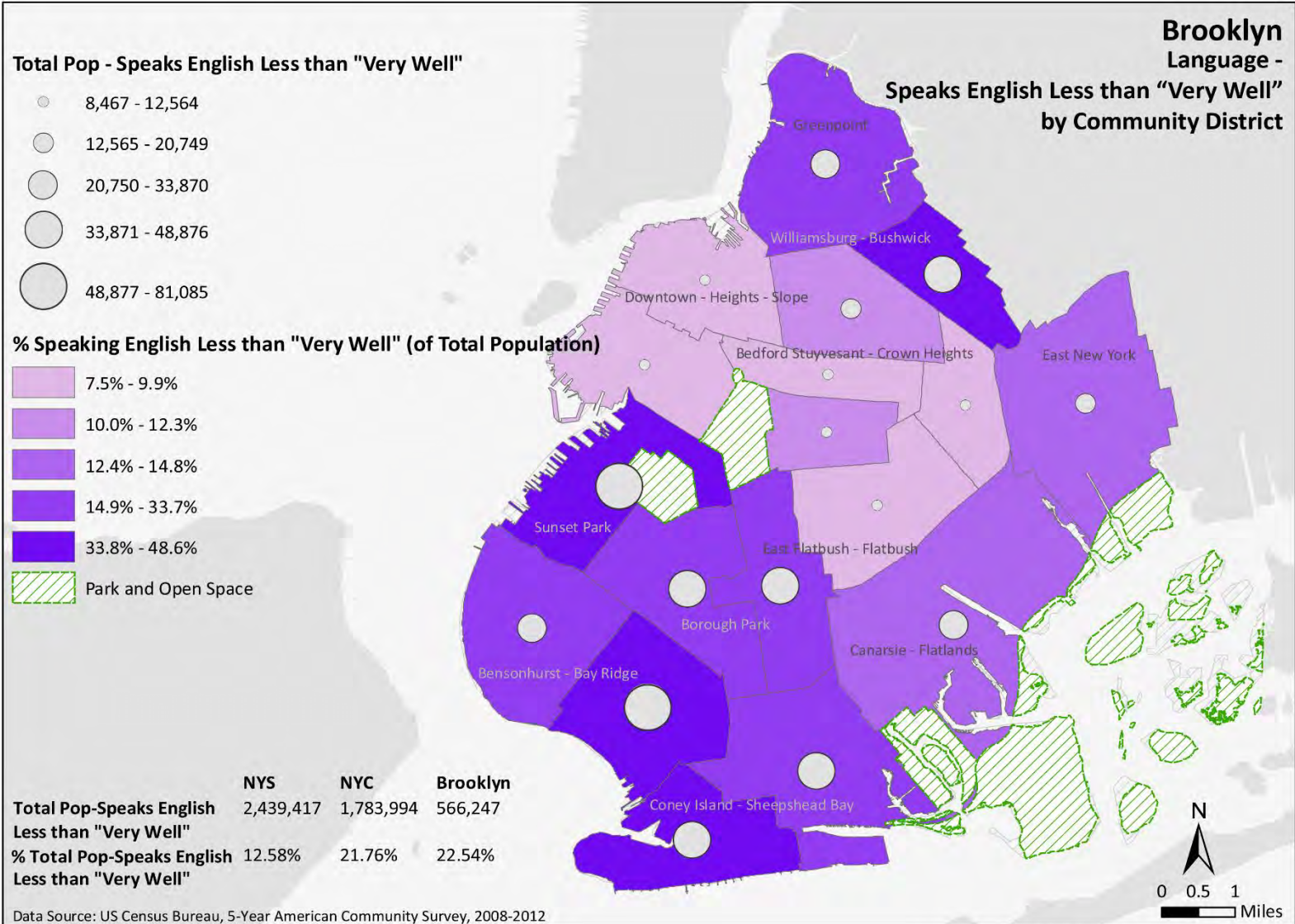


9. Citizenship Status by Zip Code



Prepared by The New York Academy of Medicine

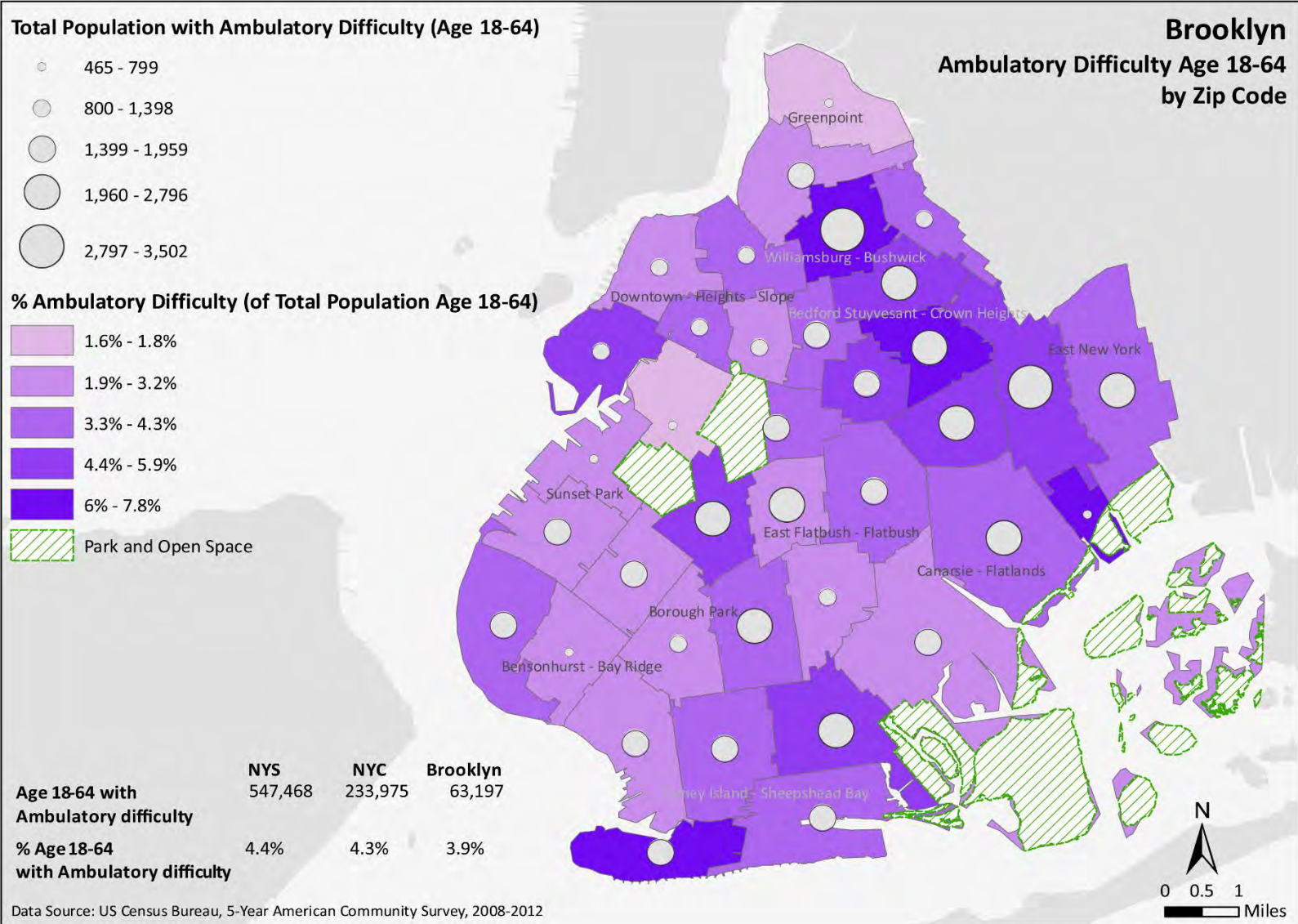
10. Language—Speaks English Less than “Very Well” by Community District



Prepared by The New York Academy of Medicine

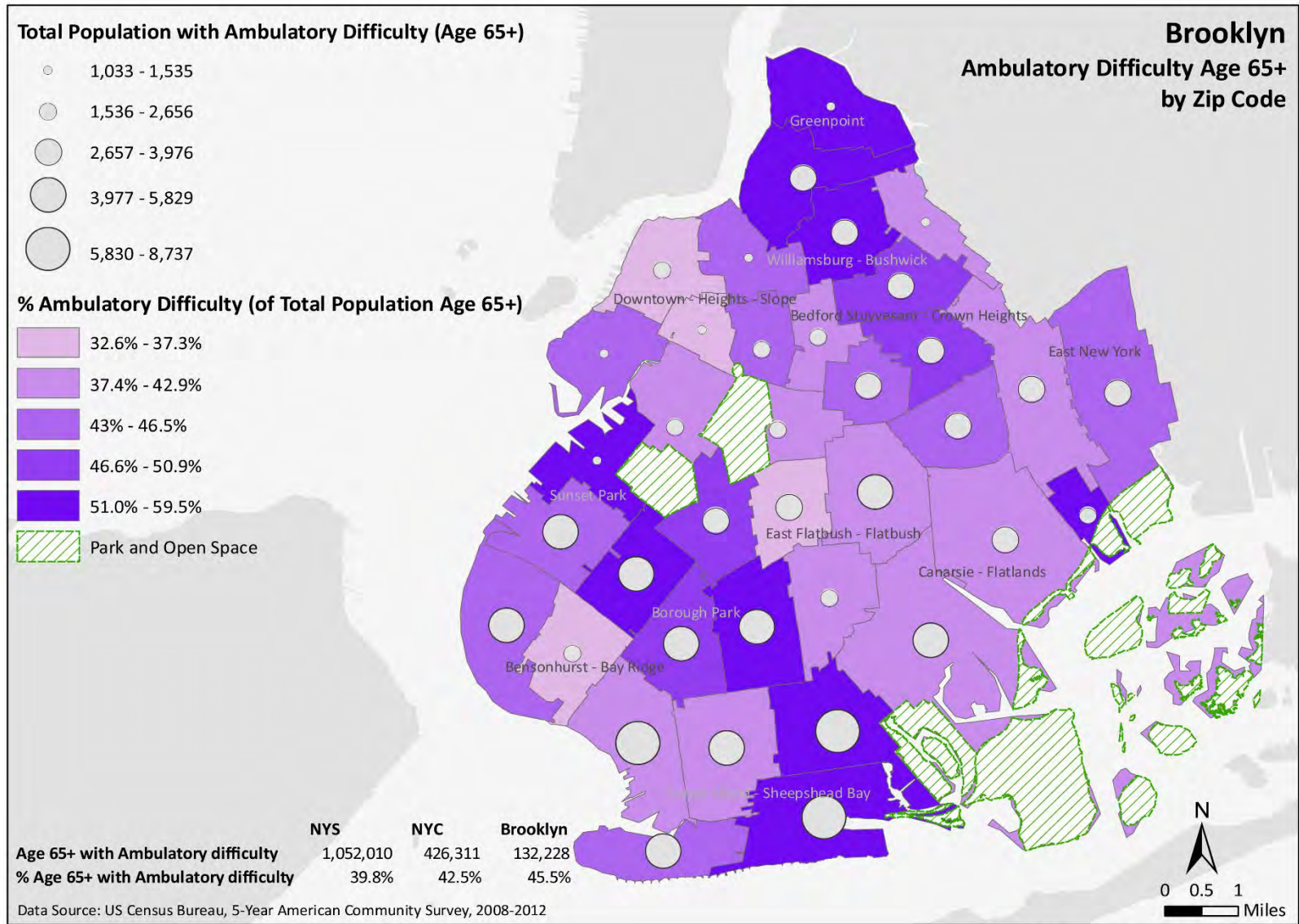


11. Ambulatory Difficulty Ages 18-64 by Zip Code



Prepared by The New York Academy of Medicine

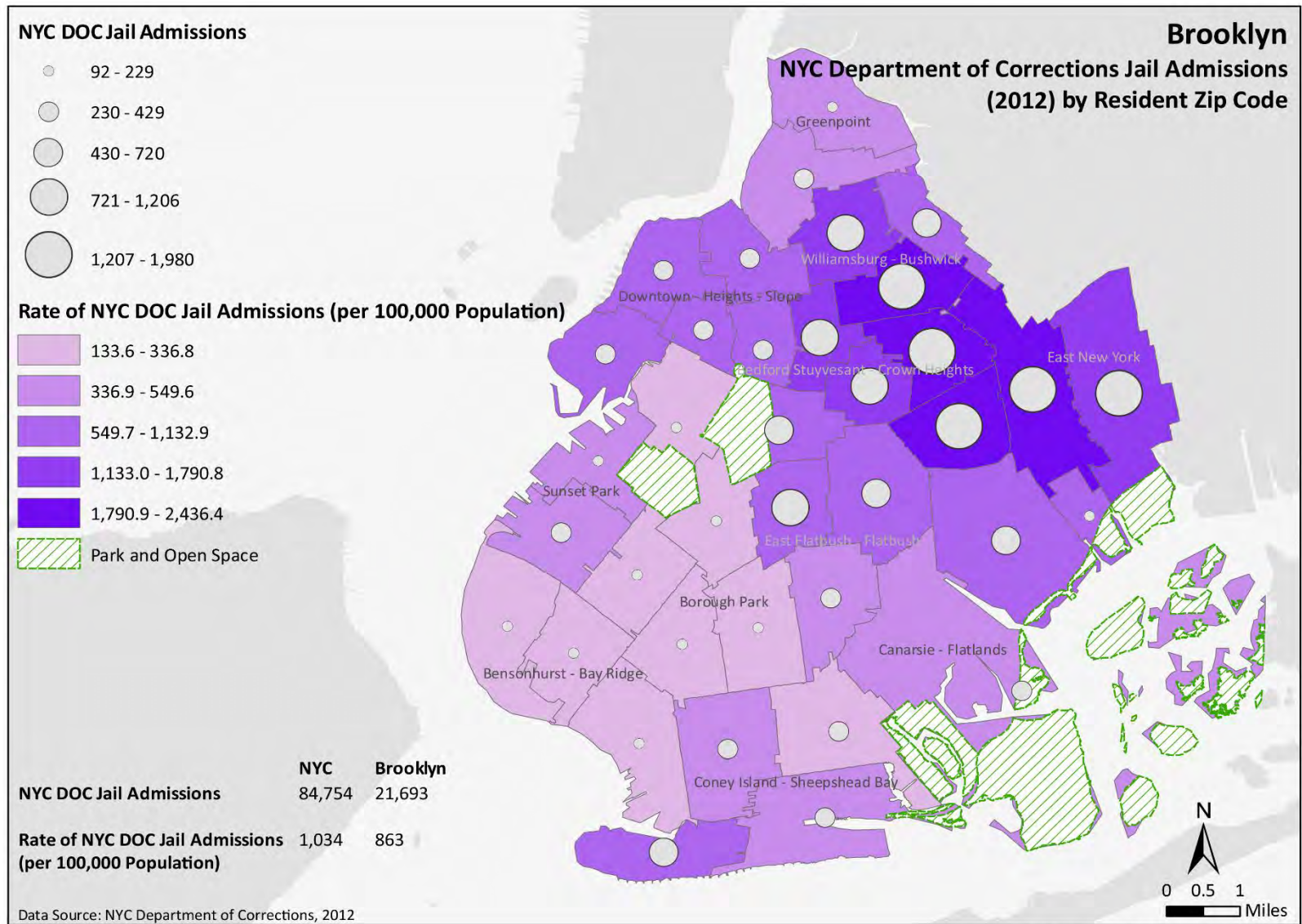
12. Ambulatory Difficulty Ages 65+ by Zip Code



Prepared by The New York Academy of Medicine

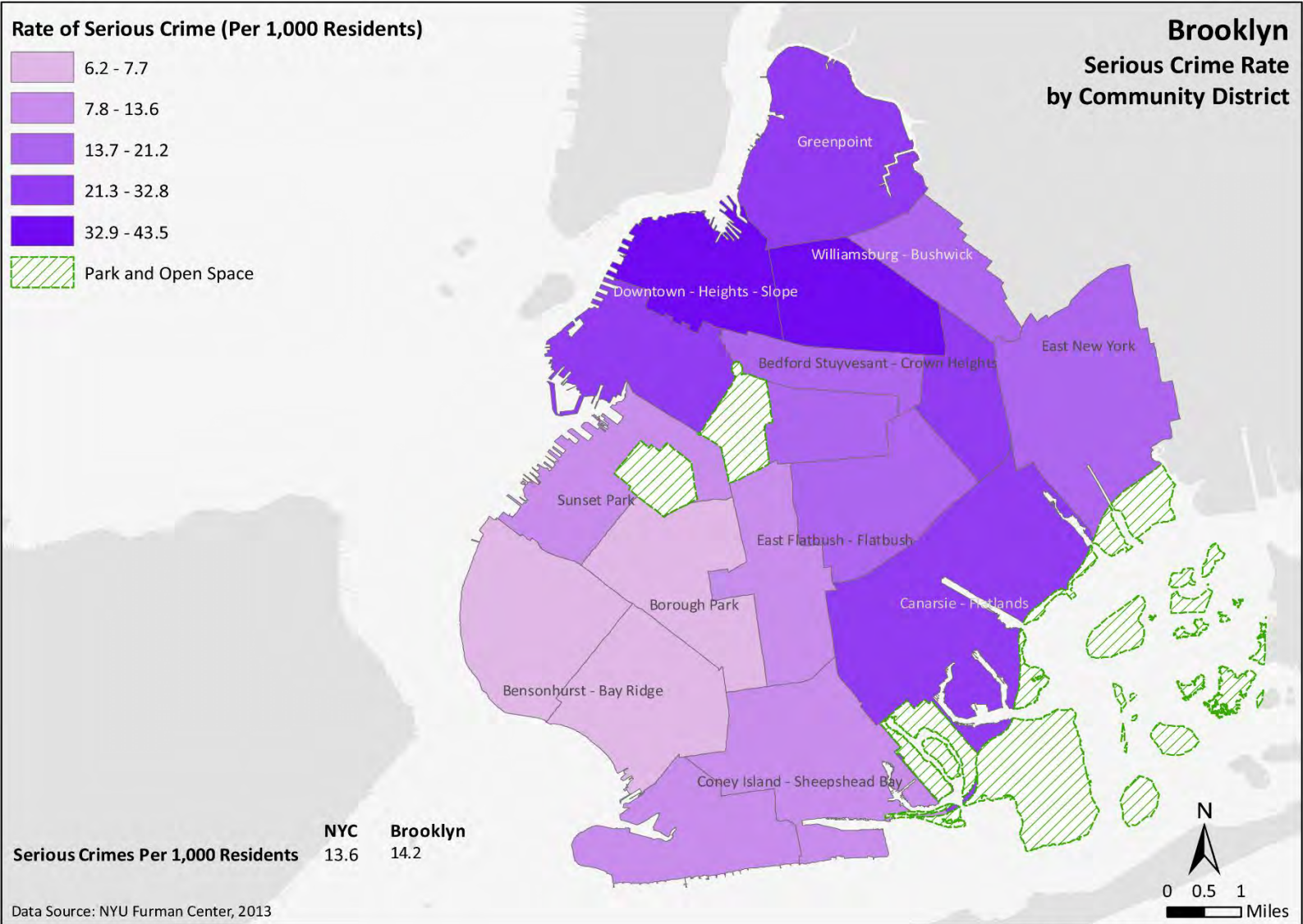


13. NYC Department of Corrections Jail Admissions by Resident Zip Code



Prepared by The New York Academy of Medicine

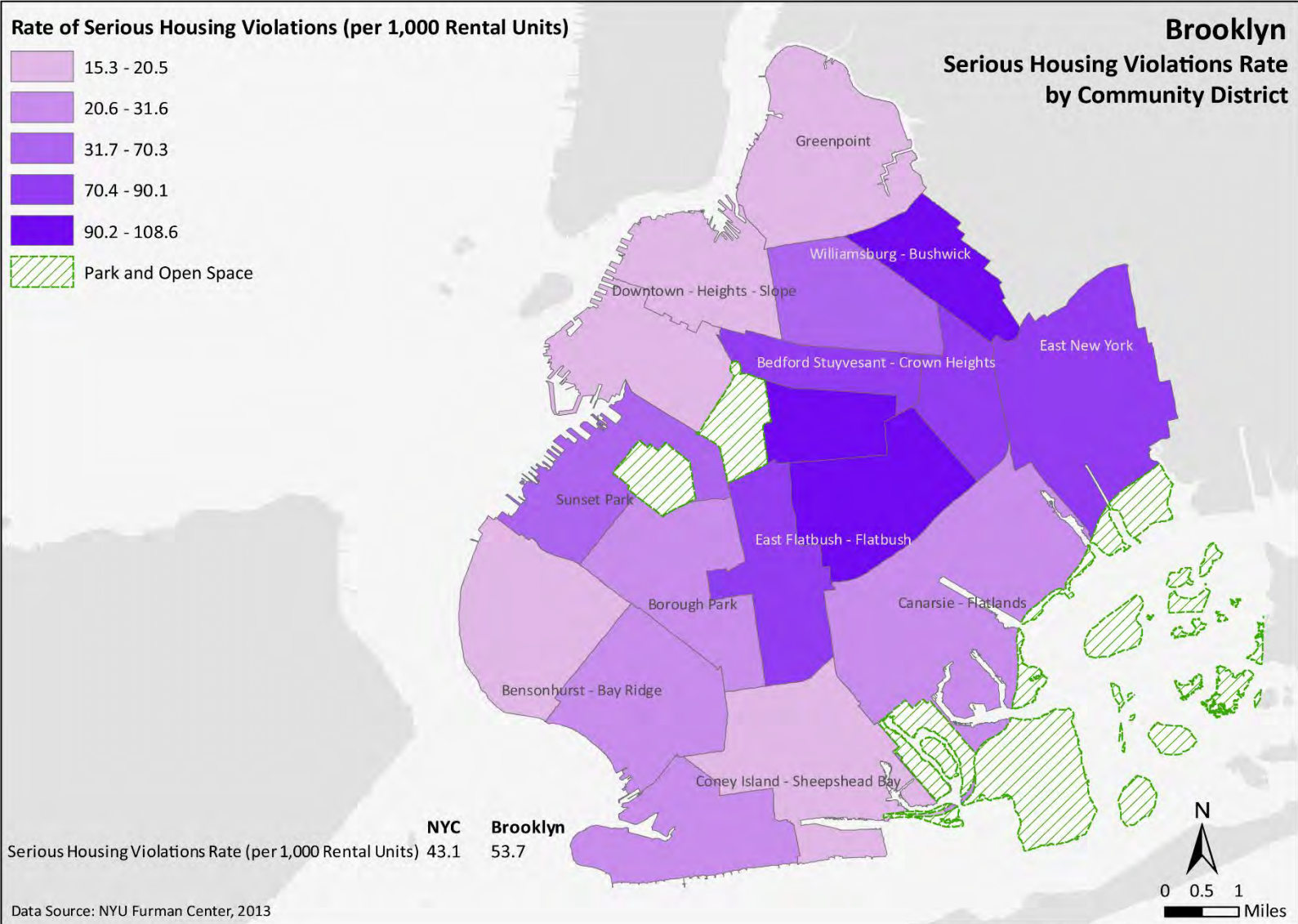
14. Serious Crime Rate by Community District



Prepared by The New York Academy of Medicine

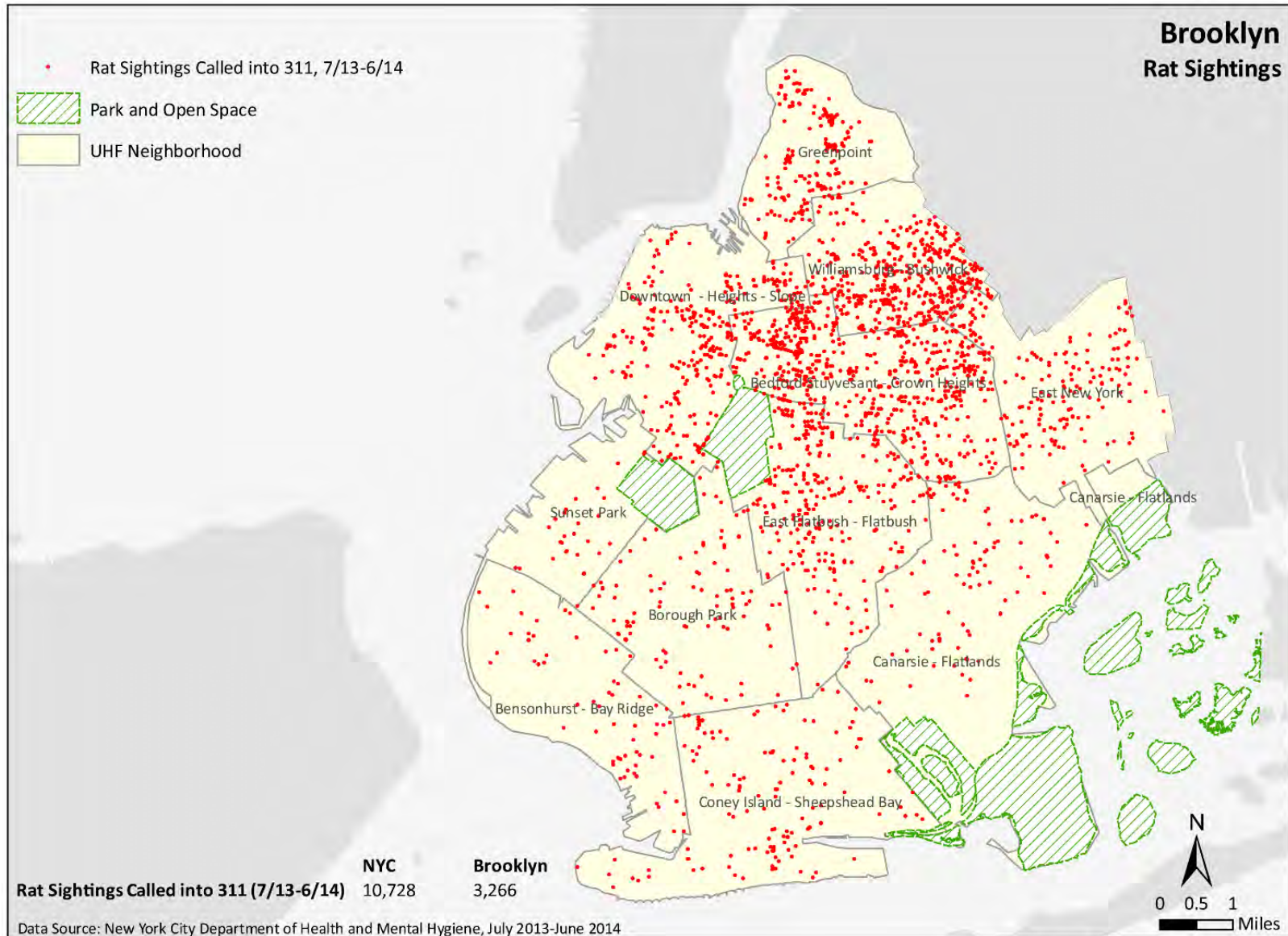


15. Serious Housing Violation by Community District



Prepared by The New York Academy of Medicine

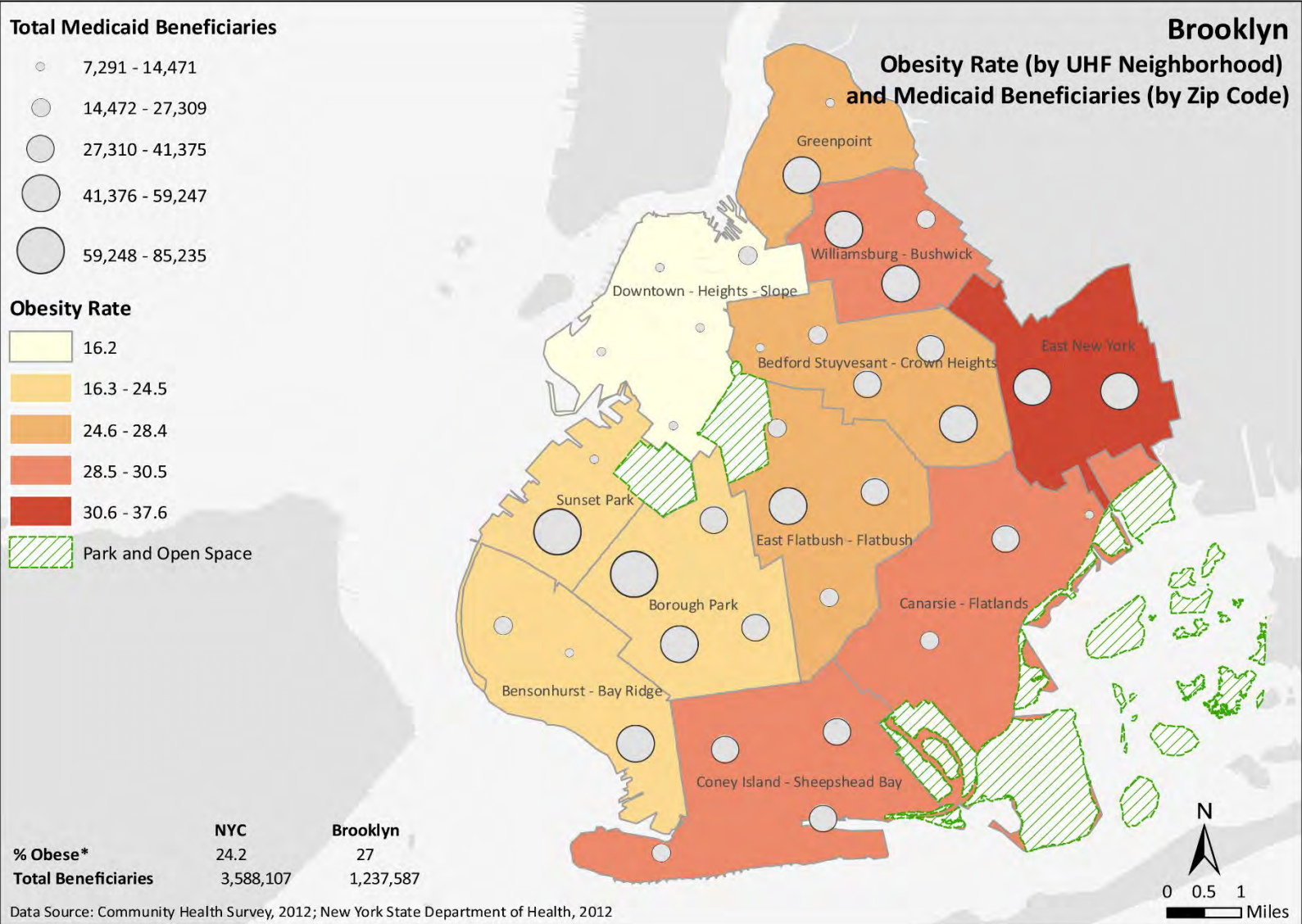
16. Rat Sightings



Prepared by The New York Academy of Medicine

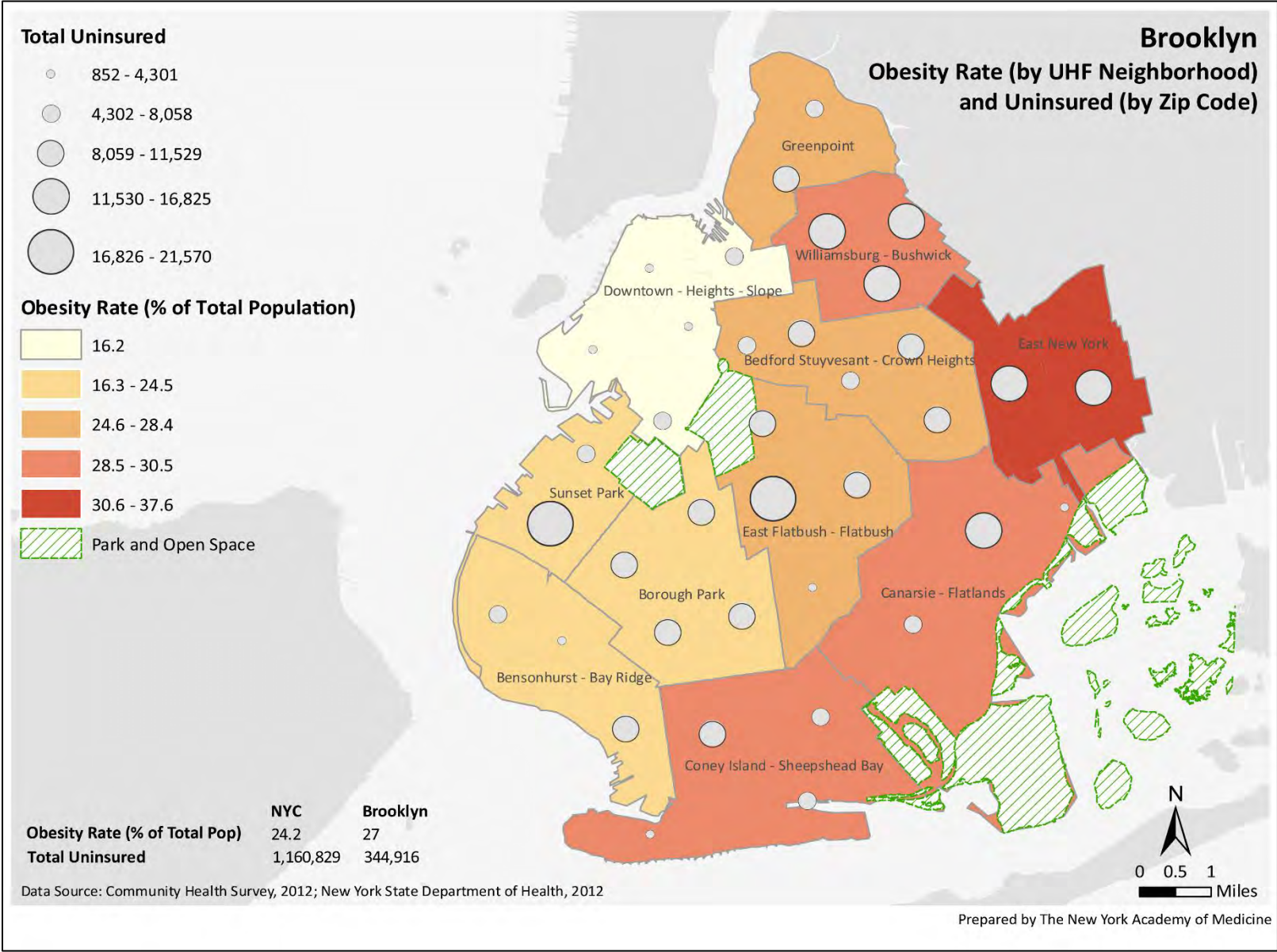


17. Obesity Rate (by UHF Neighborhood) and Medicaid Beneficiaries (by Zip Code)



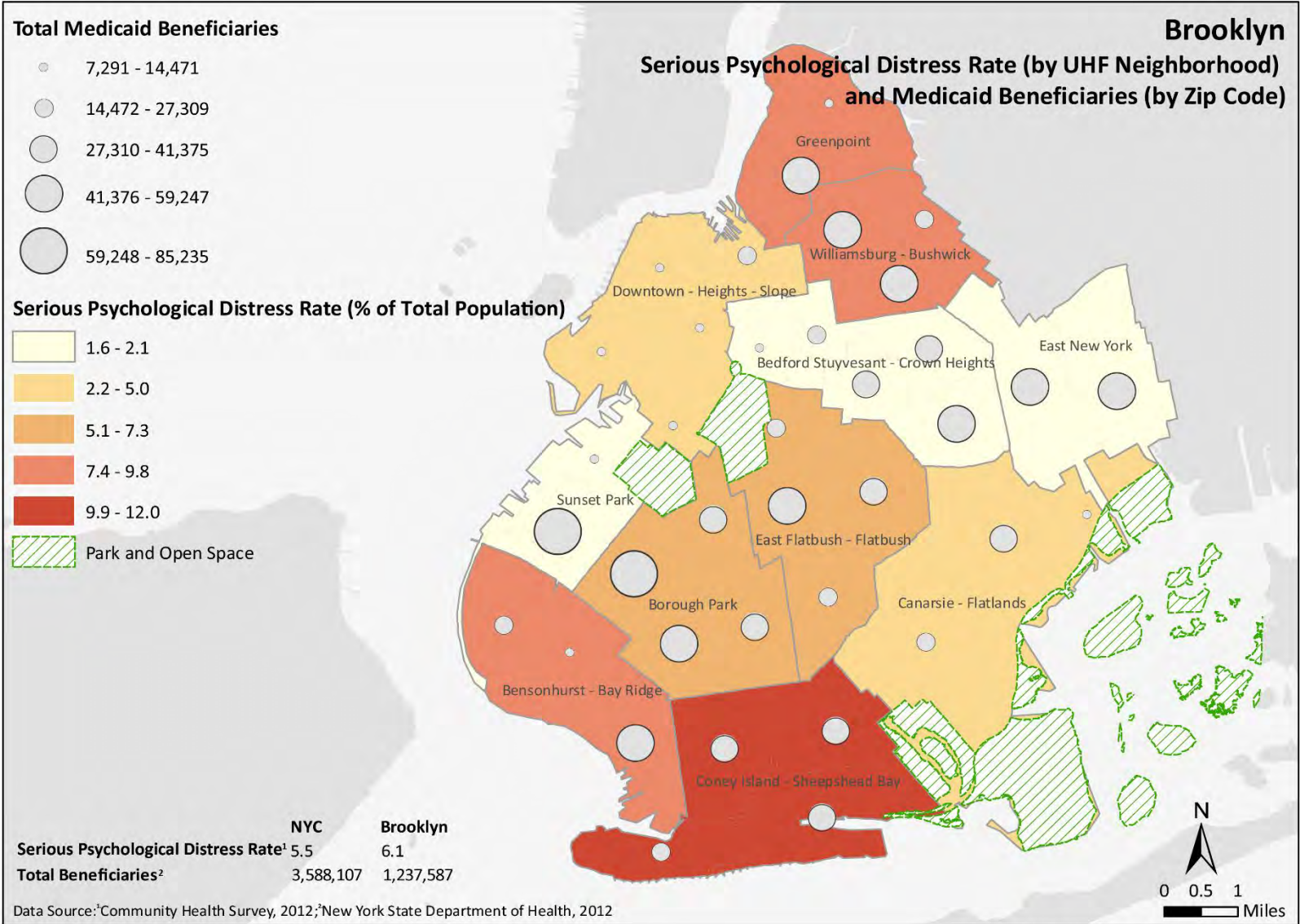
Prepared by The New York Academy of Medicine

18. Obesity Rate (by UHF Neighborhood) and Uninsured (by Zip Code)



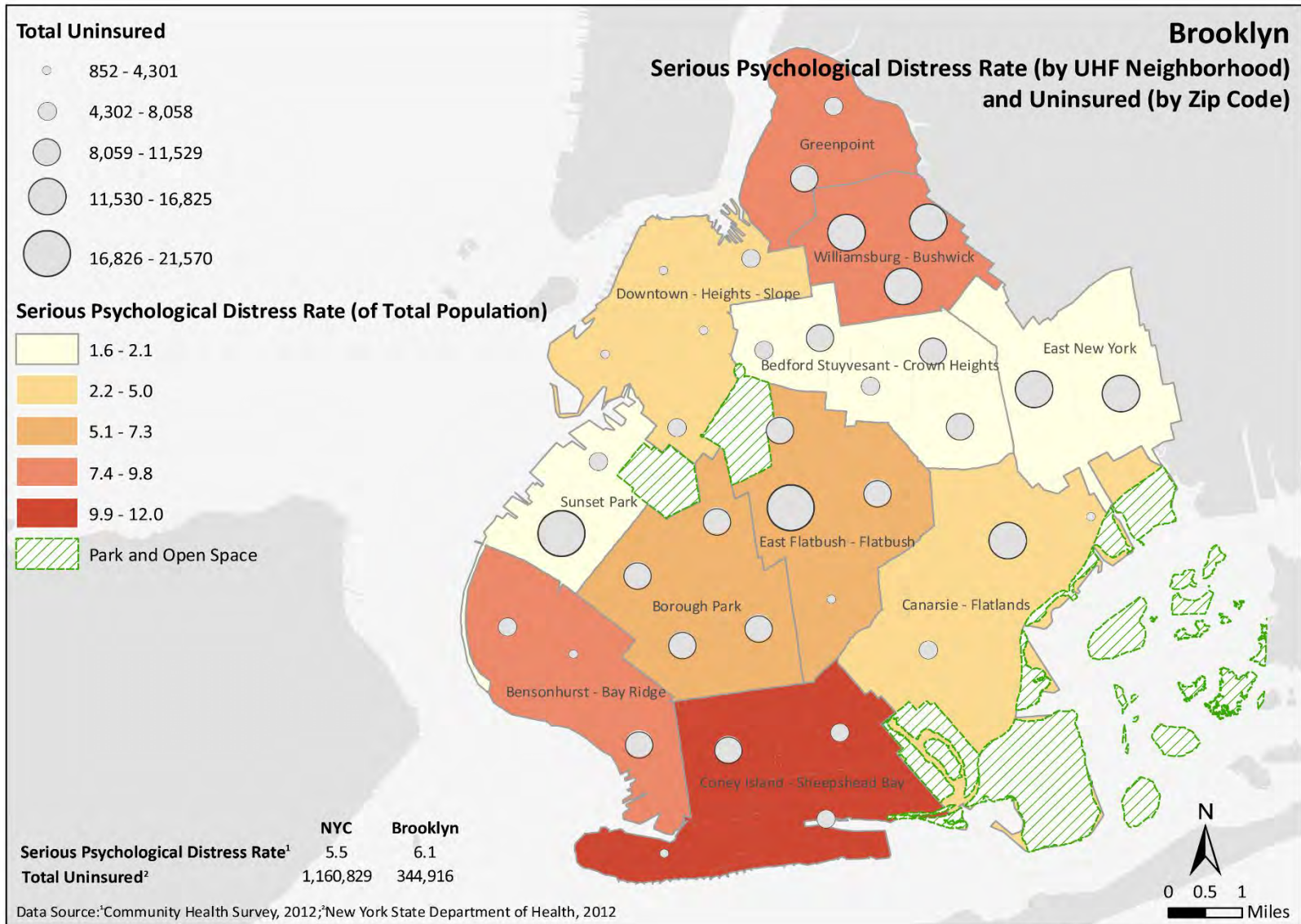


19. Serious Psychological Distress Rate (by UHF Neighborhood) and Medicaid Beneficiaries (by Zip Code)



Prepared by The New York Academy of Medicine

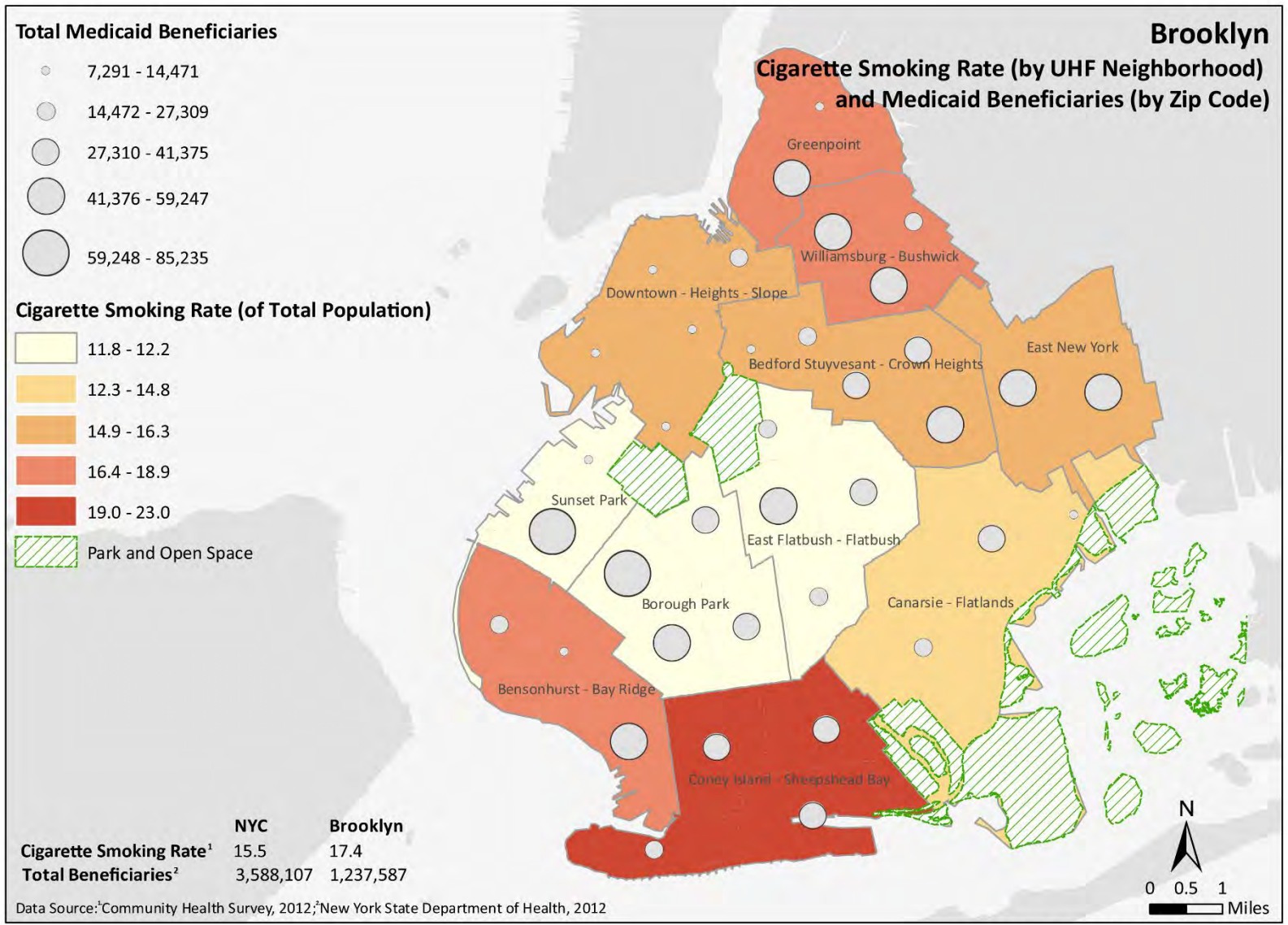
20. Serious Psychological Distress Rate (by UHF Neighborhood) and Uninsured (by Zip Code)



Prepared by The New York Academy of Medicine

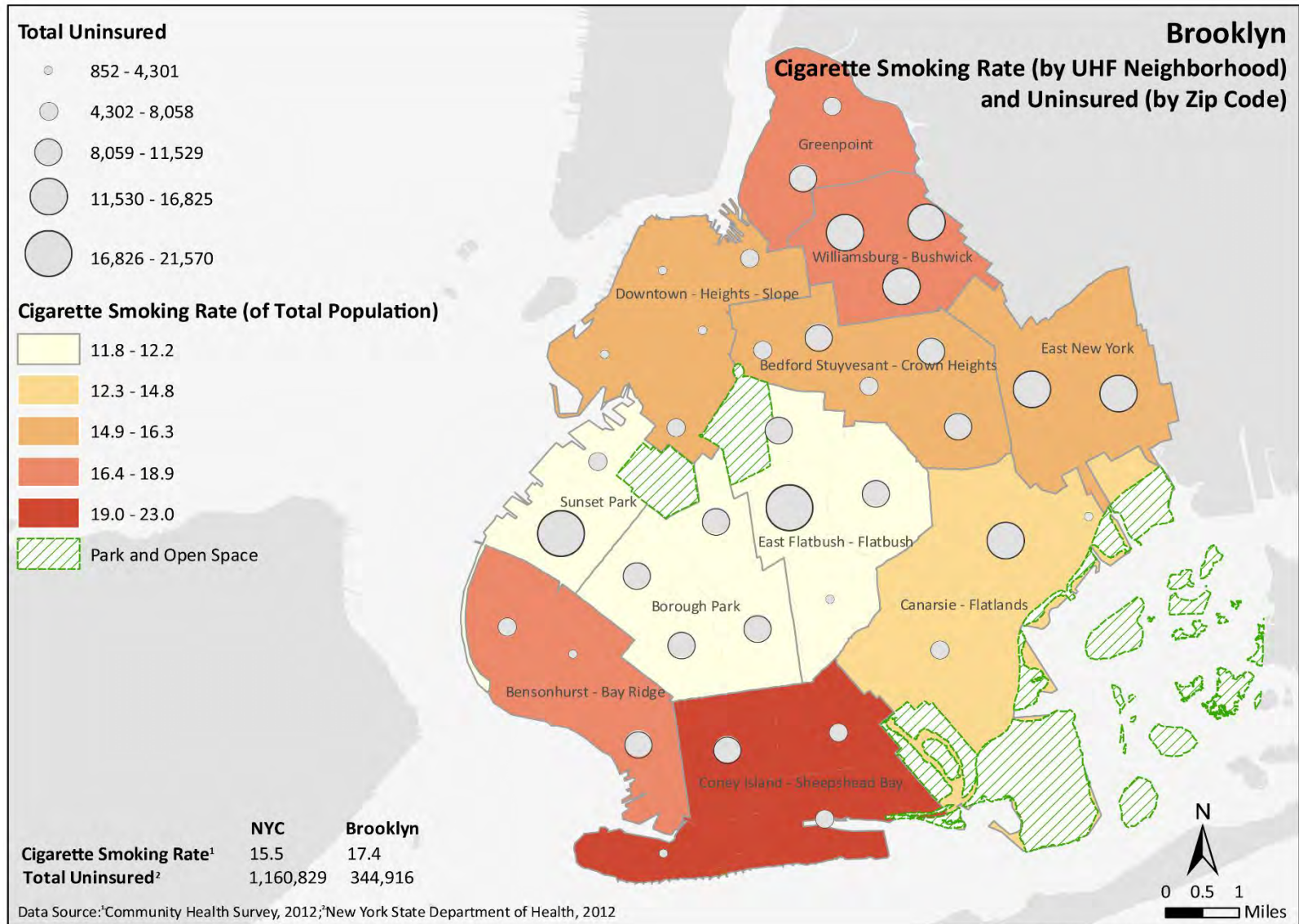


21. Cigarette Smoking Rate (by UHF Neighborhood) and Medicaid Beneficiaries (by Zip Code)



Prepared by The New York Academy of Medicine

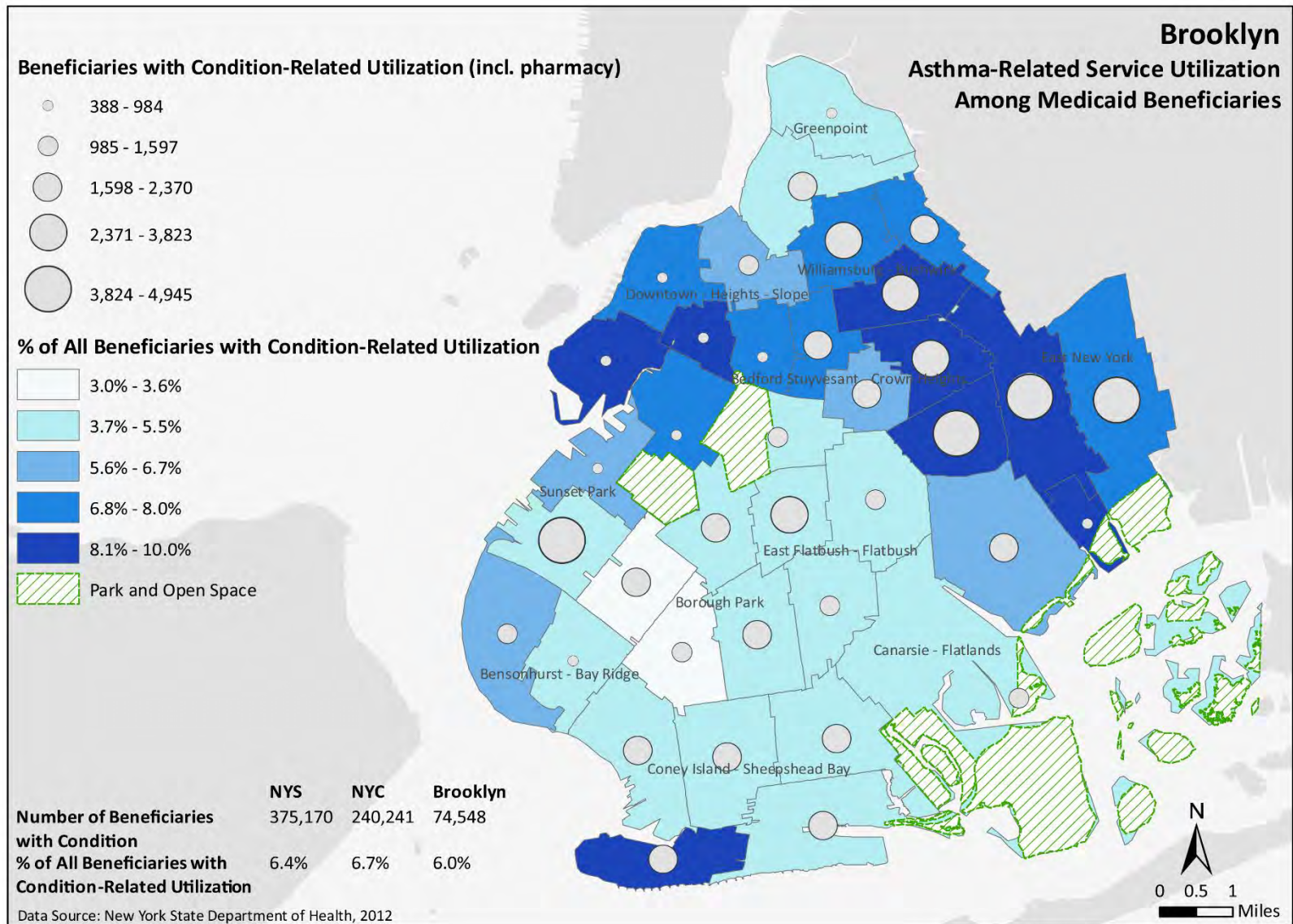
22. Cigarette Smoking Rate (by UHF Neighborhood) and Uninsured (by Zip Code)



Prepared by The New York Academy of Medicine

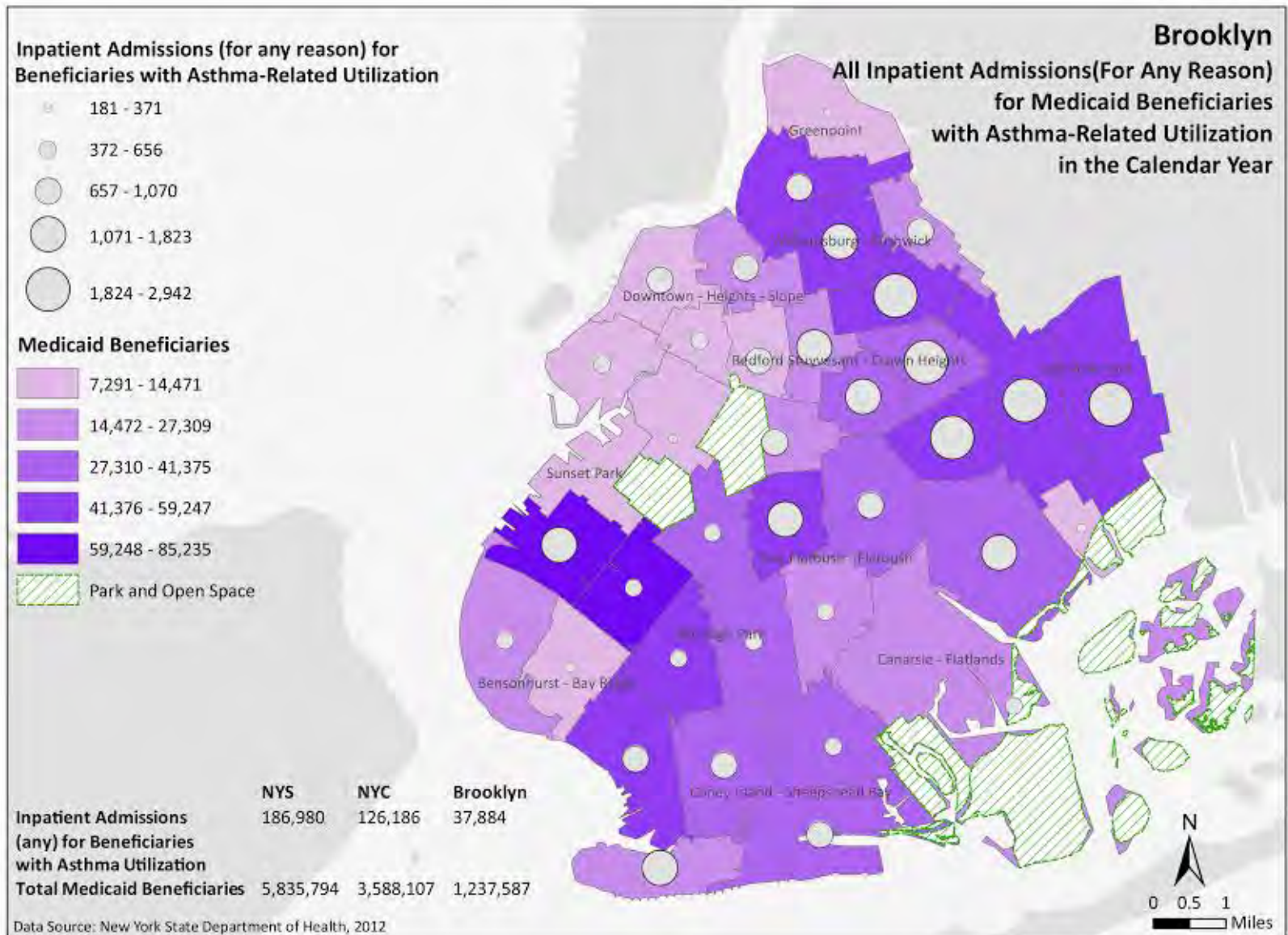


23. Asthma-Related Service Utilization Among Medicaid Beneficiaries



Prepared by The New York Academy of Medicine

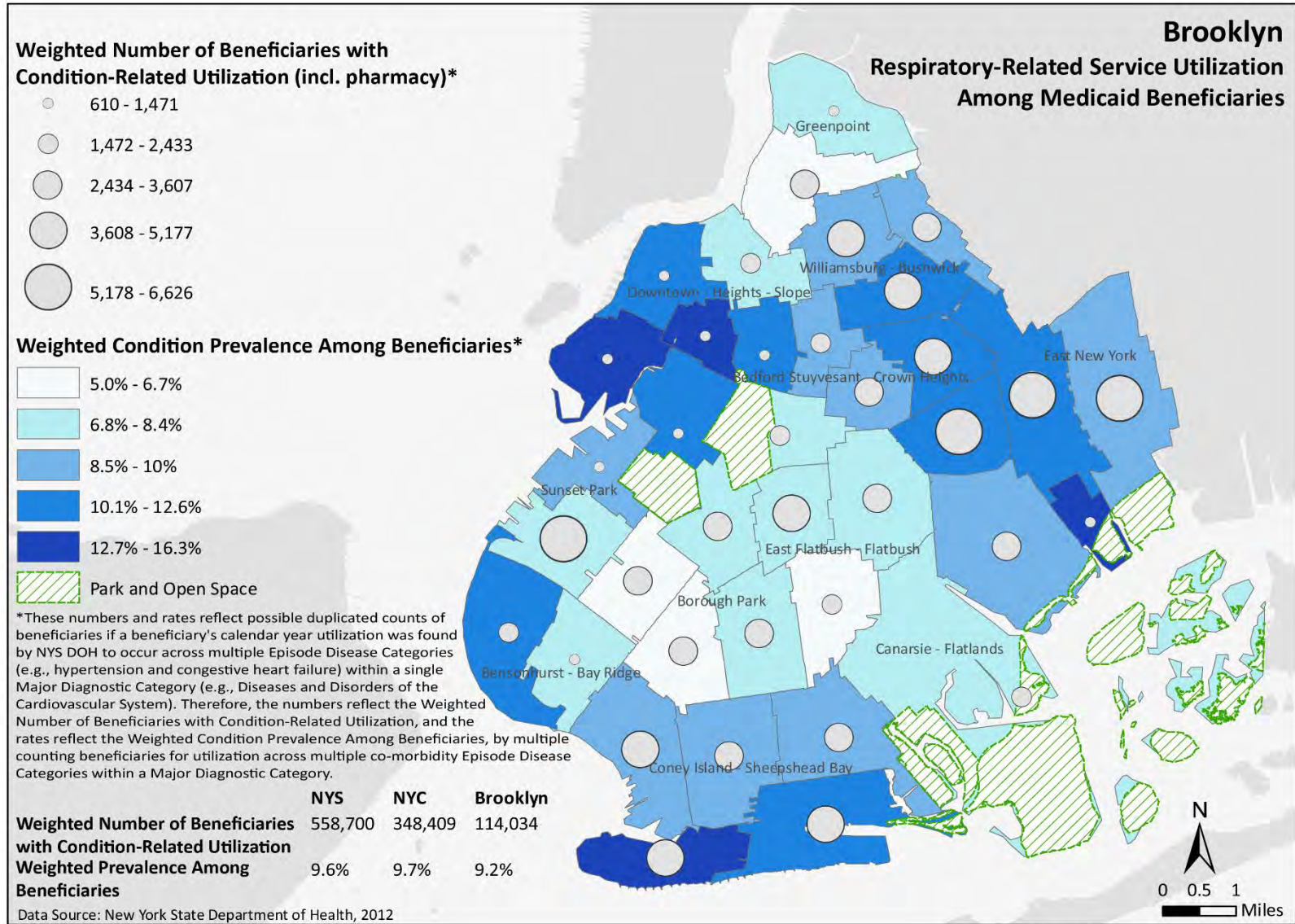
24. All Inpatient Admissions (For Any Reason) for Medicaid Beneficiaries with Asthma-Related Utilization



Prepared by The New York Academy of Medicine

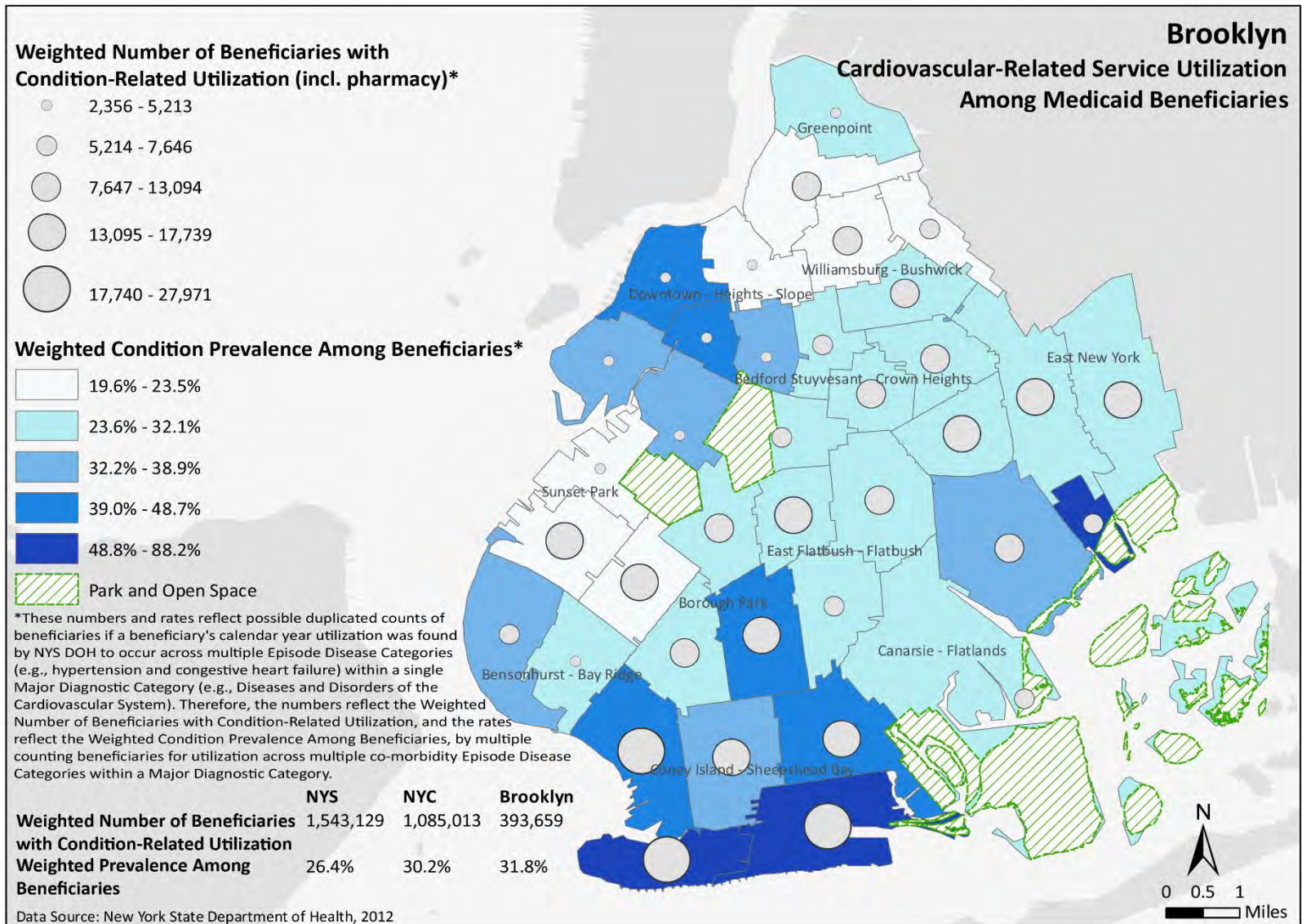


25. Respiratory-Related Service Utilization Among Medicaid Beneficiaries



Prepared by The New York Academy of Medicine

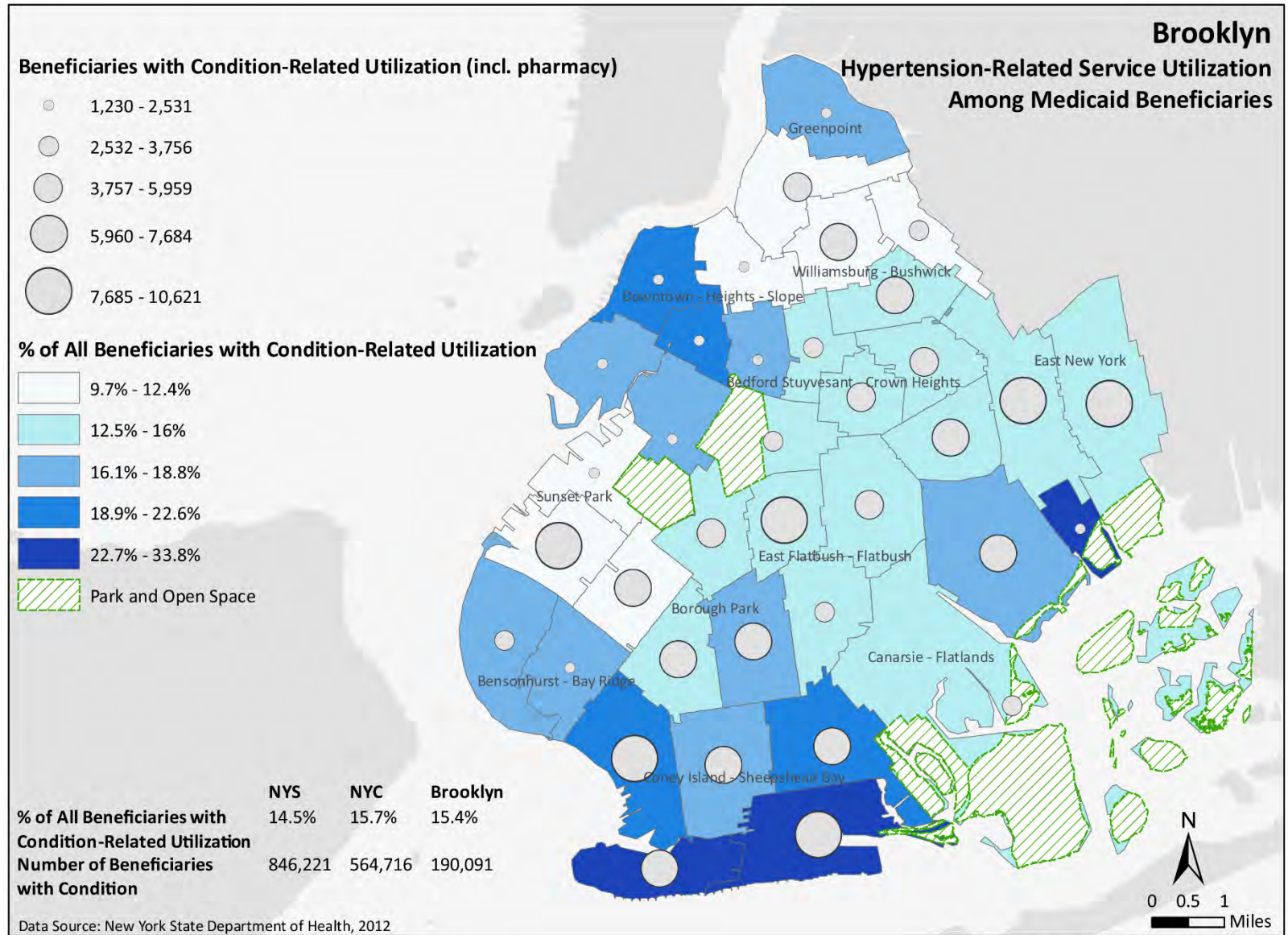
26. Cardiovascular-Related Service Utilization Among Medicaid Beneficiaries



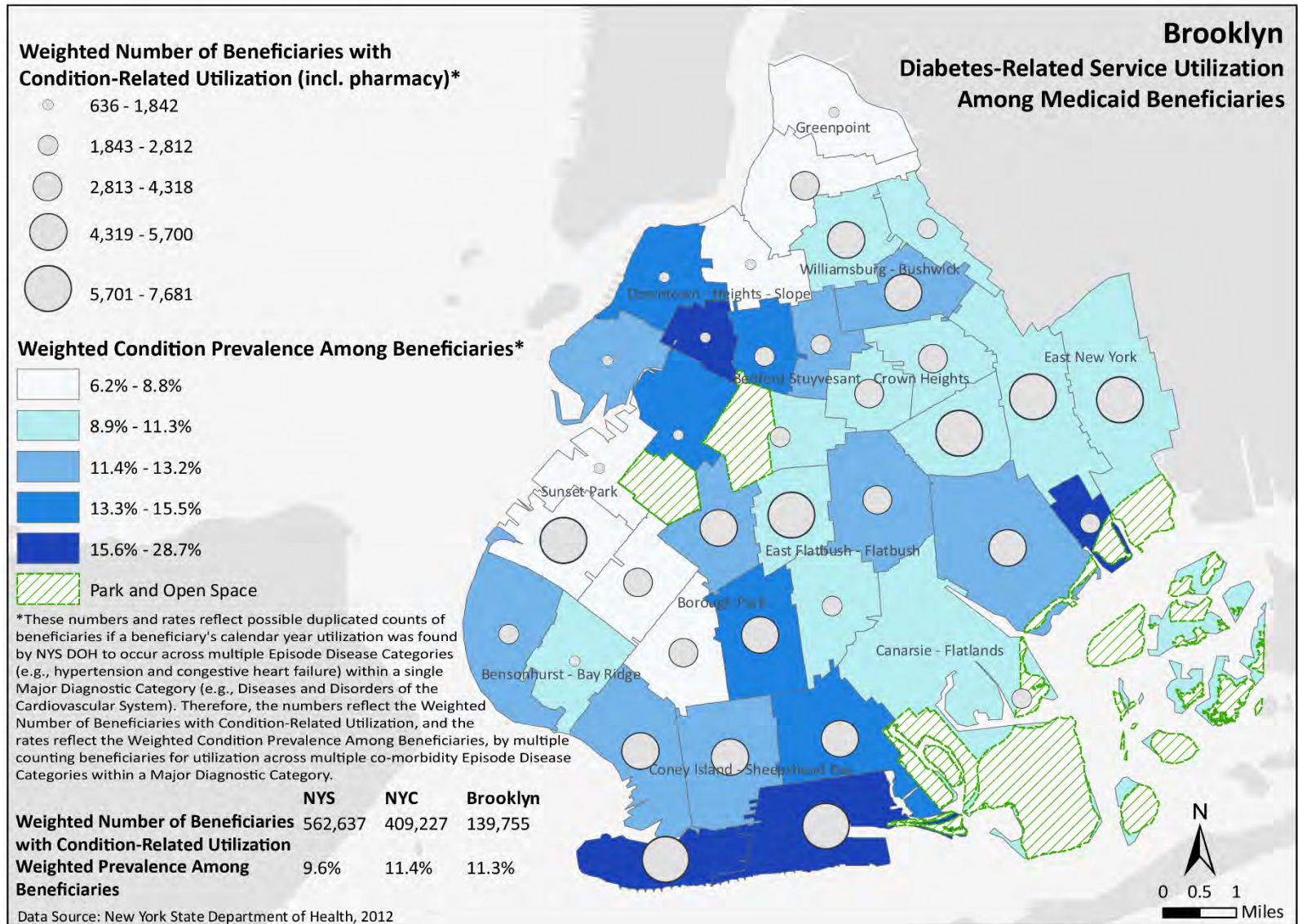
Prepared by The New York Academy of Medicine



27. Hypertension-Related Service Utilization Among Medicaid Beneficiaries



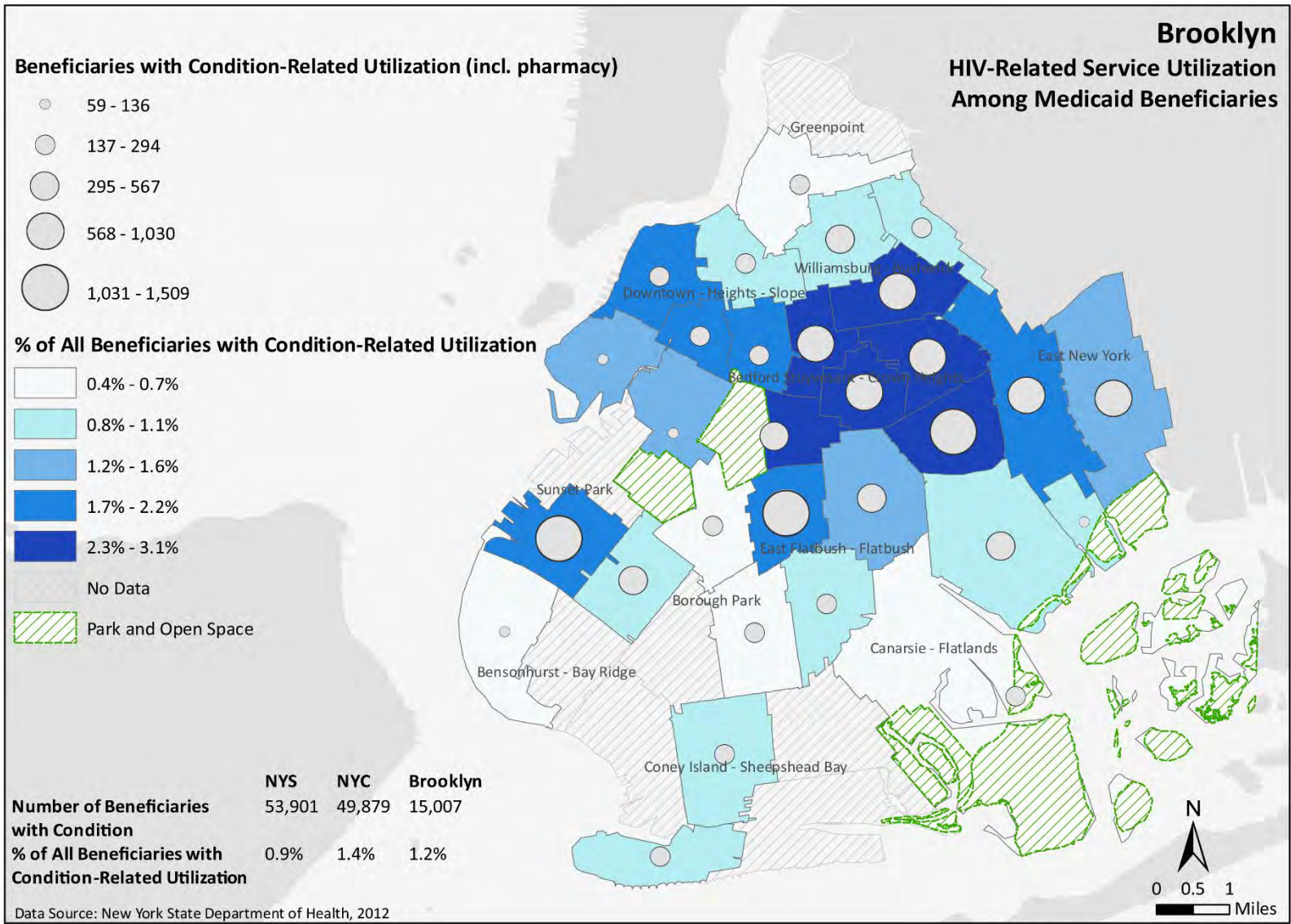
28. Diabetes-Related Service Utilization Among Medicaid Beneficiaries



Prepared by The New York Academy of Medicine

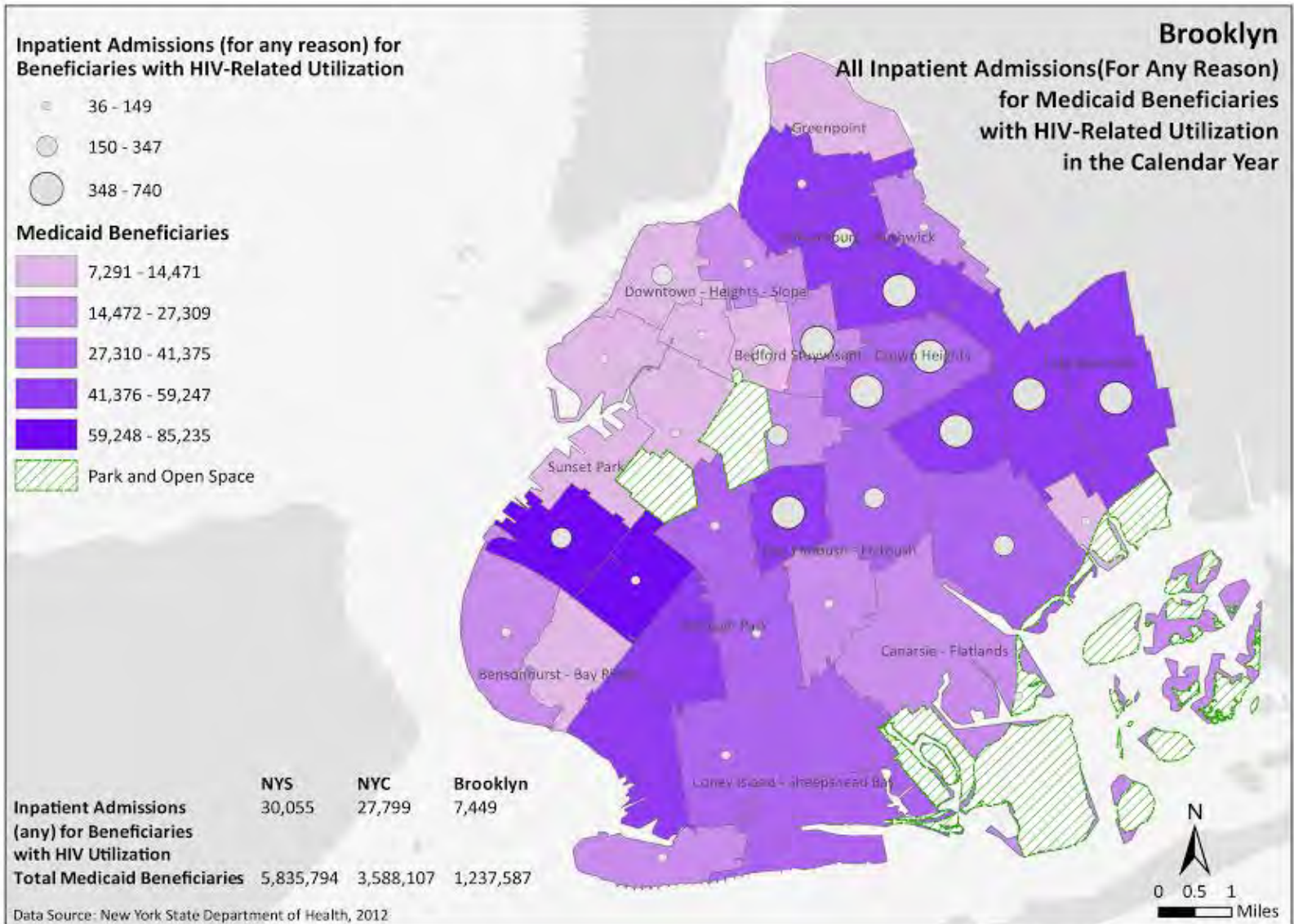


29. HIV-Related Service Utilization Among Medicaid Beneficiaries



Prepared by The New York Academy of Medicine

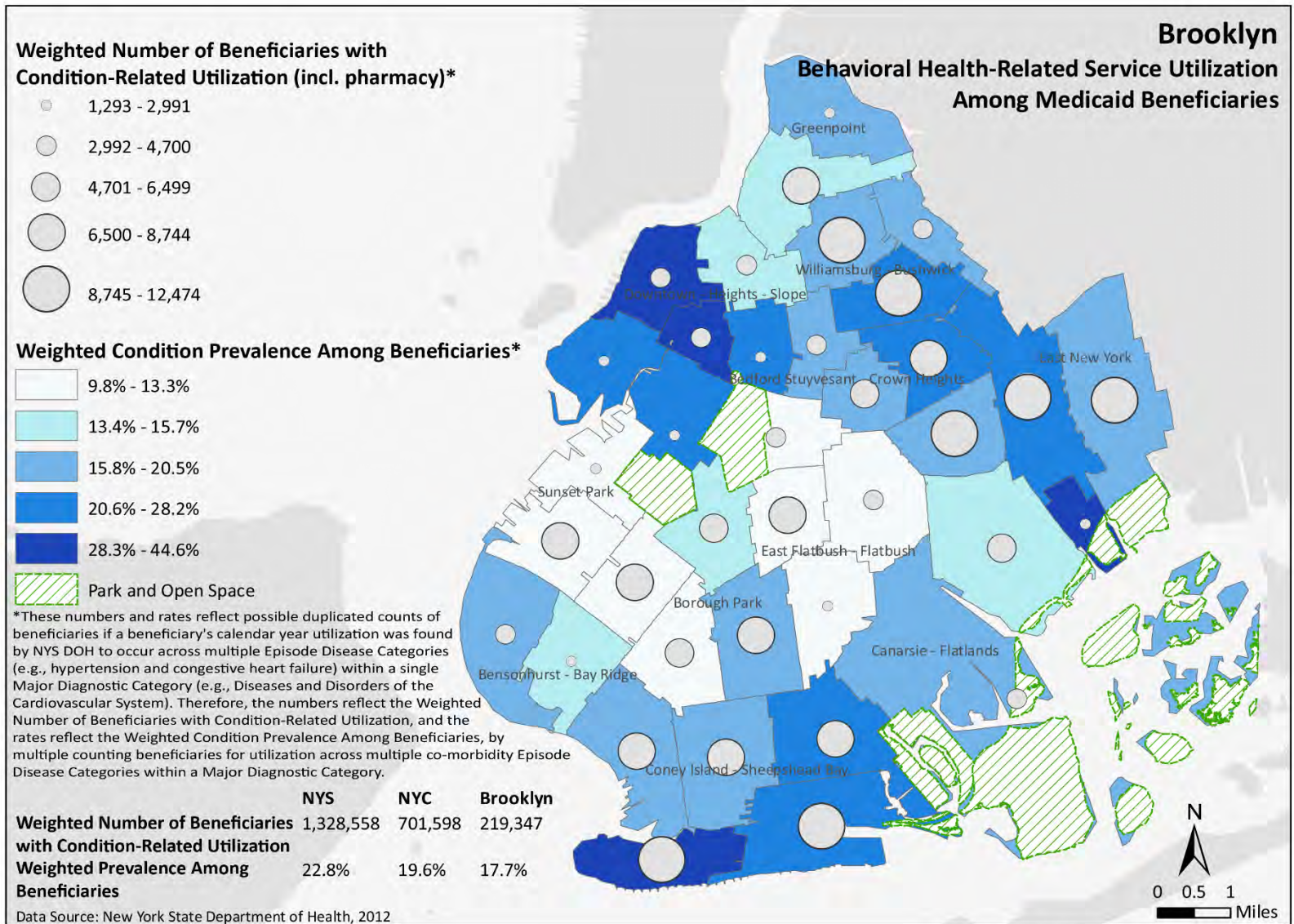
30. All Inpatient Admissions (For Any Reason) for Medicaid Beneficiaries with HIV-Related Utilization



Prepared by The New York Academy of Medicine

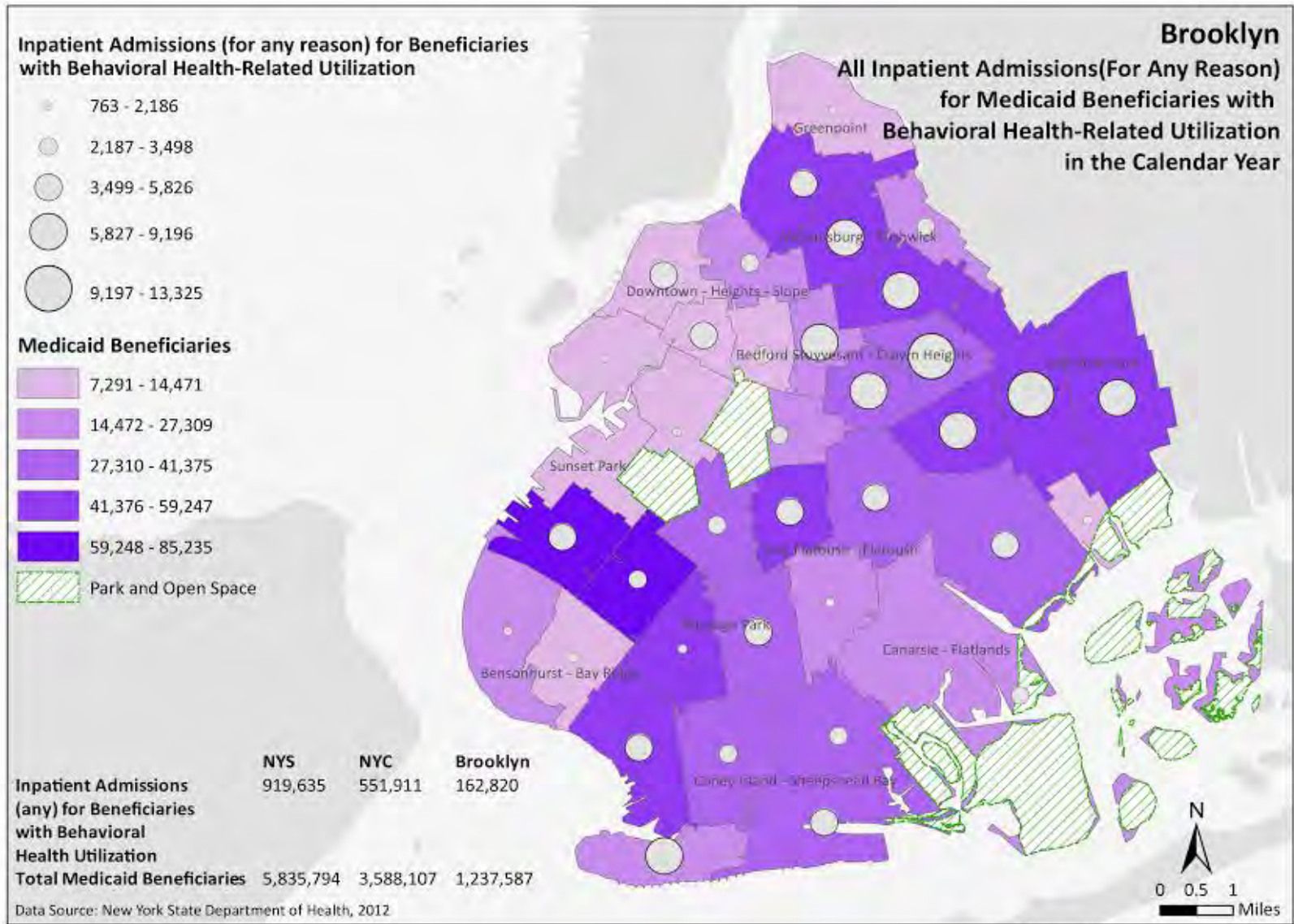


31. Behavioral Health-Related Service Utilization Among Medicaid Beneficiaries



Prepared by The New York Academy of Medicine

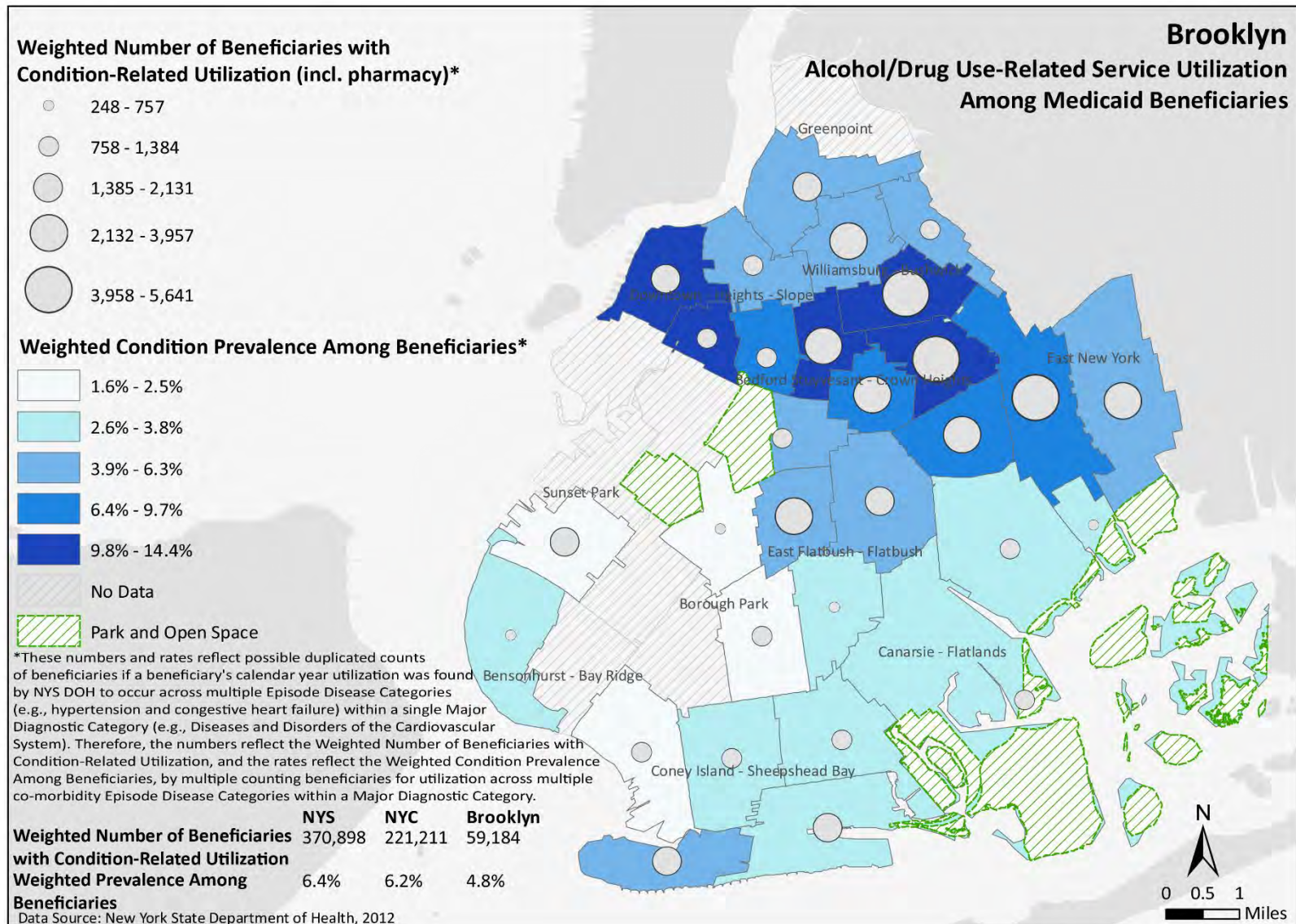
32. All Inpatient Admissions (For Any Reason) for Medicaid Beneficiaries with Behavioral Health-Related Utilization



Prepared by The New York Academy of Medicine

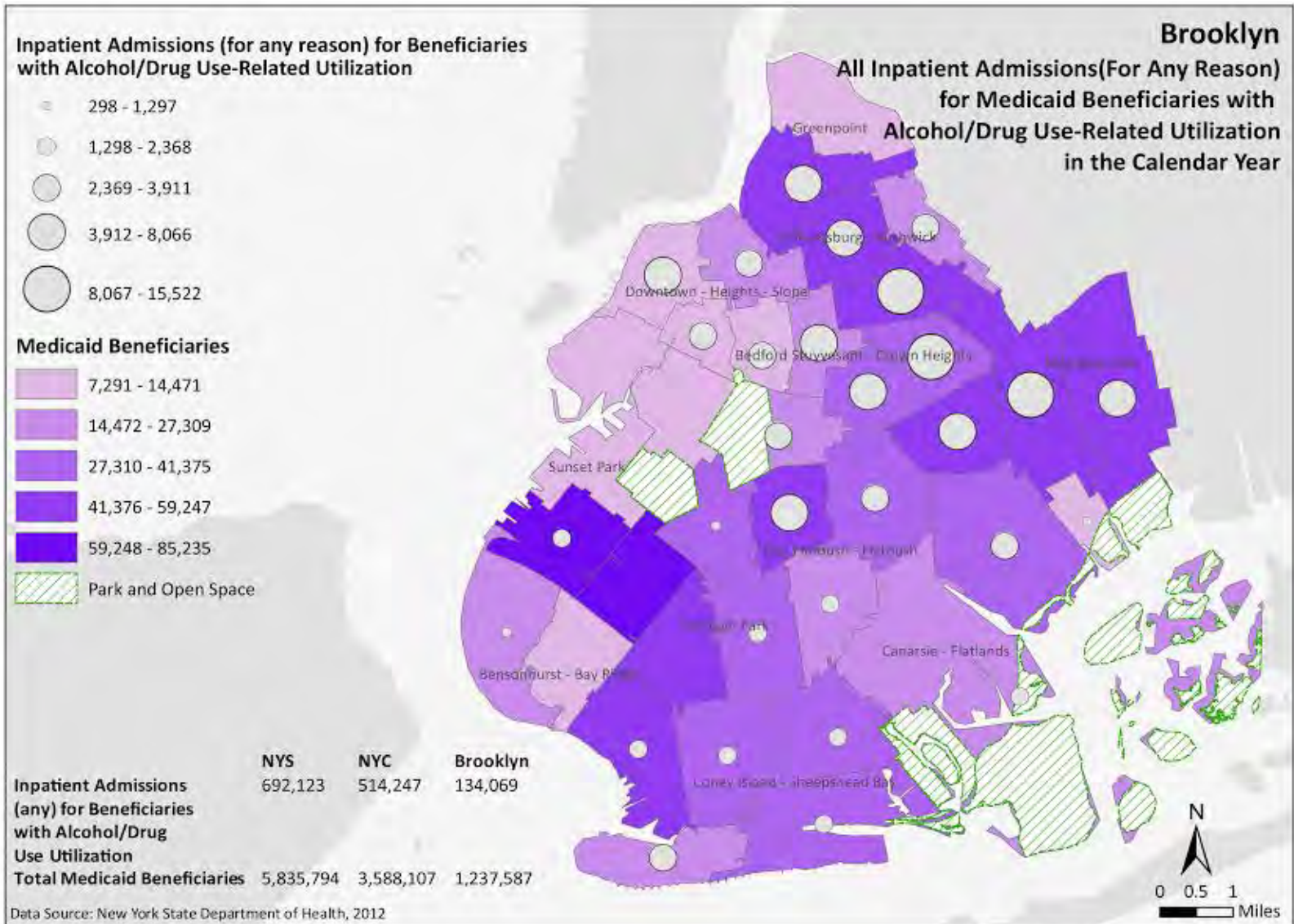


33. Alcohol/Drug Use-Related Service Utilization Among Medicaid Beneficiaries



Prepared by The New York Academy of Medicine

34. All Inpatient Admissions (For Any Reason) for Medicaid Beneficiaries with Alcohol/Drug Use-Related Utilization

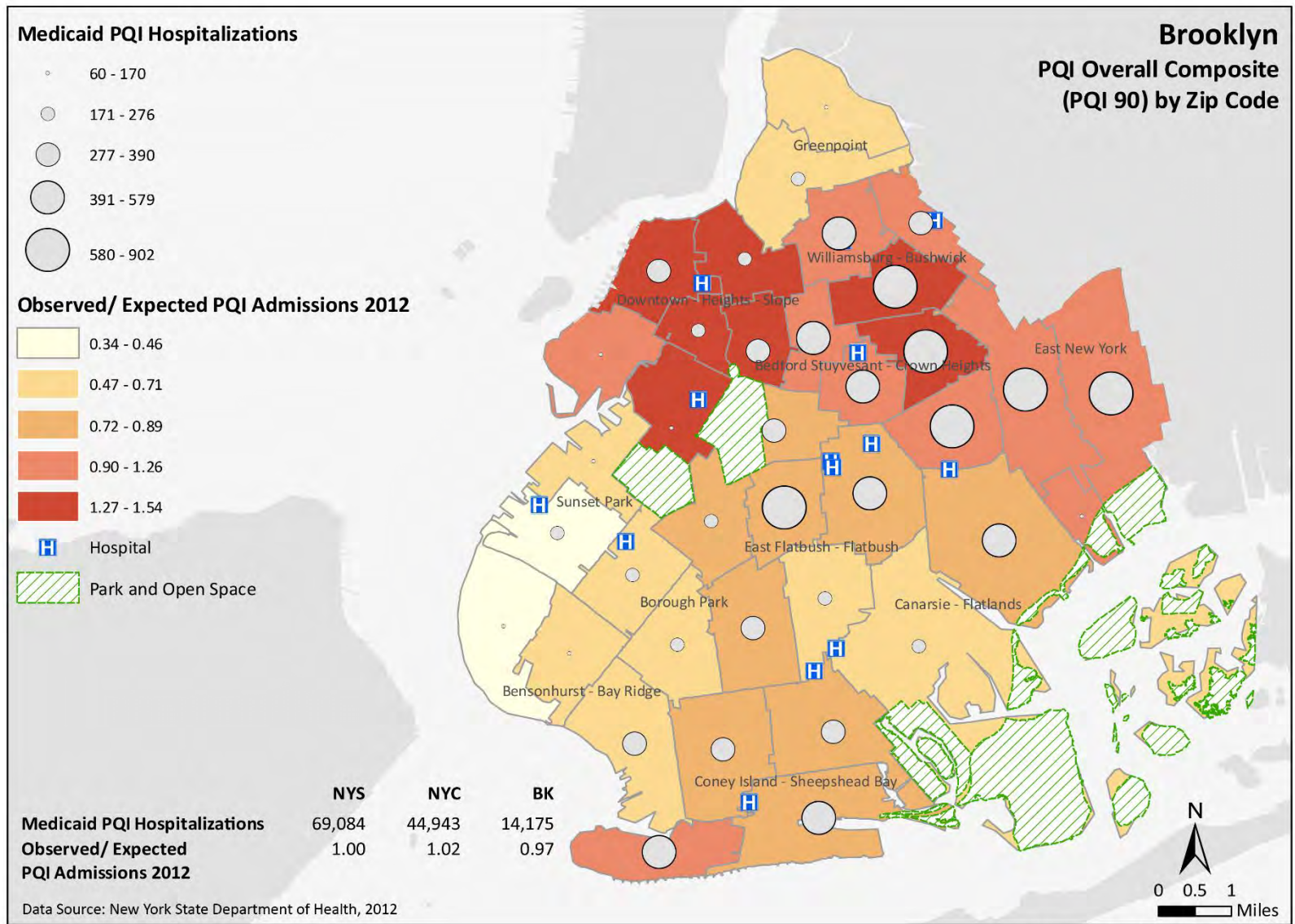


Data Source: New York State Department of Health, 2012

Prepared by The New York Academy of Medicine

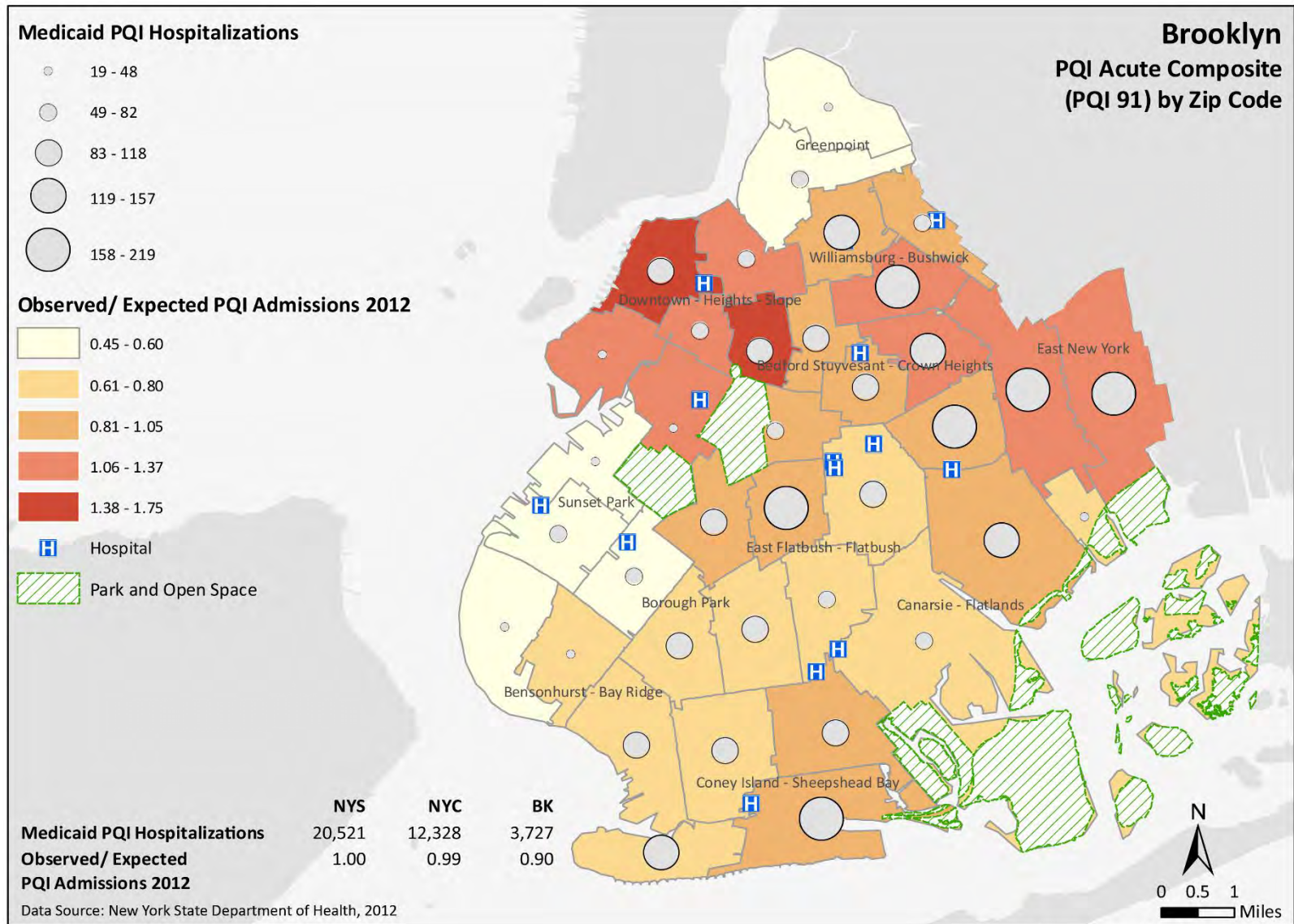


35. PQI Overall Composite (PQI 90) by Zip Code



Prepared by The New York Academy of Medicine

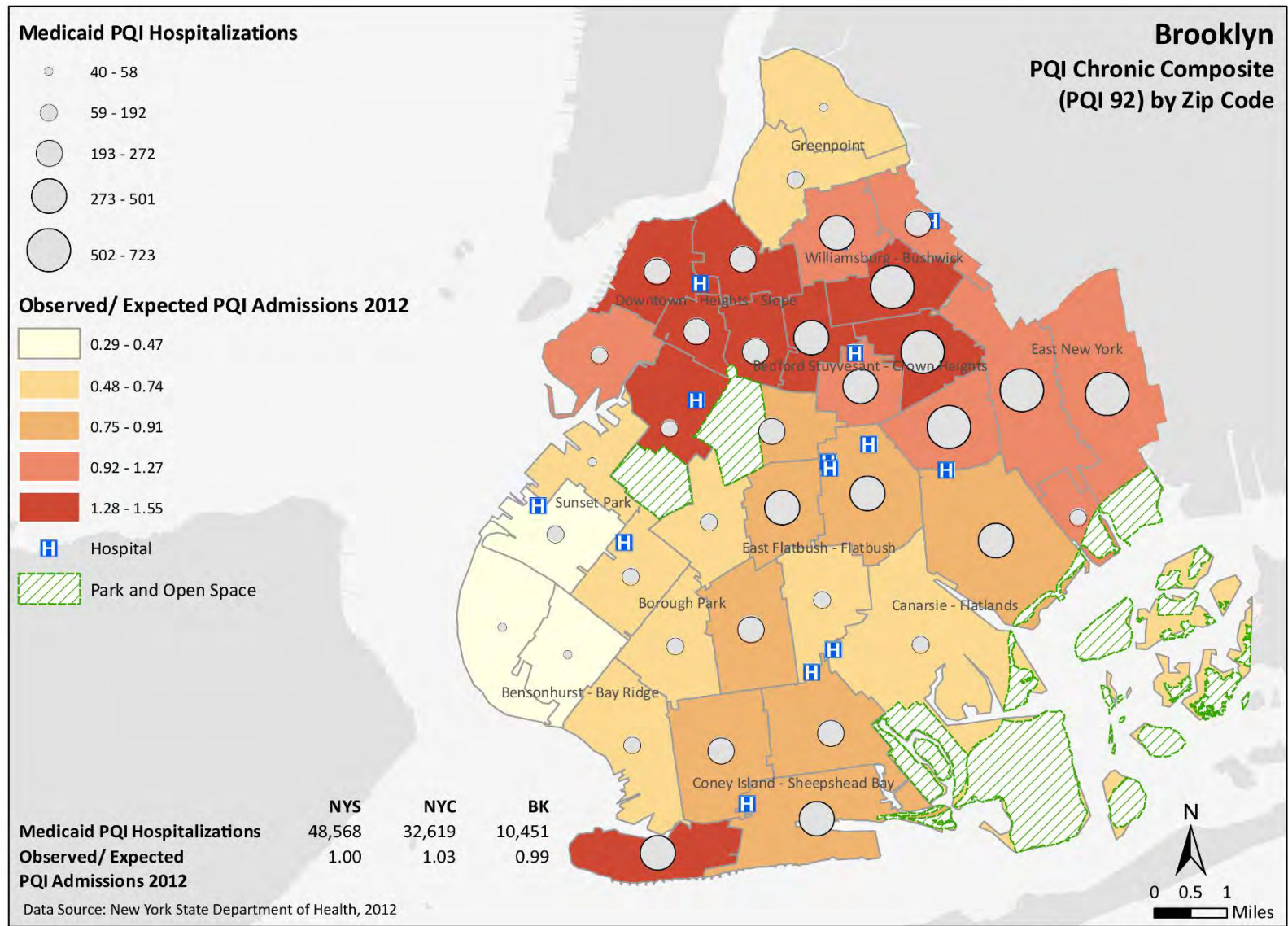
36. PQI Acute Composite (PQI 91) by Zip Code



Prepared by The New York Academy of Medicine



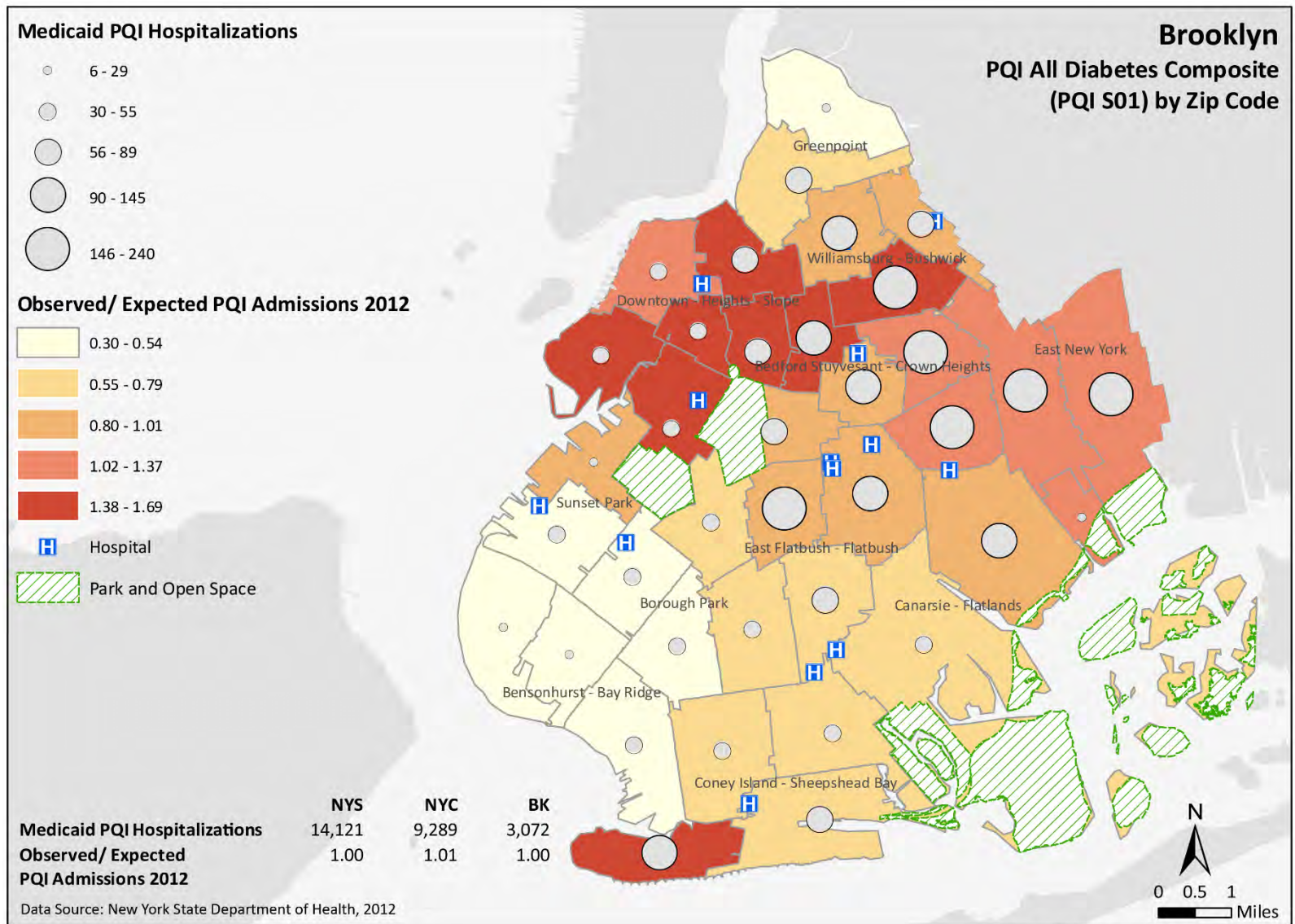
37. PQI Chronic Composite (PQI 92) by Zip Code



Prepared by The New York Academy of Medicine

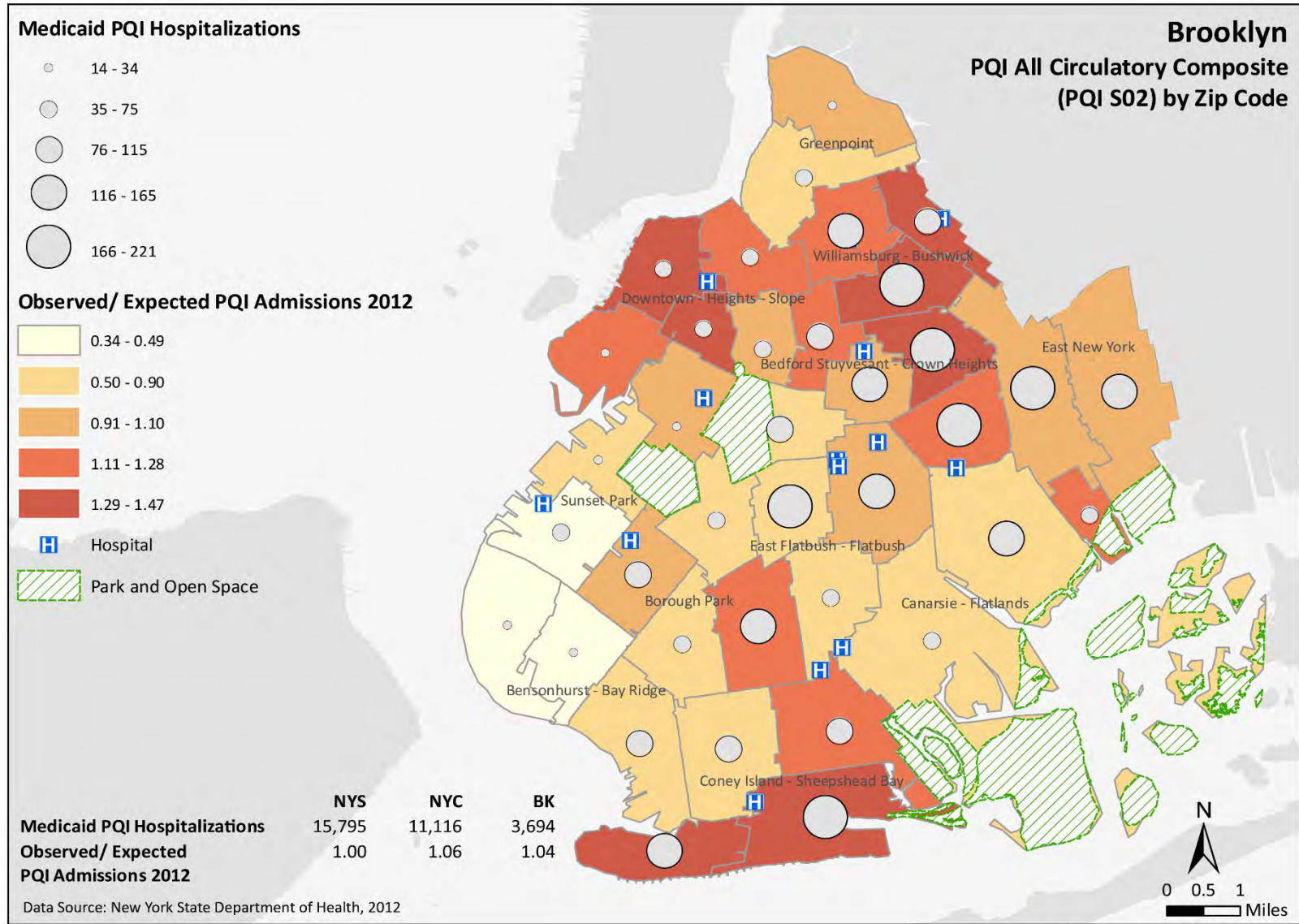


38. PQI All Diabetes Composite (PQI S01) by Zip Code



Prepared by The New York Academy of Medicine

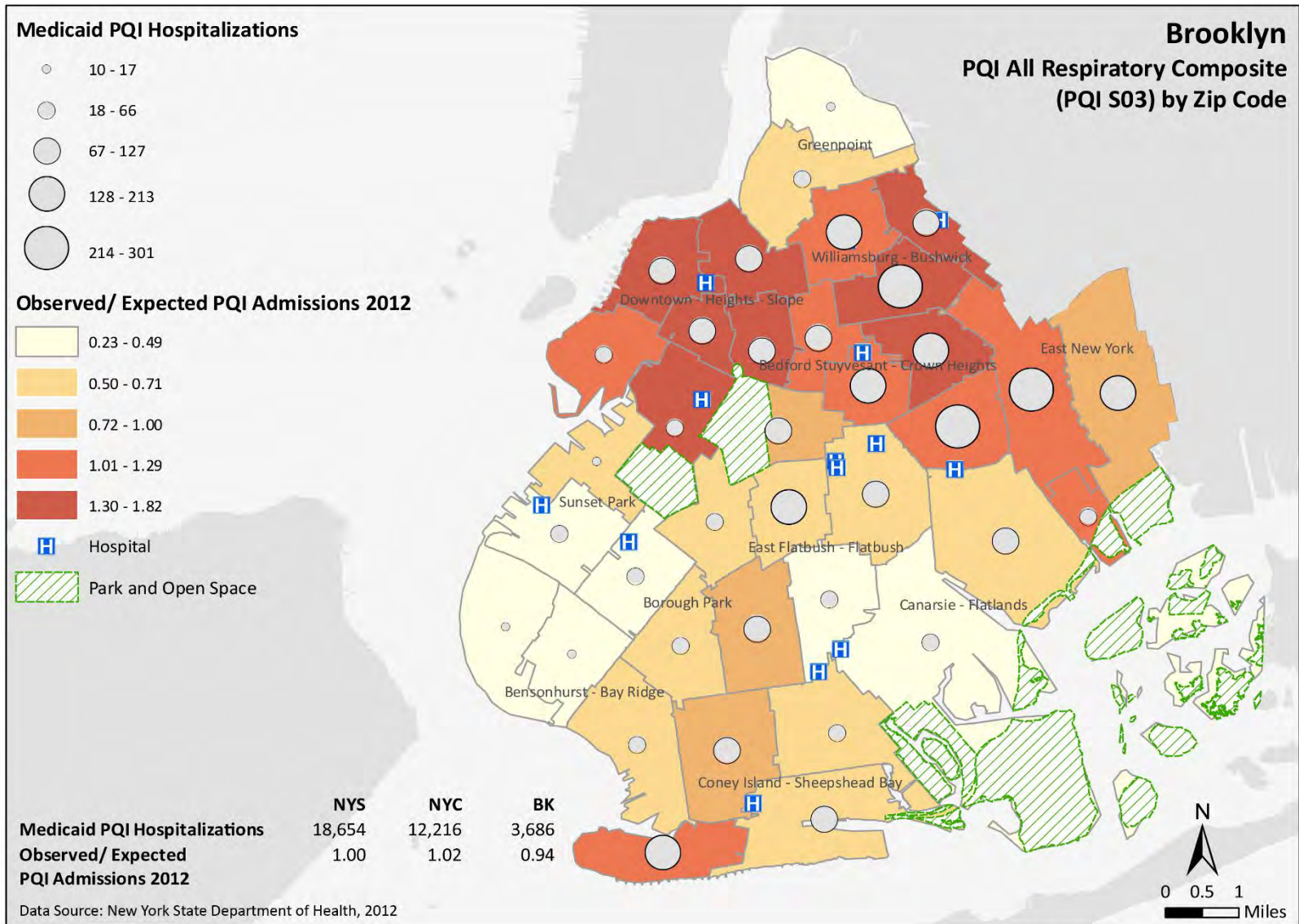
39. PQI All Circulatory Composite (PQI S02) by Zip Code



Prepared by The New York Academy of Medicine



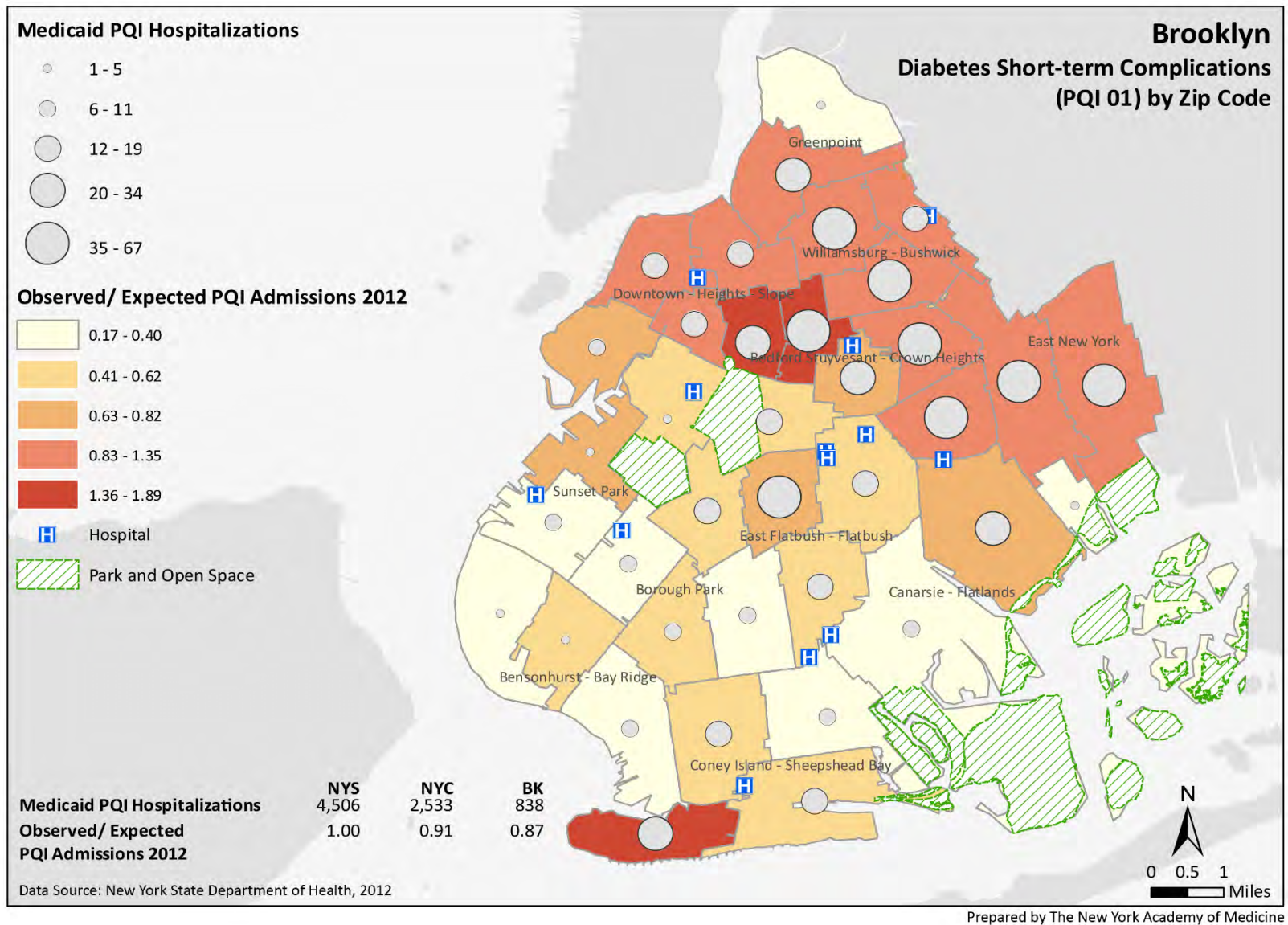
40. PQI All Respiratory Composite (PQI S03) by Zip Code



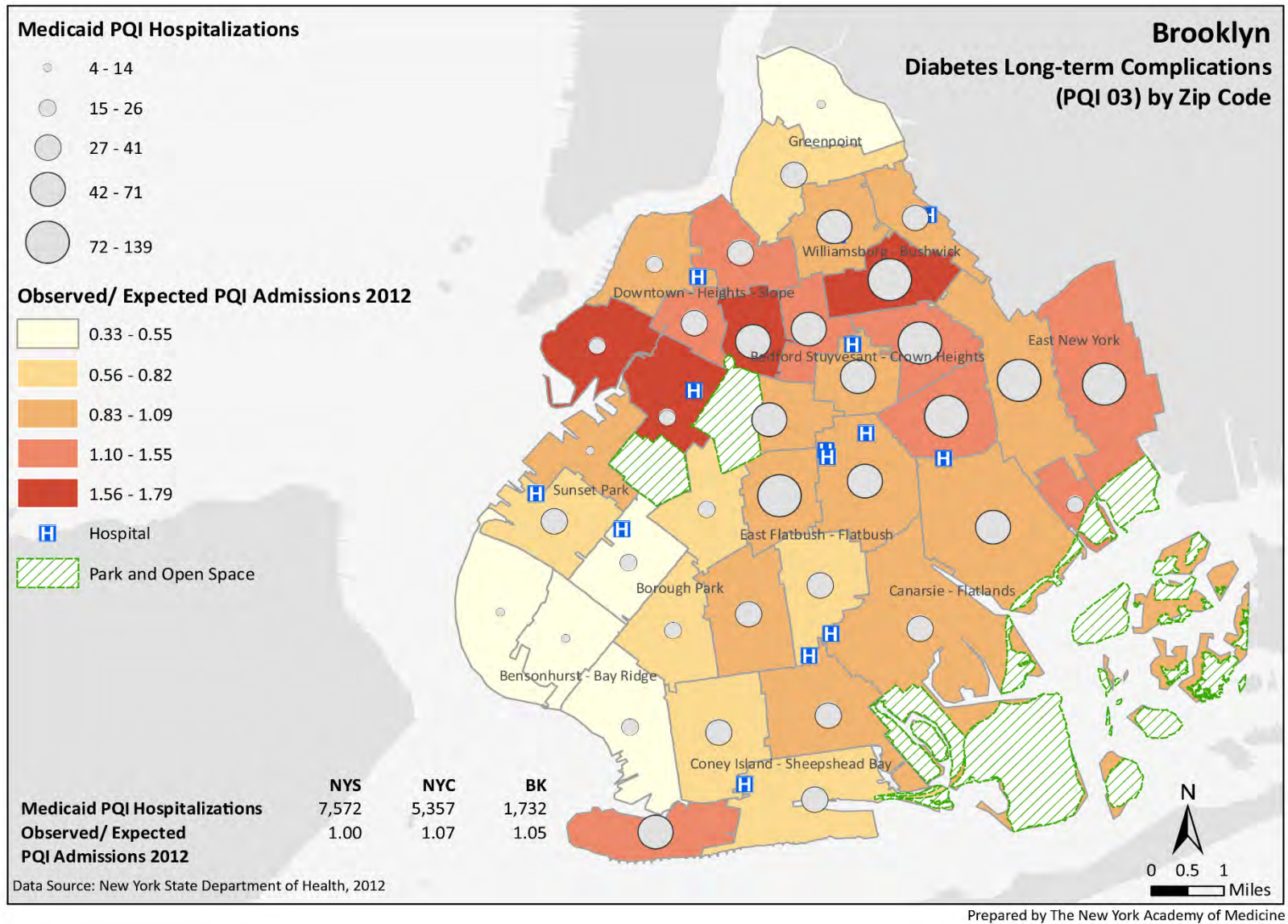
Prepared by The New York Academy of Medicine



41. Diabetes Short-term Complications (PQ1 01) by Zip Code

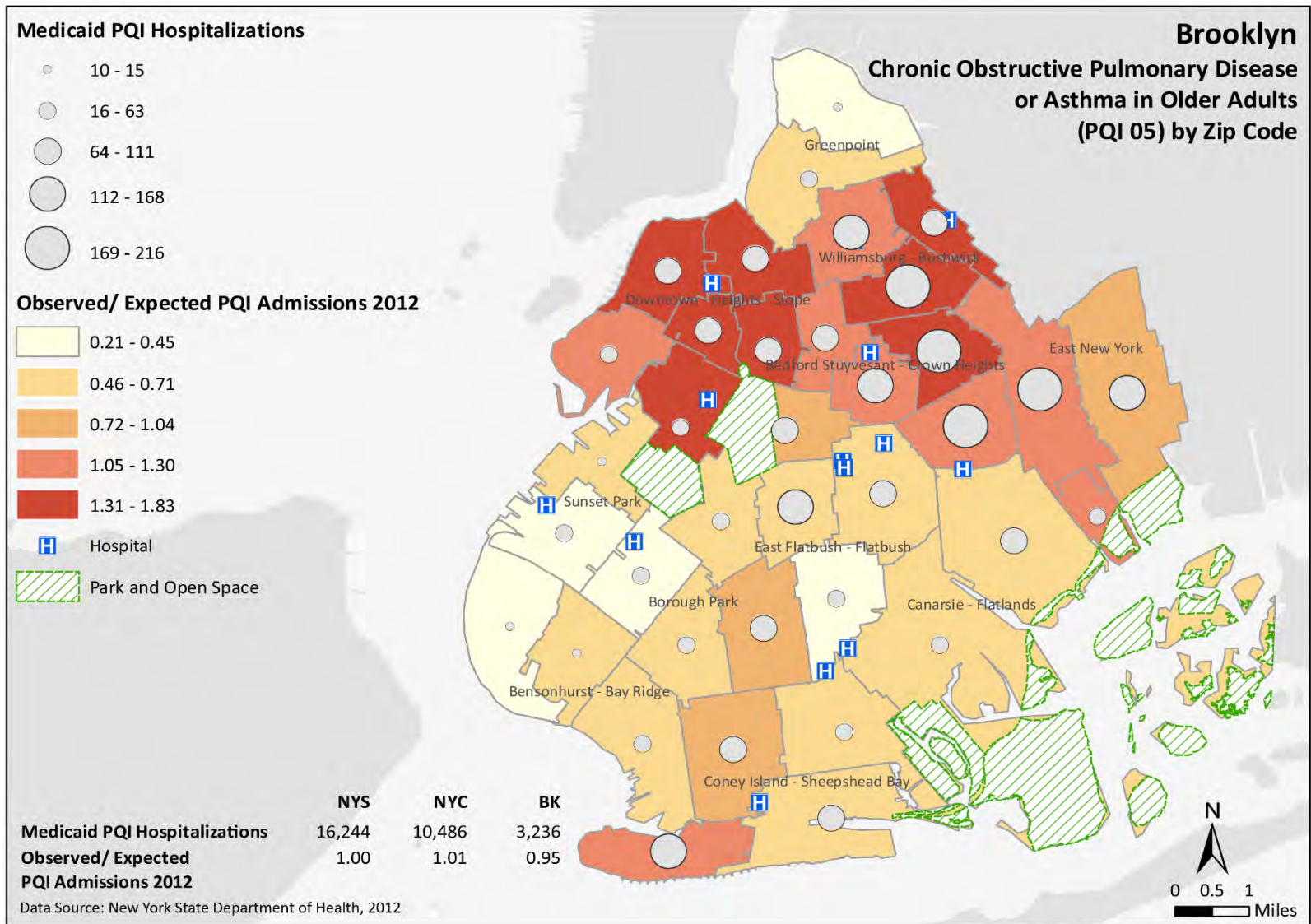


42. Diabetes Long-term Complications (PQI 03) by Zip Code



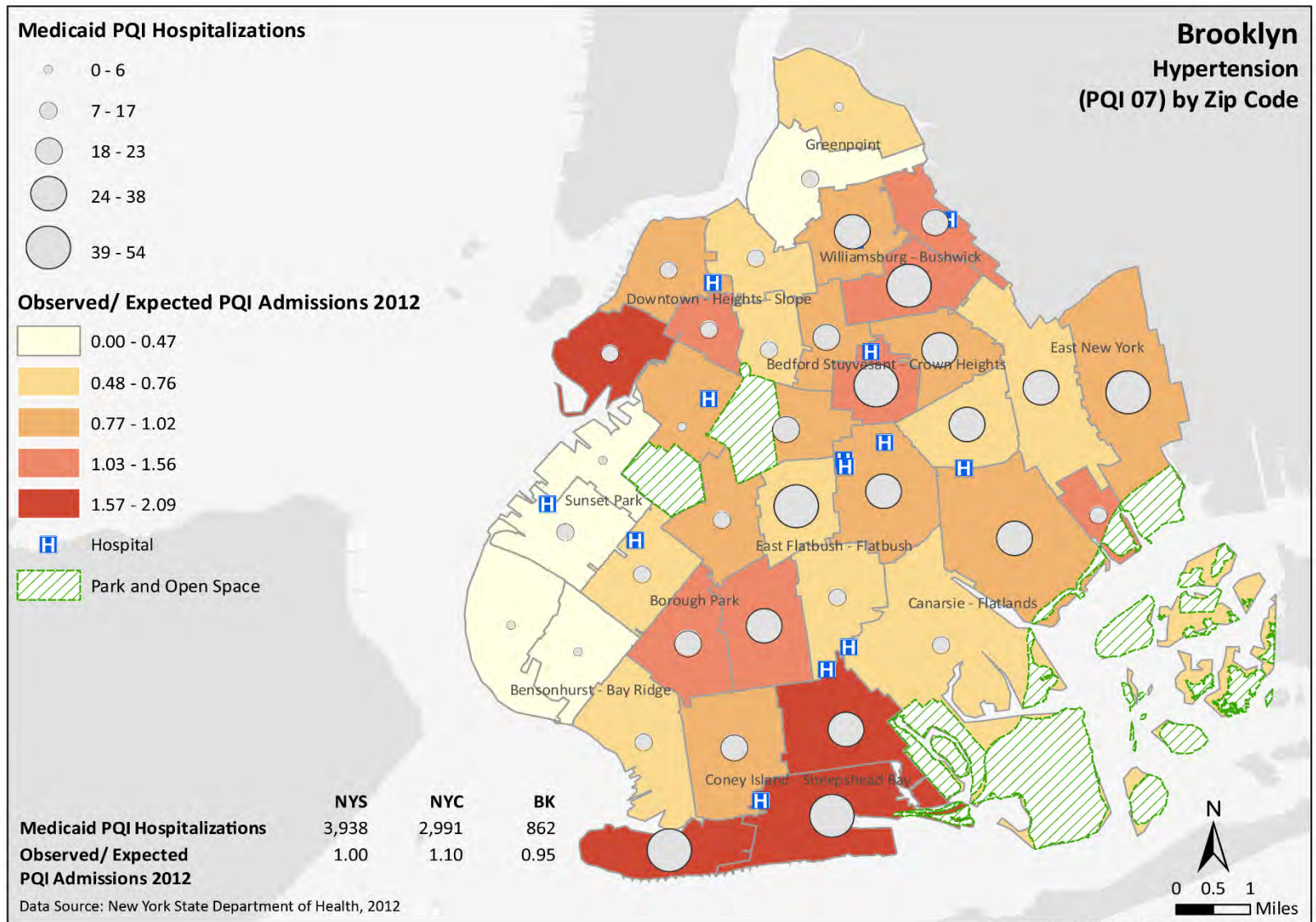


43. Chronic Obstructive Pulmonary Disease or Asthma in Older Adults (PQI 05) by Zip Code

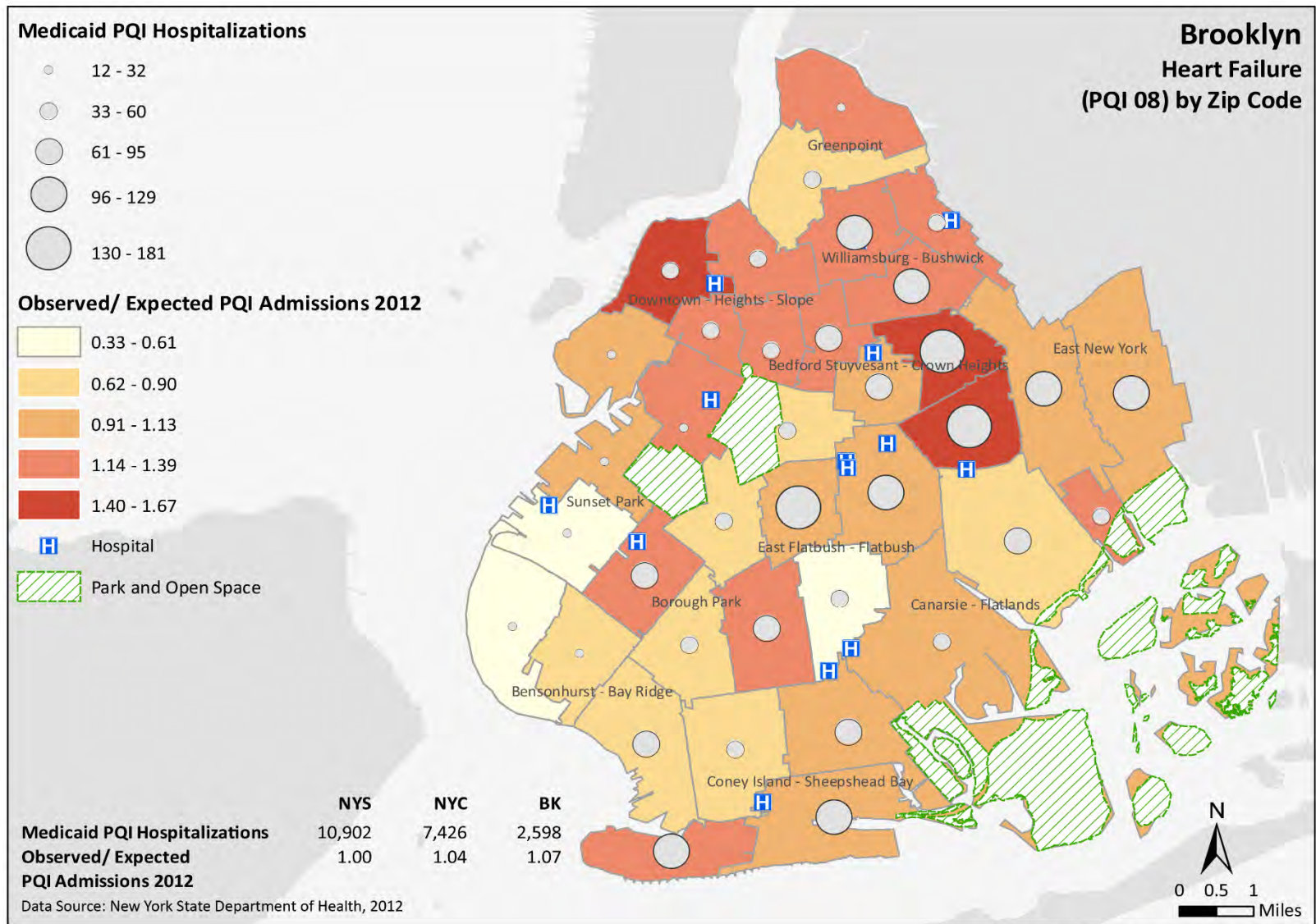




44. Hypertension (PQI 07) by Zip Code

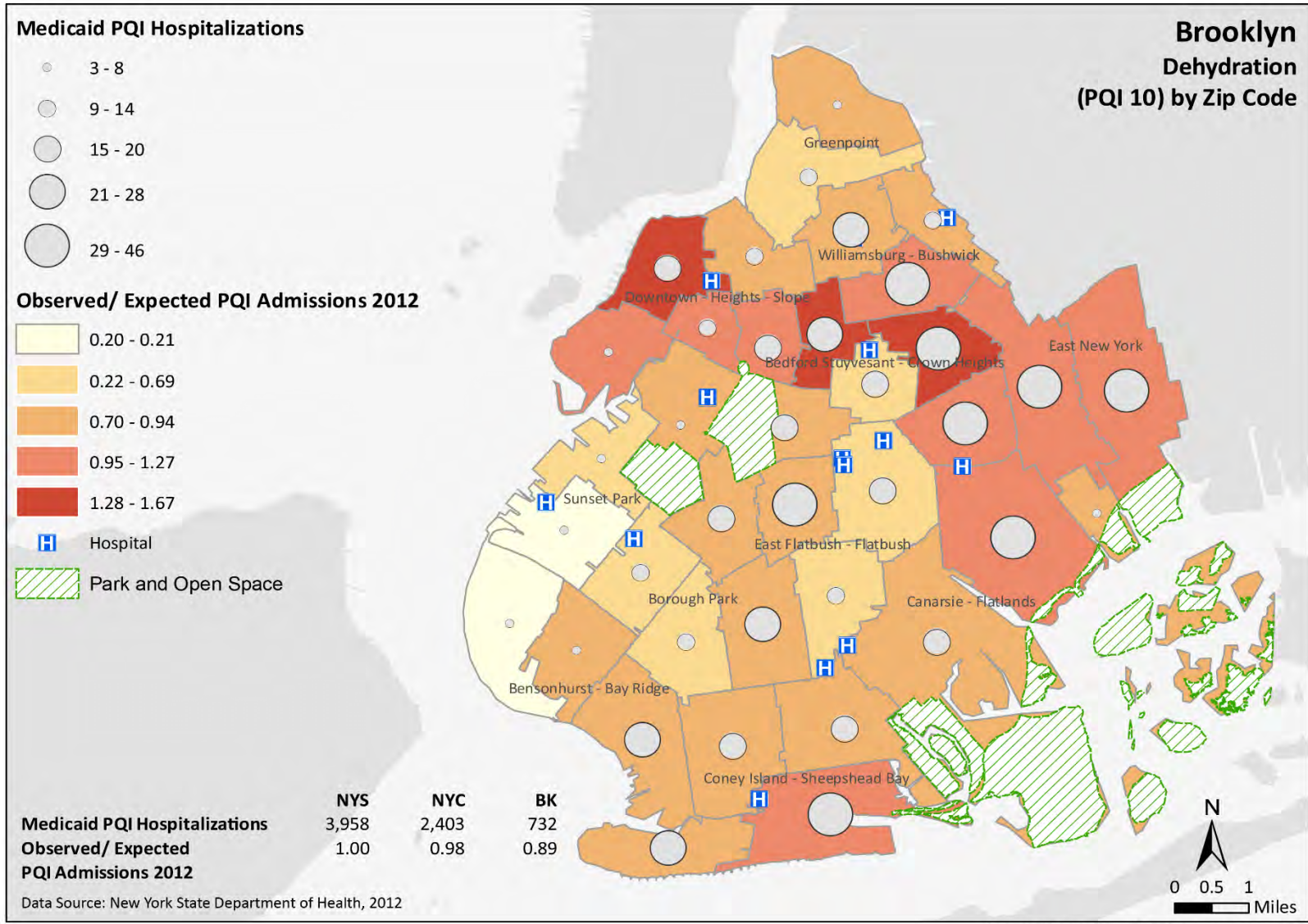


45. Heart Failure (PQI 08) by Zip Code



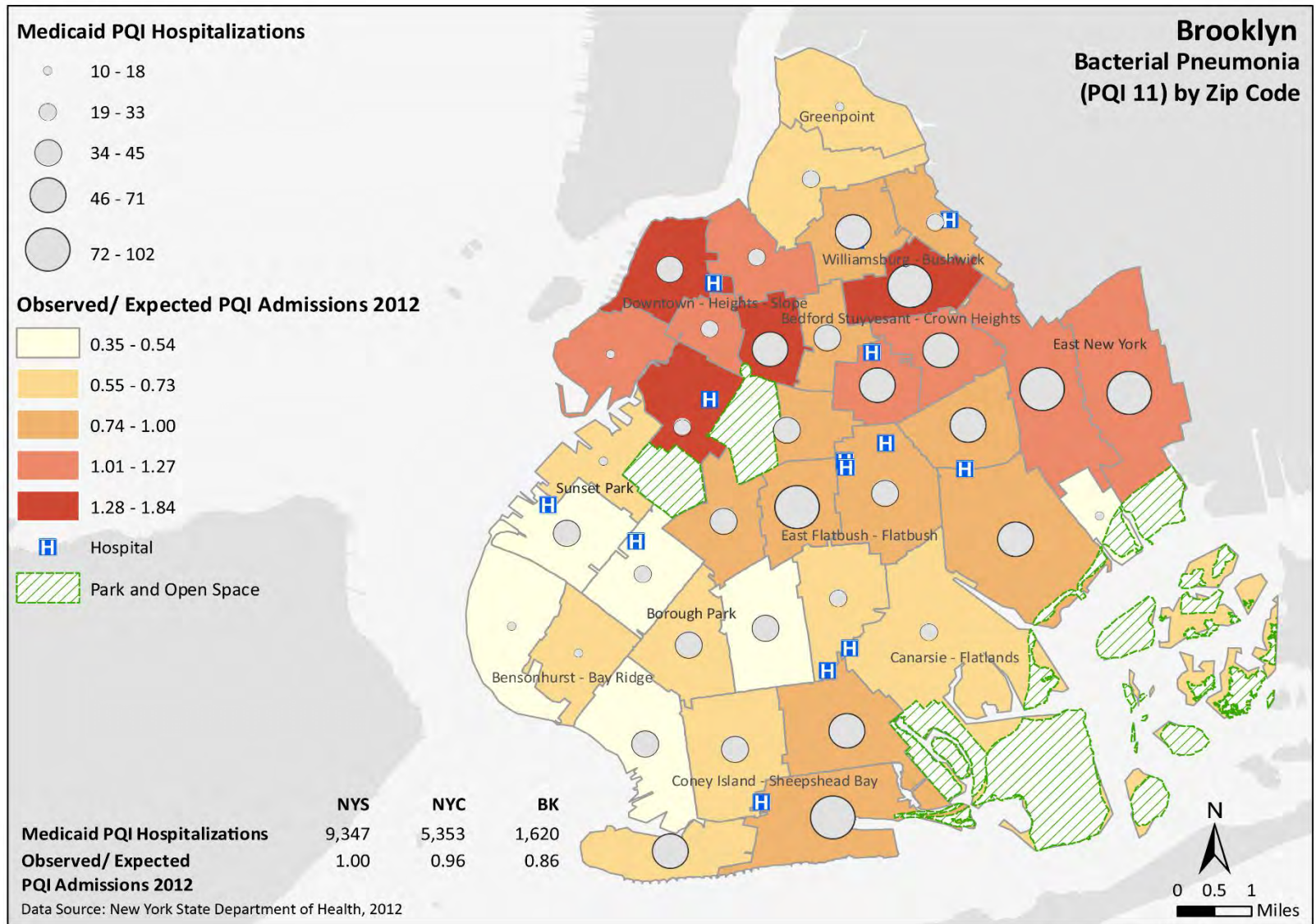


46. Dehydration (PQI 10) by Zip Code

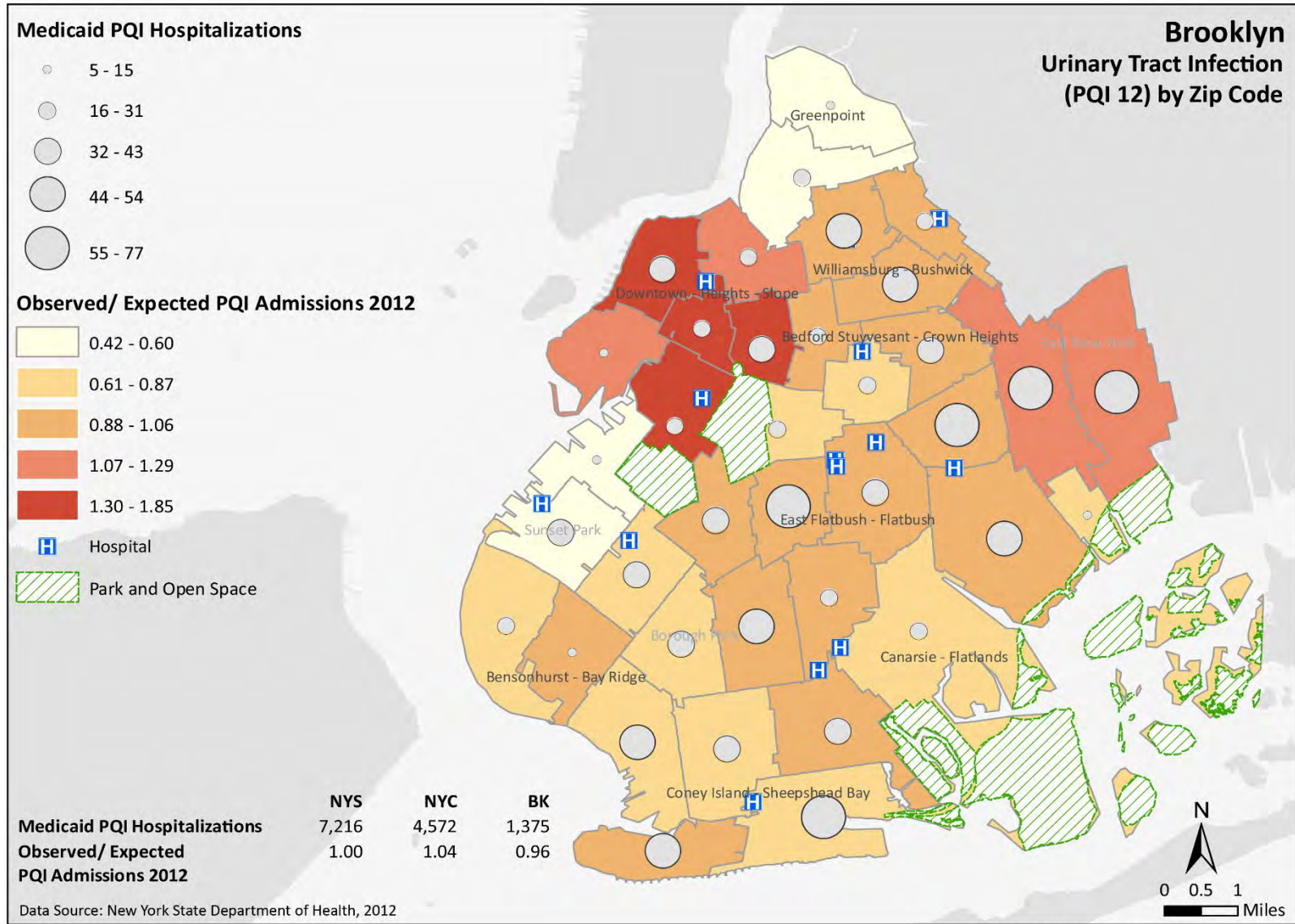




47. Bacterial Pneumonia (PQI 11) by Zip Code



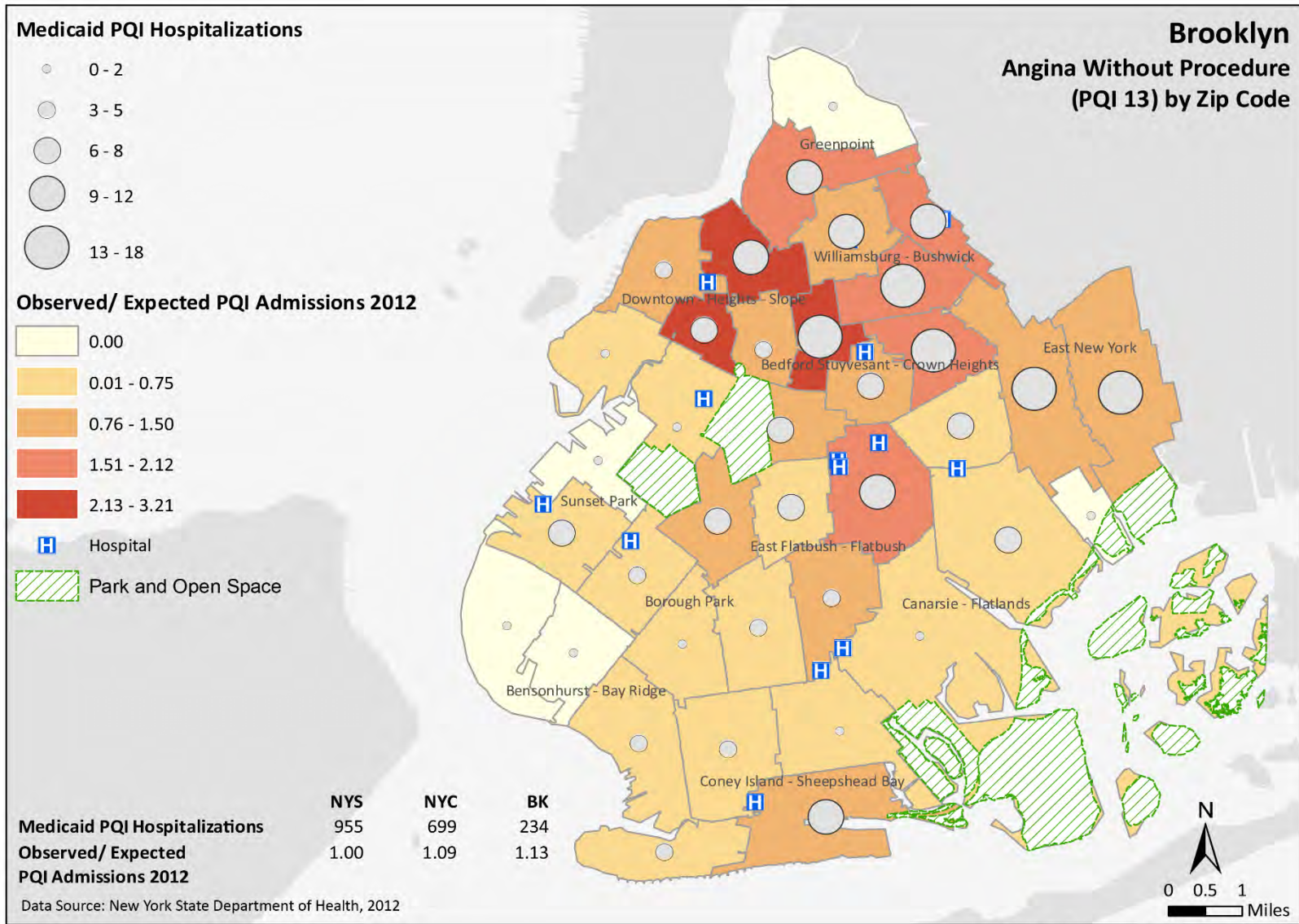
48. Urinary Tract Infection (PQI 12) by Zip Code



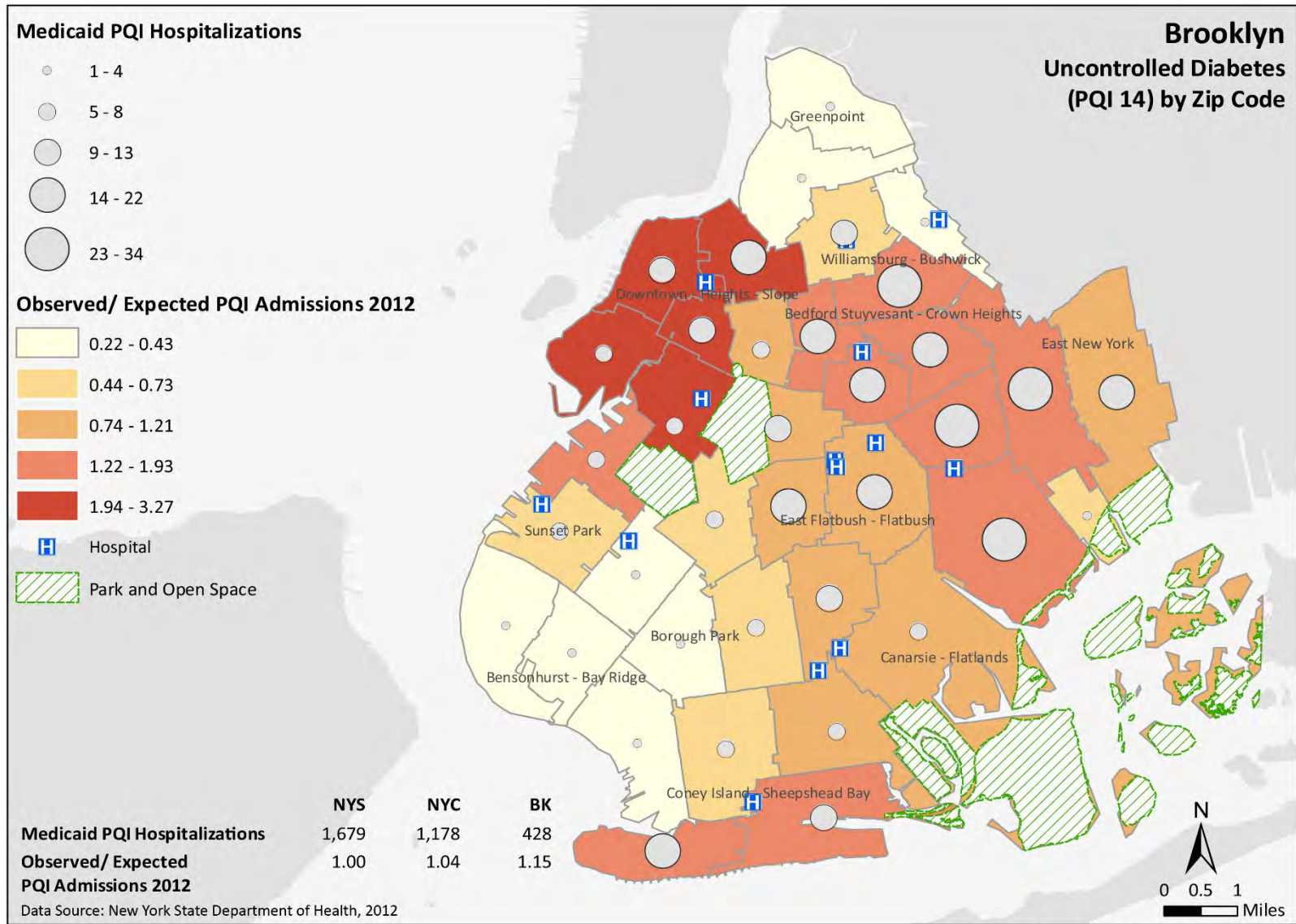
Prepared by The New York Academy of Medicine



49. Angina Without Procedure (PQI 13) by Zip Code



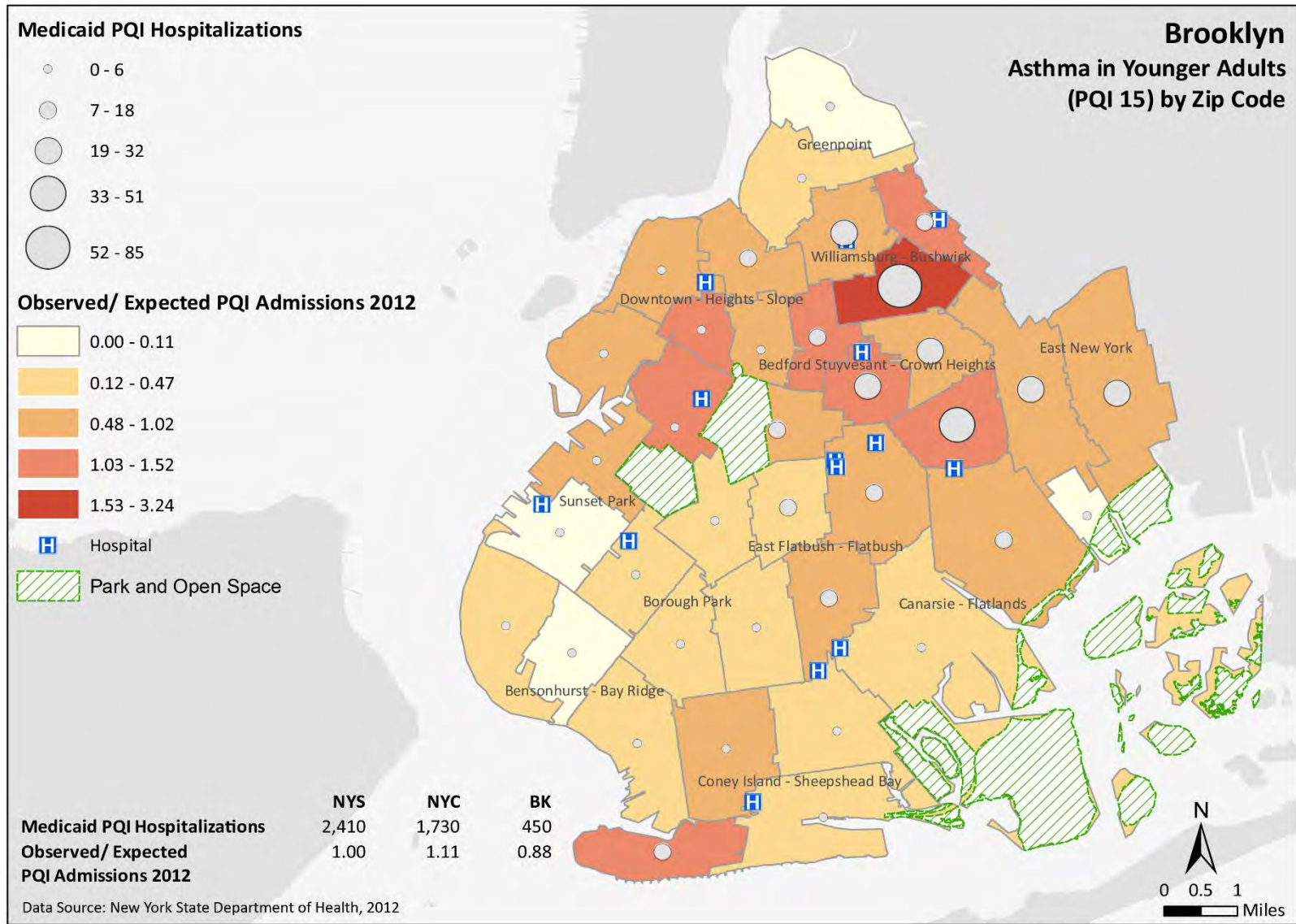
50. Uncontrolled Diabetes (PQI 14) by Zip Code



Prepared by The New York Academy of Medicine

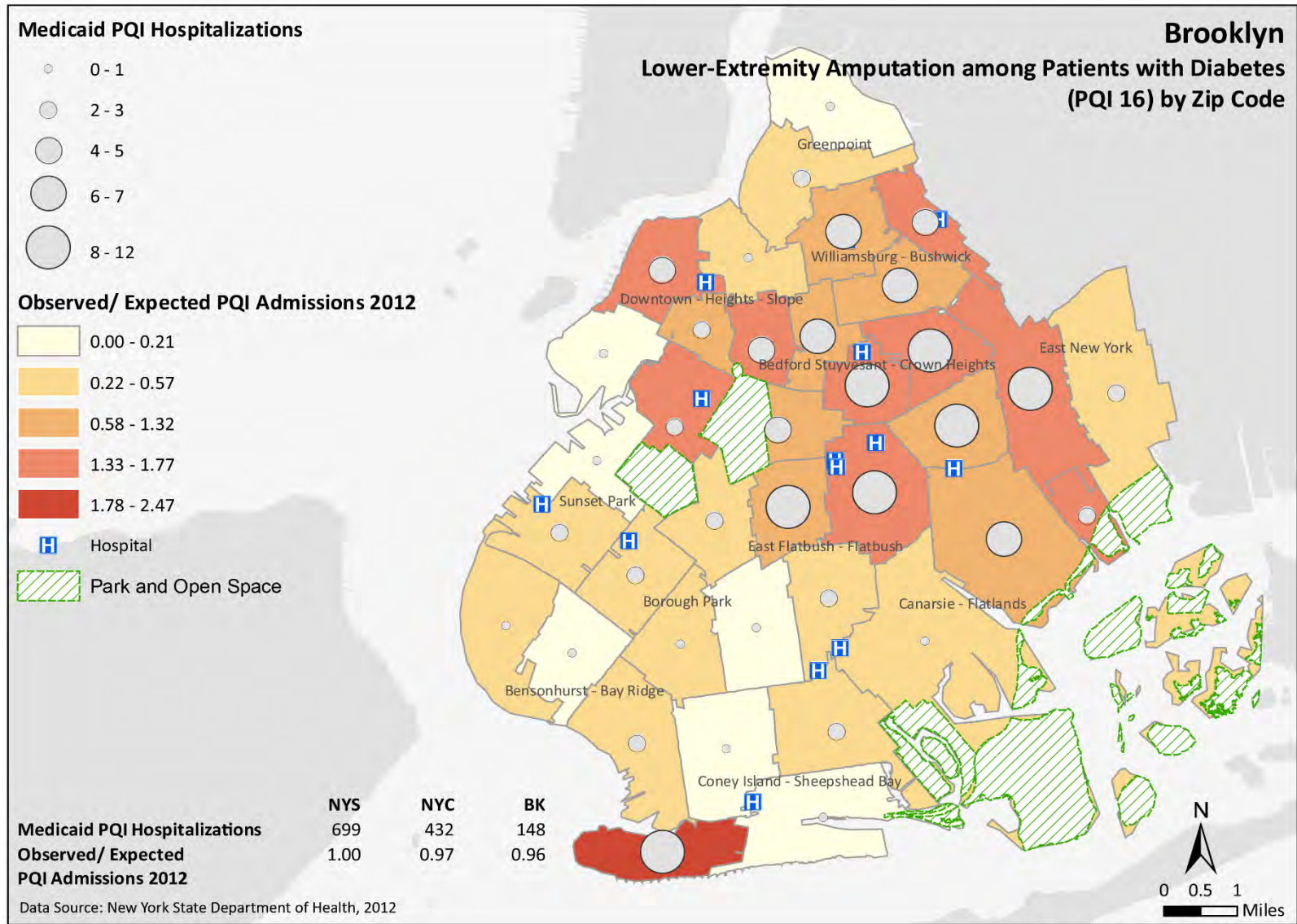


51. Asthma in Younger Adults (PQI 15) by Zip Code



Prepared by The New York Academy of Medicine

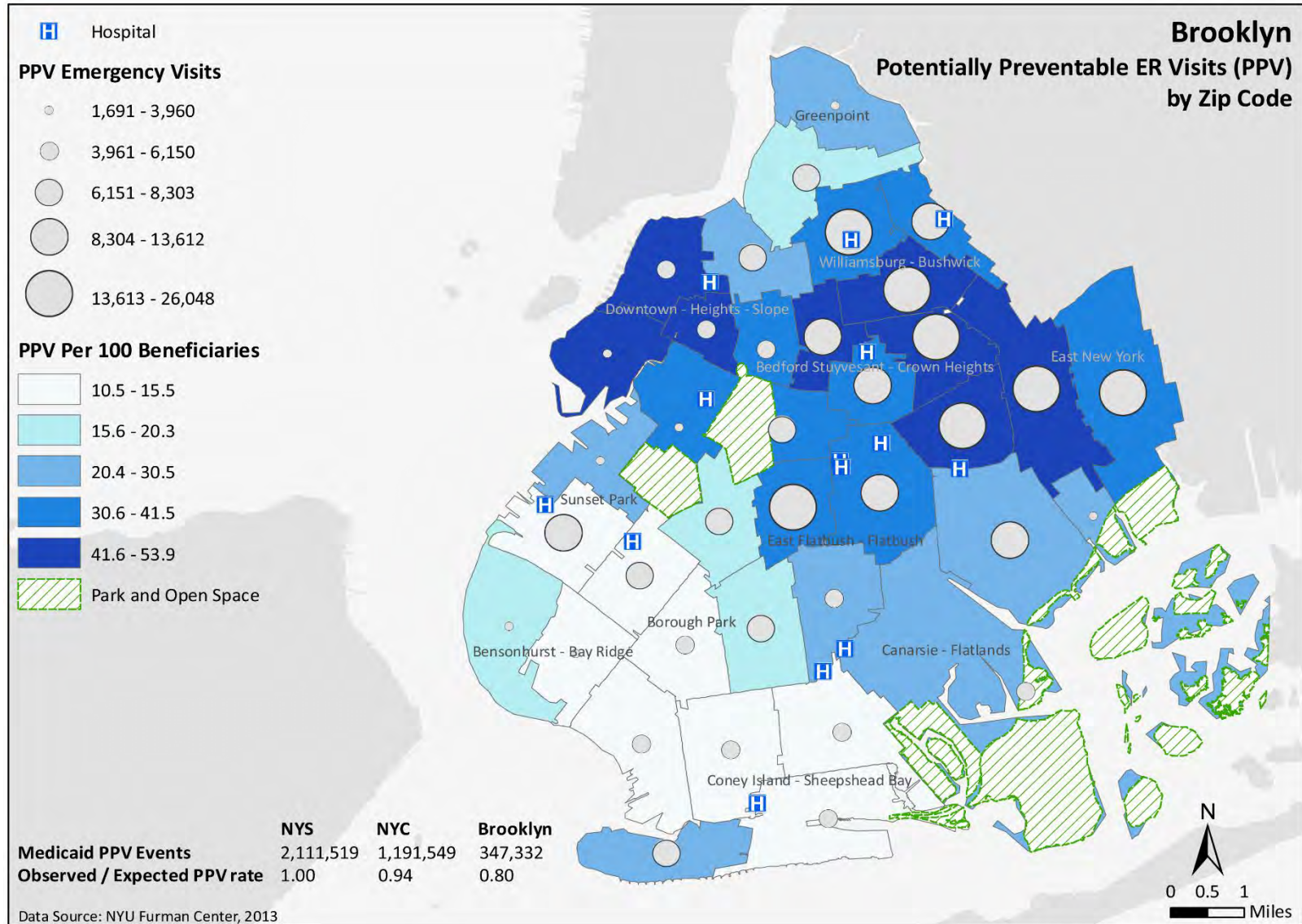
52. Lower-Extremity Amputation among Patients with Diabetes (PQI 16) by Zip Code



Prepared by The New York Academy of Medicine

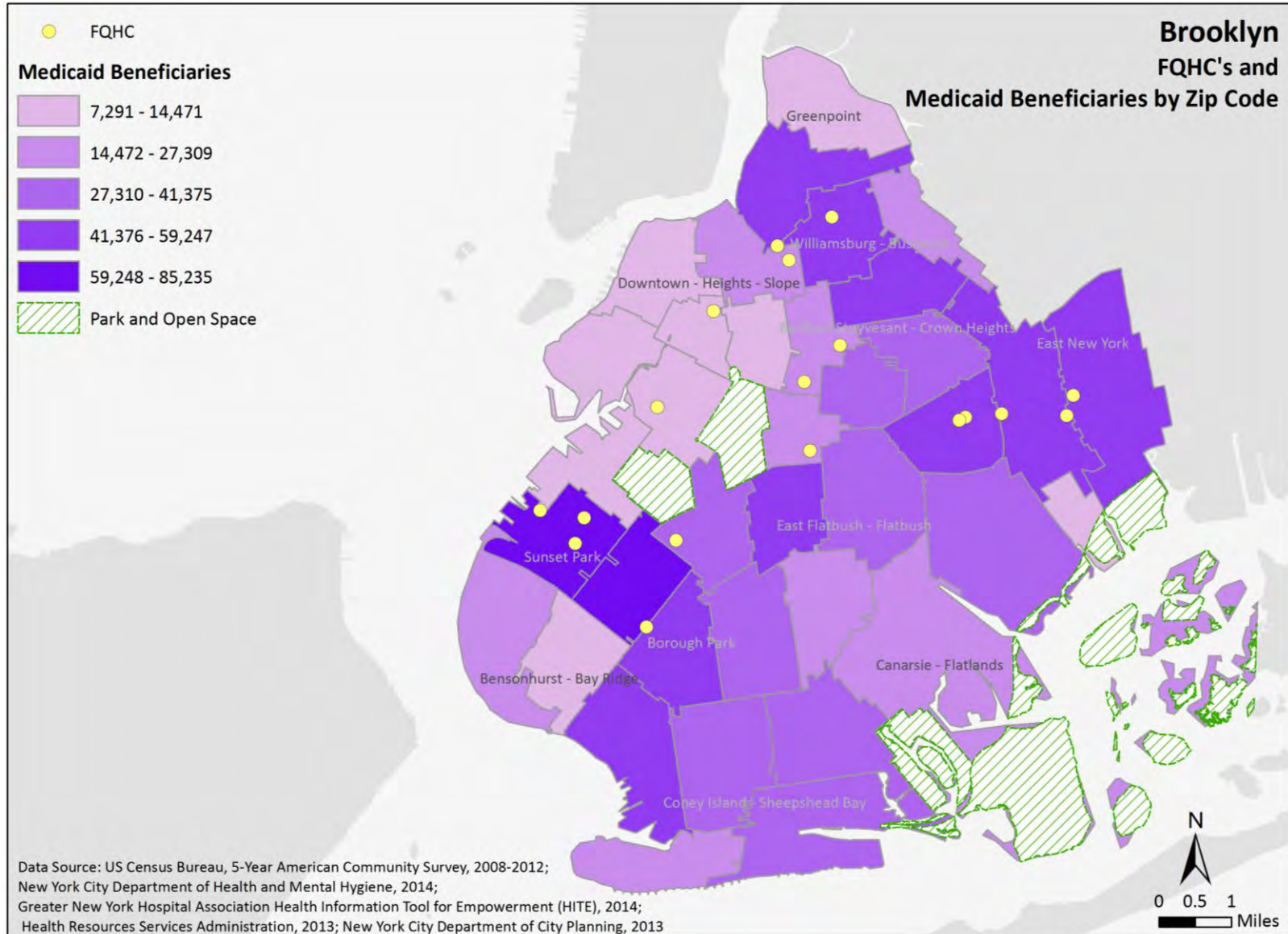


53. Potentially Preventable ER Visits (PPV) by Zip Code



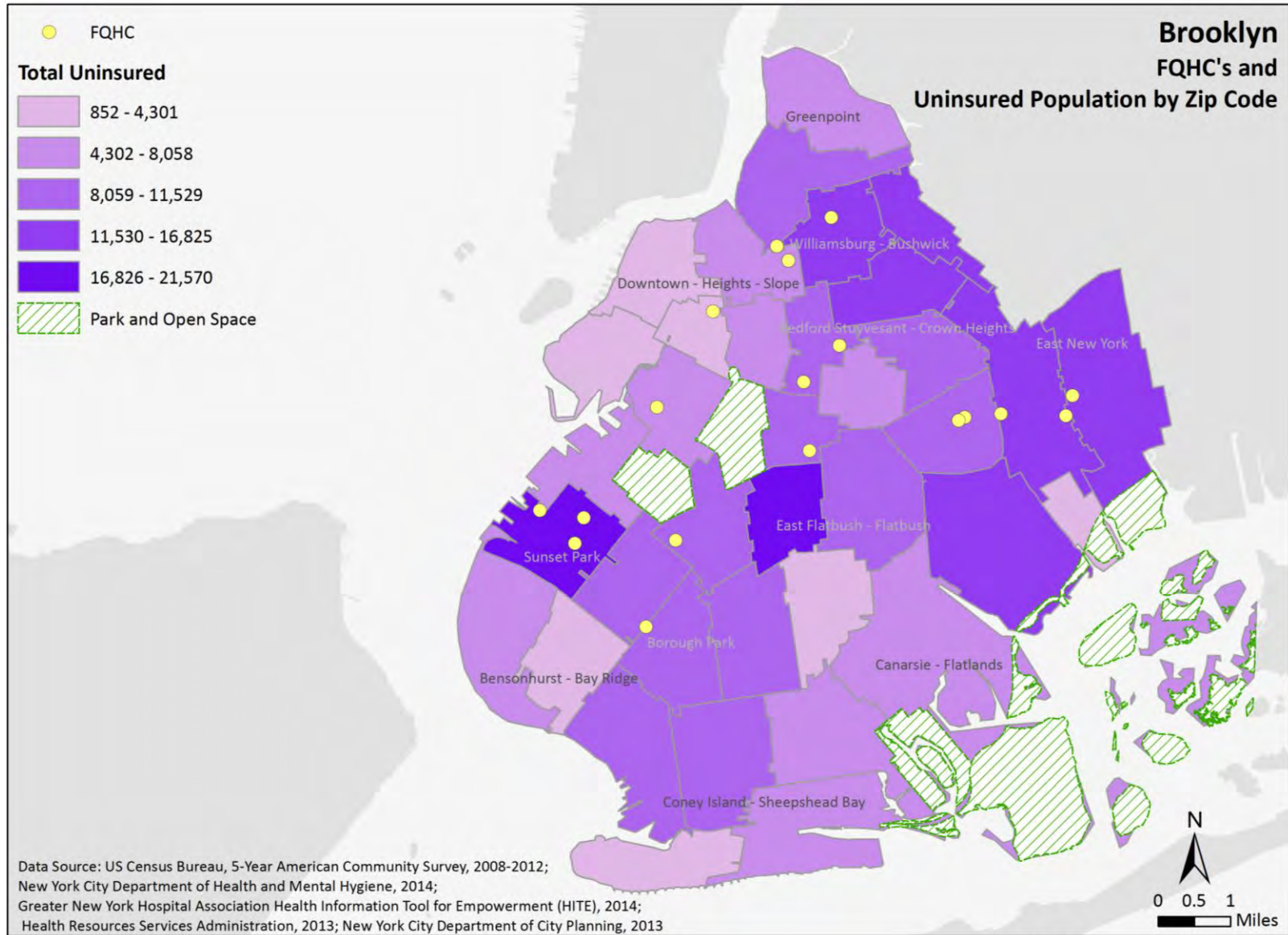
Prepared by The New York Academy of Medicine

54. FQHCs and Medicaid Beneficiaries by Zip Code



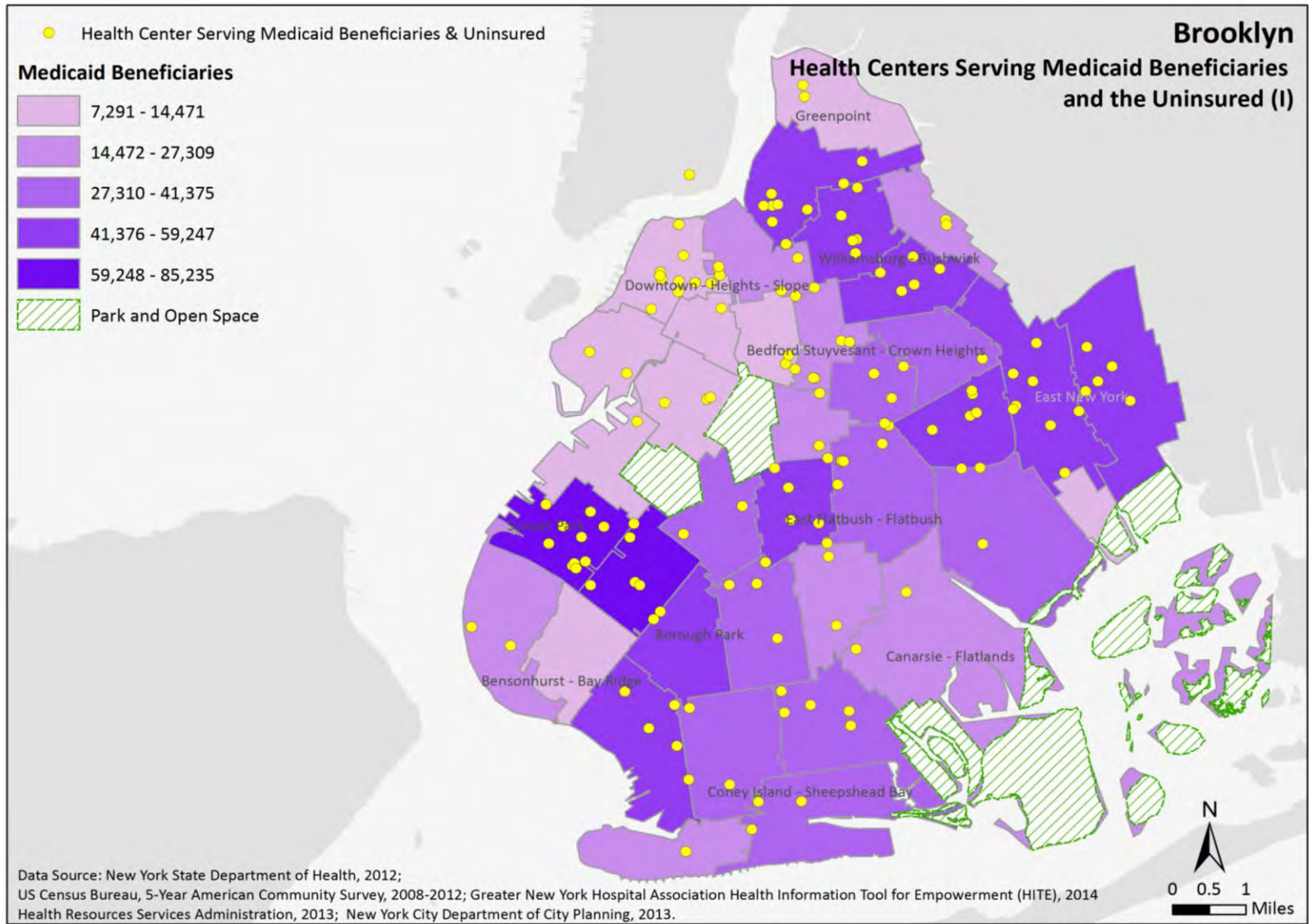


55. FQHCs and Uninsured Population by Zip Code



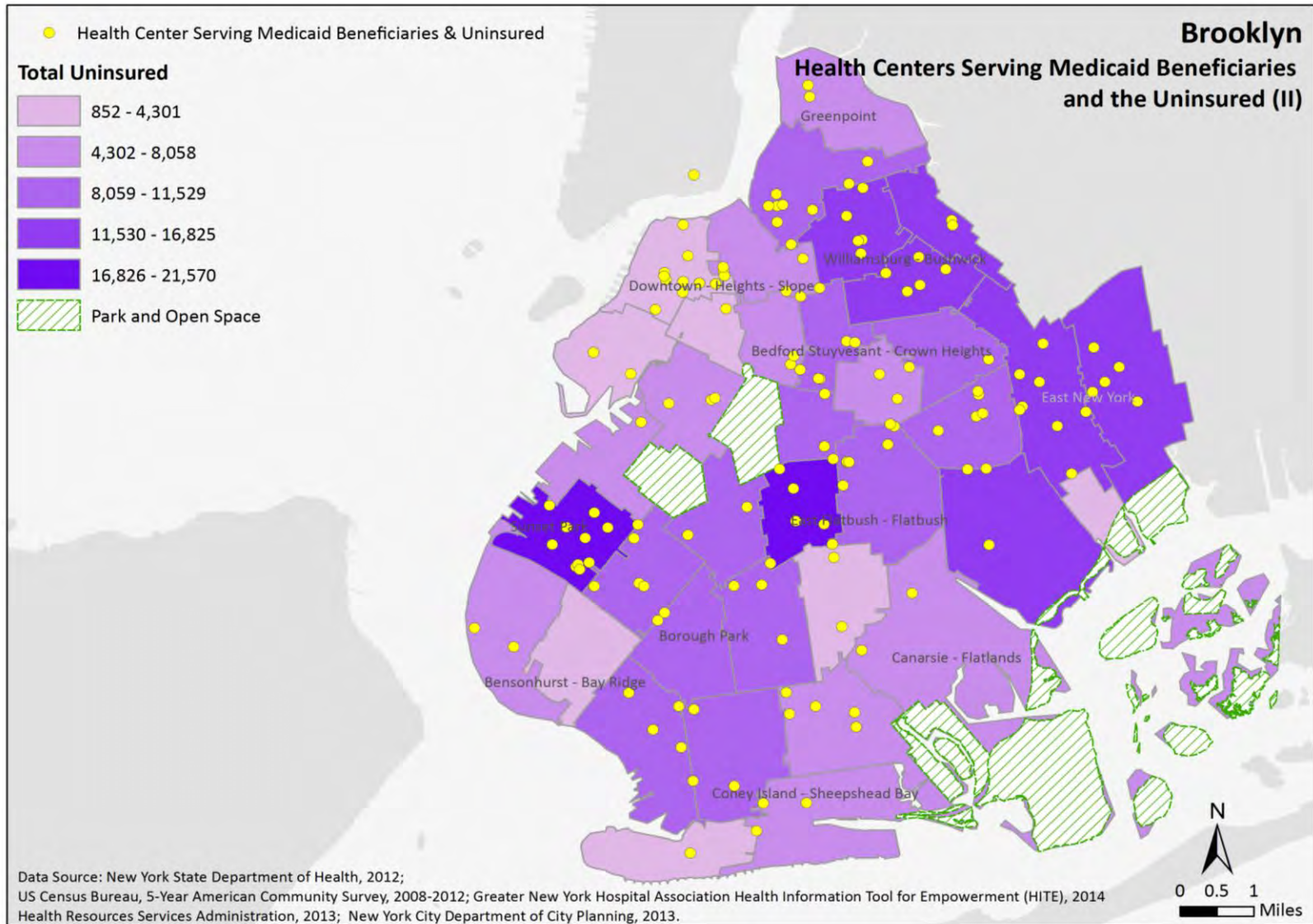
Prepared by The New York Academy of Medicine

56. Health Centers Serving Medicaid Beneficiaries and the Uninsured (I)



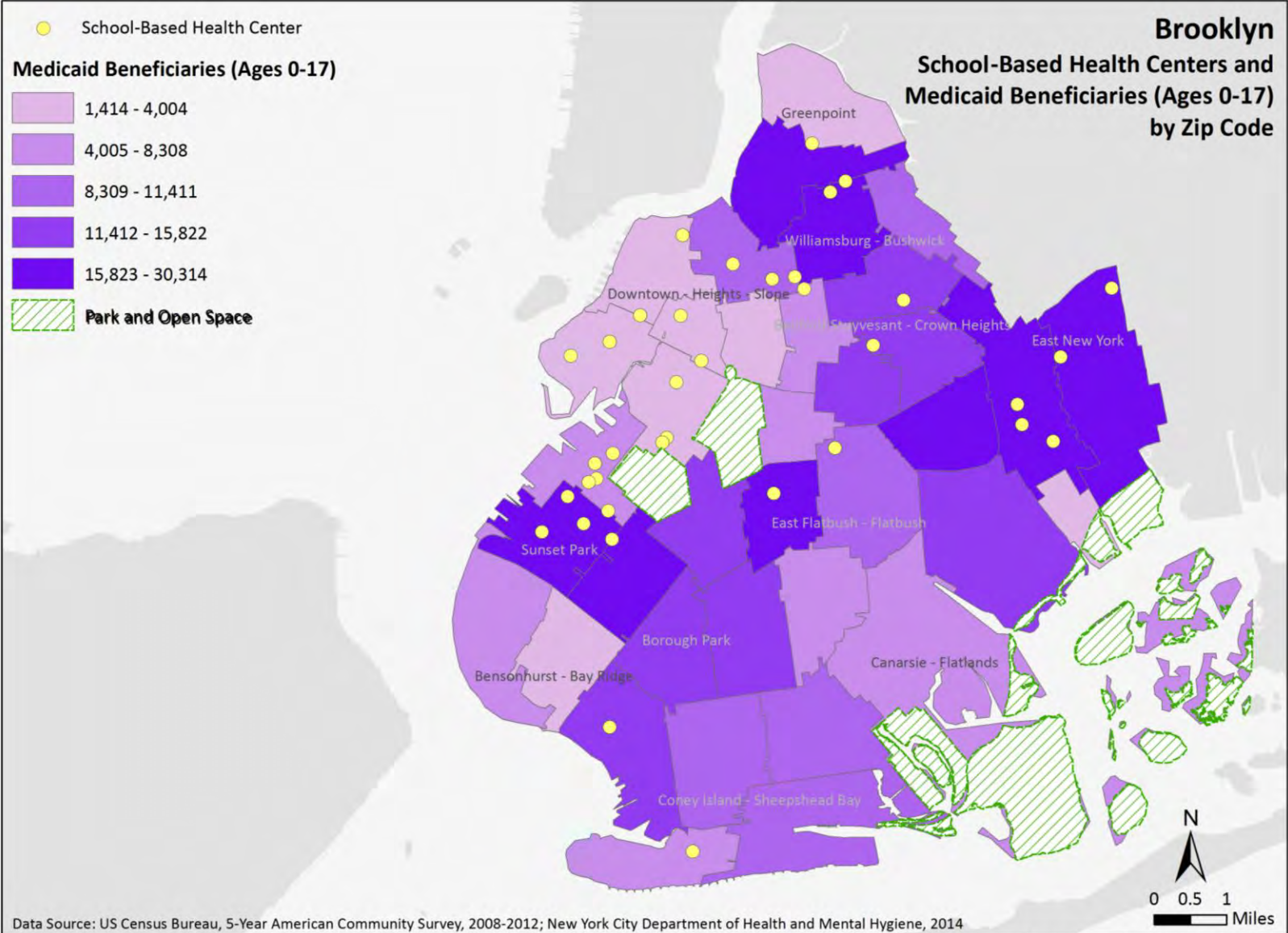


57. Health Centers Serving Medicaid Beneficiaries and the Uninsured (II)



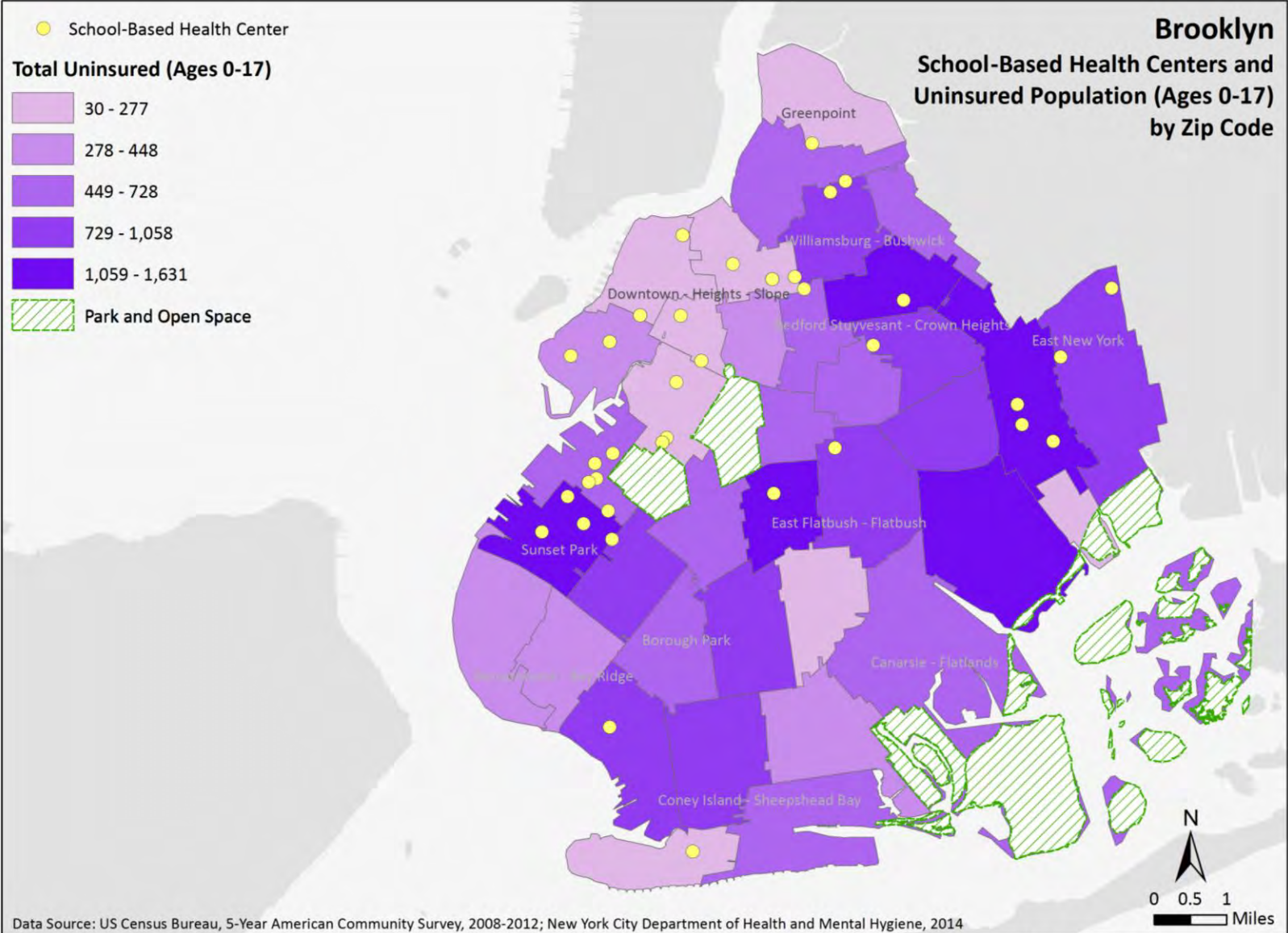
Prepared by The New York Academy of Medicine

58. School-Based Health Centers and Medicaid Beneficiaries (Ages 0-17) by Zip Code

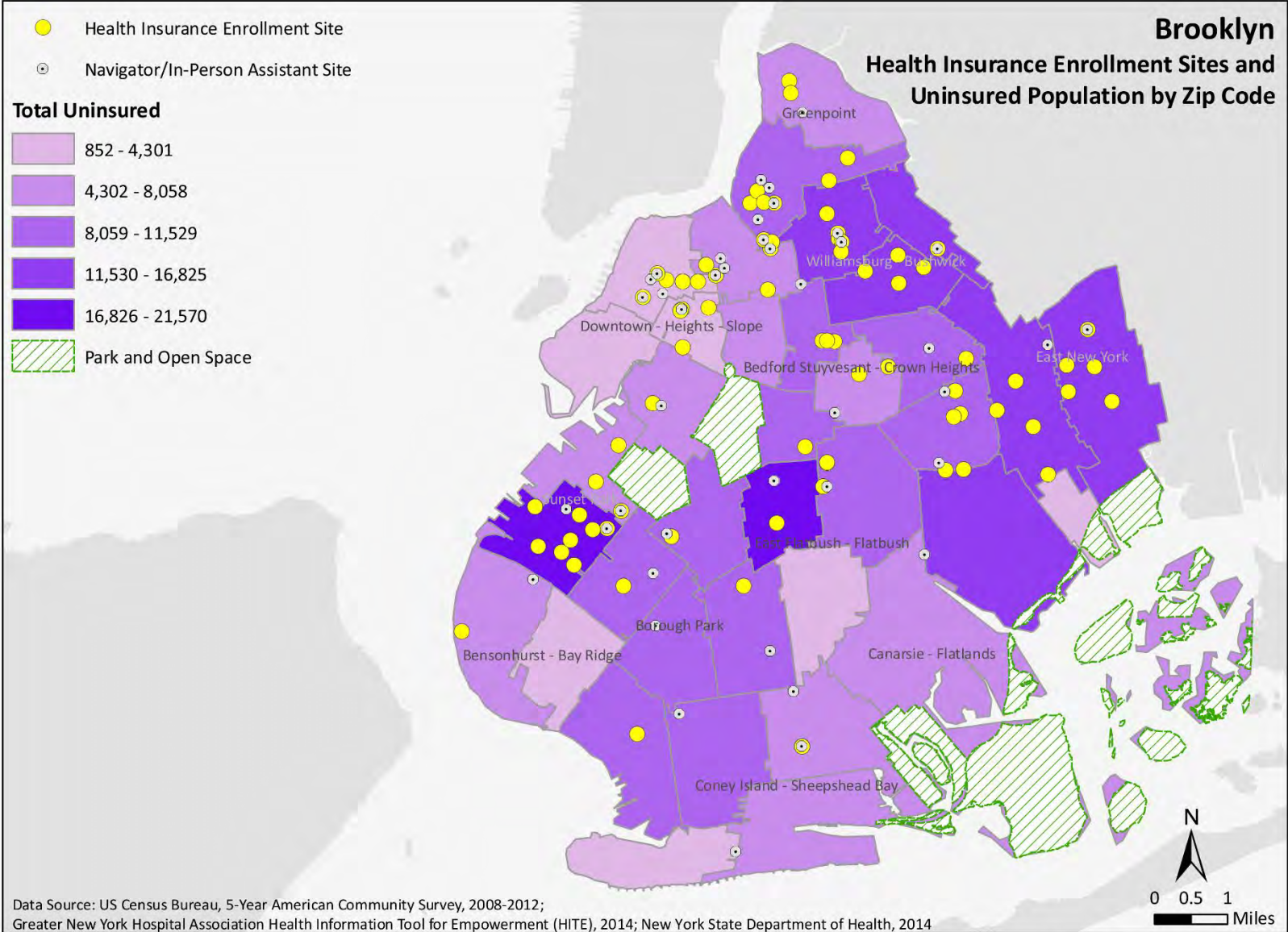




59. School-Based Health Centers and Uninsured Population (Ages 0-17) by Zip Code



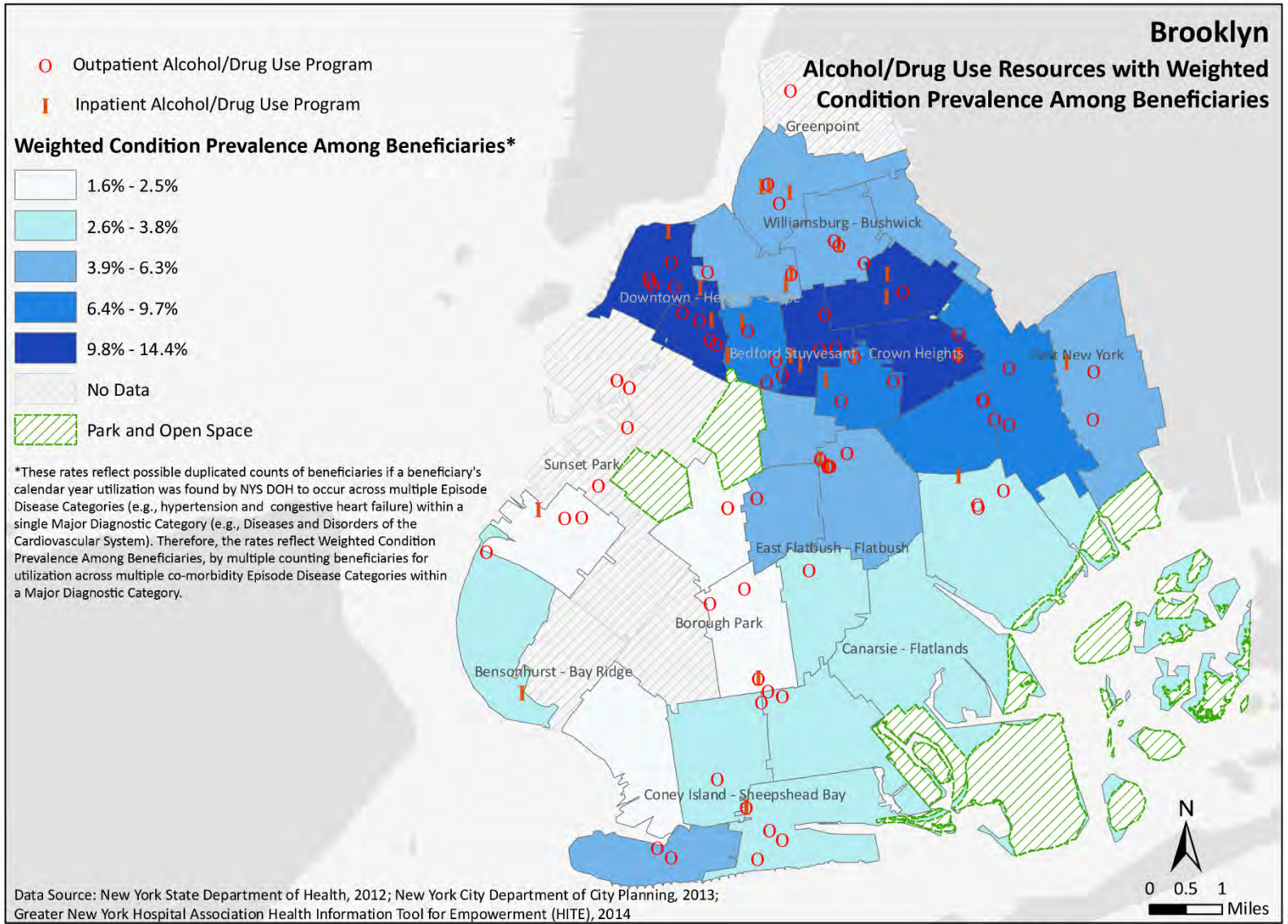
60. Health Insurance Enrollment Sites and Uninsured Population by Zip Code



Prepared by The New York Academy of Medicine

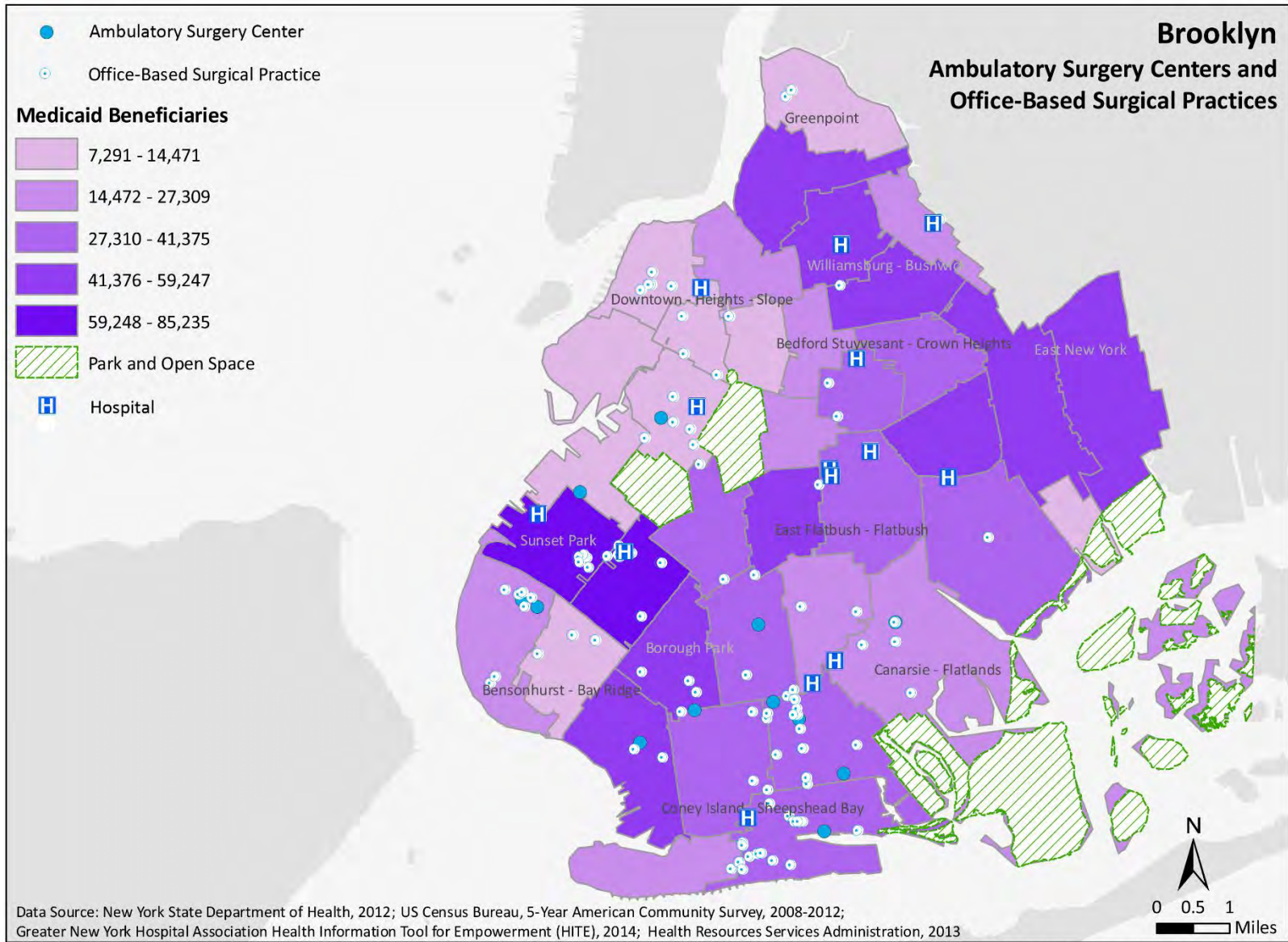


61. Alcohol/Drug Use Resources with Weighted Condition Prevalence Among Beneficiaries



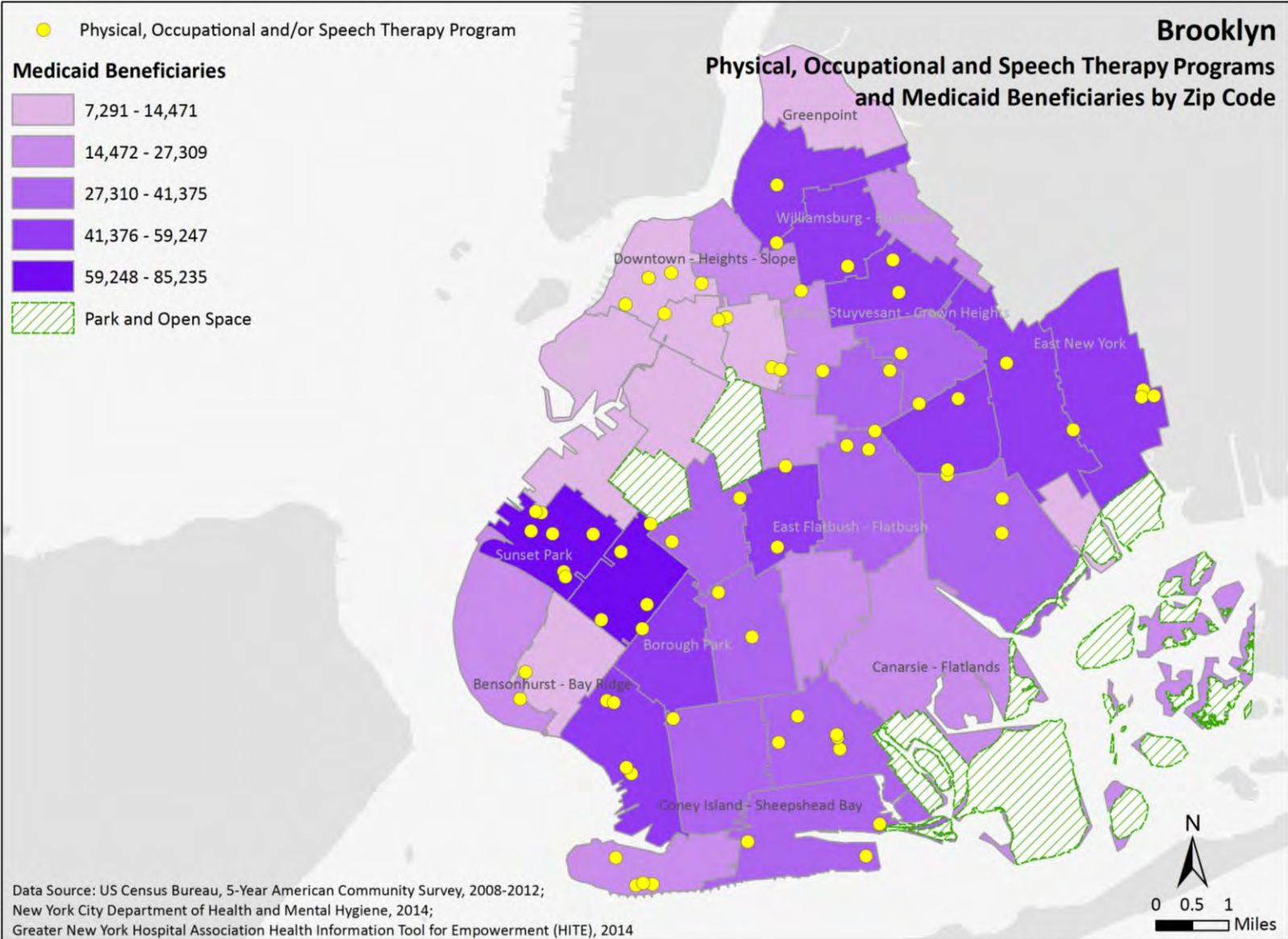
Prepared by The New York Academy of Medicine

62. Ambulatory Surgery Centers and Office-Based Surgical Practices



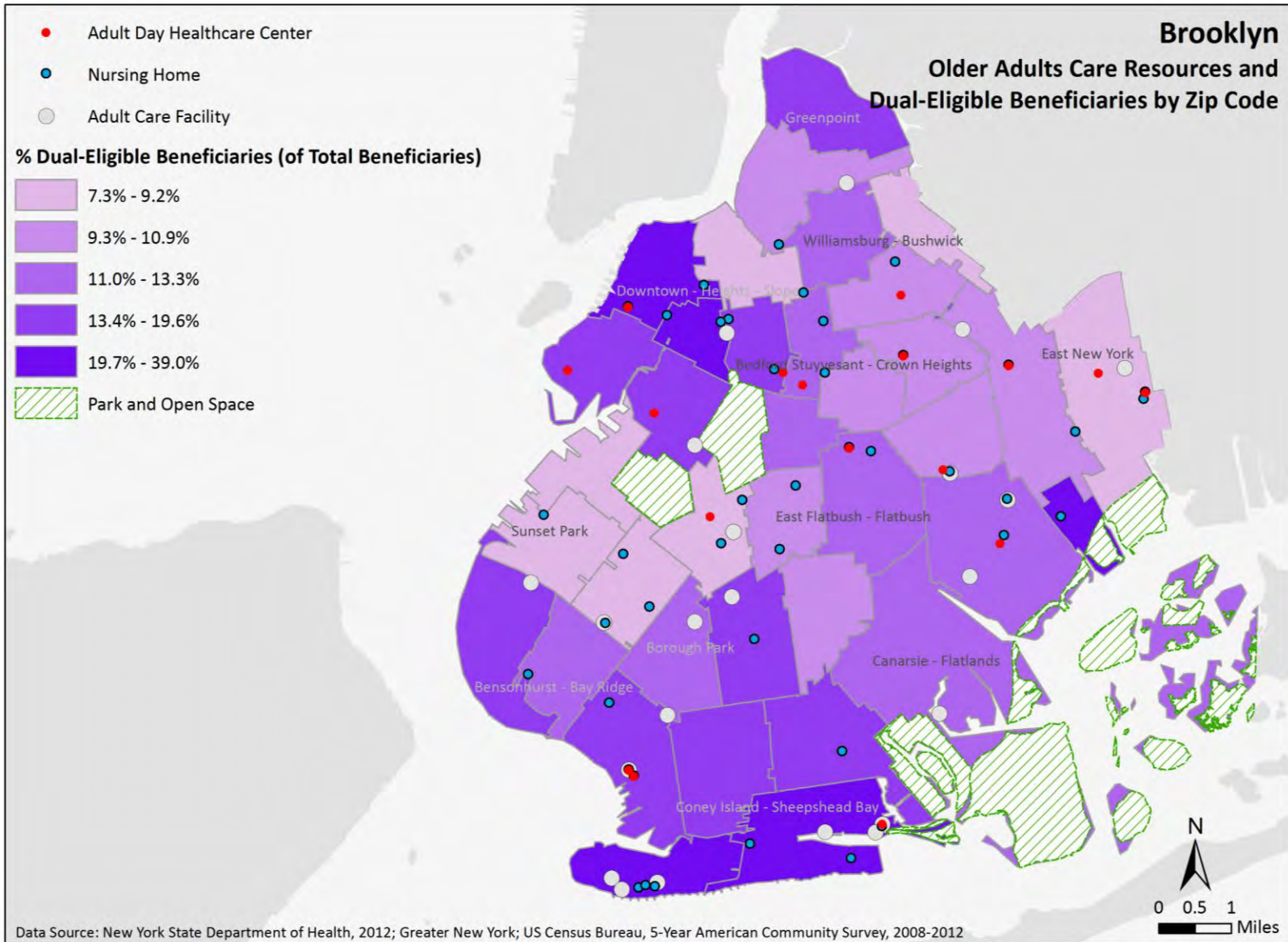


63. Physical, Occupational and Speech Therapy Programs and Medicaid Beneficiaries by Zip Code



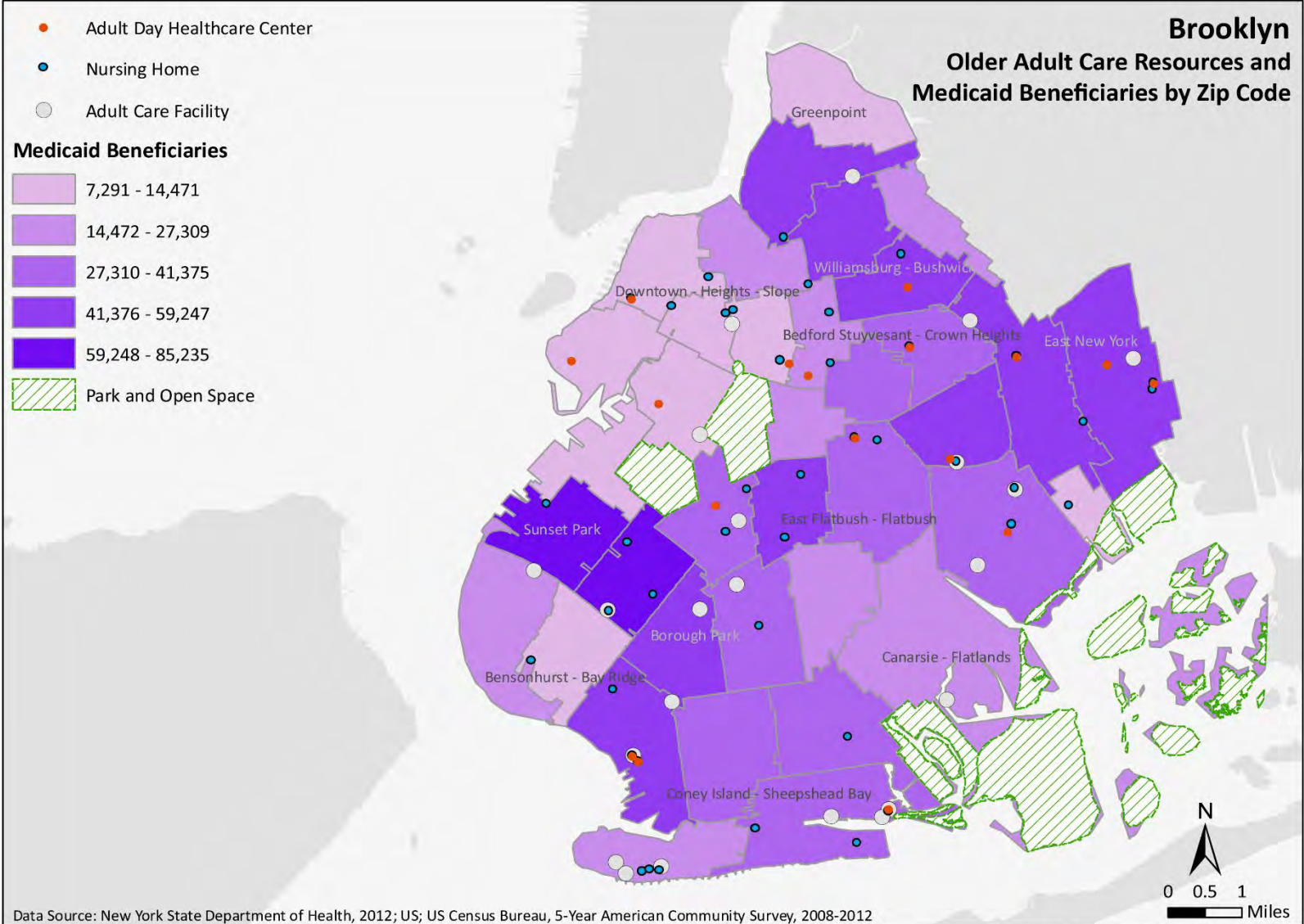
Prepared by The New York Academy of Medicine

64. Older Adults Care Resources and Dual-Eligible Beneficiaries by Zip Code



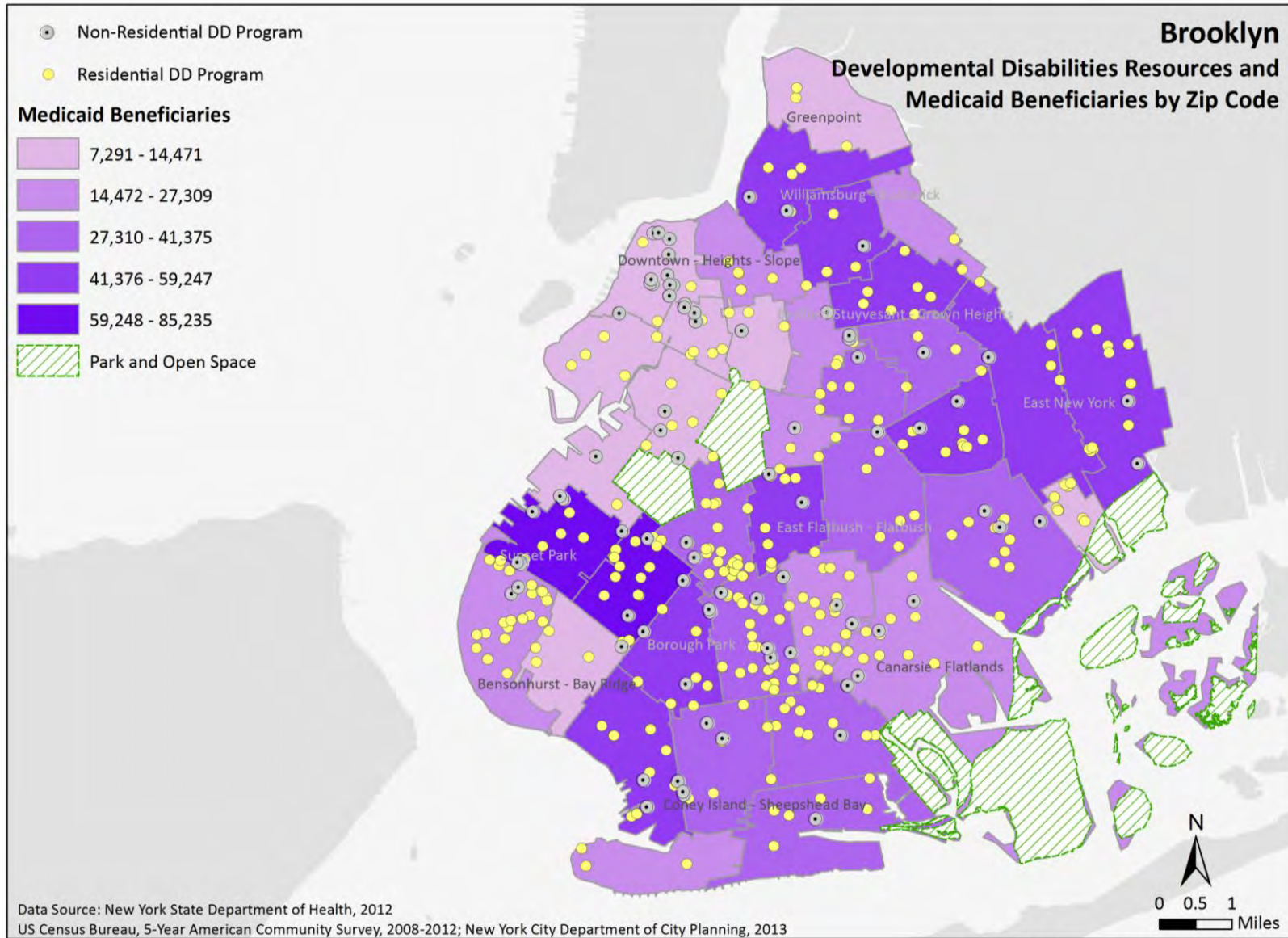


65. Older Adult Care Resources and Medicaid Beneficiaries by Zip Code



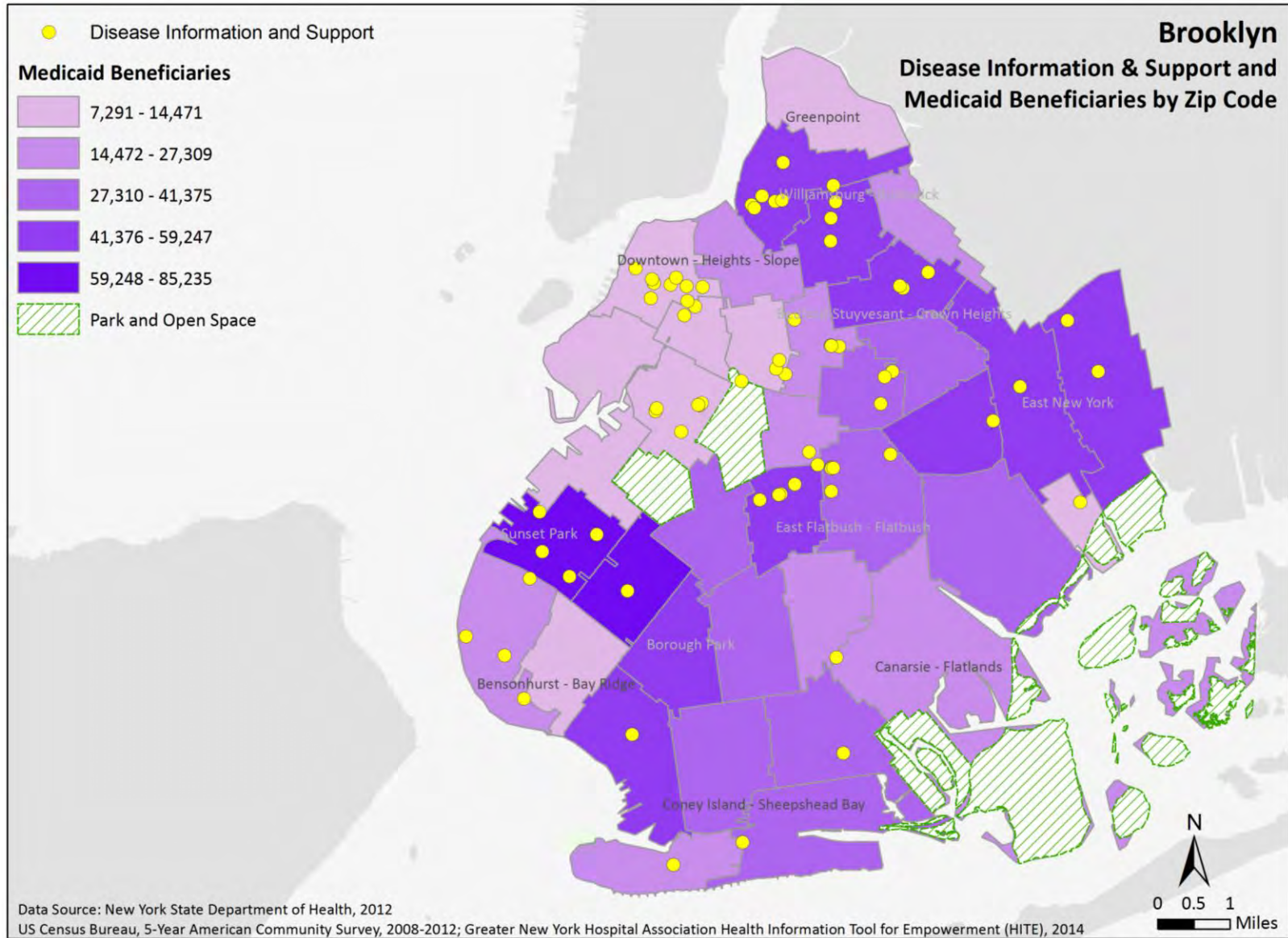
Prepared by The New York Academy of Medicine

66. Developmental Disabilities Resources and Medicaid Beneficiaries by Zip Code

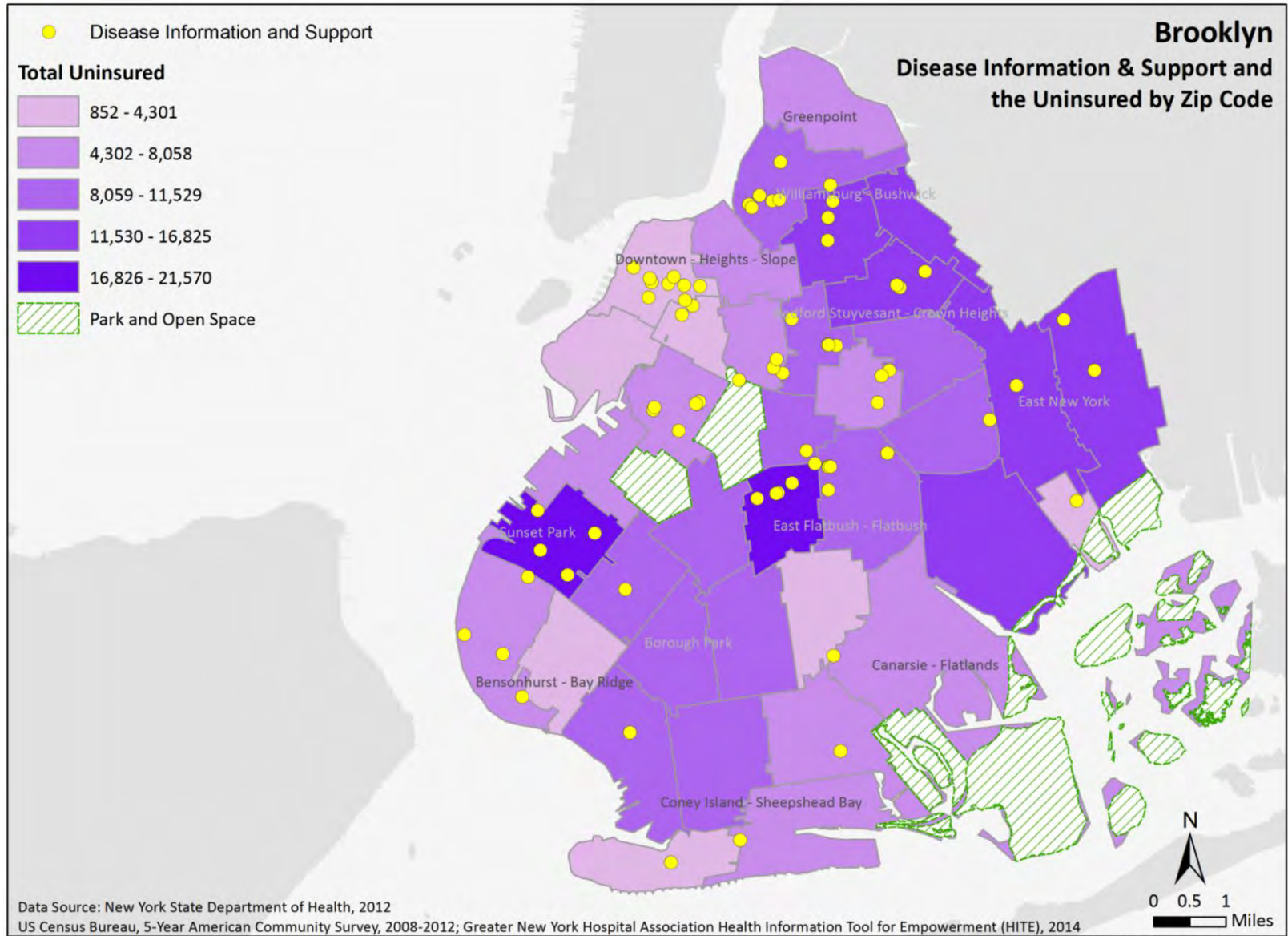




67. Disease Information and Support and Medicaid Beneficiaries by Zip Code

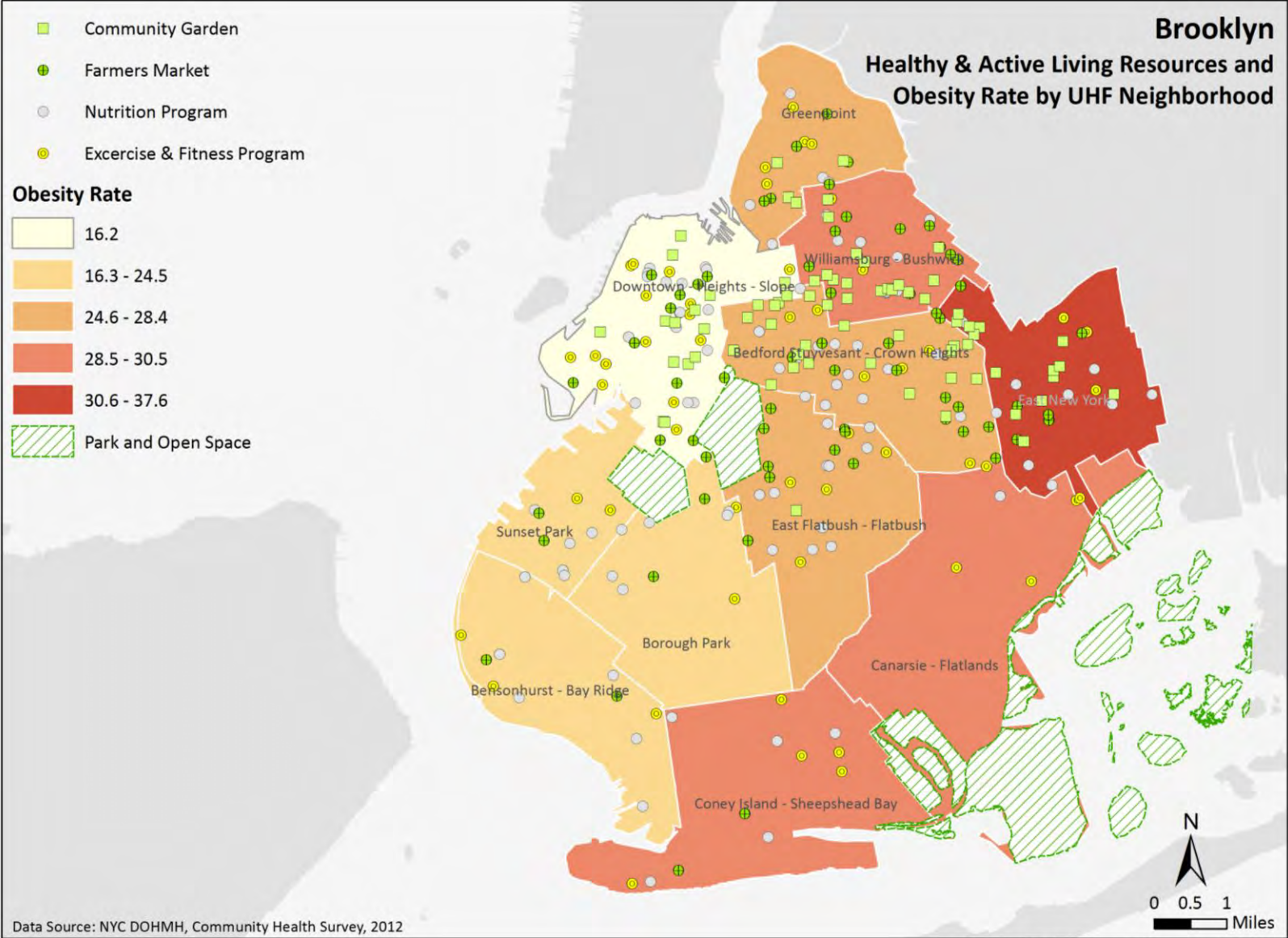


68. Disease Information and Support and the Uninsured by Zip Code

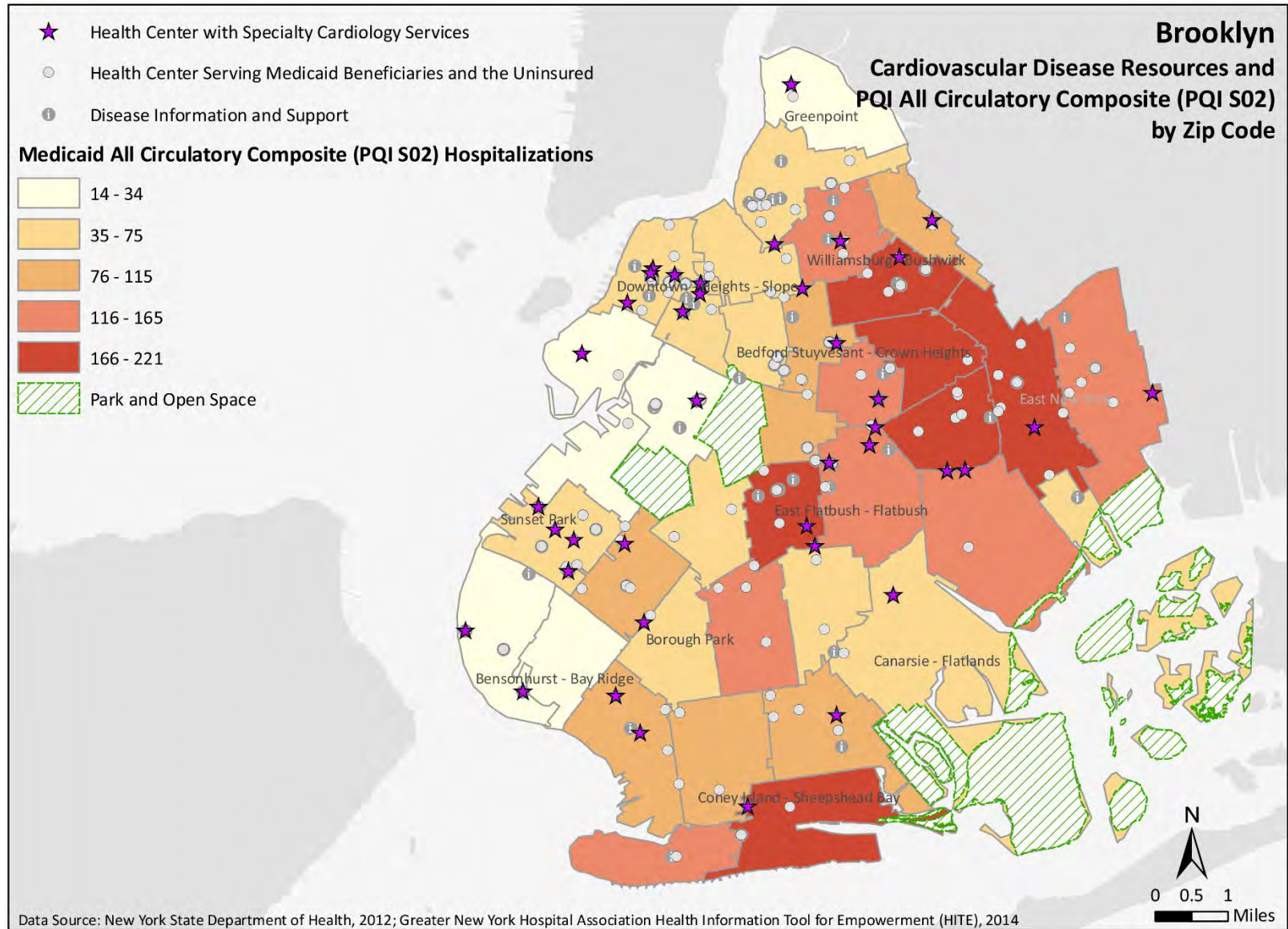




69. Healthy and Active Living Resources and Obesity Rate by UHF Neighborhood



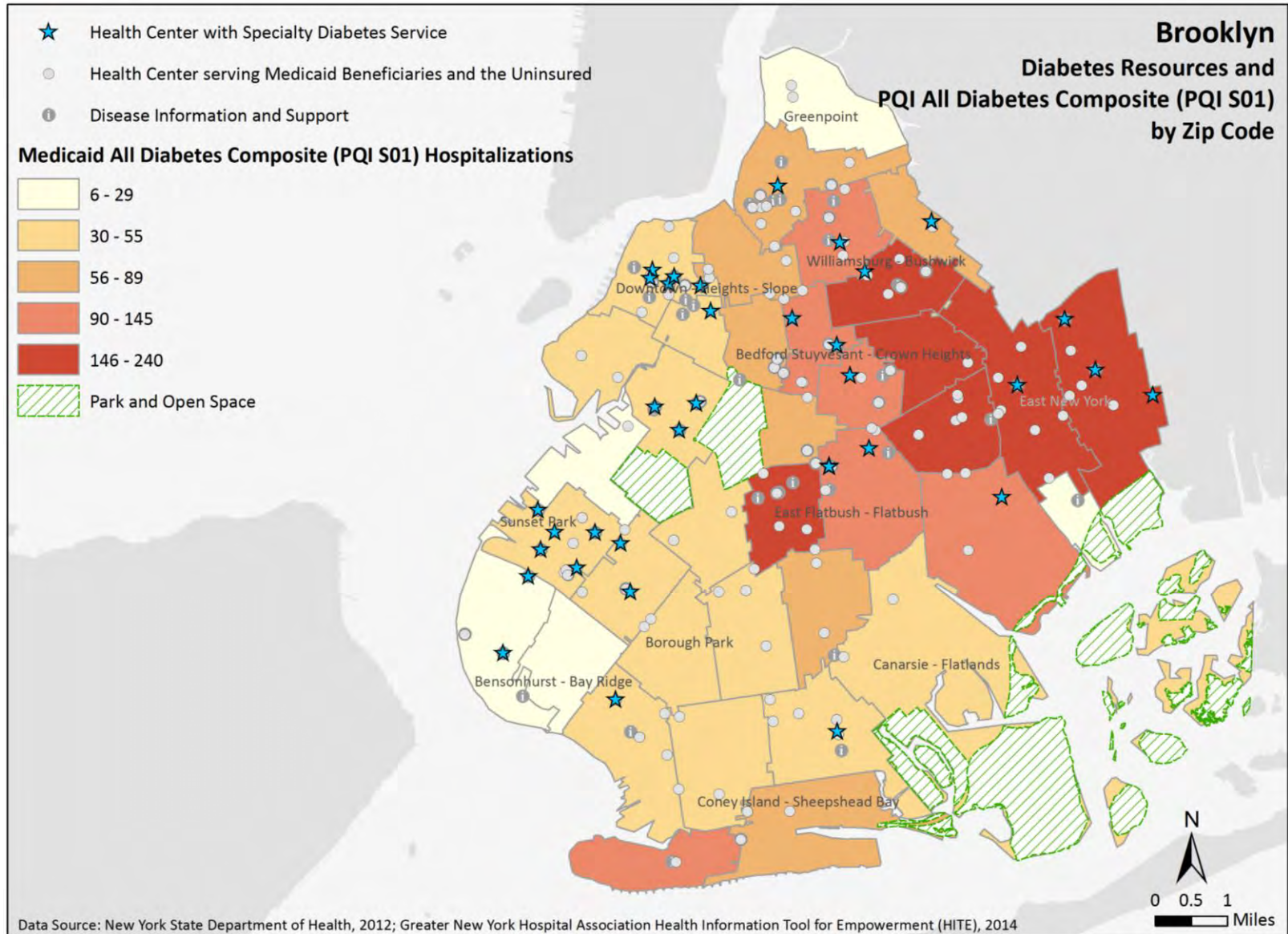
70. Cardiovascular Disease Resources and PQI All Circulatory Composite (PQI S02) by Zip Code



Prepared by The New York Academy of Medicine

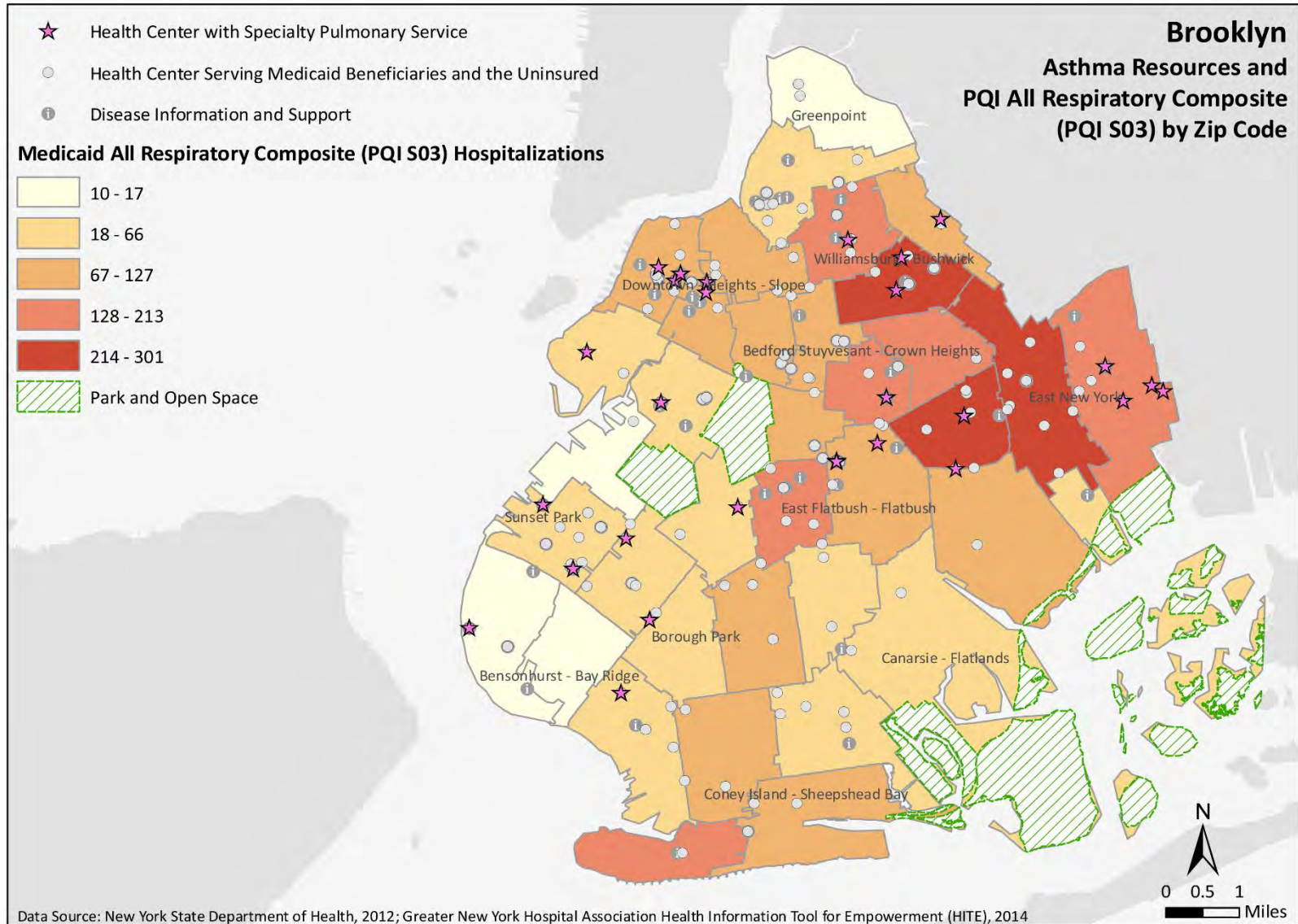


71. Diabetes Resources and PQI All Diabetes Composite (PQI S01) by Zip Code



Prepared by The New York Academy of Medicine

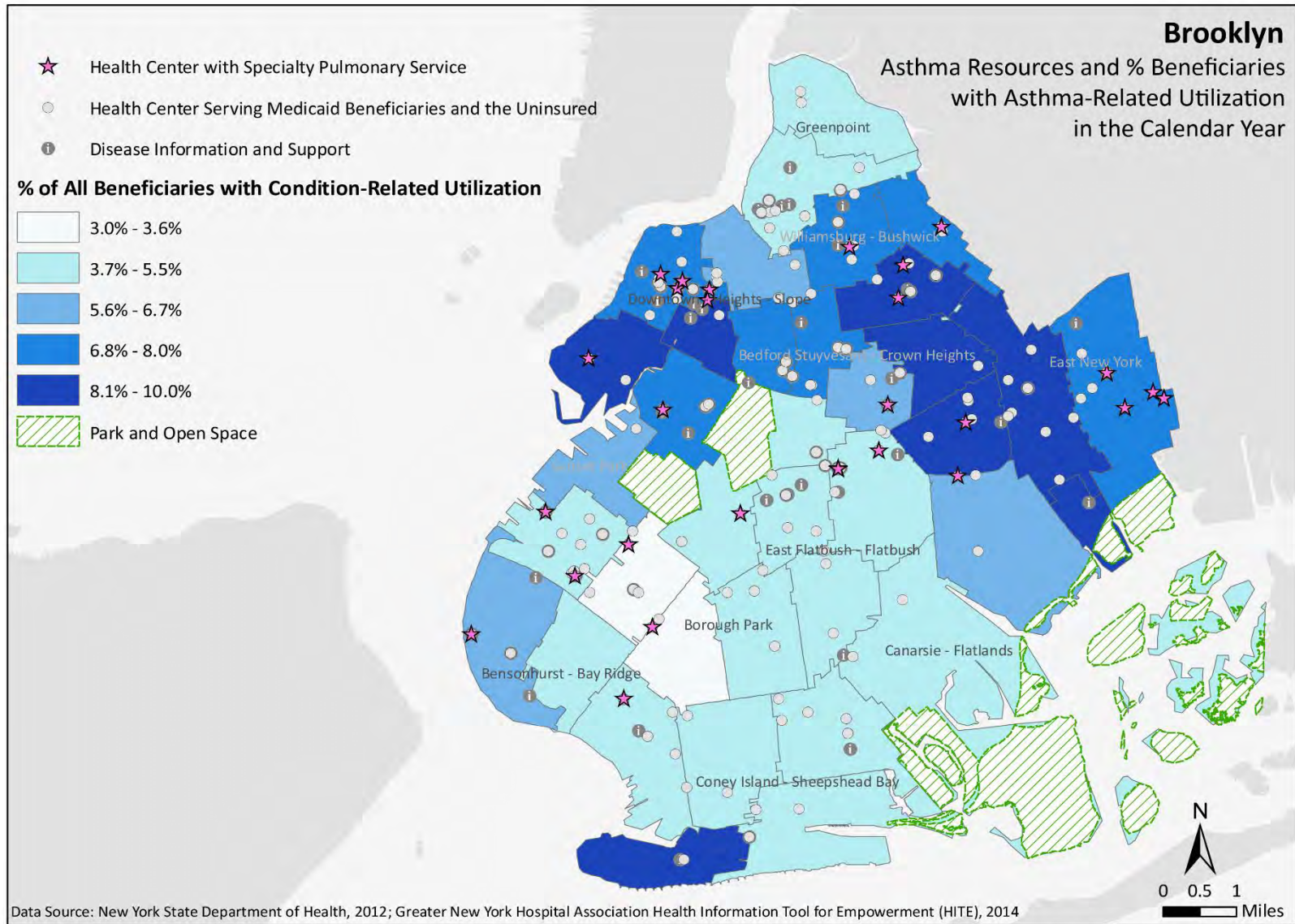
72. Asthma Resources and PQI All Respiratory Composite (PQI S03) by Zip Code



Prepared by The New York Academy of Medicine

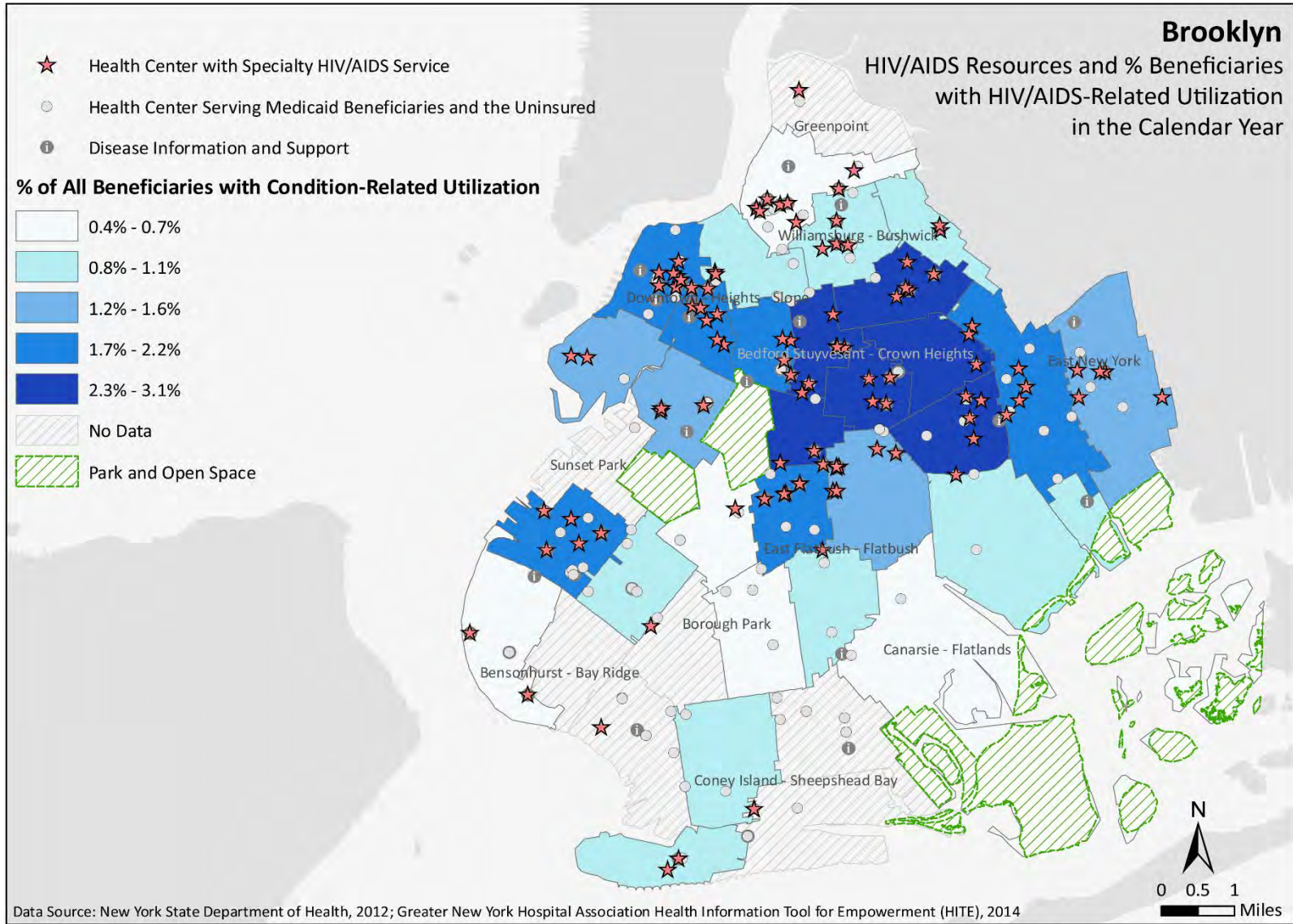


73. Asthma Resources and % Beneficiaries with Asthma-Related Utilization



Prepared by The New York Academy of Medicine

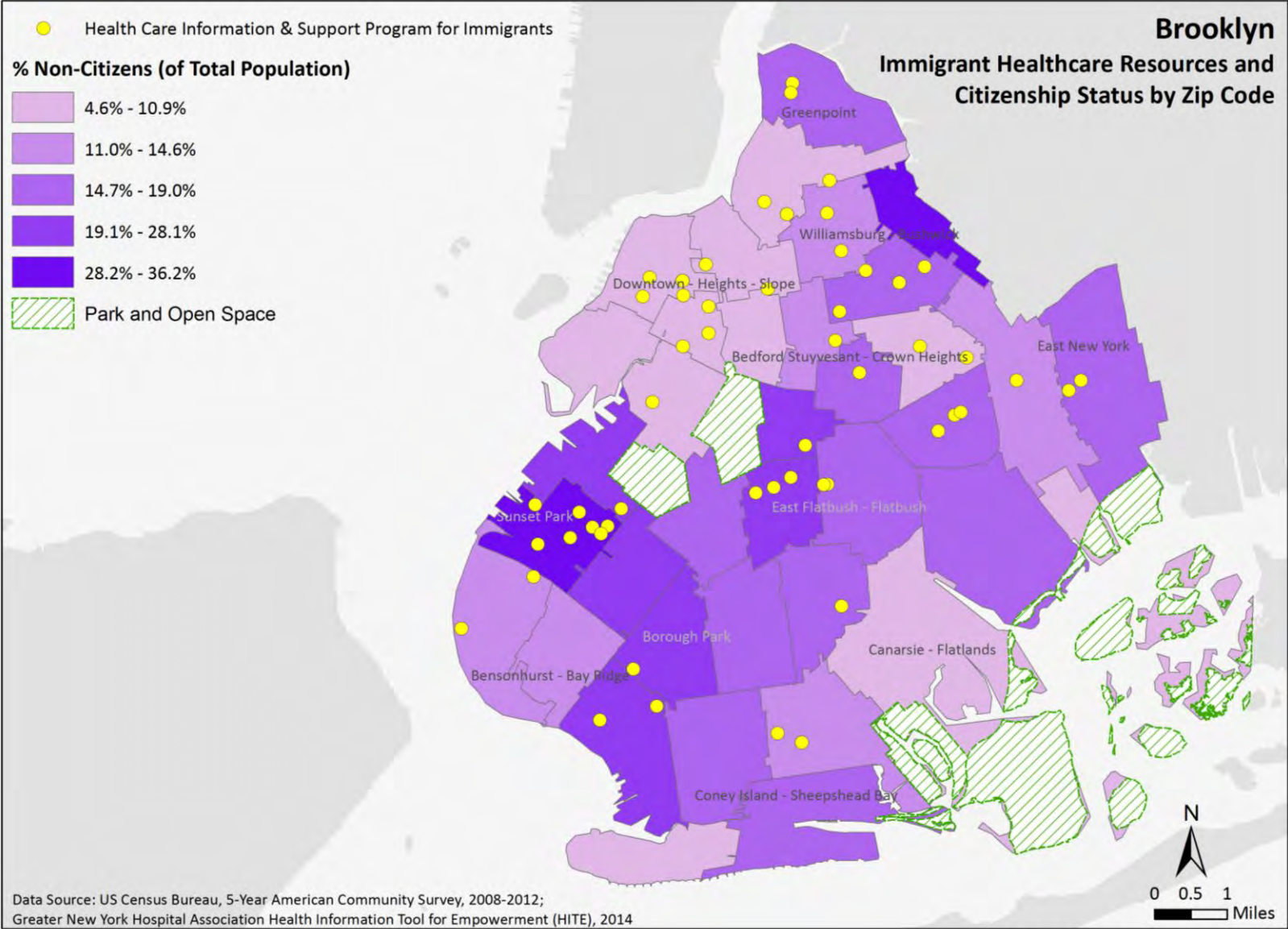
74. HIV/AIDS Resources and % Beneficiaries with HIV/AIDS-Related Utilization



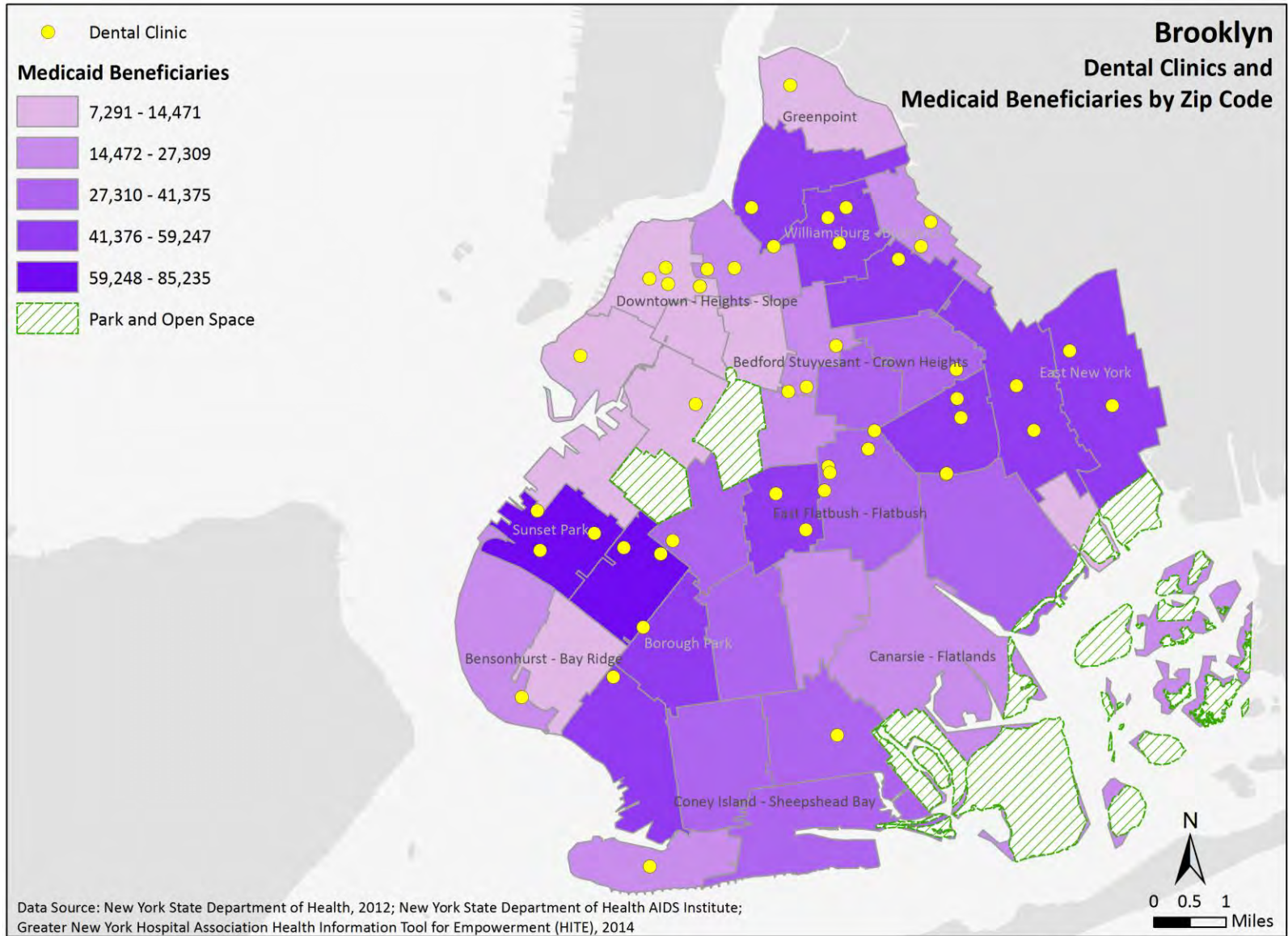
Prepared by The New York Academy of Medicine



75. Immigrant Healthcare Resources and Citizenship Status by Zip Code

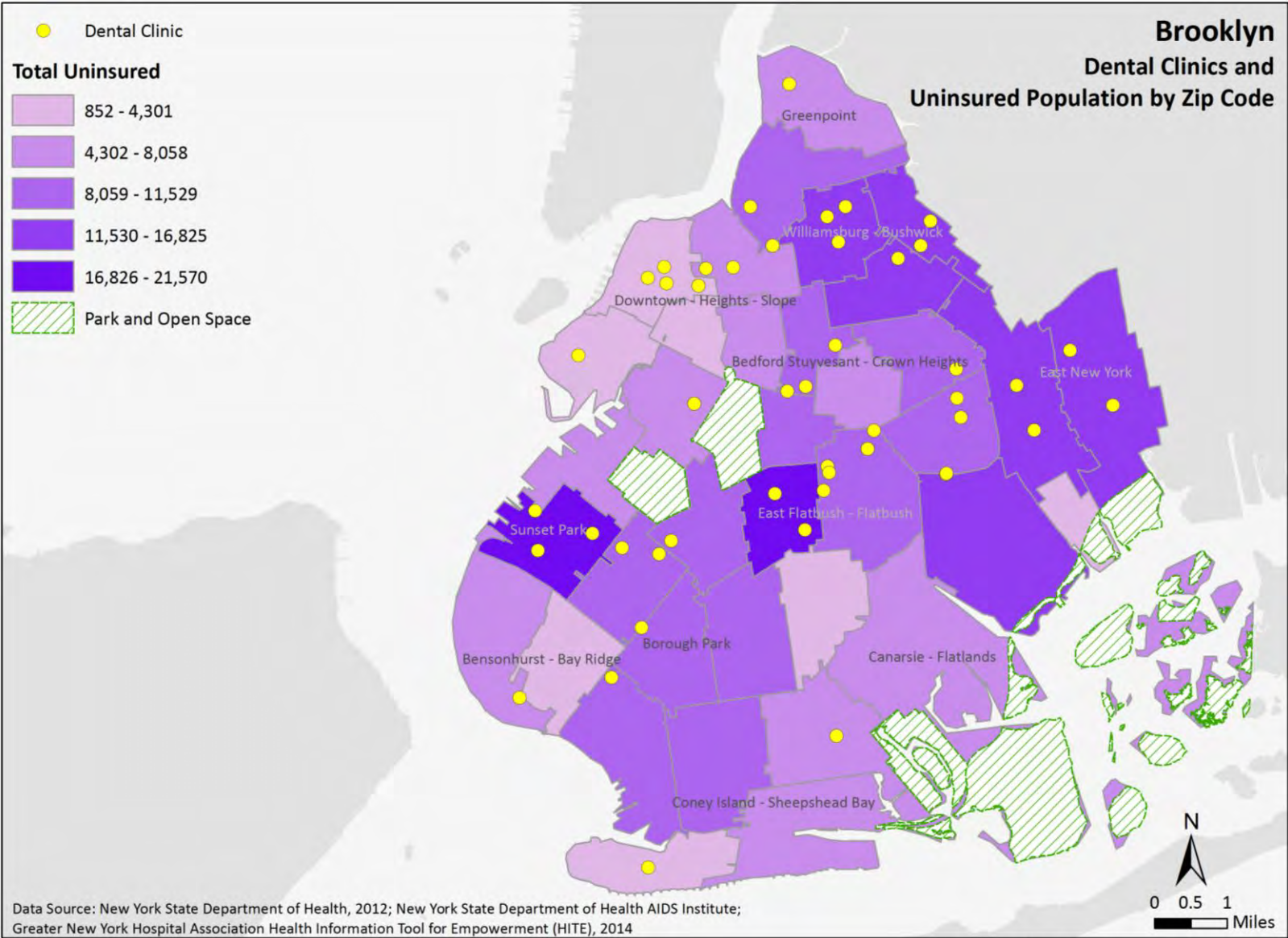


76. Dental Clinics and Medicaid Beneficiaries by Zip Code



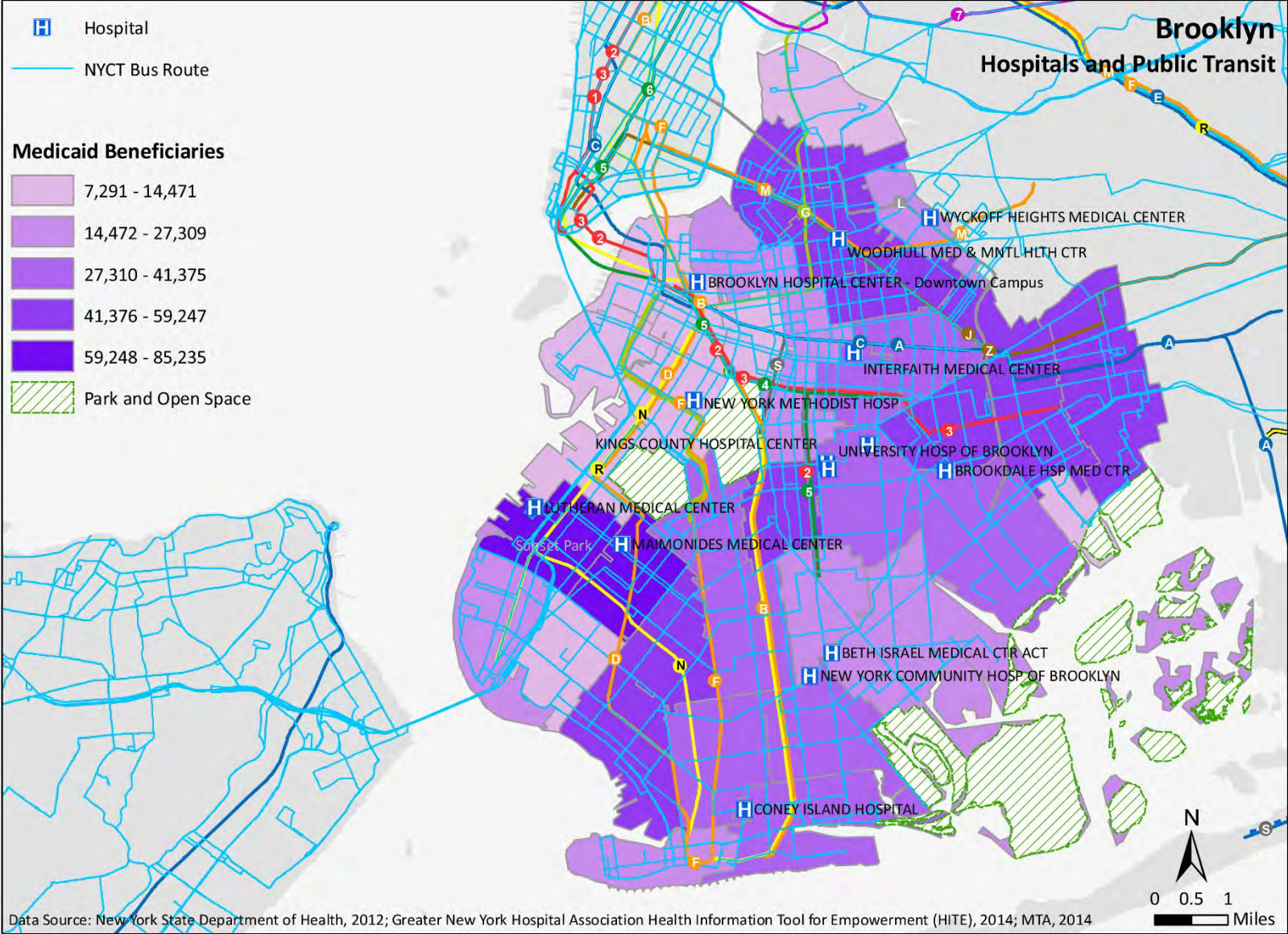


77. Dental Clinics and Uninsured Population by Zip Code



Prepared by The New York Academy of Medicine

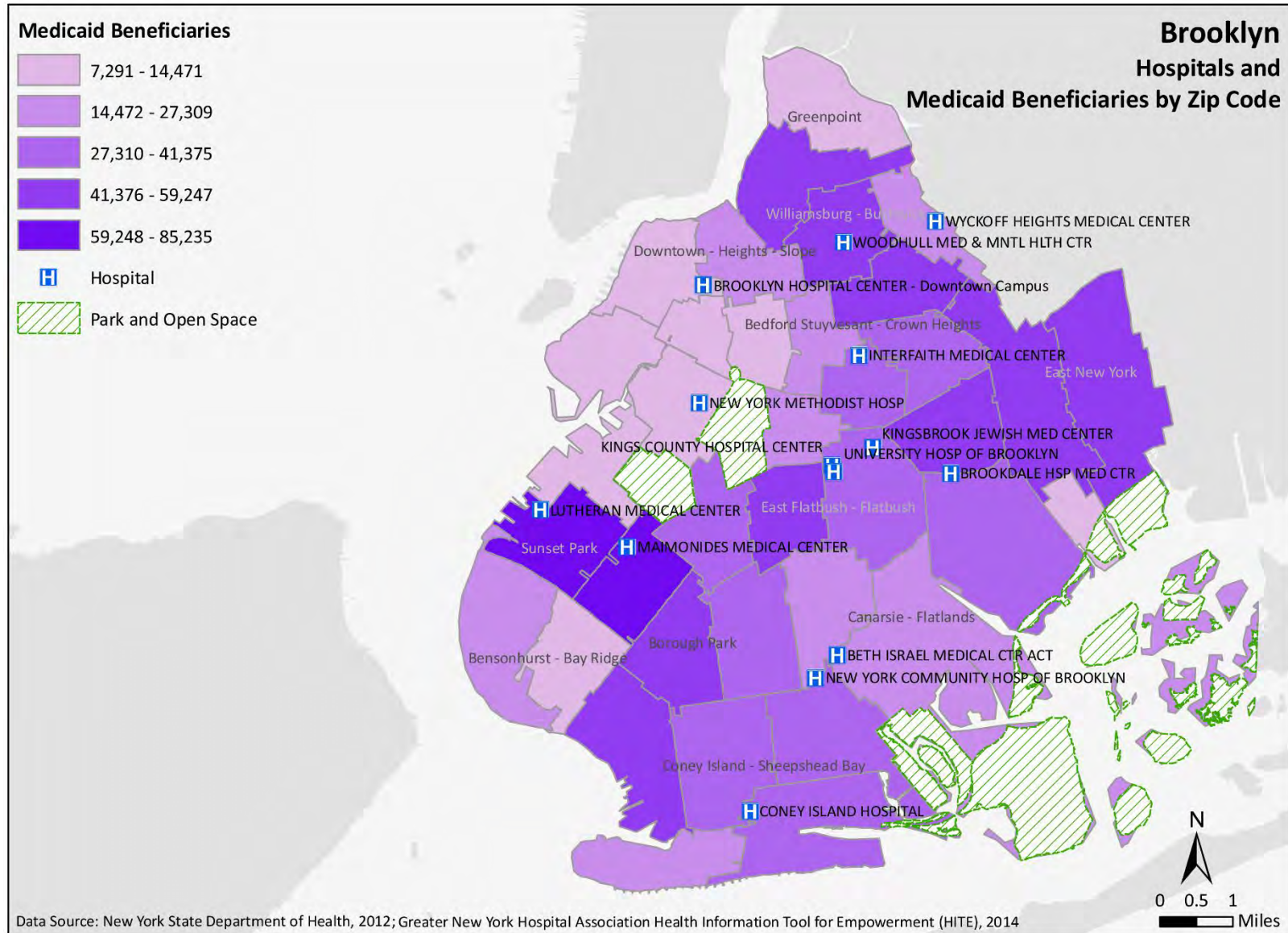
78. Hospitals and Public Transit



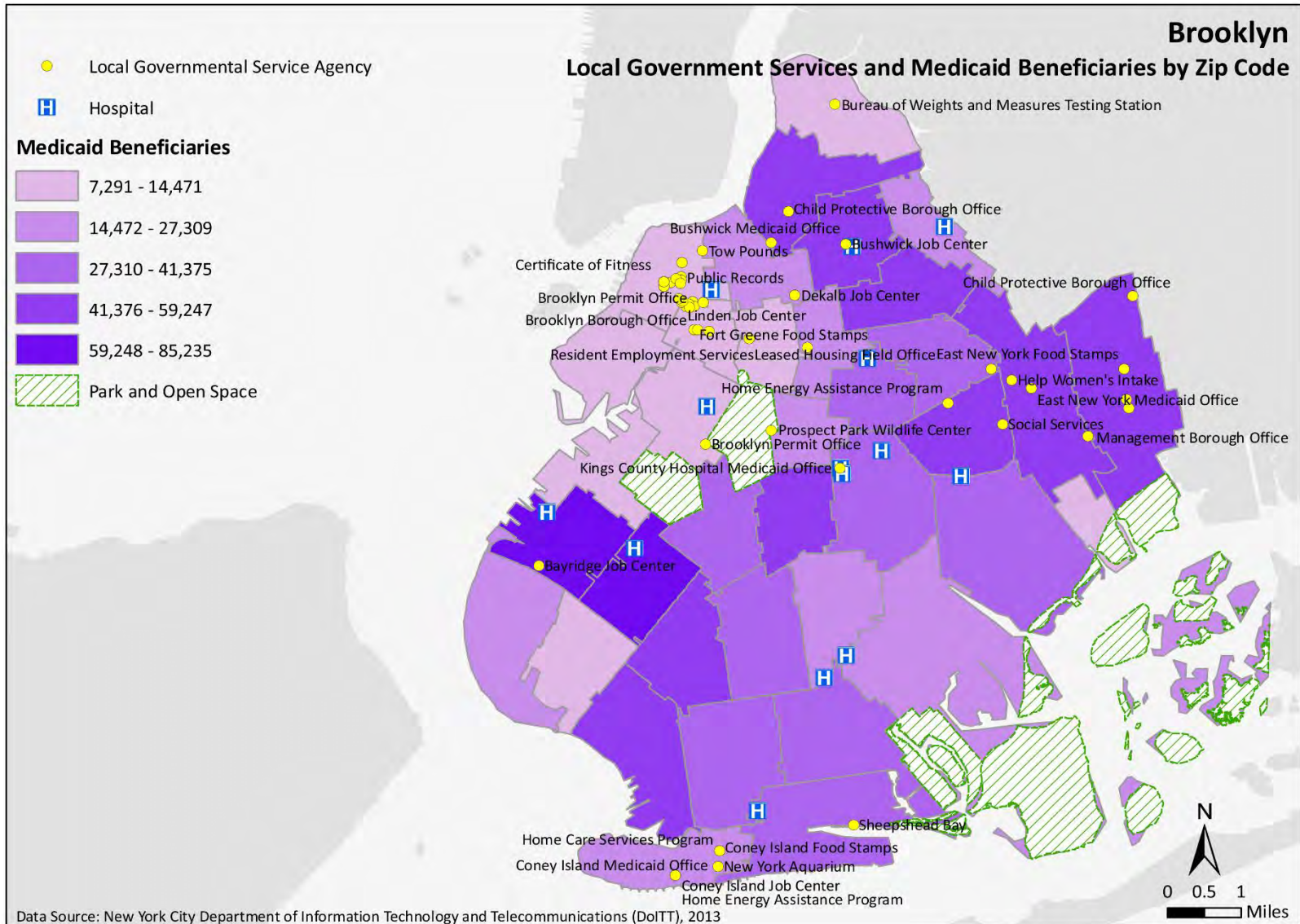
Prepared by The New York Academy of Medicine



79. Hospitals and Medicaid Beneficiaries by Zip Code

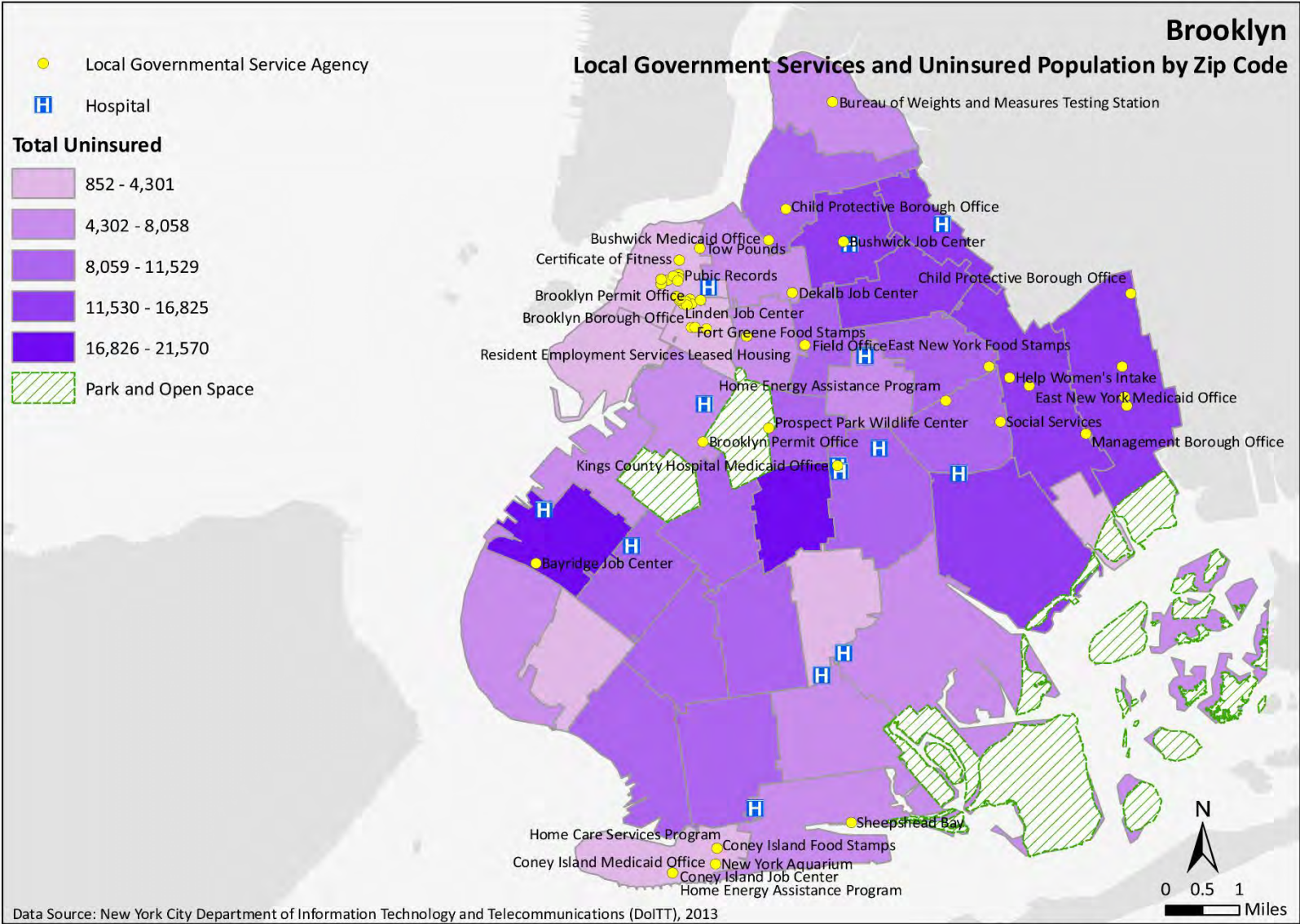


80. Local Government Services and Medicaid Beneficiaries by Zip Code



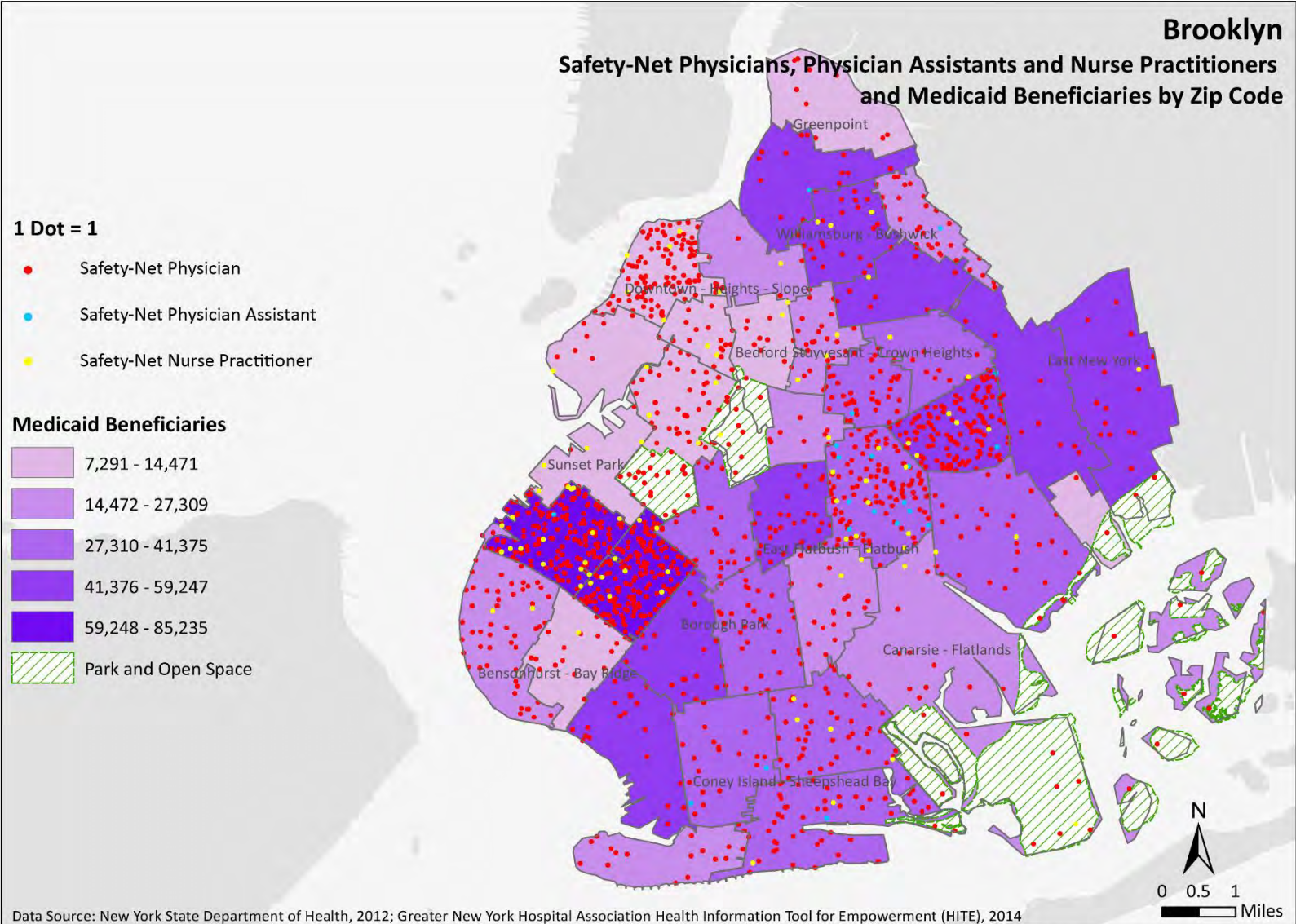


81. Local Government Services and Uninsured Population by Zip Code



Prepared by The New York Academy of Medicine

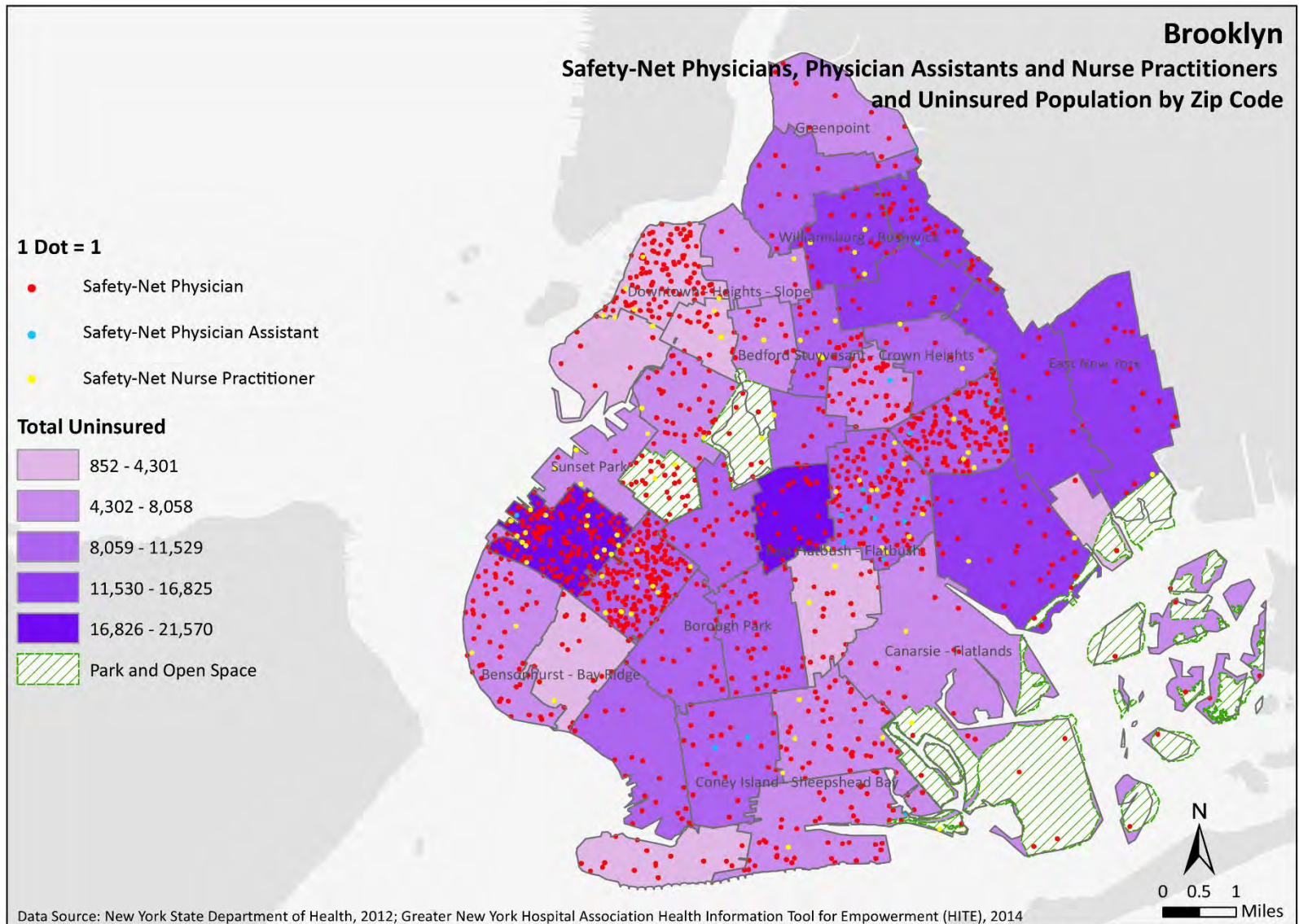
82. Safety-Net Physicians, Physician Assistants and Nurse Practitioners and Medicaid Beneficiaries by Zip Code



Prepared by The New York Academy of Medicine

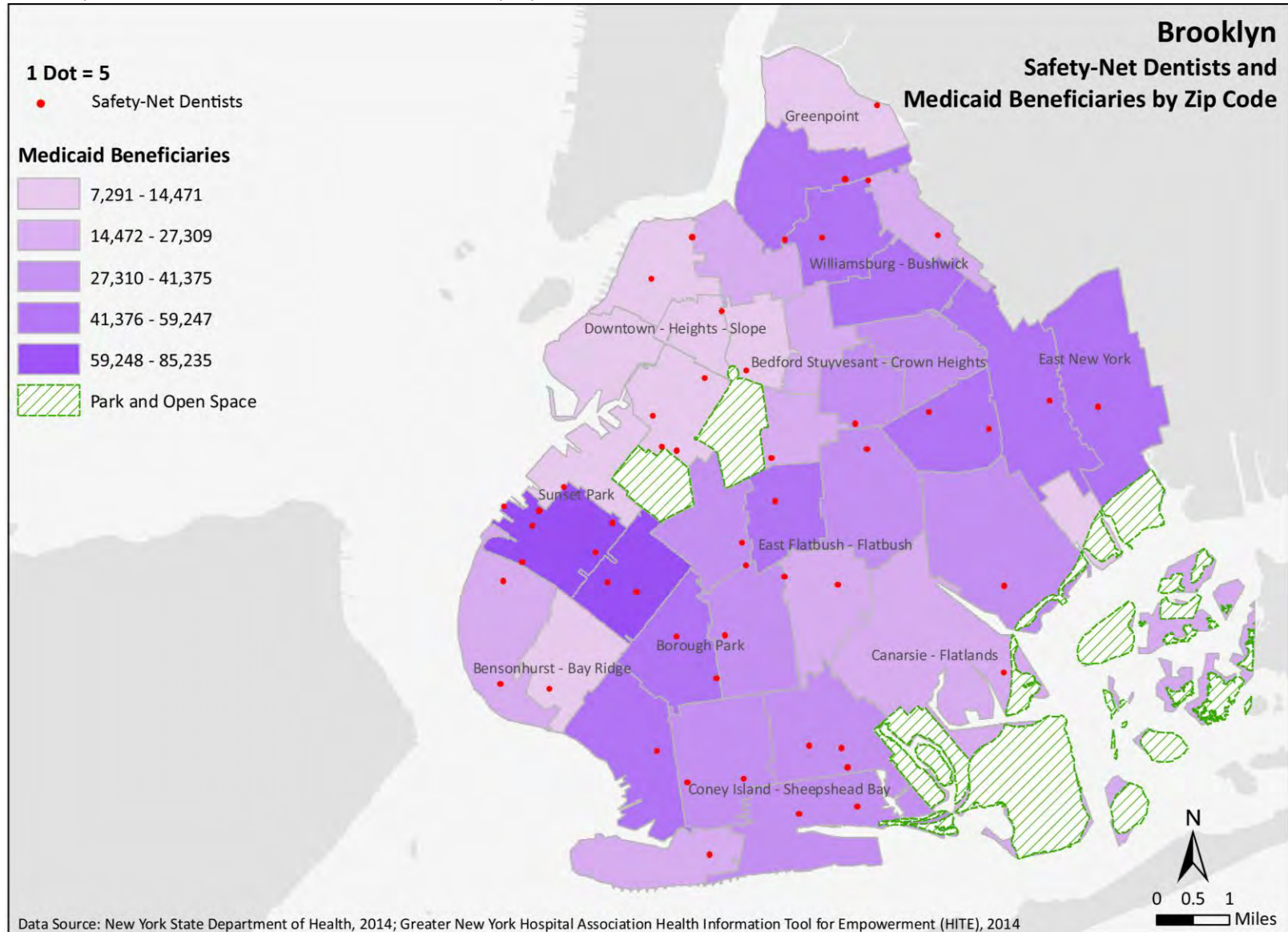


83. Safety-Net Physicians, Physician Assistants and Nurse Practitioners and Uninsured Population by Zip Code



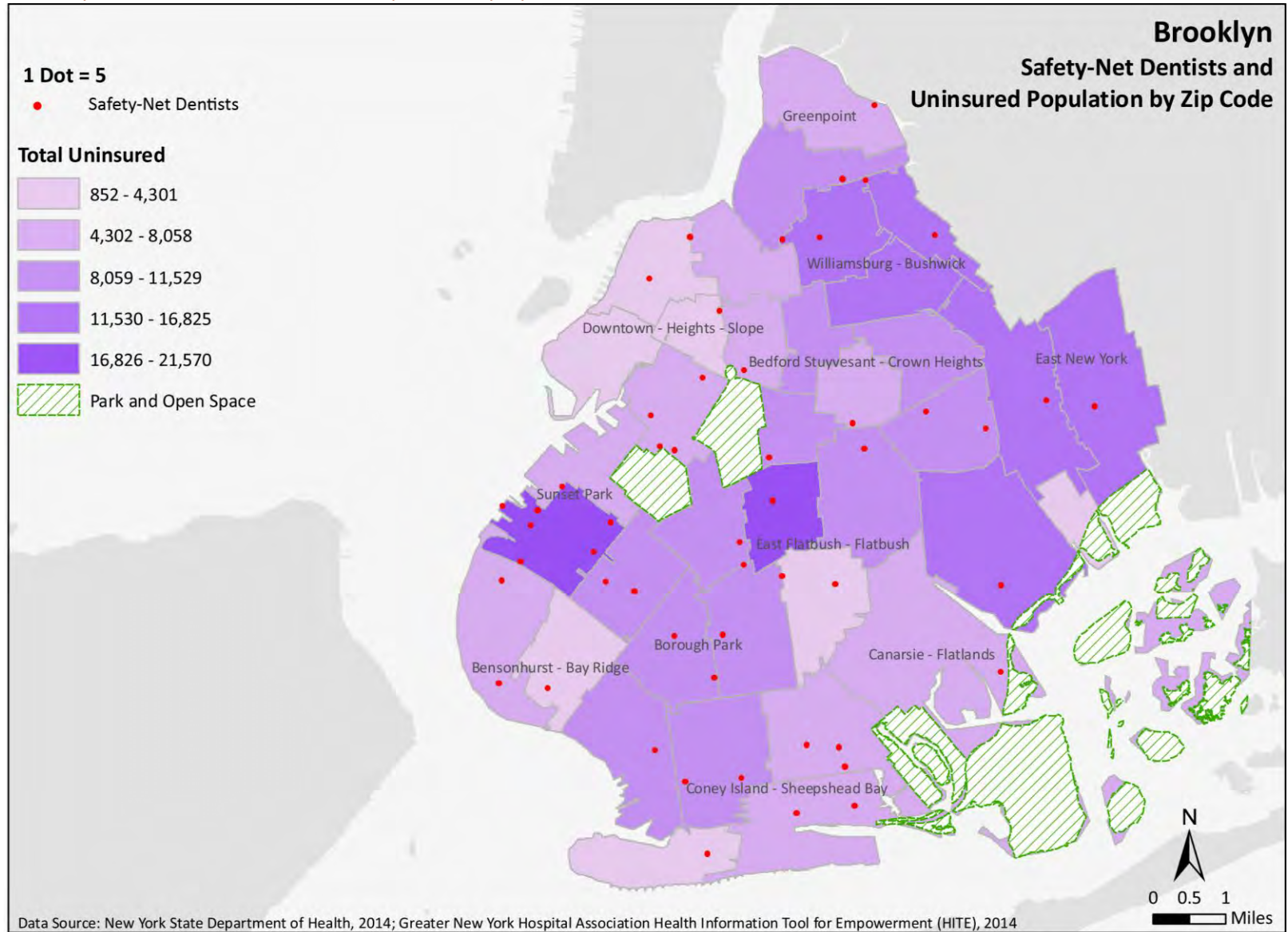
Prepared by The New York Academy of Medicine

84. Safety-Net Dentists and Medicaid Beneficiaries by Zip Code

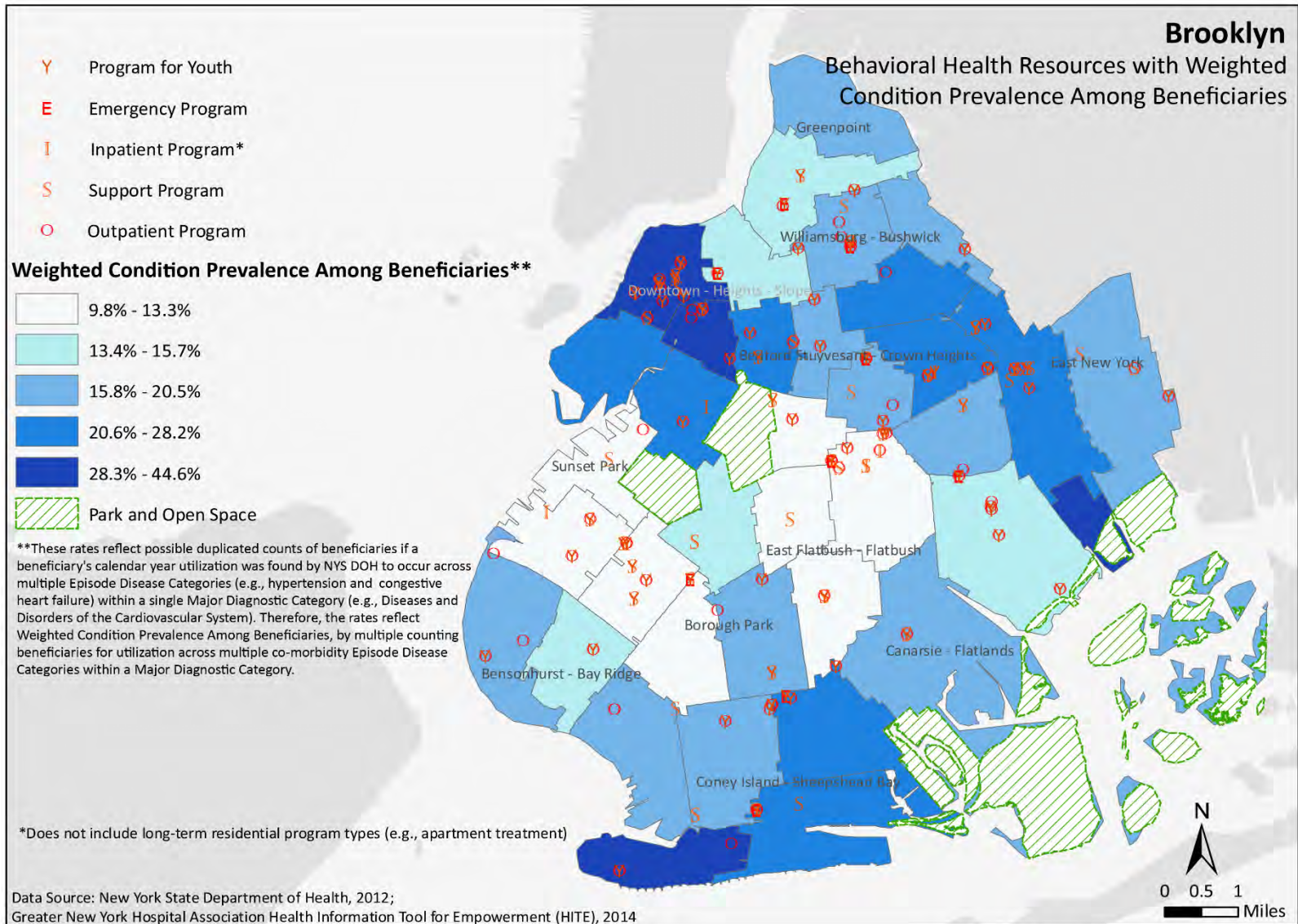




85. Safety-Net Dentists and Uninsured Population by Zip Code



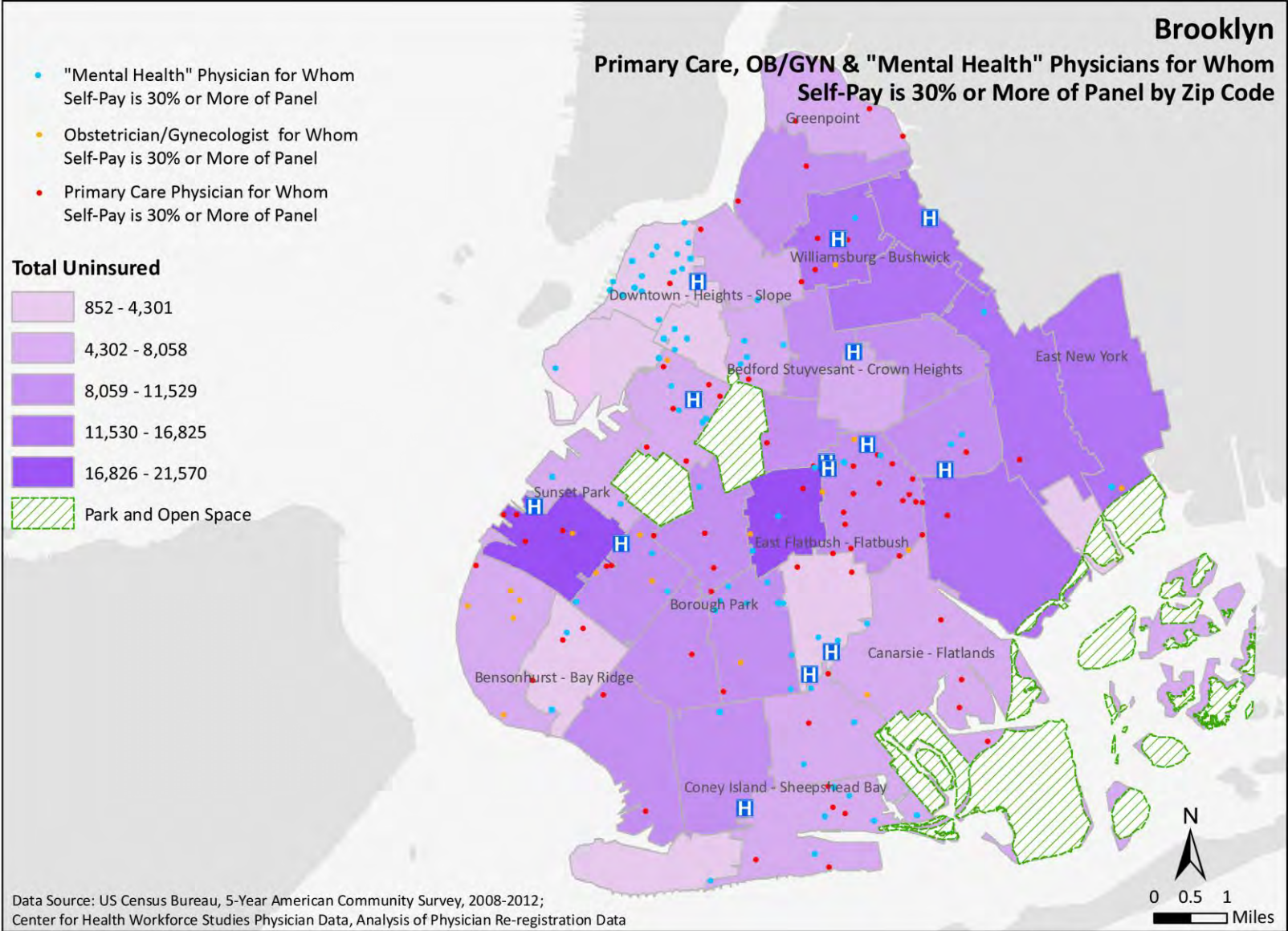
86. Behavioral Health Resources with Weighted Condition Prevalence Among Beneficiaries



Prepared by The New York Academy of Medicine

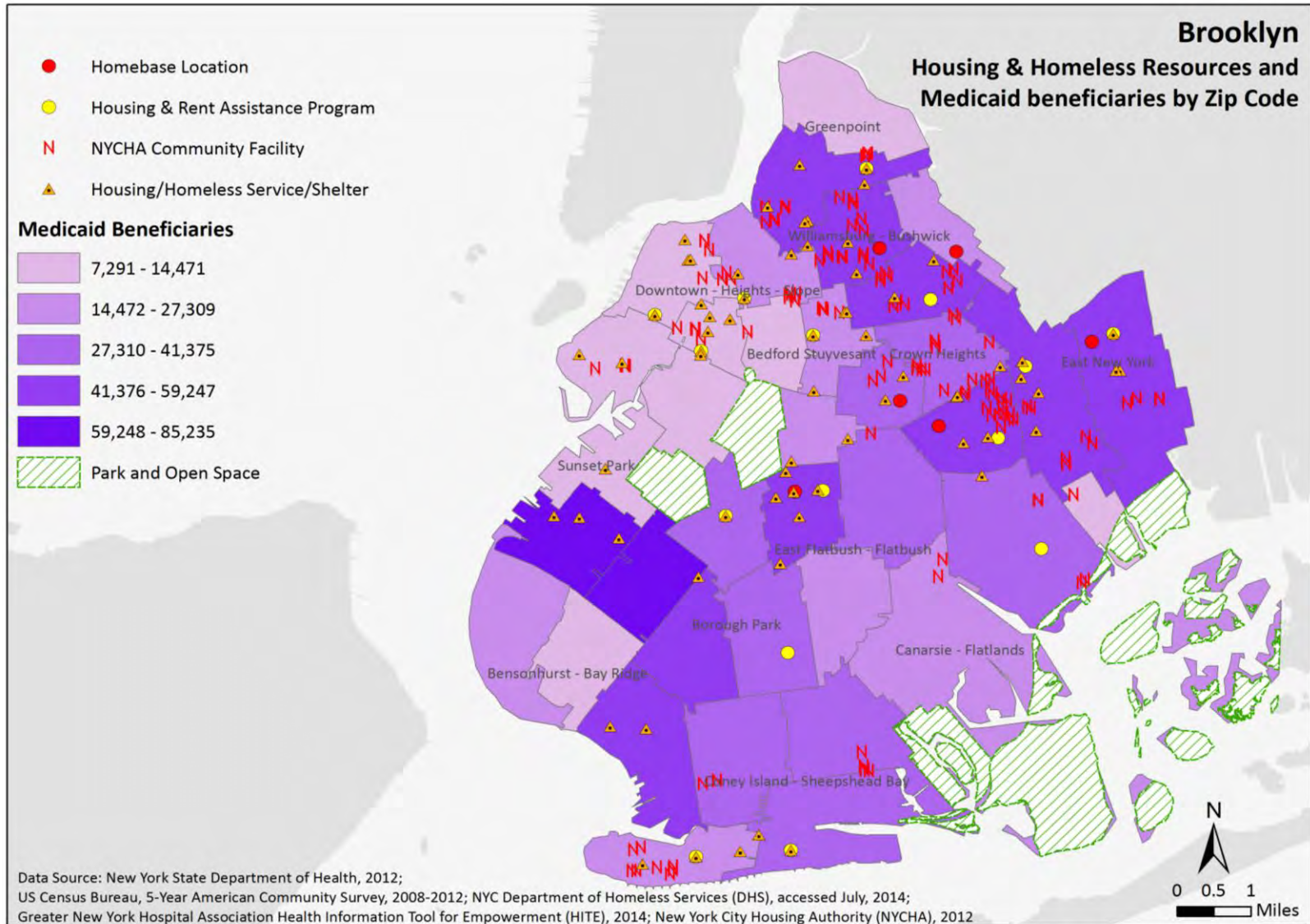


87. Primary Care, OB/GYN and "Mental Health" Physicians for Whom Self-Pay is 30% or More of Panel by Zip Code



Prepared by The New York Academy of Medicine

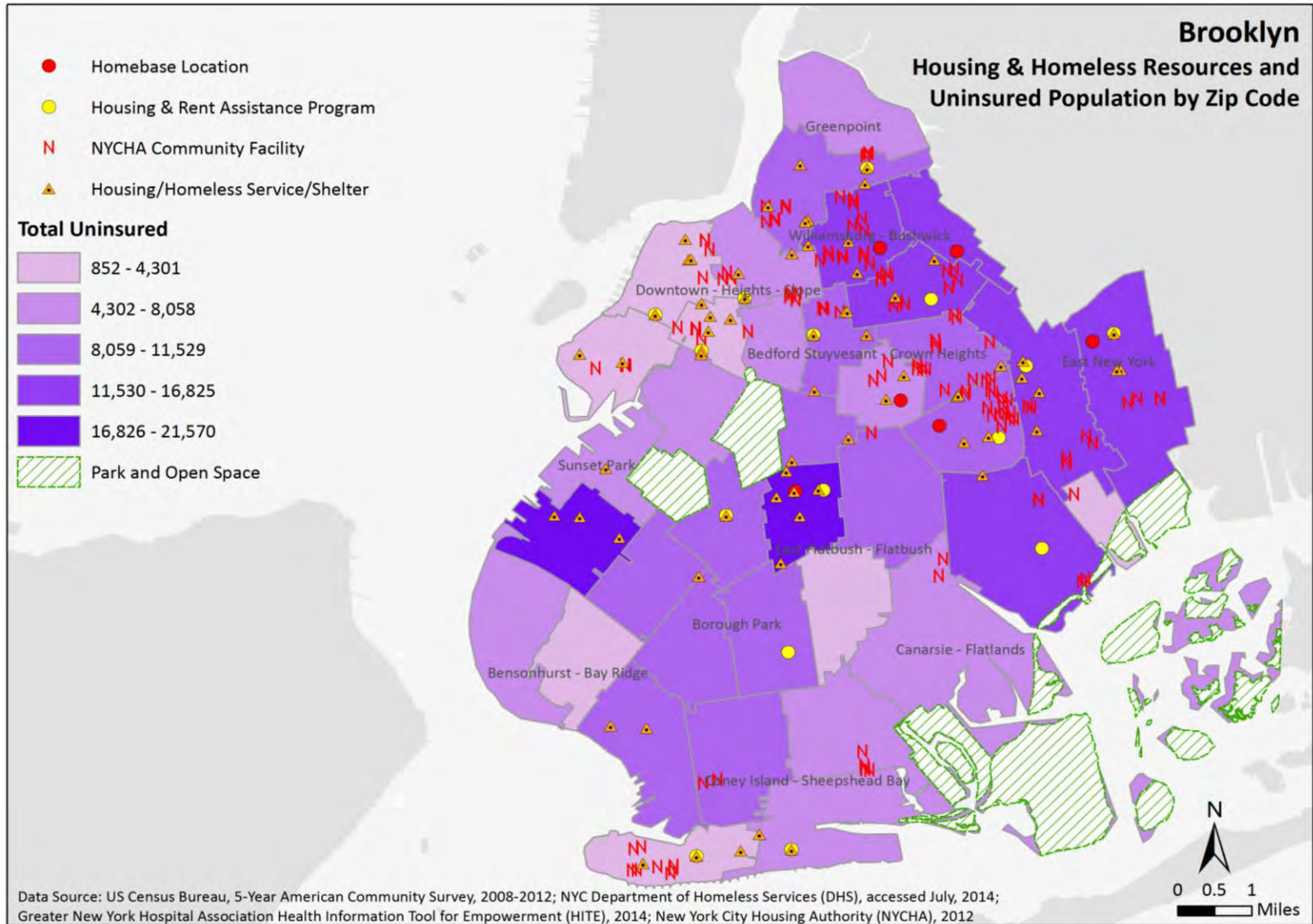
88. Housing and Homeless Resources and Medicaid Beneficiaries by Zip Code



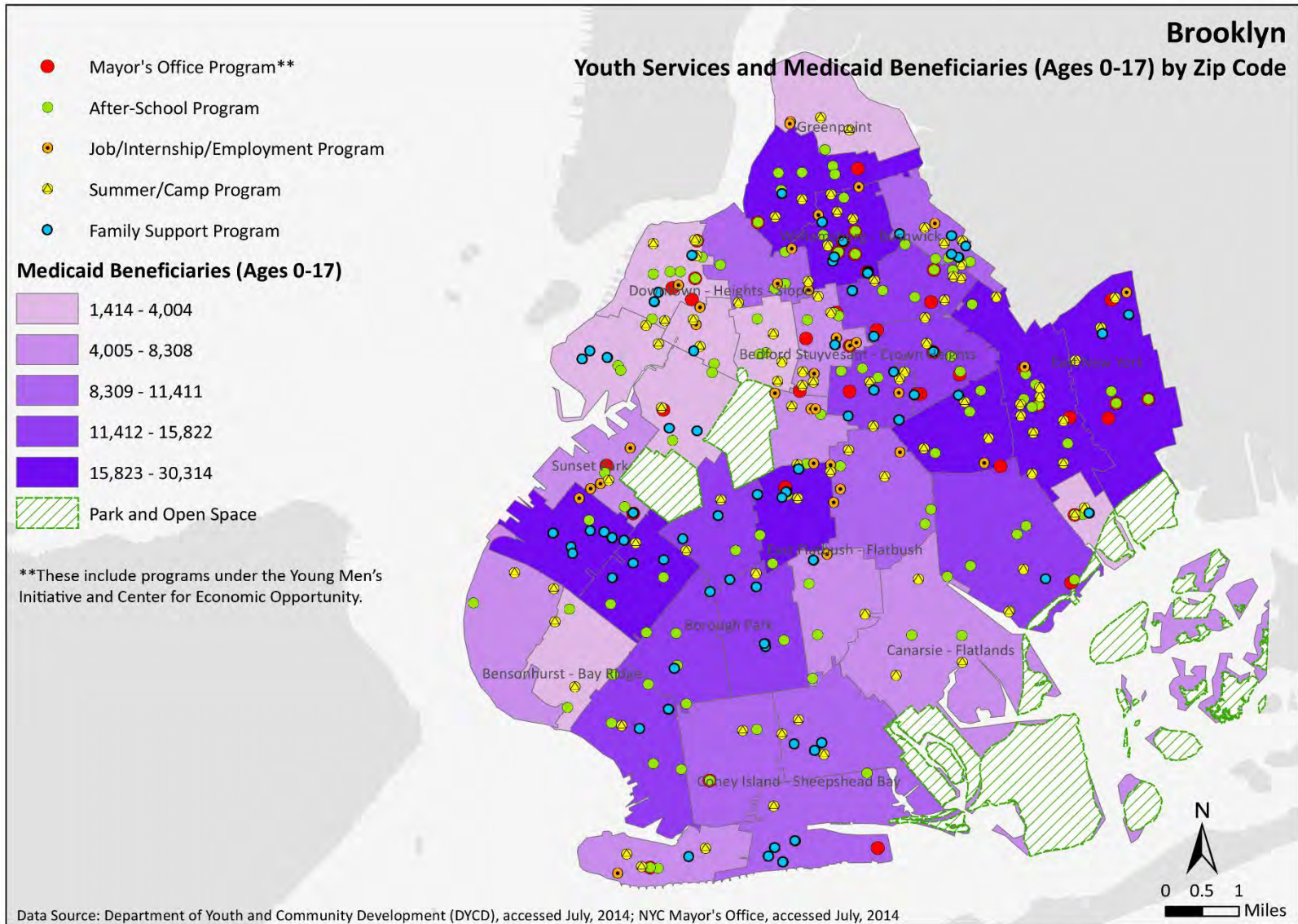
Prepared by The New York Academy of Medicine



89. Housing and Homeless Resources and Uninsured Population by Zip Code



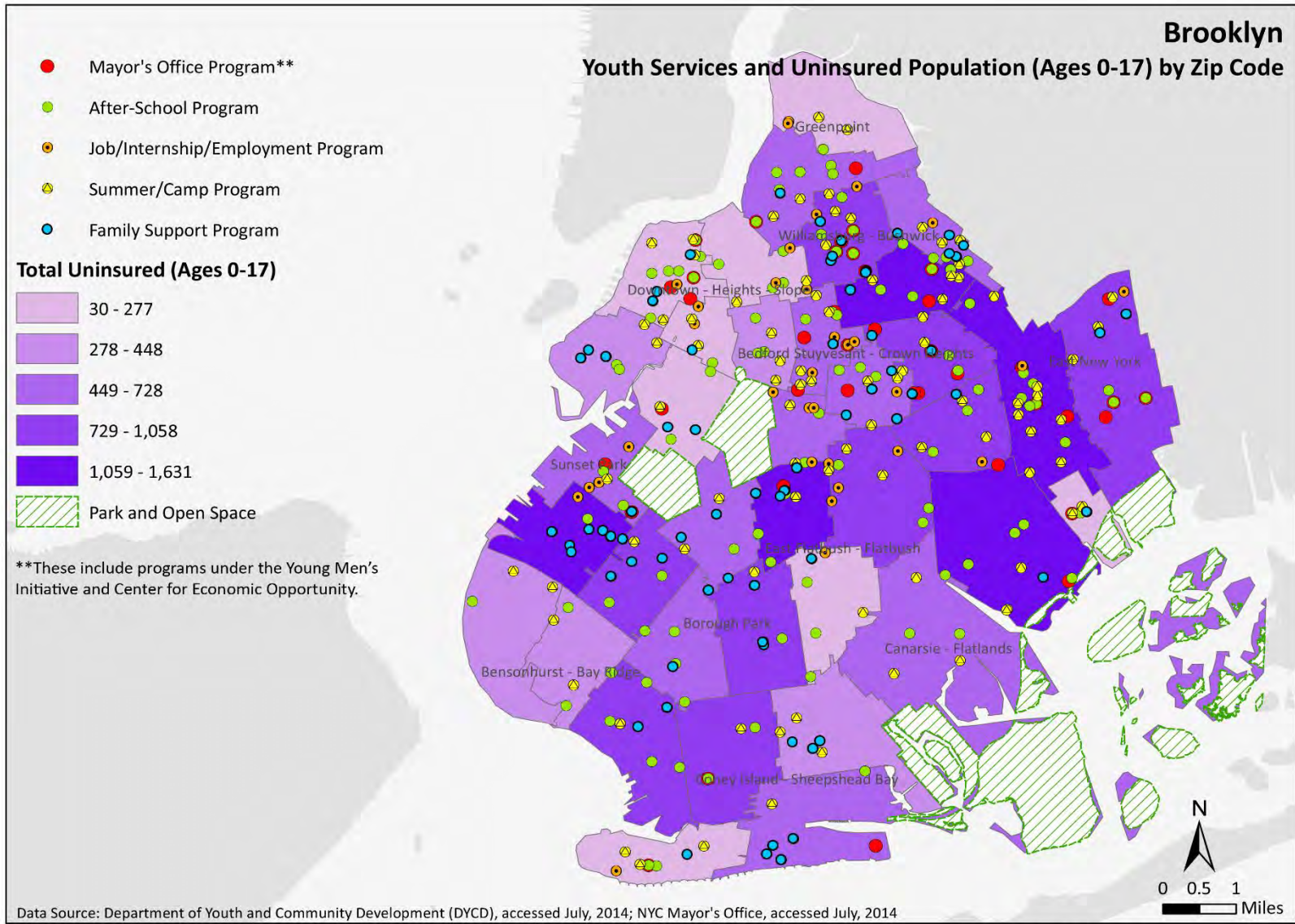
90. Youth Services and Medicaid Beneficiaries (Ages 0-17) by Zip Code



Prepared by The New York Academy of Medicine

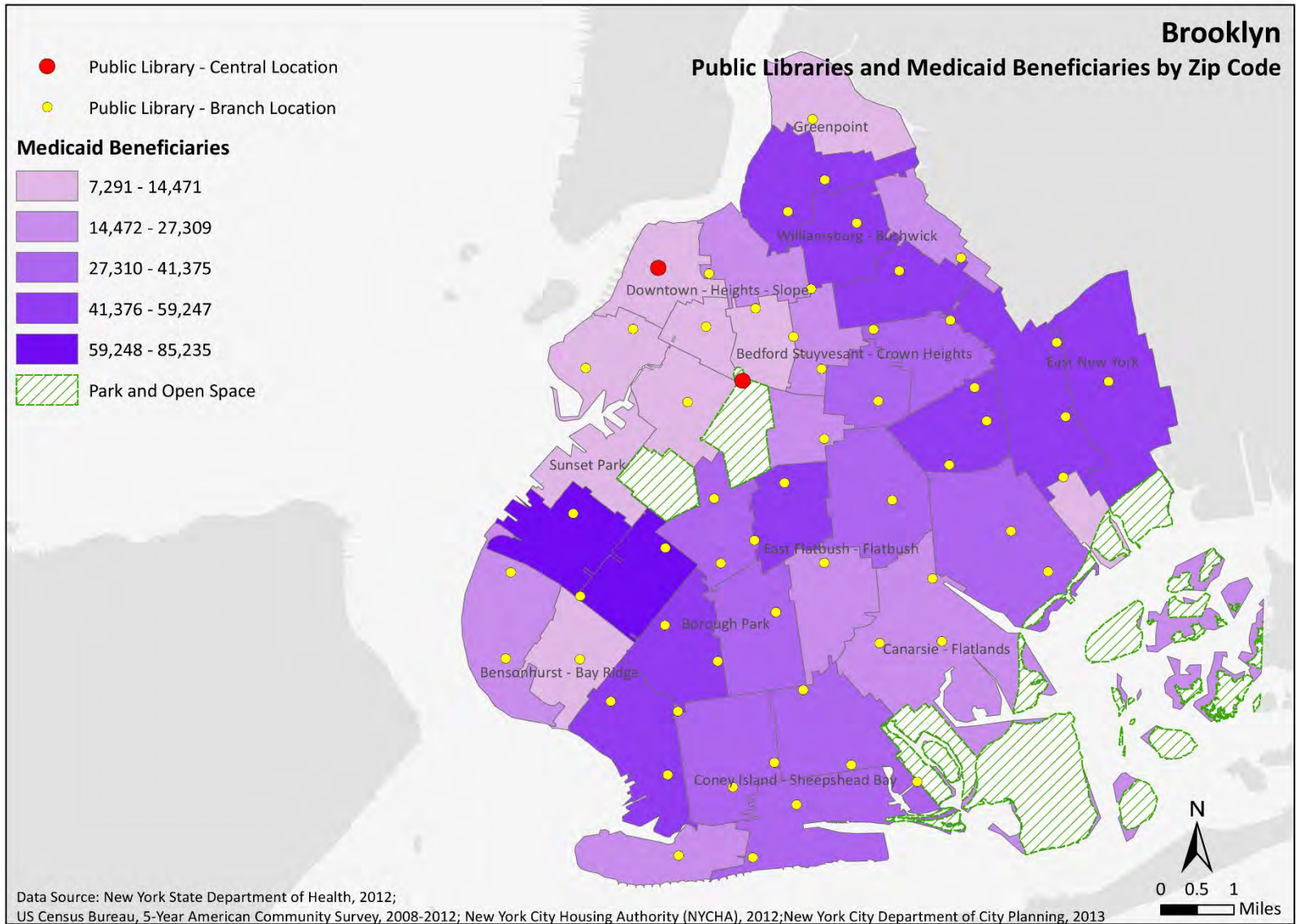


91. Youth Services and Uninsured Population (Ages 0-17) by Zip Code



Prepared by The New York Academy of Medicine

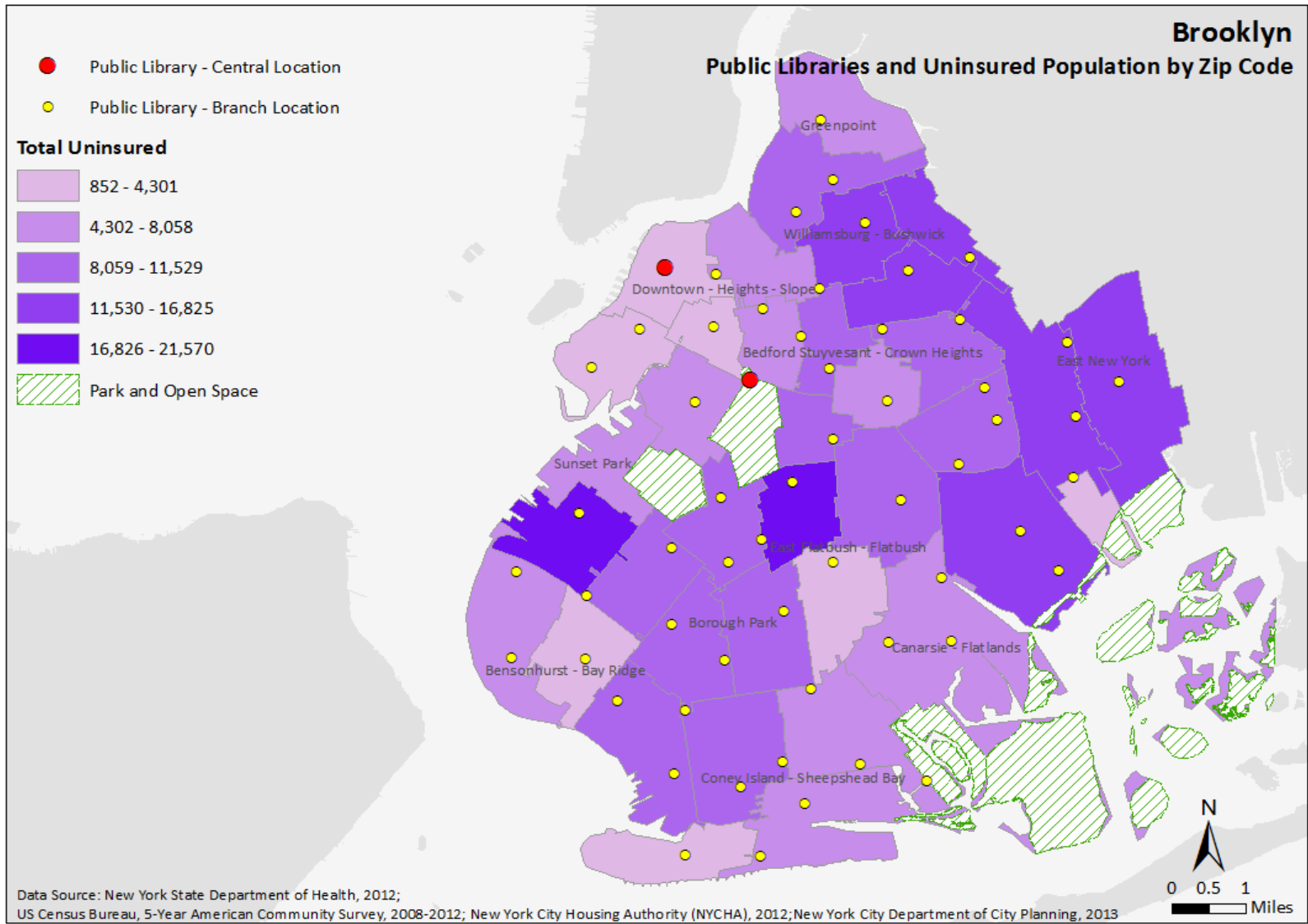
92. Public Libraries and Medicaid Beneficiaries by Zip Code




Prepared by The New York Academy of Medicine



93. Public Libraries and Uninsured Population by Zip Code





# BROOKLYN COMMUNITY NEEDS ASSESSMENT APPENDIX B - TABLES

December 16, 2014

Original Version Prepared by The New York Academy of Medicine

Final Version Amended by New York City Health and Hospitals Corporation for Submission





**CONTENTS**

1. Section A: Tables within the CNA Report ..... 5

Table 1: Specialty Physicians by Borough ..... 5

Table 2: Medical Specialists by Borough..... 5

Table 3: Early Intervention Program Providers..... 6

Table 4: Eating Disorder Providers by Borough ..... 6

Table 5 - Total Population by Age Group with No Health Insurance Coverage ..... 7

Table 6 - Total Population by Age Group with Medicaid/Low Income Medical Assistance ..... 7

Table 7 - Total Population by Age Group with Other Insurance..... 8

Table 8 - Top Places of Birth Among Foreign Born With No Health Insurance ..... 9

Table 9 - Top Places of Birth among Foreign Born with Medicaid/Low Income Medical Assistance ..... 10

Table 10 – Nativity by Insurance Status..... 10

Table 11– Limited English Proficiency by Insurance Status ..... 11

Table 12 – Languages Spoken At Home Among Populations With LEP, by Insurance Status ..... 12

Table 13 - Educational Attainment for Population with No Health Insurance ..... 13

Table 14 - Educational Attainment for Population with Medicaid/Low Income Medical Assistance ..... 13

Table 15 - Educational Attainment for Populations with Other Insurance ..... 13

Table 16 - Leading Causes of Death, NYC, 2012 ..... 14

Table 17 - Leading Causes of Death, Brooklyn, 2012..... 14

Table 18 - Leading Causes of Death by Sex, NYC, 2012 ..... 14

Table 19 - Leading Causes of Death by Race, NYC, 2012 ..... 16

Table 20 - Leading Causes of Death, New York City, 2002, 2007, 2012 ..... 17

Table 21 - Leading Causes of Premature Death (<65) and Years of Life Lost (YLL), New York City - 2012 ..... 18

Table 22 - Ten Leading Causes of Death by Medicaid Status, New York State, 2012..... 19

Table 23 - Inpatient Discharges by top 20 primary diagnoses, 2010 and 2013..... 19

Table 24 - Potentially Avoidable Inpatient Discharges (Composite PQI), 2009 and 2012 ..... 20

Table 25- ED visits by top 20 primary diagnoses, 2010 and 2013 ..... 21

Table 26. Potentially Preventable Admissions (PQI) for Diabetes, Circulatory and Respiratory conditions ..... 22

Table 27. All PQI Indicators..... 23

Table 28 - Emergency Department Potentially Preventable Visits..... 26

Table 29 - Potentially Preventable Readmissions by borough, city and state, 2012..... 26

Table 30 - Potentially Preventable Readmissions, Brooklyn Hospitals, 2012..... 27

Brooklyn CNA, Appendix B: Tables

Table 31 - Rates of HIV diagnoses, People With HIV/AIDS (PWHA), and deaths among PWHA by United Hospital Fund (UHF) neighborhood, New York City 2011 ..... 28

Table 32 - HIV/AIDS Diagnoses and Deaths and Persons Diagnosed with HIV/AIDS, NYC, 2012 ..... 29

Table 33 - Selected Patients’ Satisfaction Ratings for Adult Services-Statewide Averages By Payer ..... 28

Table 34 - Selected Quality of Care Measures for Adults – Statewide Averages by payer ..... 28

Table 35 - Access and Quality Measures for Children and Adolescents, Statewide Average by Payer..... 28

Table 36 - Risk Factors by Brooklyn Neighborhoods ..... 30

Table 37 – Environmental Risk Factors in Select Neighborhoods in Brooklyn ..... 28

Table 38: Leading Causes of Death in 2012 by Age Group, NYC..... 29

Table 39: Leading Causes of Death in 2012 by Age Group, NYC..... 30

Table 40: Leading Causes of Death in 2012 by Age Group, NYC..... 28

2. Section B: Additional Tables ..... 36

Table 41. Hospitals in Brooklyn..... 36

Table 42. Federally Qualified Health Centers (FQHCs) in Brooklyn ..... 37

Table 43. Urgent Care Centers in Brooklyn ..... 39

Table 44. Managed Care Organizations that service Brooklyn (and other counties) ..... 40

Table 45. Nursing Homes in Brooklyn..... 41

Table 46. Behavioral Health Residential Treatment Capacity and Utilizations in Brooklyn ..... 43

Table 47. NYS DOH Designated Safety Net Pharmacies in Brooklyn ..... 44

Table 48. Domain 2.a Metrics ..... 57

Table 48. Domain 2.b Metrics..... 57

Table 49. Domain 2.b Metrics..... 60

Table 50. Total Population, by Gender ..... 61

Table 51. Total Population, by Age ..... 62

Table 52. Total Population, by Race/Ethnicity ..... 63

Table 53. Income..... 64

Table 54. Unemployment ..... 64

Table 55. Immigration and Citizenship Status ..... 64

Table 56. Language ..... 64

Table 57. Household Type ..... 65

Table 58. Incarceration ..... 65

Table 59. Medicaid Beneficiaries ..... 66



Brooklyn CNA, Appendix B: Tables

Table 60. Uninsured Population by Age .....	66
Table 61. Uninsured and Foreign Born .....	67
Table 62. Dual Eligible Beneficiaries .....	67
Table 63. Insurance Status.....	68
Table 64. Disability and Difficulty Status .....	68
Table 65. Top 10 Leading Causes of Death, Brooklyn, 2012.....	70
Table 66. Top 5 Leading Causes of Premature Death, NYS, NYC and Brooklyn.....	71
Table 67. Self-reported Health Status by Neighborhood .....	72
Table 69. Medicaid Beneficiary Mental Health Utilization of Care, Brooklyn Providers .....	72
Table 70. Brooklyn Hospital Behavioral Health Readmissions within 30 Days.....	73
Table 71. Serious Psychological Distress by Neighborhood .....	75
Table 72. Chronic Medical Condition Co-Morbidity of Behavioral Health Clients, by Age Group.....	76
Table 73. Chronic Hepatitis C.....	77
Table 74. Gonorrhea Rate by Neighborhood.....	77
Table 75. Chlamydia Rate by Neighborhood .....	77
Table 76. All PQI Indicators, 2012.....	79
Table 77. Potentially Preventable Readmission data for Brooklyn hospitals .....	82
Table 78. Domain 3 Metrics, Behavioral Health .....	84
Table 79. Domain 3 Metrics, Cardiovascular Disease .....	86
Table 80. Domain 3.b. Metrics, Cardiovascular Disease.....	87
Table 81. Domain 3 Metrics: Diabetes Mellitus.....	88
Table 82. Select Clinical Improvement Measures, Diabetes.....	89
Table 83. Domain 3 Metrics, Asthma.....	90
Table 84. Select Clinical Improvement Measures, Asthma .....	90
Table 85. Select Clinical Improvement Measures, HIV/AIDS.....	91
Table 86. Select Clinical Measures, Perinatal Care .....	92
Table 87. Select Clinical Improvement Measures, Palliative Care.....	94
Table 88. Select Clinical Improvement Measures, Renal Care .....	95
Table 89. Domain 4 Metrics. Premature Death, Preventable Hospitalizations, Insurance and Health Care Provider Status.....	96
Table 90. Domain 4 Metrics. Promote Mental Health and Prevent Substance Abuse.....	97
Table 91. Domain 4 Metrics: Prevent Chronic Diseases .....	98

Brooklyn CNA, Appendix B: Tables

Table 92. Domain 4 Metrics. Prevent HIV/STDs ..... 99

Table 93. Domain 4 Metrics. Promote Healthy Women, Infants, and Children ..... 100



**SECTION A: TABLES WITHIN THE CNA REPORT****Table 1: Specialty Physicians by Borough**

	<b>Bronx</b>	<b>Brooklyn</b>	<b>Manhattan</b>	<b>Queens</b>
Cardio Pulmonary	326	493	1044	361
Endocrine / Diabetes	70	71	223	56
Ear, Nose, Throat	57	67	190	73
Eye	110	196	531	206
Infectious Disease	95	74	199	49
Nephrology	102	112	204	67
Oncology	103	120	325	103

Source and notes: New York State Dept. of Health Provider Network Data System (PNDS). 2014. Specialty physicians are defined as having a Specialist designation, Provider Type of MD or DO, and is based on primary specialty. Specialty and service code are as follows: Cardiopulmonary (62, 928, 68, 929, 151, 940, 157, 942, 243, 650, 651, 652, 653, 925 and 927); Endocrine/Diabetes (63, 516, 902, 156, 903, 944, 961); Ear Nose and Throat (120, 121, 935); Eye (100, 958, 101, 919); Infectious Disease (66, 966186, 980, 249, 308, 303, 430-432); Nephrology (67, 954, 154, 941); Oncology (241, 242, 244, 245, 933, 934).

**Table 2: Medical Specialists by Borough**

	<b>Bronx</b>	<b>Brooklyn</b>	<b>Manhattan</b>	<b>Queens</b>
Acupuncturist	4	16	36	24
Audiologist	23	46	71	26
Chiropractor	59	101	104	121
Occupational Therapist	51	114	67	43
Physical Therapist	370	539	231	306
Speech-Language Pathologist	25	142	100	49
Optometrist	100	215	325	214
Durable Medical Equipment Supplier	36	117	59	67
Hospital and Clinic Based Labs	14	20	47	10

Source and notes: New York State Dept. of Health Provider Network Data System (PNDS). 2014. Based on Provider Type codes. Duplicates within were deleted only if within same specialty. Hospital and Clinic Based Laboratories NYSDOH HCRA providers, as of 9/01/2014.

<http://www.health.ny.gov/regulations/hcra/provider.htm>

Table 3: Early Intervention Program Providers

	Brooklyn	Bronx	Manhattan	Queens	Staten Island	NYC Total (Unique )
Number of Providers	71	65	65	72	50	97
<u>Services:</u>						
Service Coordination	39	39	39	42	27	56
Screening	34	35	34	36	29	48
Evaluation	49	49	48	53	36	69
Psychological Services	7	5	7	11	7	16
Family Education	32	21	26	31	21	41
Family Counseling	14	13	13	14	9	20
Speech Therapy	34	29	30	37	24	45
Occupational Therapy	35	30	30	37	21	48
Physical Therapy	36	30	31	37	22	49

Table 4: Eating Disorder Providers by Borough

	Brooklyn	Manhattan	Queens	Staten Island	Grand Total
Number of Providers	5	101	2	1	109



**Table 5 - Total Population by Age Group with No Health Insurance Coverage**

No Health Insurance Coverage																			
	Total	Under 5	5 to 9	10 to 14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85 and over
NYC	100	1.5	1.5	2.0	4.9	14.6	16.5	13.3	10.7	9.3	8.1	6.7	5.4	3.9	0.8	0.3	0.2	0.1	0.1
NYC Subtotal		9.9			55.1					33.5					1.5				
Brooklyn (%)	100	1.6	1.6	1.9	4.9	15.1	17.4	13.2	10.1	8.8	7.7	6.6	5.4	4.2	0.8	0.4	0.2	0.1	0.1
Brooklyn Subtotal		10			55.8					32.6					1.6				

Source: US Census American Community Survey-Public Use Microdata Sample (PUMS), New York City Department of City Planning, Population Division, 2008-2012

**Table 6 - Total Population by Age Group with Medicaid/Low Income Medical Assistance**

Population with Medicaid/Low Income Medical Assistance																			
	Total	Under 5	5 to 9	10 to 14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85 and over
NYC	100	11.4	10.1	9.7	9.3	7.1	5.4	4.9	4.7	5.2	5.6	5.1	4.5	4.0	3.2	3.0	2.5	2.5	
		40.4				22.1				24.4				13.1					
Brooklyn (%)	100	12.4	10.4	9.6	8.9	7.3	6.1	5.1	4.7	4.6	5.2	4.8	4.0	3.7	2.9	3.0	2.6	2.6	
		41.3				23.3				22.4				13					

Source: US Census American Community Survey-Public Use Microdata Sample (PUMS), New York City Department of City Planning, Population Division, 2008-2012

Table 7 - Total Population by Age Group with Other Insurance

	Other Insurance																		
	Total	Under 5	5 to 9	10 to 14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85 and over
NYC (%)	100	5.1	4.5	4.7	5.2	6.4	8.9	8.5	7.5	7.5	7.3	7.3	6.7	5.9	4.7	3.4	2.6	1.9	1.8
		19.5				31.4				34.6				14.5					
Brooklyn (%)	100	5.3	5.0	5.2	5.5	6.3	8.5	8.7	7.6	7.5	7.1	7.2	6.7	6.1	4.4	3.2	2.2	1.8	1.6
		21.1				31.1				34.5				13.3					

Source: US Census American Community Survey-Public Use Microdata Sample (PUMS), New York City Department of City Planning, Population Division, 2008-2012



Table 8 - Top Places of Birth Among Foreign Born With No Health Insurance

	Total	Mexico	China	Jamaica	Trinidad & Tobago	Ecuador	Dominican Republic	Haiti	Guyana
<b>New York City</b>	<b>724,452</b>	<b>131,000</b>	<b>60,385</b>	<b>32,639</b>	<b>20,659</b>	<b>56,982</b>	<b>74,765</b>	<b>14,315</b>	<b>25,737</b>
<b>Brooklyn</b>	<b>207,094</b>	<b>36,015</b>	<b>22,783</b>	<b>12,698</b>	<b>11,659</b>	<b>11,208</b>	<b>10,663</b>	<b>9,696</b>	<b>7,025</b>
Greenpoint & Williamsburg	8,148	1,459	223	16	-	487	1,020	-	21
Bushwick	20,387	7,955	328	188	311	5,003	2,380	177	368
Bedford-Stuyvesant	6,747	798	165	350	646	419	779	-	438
Brooklyn Heights & Fort Greene	4,591	891	259	522	211	54	168	46	96
Park Slope, Carroll Gardens & Red Hook	3,172	896	-	61	189	122	262	52	-
Crown Heights North & Prospect Heights	9,326	773	92	1,158	1,353	-	304	493	600
Brownsville & Ocean Hill	7,788	310	71	945	1,022	66	569	190	628
East New York & Starrett City	11,696	904	44	744	989	958	2,608	122	1,771
Canarsie & Flatlands	10,761	670	129	1,761	1,217	57	69	2,618	526
East Flatbush, Farragut & Rugby	15,012	514	41	3,894	2,445	66	111	2,032	1,178
Crown Heights South, Prospect Lefferts & Wingate	11,454	344	179	1,861	1,922	70	135	1,958	847
Sunset Park & Windsor Terrace	25,893	9,277	8,278	91	134	2,049	1,216	53	16
Bay Ridge & Dyker Heights	8,638	1,182	1,956	-	16	170	118	-	15
Borough Park, Kensington & Ocean Parkway	13,185	2,854	1,820	-	-	402	162	216	174
Flatbush & Midwood	16,995	3,341	798	1,018	1,146	172	488	1,673	290
Sheepshead Bay, Gerritsen Beach & Homecrest	7,894	530	995	-	13	170	19	-	57
Bensonhurst & Bath Beach	18,364	2,217	6,357	89	-	943	225	-	-
Brighton Beach & Coney Island	7,043	1,100	1,048	-	45	-	30	66	-

Source: US Census American Community Survey-Public Use Microdata Sample (PUMS), New York City Department of City Planning, Population Division, 2008-2012

Table 9 - Top Places of Birth among Foreign Born with Medicaid/Low Income Medical Assistance

	Total	China	Dominican Republic	Haiti	Jamaica	Ukraine	Russia	Mexico	Trinidad & Tobago	Guyana	Ecuador
New York City	1,280,549	152,430	223,746	41,369	62,456	28,136	29,432	54,940	32,125	54,137	54,338
Brooklyn	424,938	66,817	33,967	27,781	26,724	22,585	19,910	17,790	17,537	16,245	10,775
Greenpoint & Williamsburg	15,281	1,696	3,165	-	17	102	144	1,176	62	34	640
Bushwick	23,394	1,304	8,920	195	767	14	47	2,800	460	530	4,291
Bedford-Stuyvesant	12,610	235	3,068	390	911	16	57	327	982	943	141
Brooklyn Heights & Fort Greene	8,911	1,058	903	685	295	92	27	408	353	87	64
Park Slope, Carroll Gardens & Red Hook	6,384	301	438	128	144	138	57	751	81	100	279
Crown Heights North & Prospect Heights	15,457	440	1,060	1,314	2,094	52	155	393	1,927	1,403	140
Brownsville & Ocean Hill	14,133	260	2,240	909	2,094	-	-	292	1,144	1,719	184
East New York & Starrett City	24,472	553	7,257	213	1,925	782	498	309	1,657	2,647	1,176
Canarsie & Flatlands	31,543	732	601	8,107	5,925	449	521	527	2,890	1,720	169
East Flatbush, Farragut & Rugby	28,321	-	514	6,066	6,765	-	-	145	3,368	3,632	122
Crown Heights South, Prospect Lefferts & Wingate	21,014	583	430	3,749	3,184	157	121	202	2,419	1,596	-
Sunset Park & Windsor Terrace	36,550	20,149	3,270	141	130	380	403	4,078	87	140	1,356
Bay Ridge & Dyker Heights	23,914	8,988	120	47	32	661	850	787	57	20	170
Borough Park, Kensington & Ocean Parkway	28,443	4,228	307	538	189	1,092	2,247	1,255	32	506	455
Flatbush & Midwood	33,431	979	720	4,657	2,206	2,169	2,253	1,583	1,865	1,002	584
Sheepshead Bay, Gerritsen Beach & Homecrest	28,082	3,875	104	152	46	5,150	4,627	289	27	66	236
Bensonhurst & Bath Beach	46,286	18,483	522	18	-	3,647	3,035	1,395	50	64	696
Brighton Beach & Coney Island	26,712	2,953	328	472	-	7,684	4,868	1,073	76	36	72

Source: US Census American Community Survey-Public Use Microdata Sample (PUMS), New York City Department of City Planning, Population Division, 2008-2012

Table 10 – Nativity by Insurance Status

Region	No Health Insurance Coverage		Population with Medicaid/Low Income Medical Assistance		Other Insurance	
	% Foreign Born	% Native	% Foreign Born	% Native	% Foreign Born	% Native
New York City	62%	38%	35%	65%	32%	68%
Brooklyn	60%	40%	34%	66%	34%	66%



Brooklyn CNA, Appendix B: Tables

Source: US Census American Community Survey-Public Use Microdata Sample (PUMS), New York City Department of City Planning, Population Division, 2008-2012

Table 11– Limited English Proficiency by Insurance Status

Region	% Low English Proficiency		
	No Health Insurance Coverage	Population with Medicaid/Low Income	Other Insurance
New York City	40%	29%	14%
Brooklyn	37%	29%	15%

Source: US Census American Community Survey-Public Use Microdata Sample (PUMS), New York City Department of City Planning, Population Division, 2008-2012

Table 12 – Languages Spoken At Home Among Populations With LEP, by Insurance Status

LANGUAGES SPOKEN AT HOME AMONG POPULATIONS WITH LOW ENGLISH PROFICIENCY WITH NO HEALTH INSURANCE					LANGUAGES SPOKEN AT HOME AMONG POPULATIONS WITH LOW ENGLISH PROFICIENCY WITH MEDICAID/LOW INCOME MEDICAL				
	New York City	Percent	Brooklyn	Percent		New York	Percent	Brooklyn	Percent
<b>LEP Language</b>	<b>470,669</b>	<b>100%</b>	<b>128,331</b>	<b>100</b>	<b>LEP Language</b>	<b>686,792</b>	<b>100.0%</b>	240,637	100%
Spanish	299,759	64%	67,513	53%	Spanish	355,732	52%	73,505	30.5%
Chinese	36,616	8%	6,440	5%	Chinese	67,666	10%	23,307	9.7%
Korean	17,497	4%			Russian	48,401	7%	34,510	14.3%
Mandarin	15,807	3%	4,094	3%	Cantonese	30,822	5%	18,062	7.5%
Russian	12,272	3%	7,498	6%	Bengali	24,008	4%	2,410	1.0%
Polish	7,923	2%	1,820	1%	Mandarin	21,487	3%	9,333	3.9%
French Creole	7,811	2%	4,426	3%	Yiddish	18,246	3%	15,755	6.5%
Bengali	7,219	2%			French Creole	16,225	2%	10,344	4.3%
Cantonese	7,137	2%	2,645	2%	Korean	10,998	2%		
Arabic	5,771	1%			Arabic	10,446	2%	2,207	0.9%
French	5,256	1%			Urdu	8,764	1%	1,826	0.8%
Panjabi	4,073	1%			French	5,641	0.8%		

Source: US Census American Community Survey-Public Use Microdata Sample (PUMS), New York City Department of City Planning, Population Division, 2008-2012

Table 13 - Educational Attainment for Population with No Health Insurance

	% Less than HS diploma	% HS diploma or equivalent	% Some college/ Associate's	% Bachelor's degree or higher
<b>New York City</b>	30%	29%	20%	21%
<b>Brooklyn</b>	31%	29%	20%	20%

Source: US Census American Community Survey-Public Use Microdata Sample (PUMS), New York City Department of City Planning, Population Division, 2008-2012

Table 14 - Educational Attainment for Population with Medicaid/Low Income Medical Assistance

	% Less than HS diploma	% HS diploma or equivalent	% Some college/ Associate's	% Bachelor's degree or higher
<b>New York City</b>	40%	29%	19%	12%
<b>Brooklyn</b>	38%	31%	19%	12%

Source: US Census American Community Survey-Public Use Microdata Sample (PUMS), New York City Department of City Planning, Population Division, 2008-2012

Table 15 - Educational Attainment for Populations with Other Insurance

	% Less than HS diploma	% HS diploma or equivalent	% Some college/ Associate's	% Bachelor's degree or higher
<b>New York City</b>	11%	22%	22%	45%
<b>Brooklyn</b>	12%	26%	22%	40%

Source: US Census American Community Survey-Public Use Microdata Sample (PUMS), New York City Department of City Planning, Population Division, 2008-2012



Table 16 - Leading Causes of Death, NYC, 2012

Rank		Total Reported	Percent of Total
1	Diseases of Heart	16,730	31.9%
2	Malignant Neoplasms	13,399	25.5%
3	Influenza (Flu) and Pneumonia	2,244	4.3%
4	Diabetes Mellitus	1,813	3.5%
5	Chronic Lower Respiratory Diseases	1,651	3.1%
6	Cerebrovascular Disease	1,646	3.1%
7	Accidents Except Drug Poisoning	1,032	2.0%
8	Essential Hypertension and Renal Diseases	980	1.9%
9	Use of or Poisoning By Psychoactive Substance	812	1.5%
10	Alzheimer's Disease	696	1.3%
	All Other Causes	11,452	21.8%
	Total	52,455	100%

Source: The New York City Department of Health and Mental Hygiene, Vital Statistics, 2012, accessed December 1, 2014.

Table 17 - Leading Causes of Death, Brooklyn, 2012

Rank	Top 10 Leading Causes of Mortality	Total Reported	Percent of Total
1	Diseases of Heart	5,024	33.4%
2	Malignant Neoplasms	3,720	24.7%
3	Influenza (Flu) and Pneumonia	734	4.9%
4	Diabetes Mellitus	639	4.2%
5	Chronic Lower Respiratory Diseases	447	3.0%
6	Cerebrovascular Disease	445	3.0%
7	Essential Hypertension and Renal Diseases	310	2.1%
8	Accidents Except Drug Poisoning	262	1.7%
9	Human Immunodeficiency Virus Disease	213	1.4%
10	Use of or Poisoning By Psychoactive Substance	200	1.3%
	All Other Causes	3,056	20.3%
	Total	15,050	100%

Source: The New York City Department of Health and Mental Hygiene, Vital Statistics, 2012, accessed December 1, 2014.

Table 18 - Leading Causes of Death by Sex, NYC, 2012

Rank	Causes of Mortality	Total Reported	Percent of Total	Causes of Mortality	Total Reported	Percent of Total
	<b>Males</b>			<b>Females</b>		
1	Diseases of Heart	7,954	31%	Diseases of Heart	8,776	33%
2	Malignant Neoplasms	6,578	26%	Malignant Neoplasms	6,821	25%
3	Influenza (Flu) and Pneumonia	1,078	4%	Influenza (Flu) and Pneumonia	1,166	4%

Brooklyn CNA, Appendix B: Tables

4	Diabetes Mellitus	883	3%	Cerebrovascular Disease	975	4%
5	Chronic Lower Respiratory Diseases	734	3%	Diabetes Mellitus	930	3%
6	Accidents Except Drug Poisoning	699	3%	Chronic Lower Respiratory	917	3%
7	Cerebrovascular Disease	671	3%	Essential Hypertension and	562	2%
8	Use of or Poisoning By Psychoactive Substance	592	2%	Alzheimer's Disease	488	2%
9	Essential Hypertension and Renal Diseases	418	2%	Accidents Except Drug Poisoning	333	1%
10	Human Immunodeficiency Virus Disease	402	2%	Septicemia	242	1%
	All other causes	5,658	22%	All other causes	5,578	21%
			100%			100%

Source: The New York City Department of Health and Mental Hygiene, Vital Statistics, 2012, accessed December 1, 2014.

Table 19 - Leading Causes of Death by Race, NYC, 2012

Rank	Causes of Mortality	Total	%	Causes of Mortality	Total	%	Causes of Mortality	Total	%	Causes of Mortality	Total	%
Hispanic				White, Non-Hispanic			Black, Non-Hispanic			Asian and Pacific Islander		
1	Diseases of Heart	2,514	27%	Diseases of Heart	8,875	36%	Diseases of Heart	4,209	30%	Malignant Neoplasms	1,086	32%
2	Malignant Neoplasms	2,251	24%	Malignant Neoplasms	6,440	26%	Malignant Neoplasms	3,475	25%	Diseases of Heart	872	25%
3	Influenza (Flu) and Pneumonia	414	4%	Influenza (Flu) and Pneumonia	1,117	4%	Diabetes Mellitus	717	5%	Cerebrovascular Disease	172	5%
4	Diabetes Mellitus	394	4%	Chronic Lower Respiratory Diseases	859	3%	Influenza (Flu) and Pneumonia	537	4%	Influenza (Flu) and Pneumonia	150	4%
5	Cerebrovascular Disease	298	3%	Cerebrovascular Disease	701	3%	Cerebrovascular Disease	441	3%	Diabetes Mellitus	133	4%
6	Chronic Lower Respiratory Diseases	290	3%	Diabetes Mellitus	532	2%	Chronic Lower Respiratory Diseases	388	3%	Chronic Lower Respiratory Diseases	94	3%
7	Accidents Except Drug Poisoning	251	3%	Accidents Except Drug Poisoning	463	2%	Human Immunodeficiency Virus Disease	359	3%	Accidents Except Drug Poisoning	90	3%
8	Use Of Or Poisoning By Psychoactive Substance	222	2%	Use Of Or Poisoning By Psychoactive Substance	363	1%	Essential Hypertension and Renal Diseases	357	3%	Essential Hypertension and Renal Diseases	78	2%
9	Chronic Liver Disease and Cirrhosis	197	2%	Essential Hypertension and Renal Diseases	352	1%	Assault	261	2%	Intentional Self-Harm	75	2%
10	Essential Hypertension and Renal Diseases	182	2%	Alzheimer's Disease	337	1%	Accidents Except Drug Poisoning	209	2%	Nephritis, Nephrotic Syndrome and Nephrosis	39	1%
	All other causes	2,407	26%	All other causes	4,865	20%	All other causes	2,911	21%	All other causes	657	19%

Source: The New York City Department of Health and Mental Hygiene, Vital Statistics, 2012, accessed December 1, 2014



Table 20 - Leading Causes of Death, New York City, 2002, 2007, 2012

Rank	Causes of Mortality	Deaths	%	Causes of Mortality	Deaths	%	Causes of Mortality	Deaths	%
	2002			2007			2012		
1	Diseases of Heart	24,504	41%	Diseases of Heart	21,424	40%	Diseases of Heart	16,730	32%
2	Malignant Neoplasms	13,731	23%	Malignant Neoplasms	13,234	24%	Malignant Neoplasms	13,399	26%
3	Influenza (Flu) and Pneumonia	2,508	4%	Influenza (Flu) and Pneumonia	2,245	4%	Influenza (Flu) and Pneumonia	2,244	4%
4	Cerebrovascular Disease	1,853	3%	Cerebrovascular Disease	1,563	3%	Diabetes Mellitus	1,813	3%
5	Human Immunodeficiency Virus Disease	1,713	3%	Diabetes Mellitus	1,559	3%	Chronic Lower Respiratory Diseases	1,651	3%
6	Diabetes Mellitus	1,704	3%	Chronic Lower Respiratory Diseases	1,427	3%	Cerebrovascular Disease	1,646	3%
7	Chronic Lower Respiratory Diseases	1,700	3%	Human Immunodeficiency Virus Disease	1,113	2%	Accidents Except Drug Poisoning	1,032	2%
8	Accidents Except Drug Poisoning	1,176	2%	Accidents Except Drug Poisoning	1,027	2%	Essential Hypertension and Renal Diseases	980	2%
9	Use of or Poisoning by Psychoactive Substance	904	2%	Use of or Poisoning by Psychoactive Substance	848	2%	Use of or Poisoning by Psychoactive Substance	812	2%
10	Essential Hypertension and Renal Diseases	723	1%	Essential Hypertension and Renal Diseases	791	1%	Alzheimer's Disease	696	1%
	All other causes	9,135	15%	All other causes	8,842	16%	All other causes	11,452	22%
			100%			100%			100%

Source: The New York City Department of Health and Mental Hygiene, Vital Statistics, 2012, accessed December 1, 2014

Table 21 - Leading Causes of Premature Death (&lt;65) and Years of Life Lost (YLL), New York City - 2012

Cause of Death	Total		Male		Female	
	Deaths	YLL	Deaths	YLL	Deaths	YLL
Total	14,047	224,047	8,559	139,257	5,488	84,790
Acquired Immune Deficiency Syndrome (AIDS)	499	8,111	326	5,090	173	3,021
Malignant Neoplasms	3,993	43,370	1,959	20,341	2,034	23,029
Buccal Cavity and Pharynx	86	1,035	60	687	26	348
Digestive Organs and Peritoneum	1,226	11,921	756	7,271	470	4,650
Respiratory System	844	7,263	487	4,027	357	3,236
Trachea, Bronchus and Lung	786	6,609	447	3,610	339	2,999
Breast	448	5,694	1	9	447	5,685
Genital Organs	409	4,338	81	685	328	3,653
Urinary Organs	124	1,270	91	871	33	399
Other and Unspecified Sites	514	6,791	278	3,552	236	3,239
Lymphatic and Hematopoietic Tissues	342	5,058	205	3,239	137	1,819
Diabetes Mellitus	476	5,182	306	3,458	170	1,724
Diseases of the Circulatory System	3,386	36,272	2,256	24,359	1,130	11,913
Diseases of the Heart	2,718	27,754	1,854	19,363	864	8,391
Hypertension with Heart Disease	586	6,552	378	4,320	208	2,232
Acute Myocardial Infarction	338	3,066	242	2,322	96	744
Other Ischemic Heart Diseases+	1,493	13,254	1,061	9,791	432	3,463
Other Diseases of the Heart	301	4,882	173	2,930	128	1,952
Hypertension with or without Renal Disease	169	1,782	98	1,039	71	743
Cerebrovascular Disease	355	4,701	211	2,683	144	2,018
Other Diseases of the Circulatory System	144	2,035	93	1,274	51	761
Pneumonia	278	3,366	165	2,021	113	1,345
Chronic Lower Respiratory Disease (CLRD)	278	3,719	156	2,179	122	1,540
Cirrhosis of Liver	328	3,920	230	2,764	98	1,156
Congenital Anomalies	198	9,589	110	5,049	88	4,540
Certain Conditions Originating in the Perinatal Period	302	19,581	170	11,048	132	8,533
Accidents (Total)	1,152	27,472	877	21,267	275	6,205
Motor Vehicle	222	6,497	163	4,809	59	1,688
Drownings	15	582	14	522	1	60
Falls	110	2,015	92	1,807	18	208
Poisonings	659	14,340	496	11,047	163	3,293
Suicide	433	10,020	306	7,010	127	3,010

Table 22 - Ten Leading Causes of Death by Medicaid Status, New York State, 2012

Rank	Non-Medicaid		Medicaid*	
	Underlying Cause of Death	Deaths	Underlying Cause of Death	Deaths
1	Diseases of the Heart	25,887	Diseases of the Heart	17,350
2	Malignant Neoplasms	24,753	Malignant Neoplasms	10,845
3	Chronic Lower Respiratory Disease	4,211	Chronic Lower Respiratory Disease	2,775
4	Cerebrovascular Disease	3,666	Cerebrovascular Disease	2,357
5	Accidents	3,457	Pneumonia	2,168
6	Pneumonia	2,157	Accidents	1,959
7	Septicemia	1,331	Alzheimer's	1,423
8	Nephritis, Nephrotic Syndrome, & Nephrosis	1,311	Septicemia	977
9	Alzheimer's	1,200	Hypertension	947
10	Suicide	1,196	Nephritis, Nephrotic Syndrome, & Nephrosis	873

\*Determined on the basis of Medicaid enrollment sometime during the year of death. Differences in causes of mortality between Medicaid and non-Medicaid decedents may be due, in part, to differences in age, sex, or race/ethnicity.

Source: MJ Sharp, LD Schoen, T Wang, TA Melnik. Leading causes of death, New York State, 2012. New York State Department of Health, Office of Quality and Patient Safety, Bureau of Vital Statistics.

Table 23 - Inpatient Discharges by top 20 primary diagnoses, 2010 and 2013

	NYC		Manhattan		Bronx		Brooklyn		Queens	
	2010	2013	2010	2013	2010	2013	2010	2013	2010	2013
Complications Pregnancy	11%	11%	11%	10%	11%	11%	13%	13%	12%	13%
Newborns	10%	10%	10%	10%	9%	9%	11%	12%	11%	12%
Heart Disease	9%	8%	8%	8%	7%	7%	9%	8%	9%	8%
Digestive Disease	8%	8%	7%	8%	8%	8%	8%	8%	9%	8%
Respiratory Disease	7%	7%	7%	7%	9%	10%	7%	7%	7%	7%
Psychoses	5%	5%	7%	7%	5%	6%	5%	5%	5%	5%
Symptoms And Signs	6%	5%	6%	5%	7%	6%	6%	5%	7%	5%
Infectious/Parasitic Dis	4%	5%	3%	4%	5%	5%	4%	4%	4%	4%
Musculoskeletal Dis	4%	5%	4%	4%	3%	3%	3%	3%	3%	3%
Malignant Neoplasms	4%	4%	4%	4%	3%	3%	3%	3%	4%	3%
Endo/Nutr/Metab Dis	4%	4%	4%	4%	5%	5%	4%	4%	3%	4%
Other Injury	4%	4%	4%	4%	3%	3%	3%	3%	3%	3%
Urinary Disease	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Other Circulatory Dis	2%	2%	3%	3%	3%	3%	2%	2%	2%	2%
Nervous System Dis	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%



Brooklyn CNA, Appendix B: Tables

Other Supplementary	2%	2%	2%	2%	1%	1%	2%	2%	2%	2%
Alcohol/Drug	3%	2%	4%	3%	3%	2%	2%	2%	1%	2%
Fractures	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Skin Disease	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Cerebrovascular Disease	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
All Other Diagnoses	7%	7%	6%	6%	7%	7%	7%	7%	6%	7%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: New York Statewide Planning and Research Cooperative System (SPARCS), 2010 and 2013.

Table 24 - Potentially Avoidable Inpatient Discharges (Composite PQI), 2009 and 2012

		Bronx		Brooklyn		Manhattan		Queens	
		2009	2012	2009	2012	2009	2012	2009	2012
<b>Overall (PQI 90)</b>	Observed Rate Per 100,000	2,982	2,482	1,991	1,731	1,547	1,360	1,453	1,318
	Expected Rate Per 100,000	2,048	1,796	2,002	1,633	1,615	1,398	1,874	1,641
	Observed/Expected	1.46	1.38	0.99	1.06	0.96	0.97	0.78	0.80
<b>Diabetes (PQI S01)</b>	Observed Rate Per 100,000	553	495	387	347	246	230	243	225
	Expected Rate Per 100,000	369	336	337	289	250	227	296	272
	Observed/Expected	1.50	1.47	1.15	1.20	0.99	1.01	0.82	0.83
<b>Respiratory Conditions (PQI S03)</b>	Observed Rate Per 100,000	831	701	442	393	357	304	289	269
	Expected Rate Per 100,000	493	437	458	378	365	319	426	374
	Observed/Expected	1.69	1.60	0.96	1.04	0.98	0.95	0.68	0.72
<b>Circulatory Conditions (PQI S02)</b>	Observed Rate Per 100,000	825	653	611	503	425	350	427	386
	Expected Rate Per 100,000	590	499	590	464	456	380	543	462
	Observed/Expected	1.40	1.31	1.04	1.08	0.93	0.92	0.79	0.83

Source: New York State Department of Health Office of Quality and Patient Safety Bureau of Health Informatics Medicaid Claims Extract, 2012

Table 25- ED visits by top 20 primary diagnoses, 2010 and 2013

	<b>NYC 2010</b>	<b>NYC 2013</b>	<b>Manhattan 2010</b>	<b>Manhattan 2013</b>	<b>Bronx 2010</b>	<b>Bronx 2013</b>	<b>Brooklyn 2010</b>	<b>Brooklyn 2013</b>	<b>Queens 2010</b>	<b>Queens 2013</b>
Symptoms And Signs	21%	20%	20%	23%	27%	19%	18%	17%	19%	23%
Respiratory Disease	11%	11%	11%	9%	10%	13%	12%	12%	11%	10%
Other Injury	11%	11%	11%	10%	10%	10%	12%	12%	13%	12%
Musculoskeletal Dis.	8%	9%	9%	9%	9%	9%	8%	9%	7%	8%
Digestive Disease	6%	6%	5%	5%	5%	5%	6%	6%	7%	6%
Infectious/Parasitic Dis	5%	5%	5%	4%	4%	6%	4%	4%	6%	4%
Compl. Pregnancy	4%	4%	4%	3%	4%	5%	6%	6%	4%	4%
Other Supplementary	4%	4%	4%	4%	5%	5%	4%	3%	4%	3%
Open Wounds	4%	4%	4%	4%	3%	3%	4%	4%	4%	4%
Skin Disease	4%	4%	4%	4%	4%	4%	4%	4%	4%	3%
Alcohol/Drug	3%	3%	3%	4%	2%	2%	3%	3%	2%	2%
Urinary Disease	2%	3%	3%	3%	2%	2%	3%	3%	3%	3%
Ear Disease	3%	2%	2%	2%	3%	3%	2%	2%	3%	2%
Fractures	2%	2%	2%	2%	1%	1%	2%	2%	2%	2%
Female Reproductive	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Other Mental Dis.	2%	2%	2%	2%	2%	2%	1%	2%	1%	2%
Psychoses	1%	2%	2%	2%	1%	2%	1%	2%	1%	2%
Eye Disease	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Other Circulatory Dis.	1%	1%	1%	1%	1%	1%	1%	2%	1%	1%
Nervous System Dis.	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
All Other diagnoses	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: New York Statewide Planning and Research Cooperative System (SPARCS), 2010 and 2013.

Table 26. Potentially Preventable Admissions (PQI) for Diabetes, Circulatory and Respiratory conditions

	PQI S01 Diabetes composite		PQI S02 Circulatory Composite		PQI S03 Respiratory Composite	
	PQI admissions	O/E ratio	PQI admissions	O/E ratio	PQI admissions	O/E ratio
<b>Brooklyn</b>	3,072	1.00	3,694	1.04	3,686	0.94
<b>NYC</b>	9,289	1.01	11,116	1.06	12,216	1.02
<b>NYS</b>	14,121	1.00	15,795	1.00	18,654	1.00

Source: New York State Department of Health Office of Quality and Patient Safety Bureau of Health Informatics Medicaid Claims Extract, 2012



Table 27. All PQI Indicators

PQI Indicator	# of Medicaid PQI Hospitalizations, Brooklyn	# of Medicaid PQI Hospitalizations, NYC	# of Medicaid PQI Hospitalizations, NYS	PQI Observed / Expected ratio		
				Brooklyn	NYC	NYS
Adult Overall Conditions Composite (PQI 90)	14,175	44,943	69,084	0.97	1.02	1.00
Adult Chronic Conditions Composite (PQI 92)	10,451	32,619	48,568	0.99	1.03	1.00
Adult All Diabetes Composite (PQI S01)	3,072	9,289	14,121	1.00	1.01	1.00
Adult Diabetes Short-term Complications (PQI 01)	838	2,533	4,506	0.87	0.91	1.00
Adult Diabetes Long Term Complications (PQI 03)	1,732	5,357	7,572	1.05	1.07	1.00
Adult Uncontrolled Diabetes (PQI 14)	428	1,178	1,679	1.15	1.04	1.00
Lower Extremity Amputation among Adults with Diabetes (PQI 16)	148	432	699	0.96	0.97	1.00
Adult All Circulatory Conditions Composite (PQI S02)	3,694	11,116	15,795	1.04	1.06	1.00
Adult Hypertension (PQI 07)	862	2,991	3,938	0.95	1.10	1.00
Adult Heart Failure (PQI 08)	2,598	7,426	10,902	1.07	1.04	1.00
Adult Angina Without Procedure (PQI 13)	234	699	955	1.13	1.09	1.00
All Adult Respiratory Conditions Composite (PQI S03)	3,686	12,216	18,653	0.94	1.02	1.00

Brooklyn CNA, Appendix B: Tables

				PQI Observed / Expected ratio		
PQI Indicator	# of Medicaid PQI Hospitalizations, Brooklyn	# of Medicaid PQI Hospitalizations, NYC	# of Medicaid PQI Hospitalizations, NYS	Brooklyn	NYC	NYS
COPD and Asthma in Older Adults (PQI 05)	3,236	10,486	16,244	0.95	1.01	1.00
Asthma in Younger Adults (PQI 15)	450	1,730	2,410	0.88	1.11	1.00
Adult Acute Conditions Composite (PQI 91)	3,727	12,328	20,521	0.90	0.99	1.00
Adult Dehydration (PQI 10)	732	2,403	3,958	0.89	0.98	1.00
Adult Bacterial Pneumonia (PQI 11)	1,620	5,353	9,347	0.86	0.96	1.00
Adult Urinary Tract Infection (PQI 12)	1,375	4,572	7,216	0.96	1.04	1.00
Pediatric Overall Conditions Composite (PDI 90): ages 6-17 years	926	2,909	3,774	1.13	1.19	1.00
Pediatric Chronic Conditions Composite (PDI 92): ages 6-17 years	708	2,255	2,903	1.11	1.19	1.00
Pediatric Asthma (PDI 14): ages 2-17 years	1,278	4,282	5,384	1.08	1.73	1.00
Pediatric Diabetes Short-term Complications (PDI 15): ages 6-17 years	74	234	380	1.16	1.04	1.00
Pediatric Acute Conditions Composite (PDI 91): 6 - 17 years	218	654	871	1.21	1.16	1.00
Pediatric Gastroenteritis (PDI 16): ages 3 months - 17 years	558	1,758	2,333	1.31	1.18	1.00

Brooklyn CNA, Appendix B: Tables

				PQI Observed / Expected ratio		
PQI Indicator	# of Medicaid PQI Hospitalizations, Brooklyn	# of Medicaid PQI Hospitalizations, NYC	# of Medicaid PQI Hospitalizations, NYS	Brooklyn	NYC	NYS
Pediatric UTI (PDI 18): ages 3 months - 17 years	134	602	929	0.80	1.04	1.00

Source: New York State Department of Health Office of Quality and Patient Safety Bureau of Health Informatics Medicaid Claims Extract, 2012



Table 28 - Emergency Department Potentially Preventable Visits

PPV	NYS	NYC	Brooklyn	# of Admissions, Brooklyn
Emergency Dept. Visits for Ambulatory Sensitive Conditions (PPV), per 100 Beneficiaries	36	34	29	690,782

Source: New York State Department of Health Office of Quality and Patient Safety Bureau of Health Informatics Medicaid Claims Extract, 2012

Table 29 - Potentially Preventable Readmissions by borough, city and state, 2012

Area	Observed Potentially Preventable Readmissions	Observed Rate per 100 Admissions	Risk- Adjusted Expected Rate per 100 Admissions	Risk-Adjusted Expected Rate Ratios	
				to NYC	to NYS
Kings	7,082	6.47	7.01	0.98	1.04
NYC	23,981	6.95	7.19	1.00	1.07
NYS	40,687	6.73	6.73	-	1.00

\* Risk-Adjusted Expected Rate accounts for demographic (age,gender, race/ethnicity) and case mix (statewide PPV rate) factors. Rate ratio less than 1 signifies outperformance by area, relative to NYC/NYS after controlling for these factors.

Source: New York State Department of Health Office of Quality and Patient Safety, Bureau of Health Informatics Medicaid Claims Extract, 2012.

Table 30 - Potentially Preventable Readmissions, Brooklyn Hospitals, 2012

Facility Name	At Risk Admissions	Observed PPR Chains	Observed / Expected PPR	Observed PPR Rate	Expected PPR Rate	Expected PPR Chains
Beth Israel Med Ctr Kingshwy Division	2,367	119	0.94	5.03	5.33	126
Brookdale Hospital Medical Center	8,084	533	0.95	6.59	6.95	562
Brooklyn Hospital Center	7,281	480	1.15	6.59	5.74	418
Coney Island Hospital	6,995	427	0.93	6.1	6.56	459
Interfaith Medical Center	5,179	709	1.17	13.69	11.73	607
Kings County Hospital Center	13,680	1,075	1.08	7.86	7.29	997
Kingsbrook Jewish Medical Center	3,627	299	1.12	8.24	7.35	267
Lutheran Medical Center	1,610*	103	1.11	6.4	5.78	93
Maimonides Medical Center	17,816	681	0.87	3.82	4.37	779
New York Methodist Hospital	11,125	575	1.00	5.17	5.15	573
Ny Community Hosp Of Brooklyn	3,060	138	0.79	4.51	5.71	175
University Hosp Of Brooklyn	11,362	795	1.13	7	6.2	704
Woodhull Med & Mntl Hlth Ctr	8,209	647	1.11	7.88	7.1	583
Wyckoff Heights Medical Ctr	8,986	500	1.11	5.56	5.03	452
<b>Brooklyn Hospitals Total</b>	<b>109,381</b>	<b>7,081</b>	<b>1.04</b>			<b>6,795</b>

\*Lutheran Medical Center is working with the New York State Department of Health to revise this number, and expects the figure to be closer to 15,000. Source: New York State Department of Health, 2012 data

Table 31 - Rates of HIV diagnoses, People With HIV/AIDS (PWHA), and deaths among PWHA by United Hospital Fund (UHF) neighborhood, New York City 2011

UHF Neighborhood	HIV diagnoses per 100,000 population	Reported PWHA as percent of population	Age-adjusted death rate per 1,000 PWHA	Population from 2010 Census
<b>NYC Total</b>	<b>41.6</b>	<b>1.4</b>	<b>14.7</b>	<b>8,175,133</b>
<b>Brooklyn</b>	<b>39.2</b>	<b>1.1</b>	<b>17.7</b>	<b>2,504,700</b>
Bedford Stuyvesant/Crown Heights	77.1	2.2	20.1	318,898
Bensonhurst/Bay Ridge	13.5	0.3	22.2	199,271
Borough Park	8.7	0.3	14.8	331,983
Canarsie/Flatlands	38.5	0.7	12.9	195,027
Coney Island/Sheepshead Bay	9.1	0.4	21.1	285,502
Downtown/Heights/Park Slope	37.9	1.4	16.6	224,199
East Flatbush/Flatbush	60.7	1.6	13.5	296,583
East New York	46.8	1.5	18.6	187,855
Greenpoint	29.9	0.8	22.7	127,051
Sunset Park	23.5	0.7	10.2*	127,863
Williamsburg/Bushwick	73.2	1.8	20.0	210,468

*Rates based on numerators  $\geq 10$  are marked with an asterisk(\*) and should be interpreted with caution.*

*Source: New York City Department of Health and Mental Hygiene HIV Epidemiology and Field Services Programs Semiannual Report. October 2012*



Table 32 - HIV/AIDS Diagnoses and Deaths and Persons Diagnosed with HIV/AIDS, NYC, 2012

	HIV diagnoses			AIDS diagnoses	PLWHA as of 12/31/2012	Deaths
	Total	Without AIDS	Concurrent with AIDS diagnosis			
<b>Total</b>	3,141	2,529	612	1,889	114,926	1,578
Male	2,494	2,018	476	1,392	82,426	1,085
Female	647	511	136	497	32,500	493
<b>Race/Ethnicity</b>						
Black	1,394	1,091	303	987	51,154	829
Hispanic	1,019	830	189	586	37,290	509
White	611	517	94	262	23,715	211
Asian/Pacific Islander	107	83	24	49	2,047	22
Native American	3	1	2	5	251	5
Multiracial	7	7	0	0	70	2
Unknown	0	0	0	0	399	0
<b>Age group (years)</b>						
0-12	6	6	0	1	192	2
13-19	141	135	6	32	1,081	1
20-29	1,073	959	114	360	8,907	45
30-39	762	630	132	424	16,515	109
40-49	643	455	188	536	35,004	369
50-59	360	249	111	378	35,540	596
60+	156	95	61	158	17,687	456
<b>Borough of residence</b>						
Bronx	584	465	119	452	26,613	477
Brooklyn	860	675	185	548	28,544	499
Manhattan	808	656	152	418	31,067	328
Queens	501	396	105	271	17,071	143
Staten Island	44	40	4	38	2,228	45
Outside NYC	324	277	47	132	9,196	62
Unknown	20	20	0	30	207	24

Brooklyn CNA, Appendix B: Tables

	HIV diagnoses			AIDS diagnoses	PLWHA as of 12/31/2012	Deaths
	Total	Without AIDS	Concurrent with AIDS diagnosis			
<b>Area-based poverty level</b>						
Low (<10% below FPL)	259	211	48	132	12,237	101
Medium (10 to <20% below FPL)	883	701	182	522	31,544	361
High (20 to <30% below FPL)	862	688	174	509	29,292	441
Very high (>30% below FPL)	773	618	155	552	30,969	588
not available	364	311	53	174	10,884	87
<b>Transmission risk</b>						
Men who have sex with men	1,719	1,447	272	755	41,641	283
Injection drug use history	139	110	29	171	19,529	577
Heterosexual	616	462	154	455	22,767	309
Perinatal	6	6	0	27	2,496	15
Other	0	0	0	1	226	0
Unknown	661	504	157	480	28,267	394

Source: New York City Department of Health and Mental Hygiene. HIV Surveillance Annual Report, 2012

**Table 33 - Selected Patients’ Satisfaction Ratings for Adult Services-Statewide Averages By Payer**

	<b>Commercial HMO</b>	<b>Commercial PPO</b>	<b>Medicaid Managed Care*</b>
Satisfaction with Provider Communication	94%	95%	87%
Satisfaction with Personal Doctor	83%	84%	73%
Satisfaction with Specialist	83%	83%	69%
Received Needed Care	87%	87%	75%
Got Care Quickly	87%	86%	76%

Source: 2013 Health Plan Comparison in New York State, New York State Department of Health. \* Data is for 2011.

**Table 34 - Selected Quality of Care Measures for Adults – Statewide Averages by payer**

	<b>Commercial HMO</b>		<b>Commercial PPO</b>		<b>Medicaid Managed Care</b>	
Controlling High Blood Pressure	59%		57%		63%	
Poor HbA1c Control in Diabetics* (Lower is better)	27%		42%		33%	
Use of Appropriate Medications for People with Asthma	89%		90%		82%	
Behavioral Health: Follow-up after Hospitalization for Mental Illness	64%	78%	58%	71%	65%	79%

Source: 2013 Health Plan Comparison in New York State, New York State Department of Health. \* Data is from 2011

**Table 35 - Access and Quality Measures for Children and Adolescents, Statewide Average by Payer**

	<b>Commercial HMO</b>	<b>Commercial PPO</b>	<b>Medicaid Managed Care</b>
Well-Child and Preventive Care Visits in the First 15 Months*	91	90	83



Brooklyn CNA, Appendix B: Tables

Well-Child and Preventive Care Visits Years 3-6*	84	79	82
Adolescent Well-Care Visits*	61	53	59
Appropriate Treatment—no antibiotic--for Upper Respiratory Infection	89	89	93

Source: 2013 Health Plan Comparison in New York State, New York State Department of Health. \*Data is from 2011

Table 36 - Risk Factors by Brooklyn Neighborhoods

	<b>Obesity (BMI<math>\geq</math>30)</b>	<b>Binge Drink (within past 30 days)</b>	<b>Lack of or low Physical Activity (within past 30 days)</b>	<b>Current Smoker</b>
NYC	24.1%	19.7%	22.2%	15.6%
Greenpoint	24.2%	23.4%	29.6%	17.3%
Downtown Brooklyn/Heights/Slope	13.6%	18.9%	14.4%	16.9%
Bedford Stuyvesant/Crown Heights	27.4%	13.7%	20.2%	16.8%
Sunset Park	23.4%	16.8%	28.2%	12.0%
Borough Park	24.4%	10.0%	18.3%	12.4%
Flatbush	27.4%	14.1%	24.4%	12.1%
Canarsie and Flatlands	31.7%	17.6%	20.8%	14.8%
Bay Ridge/Bensonhurst	22.7%	16.3%	32.4%	16.7%
Coney Island	33.3%	19.3%	30.2%	21.4%
Williamsburg/Bushwick	29.1%	21.6%	25.5%	18.2%

Source: NYC Dept. of Health and Mental Hygiene, NYC Community Health Survey, 2012. Values are not adjusted for age. Values in red font should be interpreted with caution. Value's relative standard error (a measure of estimate precision) is greater than 30% or the sample size less than 50 or the 95% confidence interval half width is greater than ten, make the estimate potentially unreliable.

Table 37 – Environmental Risk Factors in Select Neighborhoods in Brooklyn

	NYC	Brooklyn	Bedford-Stuyvesant - Crown Heights	Bensonhurst - Bay Ridge	Coney Island - Sheepshead Bay	Downtown-Heights-Slope	East Flatbush - Flatbush	East New York
<b>Indoor Air Quality</b>								
Homes with cockroaches (2011)	24%	26.6%	29.5%	17.5%	25.7%	18.5%	33%	39%
Adults reporting second-hand smoke at home (2011)	4.9%	4.3%	8.7%	n/a	3.2%	n/a	1.7%	7.3%
Adults reporting mold in the home (2012)	9.5%	10.5%	9.4%	13%	10%	7.6%	11.8%	10.9%
Adults reporting mice in the home (2012)	15.5%	17.9%	21%	n/a	9%	9.8%	32.7%	32.9%
<b>Home Safety and Maintenance</b>								
Homes with cracks or holes (2011)	15.7%	17.9%	22.1%	11.3%	10.6%	21.4%	24.9%	22.5%
Homes with leaks (2011)	20.6%	22.7%	25.9%	16.5%	15.8%	27.6%	29.9%	20.4%
Households rating neighborhood structures good or excellent (2011)	75.2%	71.9%	59.7%	84.9%	83.5%	82.9%	64.8%	51.6%

Data Sources: New York Community Health Survey (CHS), New York City Housing and Vacancy Survey (HVS), 2011, 2012.



Table 38: Leading Causes of Death in 2012 by Age Group, NYC

Rank	Causes of Mortality	#	%	Causes of Mortality	# Rep.	%	Causes of Mortality	# Rep.	%	Causes of Mortality	#	%
Less than 1				1-14 Years			15-24 Years			25-34 Years		
1	Congenital Malformations, Deformations, and Chromosomal Abnormalities	125	21%	Malignant Neoplasms	39	18%	Assault	139	25%	Use of or poisoning by psychoactive substance	147	27%
2	Short Gestation/Low Birth Weight	119	20%	Accidents Except Drug Poisoning	31	14%	Accidents Except Drug Poisoning	85	15%	Assault	131	24%
3	Cardiovascular Disorders in the Perinatal Period	75	13%	Congenital Malformations, Deformations, and Chromosomal Abnormalities	26	12%	Intentional Self-Harm	65	12%	Malignant Neoplasms	125	23%
4	External Causes	55	9%	Assault	19	9%	Malignant Neoplasms	51	9%	Accidents Except Drug Poisoning	100	18%
5	Newborn Affected by Complications of Placenta	22	4%	Chronic Lower Respiratory Diseases	13	6%	Use of or poisoning by psychoactive substance	48	9%	Intentional Self-Harm	94	17%
6	Respiratory Distress of New Born	15	3%	Diseases of Heart	12	6%	Diseases of Heart	19	3%	Diseases of Heart	62	11%
7	Bacterial Sepsis of Newborn	10	2%	Intentional Self-Harm	6	3%	Congenital Malformations, Deformations, and Chromosomal	16	3%	Human Immunodeficiency Virus Disease	34	6%
8	Other Respiratory Conditions in Perinatal Period	10	2%	Cerebrovascular Disease	5	2%	Chronic Lower Respiratory Diseases	15	3%	Diabetes Mellitus	17	3%
9	Necrotizing Enterocolitis of Newborn	9	2%	Influenza (Flu) and Pneumonia	5	2%	Human Immunodeficiency Virus Disease	11	2%	Pregnancy, Childbirth and the Puerperium	16	3%
10	Neonatal Hemorrhage	9	2%	Insitu or Benign / Uncertain Neoplasms	4	2%	Legal Intervention	7	1%	Congenital Malformations, Deformations, and	13	2%
	All other causes	134	23%	All other causes	57	26%	All other causes	98	18%	All other causes	196	35%

Brooklyn CNA, Appendix B: Tables

			100%			100%			100%			100%
--	--	--	------	--	--	------	--	--	------	--	--	------

Source: The New York City Department of Health and Mental Hygiene, Vital Statistics, 2012, accessed December 1, 2014

Table 39: Leading Causes of Death in 2012 by Age Group, NYC

Rank	Causes of Mortality	# Rep.	%	Causes of Mortality	# Rep.	%	Causes of Mortality	# Rep.	%	Causes of Mortality	# Rep.	%
35-44 Years			45-54 Years			55-64 Years			65-74 Years			
1	Malignant Neoplasms	342	22%	Malignant Neoplasms	1,234	30%	Malignant Neoplasms	2,604	36%	Malignant Neoplasms	3,340	38%
2	Diseases of Heart	209	13%	Diseases of Heart	807	20%	Diseases of Heart	1,753	24%	Diseases of Heart	2,551	29%
3	Use Of Or Poisoning By Psychoactive Substance	170	11%	Use Of Or Poisoning By Psychoactive Substance	275	7%	Diabetes Mellitus	288	4%	Diabetes Mellitus	382	4%
4	Accidents Except Drug Poisoning	94	6%	Human Immunodeficiency Virus Disease	217	5%	Chronic Liver Disease and Cirrhosis	185	3%	Chronic Lower Respiratory Diseases	332	4%
5	Human Immunodeficiency Virus Disease	90	6%	Diabetes Mellitus	143	4%	Viral Hepatitis	183	3%	Influenza (Flu) and Pneumonia	297	3%
6	Intentional Self-Harm	83	5%	Accidents Except Drug Poisoning	127	3%	Influenza (Flu) and Pneumonia	177	2%	Cerebrovascular Disease	248	3%
7	Assault	59	4%	Intentional Self-Harm	125	3%	Cerebrovascular Disease	173	2%	Essential Hypertension and Renal Diseases	170	2%
8	Diabetes Mellitus	46	3%	Chronic Liver Disease and Cirrhosis	118	3%	Chronic Lower Respiratory Diseases	169	2%	Accidents Except Drug Poisoning	118	1%
9	Chronic Liver Disease and Cirrhosis	45	3%	Cerebrovascular Disease	116	3%	Human Immunodeficiency Virus Disease	169	2%	Chronic Liver Disease and Cirrhosis	113	1%
10	Cerebrovascular Disease	38	2%	Mental and Behavioral Disorders due to Use of Alcohol	87	2%	Use Of Or Poisoning By Psychoactive Substance	148	2%	Nephritis, Nephrotic Syndrome and Nephrosis	86	1%

Brooklyn CNA, Appendix B: Tables

	All other causes	382	25%	All other causes	811	20%	All other causes	1,361	19%	All other causes	1,238	14%
			100%			100%			100%			100%

*Source: The New York City Department of Health and Mental Hygiene, Vital Statistics, 2012, accessed December 1, 2014*



Table 40: Leading Causes of Death in 2012 by Age Group, NYC

Rank	Causes of Mortality	# Rep.	%	Causes of Mortality	# Rep.	%
	<b>75-84 Years</b>			<b>85+ Years</b>		
1	Diseases of Heart	4,108	34%	Diseases of Heart	7,202	44%
2	Malignant Neoplasms	3,424	28%	Malignant Neoplasms	2,240	14%
3	Influenza (Flu) and Pneumonia	604	5%	Influenza (Flu) and Pneumonia	1,052	6%
4	Chronic Lower Respiratory Diseases	511	4%	Cerebrovascular Disease	620	4%
5	Diabetes Mellitus	487	4%	Chronic Lower Respiratory Diseases	522	3%
6	Cerebrovascular Disease	429	4%	Alzheimer's Disease	489	3%
7	Essential Hypertension and Renal Diseases	238	2%	Diabetes Mellitus	448	3%
8	Accidents Except Drug Poisoning	153	1%	Essential Hypertension and Renal Diseases	394	2%
9	Alzheimer's Disease	153	1%	Accidents Except Drug Poisoning	171	1%
10	Nephritis, Nephrotic Syndrome and Nephrosis	120	1%	Nephritis, Nephrotic Syndrome and Nephrosis	154	1%
	All other causes	1,850	15%	All other causes	3,003	18%
			100%			100%

Source: The New York City Department of Health and Mental Hygiene, Vital Statistics, 2012, accessed December 1, 2014.

**SECTION B: ADDITIONAL TABLES**

Table 41. Hospitals in Brooklyn

<b>Provider Name</b>	<b>Address</b>	<b>Zip Code</b>
Beth Israel Medical Center Act	3201 Kings Highway	11234
Brookdale Hospital Medical Center	Linden Boulevard at Brookdale Plaza	11212
Brooklyn Hospital Center - Downtown Campus	121 Dekalb Avenue	11201
Coney Island Hospital	2601 Ocean Parkway	11235
Interfaith Medical Center	1545 Atlantic Avenue	11213
Kings County Hospital Center	451 Clarkson Avenue	11203
Kingsbrook Jewish Medical Center	585 Schenectady Avenue	11203
Lutheran Medical Center	150 55th Street	11220
Maimonides Medical Center	4802 Tenth Avenue	11219
New York Community Hospital Of Brooklyn	2525 Kings Highway	11229
New York Methodist Hospital	506 Sixth Street	11215
University Hospital Of Brooklyn	445 Lenox Road	11203
Woodhull Med & Mental Health Center	760 Broadway	11206
Wyckoff Heights Medical Center	374 Stockholm Street	11237

Table 42. Federally Qualified Health Centers (FQHCs) in Brooklyn

Facility Name	Address	Zip Code
Bedford-Stuyvesant Family Health Center	1456 Fulton Street	11216
Betances Health Unit	280 Henry St	10002-4816
BMS Family Health Center At Genesis	360 Snediker Avenue	11207
BMS Institute For Specialty And Integrative Services (ISIS at Bristol)	259 Bristol Street	11212
BMS at Ashford	650 Ashford St	11207-7315
Brooklyn Plaza Medical Center	650 Fulton Street	11217
Brownsville Multi-Service (BMS) Family Health Center - Main Site	592 Rockaway Avenue	11212
Caribbean House Health Center	1167 Nostrand Ave	11225-5417
CHN - C A B S Clinic	94-98 Manhattan Ave	11206
CHN - Dr. Betty Shabazz Center	999 Blake Ave	11208
Ezra Medical Center	1312 38th Street	11218
HELP/PSI, Inc. Brooklyn Health Center	803 Sterling Pl	11216
ICL - Healthcare Choices Brooklyn	6209 16th Avenue	11204
Lutheran Family Health Centers Brooklyn-Chinese	5008 7th Avenue	11220
Lutheran Family Health Centers Caribbean-American	3414 Church Avenue	11203
Lutheran Family Physician's Health Center	5616 Sixth Avenue	11220
Lutheran Family Health Centers Family Support Center	6025 5th Ave. Room 205	11220
Lutheran Family Health Centers Park Ridge	6317 4 <sup>th</sup> Ave	11220
Lutheran Park Slope Family Health Center	220 13th Street	11215
Lutheran Family Health Centers Shore Road	9000 Shore Road	11209
Lutheran Family Health Centers Sunset Terrace	514 49th Street	11220
Mental Health Center	514 49 St	11220



Brooklyn CNA, Appendix B: Tables

<b>Facility Name</b>	<b>Address</b>	<b>Zip Code</b>
ODA Primary Health Care Center	517 Park Ave	11205
ODA Primary Health Care Network	14-16 Heyward Street	11249
Sunset Park Family Health Center Of Lutheran Medical Center	150 55th Street	11220

*Source: HRSA, 2014; NYC Dept. of City Planning, 2013; GNYHA HITE Data, 2014; NYS DOH, 2014.*

*Please note that, in most cases, only the main address for the FQHC was available via these sources, though an FQHC may have multiple sites.*

Table 43. Urgent Care Centers in Brooklyn

Urgent Care Center Name	Address	Zip Code
Atlantic Urgent Care	1545 Atlantic Avenue	11213
Brookdale Urgent Care	1235 Linden Blvd	11212
Brooklyn Heights Center	195 Montague St	11201
Brooklyn Hospital Center	121 DeKalb Avenue	11201
City MD - Boerum Hill	457 Atlantic Avenue	11217
City MD - Park Slope - Premier Care	418-420 5th Avenue	11215
CityMD - Bay Ridge	8712 4th Avenue	11209
Kings Highway Center	3245 Nostrand Avenue	11229
Kingsbrook Jewish Medical Center - Mental Health Unit	585 Schnectady Avenue	11203
Methodist Medical Center/After Hours Pediatric Center	263 Seventh Avenue	11215
Mount Sinai Doctors Brooklyn Heights	300 Cadman Plaza West	11201
ODA Primary Health Care Center	14-16 Heyward Street	11211
PM Pediatrics	240 Atlantic Avenue	11201
Preferred Health Partners - Lindenwood Center	2832 Linden Boulevard	11208
PremierCare	418-420 5th Avenue	11215
Quality First Urgent Care	6010 Bay Parkway Ste 902	11204
Quick Docs	255 E 98th Street	11212
Sunset Park Family Health Center of Lutheran Medical Center	150 55th Street	11220
Sunshine Medical	9408 Flatlands Avenue	11236
Suny Downstate at Bay Ridge	699 92nd Street	11228
Tong Li Health Care	3088 Nostrand Street	11228

Source: American Academy of Urgent Care Medicine (AAUCM) & City MD websites; GNYHA HITE Data, 2014.

Table 44. Managed Care Organizations that service Brooklyn (and other counties)

Plan	Total New York City Enrollment, 2012	Plan Type
HealthFirst PHSP, Inc.	455,627	PHSP
MetroPlus Health Plan, Inc.	373,072	PHSP
New York State Catholic Health Plan, Inc.	338,708	(Fidelis Care) PHSP
AMERIGROUP New York,LLC	335,116	PHSP
UnitedHealthcare of New York, Inc.	198,234	HMO
Affinity Health Plan, Inc.	169,489	PHSP
Neighborhood Health Providers, Inc.	165,848	PHSP
Health Insurance Plan of Greater New York	164,798	HIP (Emblem Health) HMO
WellCare of New York, Inc.	55,195	PHSP
<b>Total</b>	<b>2,256,087</b>	

Source: United Hospital Fund, "Medicaid Managed Care Enrollment by Region," 2012.



Table 45. Nursing Homes in Brooklyn

<b>Nursing Home Name</b>	<b>Address</b>	<b>Zip Code</b>
Atlantis Rehabilitation and Residential Health Care Facility	140 St Edwards Street	11201
Atrium Center for Rehabilitation and Nursing	630 E 104th Street	11236
Bensonhurst Center for Rehabilitation and Healthcare	1740 84th Street	11214
Bishop Henry B. Hucles Episcopal Nursing Home	835 Herkimer Street	11233
Boro Park Center for Rehabilitation and Healthcare	4915 10th Ave	11219
Brooklyn Center for Rehabilitation and Residential Health Care	1455 Coney Island Avenue	11230
Brooklyn United Methodist Church Home	1485 Dumont Avenue	11208
Brooklyn-Queens Nursing Home	2749 Linden Blvd	11208
Buena Vida Continuing Care & Rehab Center	48 Cedar Street	11221
Bushwick Center for Rehabilitation and Health Care	50 Sheffield Avenue	11207
Cabs Nursing Home Company Inc	270 Nostrand Avenue	11205
Caton Park Nursing Home	1312 Caton Avenue	11226
Center for Nursing & Rehabilitation Inc	520 Prospect Place	11238
Cobble Hill Health Center, Inc	380 Henry Street	11201
Concord Nursing Home Inc	300 Madison Street	11216
Crown Heights Center for Nursing and Rehabilitation	810-20 St Marks Avenue	11213
Crown Nursing & Rehab Center	3457 Nostrand Avenue	11229
Ditmas Park Care Center	2107 Ditmas Avenue	11226
Dr Susan Smith Mckinney Nursing and Rehabilitation Center	594 Albany Avenue	11203
Four Seasons Nursing and Rehabilitation Center	1555 Rockaway Parkway	11236
Hamilton Park Nursing and Rehabilitation Center	691 92 Street	11228
Haym Solomon Home for the Aged	2340 Cropsey Avenue	11214
Hopkins Center for Rehabilitation and Healthcare	155 Dean Street	11217

Brooklyn CNA, Appendix B: Tables

<b>Nursing Home Name</b>	<b>Address</b>	<b>Zip Code</b>
Keser Nursing and Rehabilitation Center, Inc.	40 Heyward Street	11249
Linden Center for Nursing and Rehabilitation	2237 Linden Boulevard	11207
Lutheran Augustana Center for Extended Care & Rehabilitation, Inc	5434 Second Avenue	11204
Menorah Home & Hospital for Aged & Infirm	1516 Oriental Blvd	11235
New Carlton Rehab and Nursing Center, LLC	405 Carlton Ave	11238
Norwegian Christian Home and Health Center	1270-67th Street	11219
NY Congregational Nursing Center, Inc	135 Linden Boulevard	11226
Oxford Nursing Home	144 So Oxford St	11217
Palm Gardens Center for Nursing and Rehabilitation	615 Avenue C	11218
Rutland Nursing Home Co Inc	585 Schenectady Ave	11203
Saints Joachim & Anne Nursing and Rehabilitation Center	2720 Surf Avenue	11224
Schulman and Schachne Institute for Nursing and Rehabilitation	555 Rockaway Parkway	11212
Sea-Crest Health Care Center	3035 West 24th St	11224
Sephardic Nursing & Rehabilitation Center	2266 Cropsey Avenue	11214
Sheepshead Nursing & Rehabilitation Center	2840 Knapp St	11235
Shorefront Jewish Geriatric Center	3015 W 29 St	11224
Shoreview Nursing Home	2865 Brighton 3rd Street	11235
Spring Creek Rehabilitation & Nursing Care Center	660 Louisiana Avenue	11239
The Heritage Rehabilitation and Health Care Center	5606 15th Ave	11219

Source: NYS DOH Nursing Home Profiles, 2014.

Table 46. Behavioral Health Residential Treatment Capacity and Utilizations in Brooklyn

	Residential Treatment				Assertive Community Treatment (ACT)
	Congregate Treatment	Apartment Treatment	Support Programs	Supported Housing	
# of Beds or Slots	635	499	521	3,647	884
Beds or Slots /10,000 Adult Population	3.3	2.6	2.7	18.7	4.6
% Occupancy Rate	90%	92.6%	92.7%	79.2%	95%
Median LOS (days)	526	622	639	1,385	NA
% LOS >2 years	41.50%	44.50%	47.10%	65.40%	NA

Source: OMH, 2011. Note that the data are for all payer categories, not only Medicaid.

1



Table 47. NYS DOH Designated Safety Net Pharmacies in Brooklyn

Pharmacy License Number	Pharmacy Name	Number of NY Medicaid Prescriptions (Sum)	Total Number Of Prescriptions (Sum)	Percent Medicaid Prescriptions (Overall >= 35%)	Methodology
27309	Red Hook Pharmacy Corp. DBA Nates Pharmacy	15,751	15,751	100.00%	By Appeal
028134	7th Ave Chemist, Inc.	25,142	25,974	96.80%	By Appeal
025393	Spencer Drugs LTD	59,419	61,423	96.74%	By Appeal
031042	Old Family Pharmacy	56,384	60,740	92.83%	By Appeal
14498	MERMAID PHARMACY INC	10,090	11,040	91.39%	By Definition
31505	Vijan Pharma, Inc. D/B/A Sure Drugs	36,882	40,500	91.07%	By Appeal
17895	RSVMDRUGS	18,000	21,800	82.57%	By Definition
30735	Park Plaza Pharma, Inc.	53,827	65,404	82.30%	By Appeal
13710	FRISCIA PHARMACY INC	9,200	11,200	82.14%	By Definition
27044	RSA DRUG CORP	20,000	25,000	80.00%	By Definition
18486	MEDINA PHARMACY INC	3,200	4,000	80.00%	By Definition

Brooklyn CNA, Appendix B: Tables

Pharmacy License Number	Pharmacy Name	Number of NY Medicaid Prescriptions (Sum)	Total Number Of Prescriptions (Sum)	Percent Medicaid Prescriptions (Overall >= 35%)	Methodology
27442	HEALTHONE PHARMACY INC	48,000	60,000	80.00%	By Definition
30800	VVS Pharmacy	41,396	57,006	72.62%	By Appeal
024830	AVS Rx., Inc. D/B/A Rubin Chemists	41,058	56,641	72.49%	By Appeal
16318	East 16th Street Pharmacy Inc.	59,119	82,530	71.63%	By Appeal
27245	ROCKAWAY RX INC	25,000	35,000	71.43%	By Definition
26818	ABC Pharmacy, Inc.	75,600	108,000	70.00%	By Appeal
29302	MCDONALD PHARMACY INC	34,681	49,649	69.85%	By Definition
030756	Joan Pharma, Inc.	139,248	199,351	69.85%	By Appeal
026138	Thriftway Flatbush Avenue Drug Corp.	44,508	64,927	68.55%	By Appeal
030682	MRR Pharma, Inc. DbA Scarpa Pharmacy	30,871	46,239	66.76%	By Appeal
25110	JMK PHARMACY CORP	20,000	30,000	66.67%	By Definition
026603	Thriftway Church Avenue Drug Corp.	28,576	43,097	66.31%	By Appeal

Brooklyn CNA, Appendix B: Tables

Pharmacy License Number	Pharmacy Name	Number of NY Medicaid Prescriptions (Sum)	Total Number Of Prescriptions (Sum)	Percent Medicaid Prescriptions (Overall >= 35%)	Methodology
24286	LIBERTY AVE PHARMACY INC	34,448	53,388	64.52%	By Definition
28501	902 FOSTER CARE INC	39,535	61,403	64.39%	By Definition
22491	AROOPA CORP	14,623	23,162	63.13%	By Definition
23659	AMERICAN PHARMACY INC	50,043	79,653	62.83%	By Definition
24705	OWAIS INC	37,962	67,680	56.09%	By Definition
19736	NOHA PHARMACY INC	15,793	28,390	55.63%	By Definition
30625	Nostrand Pharmacy LLC, D/B/A Vanderveer Pharmacy	10,766	19,521	55.15%	By Appeal
055218	Life Pharma II Inc D/B/A Life Pharmacy	28,219	51,243	55.07%	By Appeal
29610	CARE MAX PHARMACY INC	18,030	32,835	54.91%	By Definition
28484	MARCY PHARMACY INC	18,090	32,966	54.87%	By Definition
21381	AM PHARMACY INC	56,565	103,656	54.57%	By Definition



Brooklyn CNA, Appendix B: Tables

Pharmacy License Number	Pharmacy Name	Number of NY Medicaid Prescriptions (Sum)	Total Number Of Prescriptions (Sum)	Percent Medicaid Prescriptions (Overall >= 35%)	Methodology
23777	MANIPAL DRUGS INC	17,037	31,412	54.24%	By Definition
24640	ROSE PHARMACY INC	16,815	32,018	52.52%	By Definition
26762	B AND M FAMILY PHARMACY CORP	17,698	34,000	52.05%	By Definition
27438	5TH AVENUE PHARMACY INC	7,554	14,528	52.00%	By Definition
27140	HEALTHSTAR PHARMACYINC	72,261	140,683	51.36%	By Definition
18388	ALBANY PHARMACY INC	8,847	17,232	51.34%	By Definition
23796	NEW RONSON DRUG INC	26,840	52,514	51.11%	By Definition
28573	NOOR PHARMACY INC	19,125	37,447	51.07%	By Definition
030836	Balaji II Pharmacy, Inc.	20,366	39,925	51.01%	By Appeal
25629	18TH AVE PHARMACY CORP	33,135	64,962	51.01%	By Definition
26227	PHARMACIA POPULAR INC	18,711	36,834	50.80%	By Definition
25838	ST MARY PHARMACY INC	28,244	56,121	50.33%	By Definition

Brooklyn CNA, Appendix B: Tables

Pharmacy License Number	Pharmacy Name	Number of NY Medicaid Prescriptions (Sum)	Total Number Of Prescriptions (Sum)	Percent Medicaid Prescriptions (Overall >= 35%)	Methodology
17270	DESHI PHARMACY INC	5,093	10,141	50.22%	By Definition
24581	MILLENNIUM PHARMACY INC	28,430	56,721	50.12%	By Definition
18328	MB DRUGS INC	5,000	10,000	50.00%	By Definition
25366	VVVRXINC DBA BROOKLYN CENTER PHARMACY	22,540	45,317	49.74%	By Definition
29275	1413 RX CORP	25,225	50,829	49.63%	By Definition
28413	GATES AND GARVEY PHARMACYINC	23,262	46,946	49.55%	By Definition
30140	AFAM PHARMACY ASSOCIATES	15,195	32,756	46.39%	By Definition
27218	475 NEW LOTS AVENUE PHARMACY INC	44,350	96,105	46.15%	By Definition
16591	1746 PHARMACY CORP	36,123	78,377	46.09%	By Definition
29427	IRVING PHARMACY CORP	10,577	23,125	45.74%	By Definition
27289	MANNINGS 8TH AVE INC	45,759	100,155	45.69%	By Definition

Brooklyn CNA, Appendix B: Tables

Pharmacy License Number	Pharmacy Name	Number of NY Medicaid Prescriptions (Sum)	Total Number Of Prescriptions (Sum)	Percent Medicaid Prescriptions (Overall >= 35%)	Methodology
27318	PITKIN CARE PHARMACY	20,194	44,576	45.30%	By Definition
27651	BED STUY PHARMACY INC	24,643	54,622	45.12%	By Definition
23618	BROWNSVILLE PHARMACY INC	12,990	28,850	45.03%	By Definition
18312	SIMS PHARMACY INC	23,321	51,973	44.87%	By Definition
30278	FAIR CARE PHARMACY INC	5,260	11,744	44.79%	By Definition
28599	SMARTHEALTH PHARMACY LLC	8,919	20,152	44.26%	By Definition
27180	HEALTH PLUS PHARMACY INC	35,859	81,960	43.75%	By Definition
27629	GS PHARMACY LLC	22,894	52,327	43.75%	By Definition
28392	2818 FULTON STREET PHARMACY INC	33,666	77,197	43.61%	By Definition
16655	OM PHARMACY INC	16,446	37,879	43.42%	By Definition
20056	A N PHARMACY INC	19,100	44,000	43.41%	By Definition
18542	1491 DEKALB AVE PHARMACY INC	15,334	35,467	43.23%	By Definition



Brooklyn CNA, Appendix B: Tables

Pharmacy License Number	Pharmacy Name	Number of NY Medicaid Prescriptions (Sum)	Total Number Of Prescriptions (Sum)	Percent Medicaid Prescriptions (Overall >= 35%)	Methodology
20041	VLS ALLEON DRUGS INC	18,701	43,438	43.05%	By Definition
28147	J AND R PHARMACY INC	8,550	19,895	42.98%	By Definition
26670	WELLNESS PHARMACY INC	13,326	31,229	42.67%	By Definition
22451	M AND F PHARMACY INC	14,272	33,490	42.62%	By Definition
20951	DKY ENTERPRISES INC	38,564	90,607	42.56%	By Definition
27358	RUEL PHARMACY CORP	27,355	64,628	42.33%	By Definition
27440	SRI PHARMACY INC	14,416	34,222	42.12%	By Definition
27295	LINDENWOOD RX CENTER INC	25,675	61,300	41.88%	By Definition
29251	GOOD DAY PHARMACY LLC	4,526	10,814	41.85%	By Definition
18181	IDEAL PHARMACY	20,000	48,000	41.67%	By Definition
29303	NEW LOTS CARE PHARMACY INC	5,162	12,446	41.48%	By Definition
18984	QASIM PHARMACY INC	11,573	28,000	41.33%	By Definition

Brooklyn CNA, Appendix B: Tables

Pharmacy License Number	Pharmacy Name	Number of NY Medicaid Prescriptions (Sum)	Total Number Of Prescriptions (Sum)	Percent Medicaid Prescriptions (Overall >= 35%)	Methodology
27315	EL PHARMACY CORP	12,578	30,797	40.84%	By Definition
18238	SBC RX INC	9,480	23,268	40.74%	By Definition
23120	KINGS DRUG AND SURGICAL CORP	44,745	109,991	40.68%	By Definition
22891	3921 9TH AVE PHARMACY INC	10,123	24,908	40.64%	By Definition
25215	J AND J 26 MGT LLC	14,110	34,784	40.56%	By Definition
26357	NEW YORK DRUGS AND SURGICALS INC	4,729	11,756	40.23%	By Definition
16582	THEJUS CORPORATION	32,353	80,879	40.00%	By Definition
25635	JANUS PHARMACY INC	32,000	80,000	40.00%	By Definition
29328	MEDICINE PLAZA INC	10,000	25,000	40.00%	By Definition
25469	WOODHULL PRESCRIPTION CENTER INC	54,271	135,679	40.00%	By Definition
28914	GSV PHARMACY INC	15,911	39,875	39.90%	By Definition

Brooklyn CNA, Appendix B: Tables

Pharmacy License Number	Pharmacy Name	Number of NY Medicaid Prescriptions (Sum)	Total Number Of Prescriptions (Sum)	Percent Medicaid Prescriptions (Overall >= 35%)	Methodology
17579	PAKAM PHARMACY INC	13,172	33,787	38.99%	By Definition
26748	QUICKAID PHARMACY INC	29,500	75,900	38.87%	By Definition
29877	870 SOUTHERN DRUG CORP	6,156	15,886	38.75%	By Definition
18601	DNG PHARMACY CORP	14,614	37,796	38.67%	By Definition
28574	SURF PHARMACY CORP	15,461	40,002	38.65%	By Definition
19679	AAUSADH INC	18,149	47,125	38.51%	By Definition
28463	21 AVE PHARMACY AND MEDICAL SUPPLY INC	13,368	35,081	38.11%	By Definition
17632	272 DRUG CORP	12,149	32,205	37.72%	By Definition
26255	BAY PARK PHARMACY CORP	34,749	92,299	37.65%	By Definition
24292	S AND N RX INC	9,868	26,232	37.62%	By Definition
25828	HAVEN PHARMACY	15,000	40,000	37.50%	By Definition



Brooklyn CNA, Appendix B: Tables

Pharmacy License Number	Pharmacy Name	Number of NY Medicaid Prescriptions (Sum)	Total Number Of Prescriptions (Sum)	Percent Medicaid Prescriptions (Overall >= 35%)	Methodology
28130	QUICK STOP PHARMACY INC	8,038	21,567	37.27%	By Definition
25147	DITMAS PHARMACY CORP	28,168	75,972	37.08%	By Definition
29305	MAURICE PHARMACY INC	10,000	27,000	37.04%	By Definition
30019	SUNSET RX PHARMACY INC	32,399	88,015	36.81%	By Definition
24946	KINGSWAY PHARMACY GRP	26,571	72,267	36.77%	By Definition
19683	JAY AKAY RX CORP	10,859	29,547	36.75%	By Definition
25829	VENKAT PHARM INC	32,751	89,188	36.72%	By Definition
17695	STJ RX INC	23,928	65,560	36.50%	By Definition
30409	GOLD STREET PHARMA INC	18,158	50,088	36.25%	By Definition
28533	YI RUI INTERNATIONAL CORP	16,825	46,498	36.18%	By Definition
23475	JOYMA PHARMACY INC	12,730	35,292	36.07%	By Definition
17511	HOSP RX INC	22,332	62,016	36.01%	By Definition

Brooklyn CNA, Appendix B: Tables

Pharmacy License Number	Pharmacy Name	Number of NY Medicaid Prescriptions (Sum)	Total Number Of Prescriptions (Sum)	Percent Medicaid Prescriptions (Overall >= 35%)	Methodology
30795	A AND H PHARMACY INC	9,104	25,479	35.73%	By Definition
27341	TRADITIONAL PHARMACY INC	8,820	24,846	35.50%	By Definition
29857	CHURCH AVE PHARMACY INC	8,778	24,749	35.47%	By Definition
28463	21 AVE PHARMACY AND MEDICAL SUPPLY IN	13,368	35,081	38.11%	By Definition
17632	272 DRUG CORP	12,149	32,205	37.72%	By Definition
26255	BAY PARK PHARMACY CORP	34,749	92,299	37.65%	By Definition
24292	S AND N RX INC	9,868	26,232	37.62%	By Definition
25828	HAVEN PHARMACY	15,000	40,000	37.50%	By Definition
28130	QUICK STOP PHARMACY INC	8,038	21,567	37.27%	By Definition
25147	DITMAS PHARMACY CORP	28,168	75,972	37.08%	By Definition
29305	MAURICE PHARMACY INC	10,000	27,000	37.04%	By Definition

Brooklyn CNA, Appendix B: Tables

Pharmacy License Number	Pharmacy Name	Number of NY Medicaid Prescriptions (Sum)	Total Number Of Prescriptions (Sum)	Percent Medicaid Prescriptions (Overall >= 35%)	Methodology
30019	SUNSET RX PHARMACY INC	32,399	88,015	36.81%	By Definition
24946	KINGSWAY PHARMACY GRP	26,571	72,267	36.77%	By Definition
19683	JAY AKAY RX CORP	10,859	29,547	36.75%	By Definition
25829	VENKAT PHARM INC	32,751	89,188	36.72%	By Definition
17695	STJ RX INC	23,928	65,560	36.50%	By Definition
30409	GOLD STREET PHARMA INC	18,158	50,088	36.25%	By Definition
28533	YI RUI INTERNATIONAL CORP	16,825	46,498	36.18%	By Definition
23475	JOYMA PHARMACY INC	12,730	35,292	36.07%	By Definition
17511	HOSP RX INC	22,332	62,016	36.01%	By Definition
30795	A AND H PHARMACY INC	9,104	25,479	35.73%	By Definition
27341	TRADITIONAL PHARMACY INC	8,820	24,846	35.50%	By Definition
29857	CHURCH AVE PHARMACY INC	8,778	24,749	35.47%	By Definition



Brooklyn CNA, Appendix B: Tables

Pharmacy License Number	Pharmacy Name	Number of NY Medicaid Prescriptions (Sum)	Total Number Of Prescriptions (Sum)	Percent Medicaid Prescriptions (Overall >= 35%)	Methodology
23440	LINCOLN PLACE PHARMACY INC	40,521	114,863	35.28%	By Definition
24885	BRANAC INC	41,592	118,473	35.11%	By Definition

Source: NYS DOH, 2014

Table 48. Domain 2.a Metrics

Measure Name	NYS	NYC	Brooklyn
<b>Potentially Avoidable Services</b>			
Potentially Avoidable Emergency Room Visits: ED Visits for Ambulatory Sensitive Conditions, Potentially Preventable Visits (PPV), per 100 Recipients, 2012	36	34	29
Potentially Avoidable Readmissions, by hospital location, 2012*	40,687	24,388	7,081
PQI Suite – Composite of All Measures, Adult	69,084	44,943	14,175
Acute Conditions Composite (PQI 91)	20,521	12,328	3727
Chronic Conditions Composite (PQI 92)	48,568	32,619	10451
PDI Suite – Composite of All Measures: Pediatric	3,774	2,909	926
Acute Conditions Composite (PDI 91)	871	654	218
Chronic Conditions Composite (PDI 92)	2,903	2,255	708

Source: New York State Department of Health, 2012 data

\*NYAM analysis of Potentially Preventable Readmissions data by hospital, New York State Department of Health

Table 48. Domain 2.b Metrics

Measure Name	Data Year	NYS	NYC	Brooklyn
<b>Getting Care Quickly</b>				[No known public source]
Q4. Usually or always got care right away as soon as you needed <sup>a</sup>	2013	81.1%	76%	
Q7. Usually or always got an appt. for check-up or routine care as soon as you needed <sup>a</sup>	2013	74.8%	68.9%	
<b>Getting Needed Care</b>				
Q19. Usually or always got care, tests or treatment you thought you needed <sup>a</sup>	2013	81.4%	76.9%	
Q39. Usually or always got an appointment to see a	2013	75.1%	71.4%	

Measure Name	Data Year	NYS	NYC	Brooklyn
specialist as soon as you needed <sup>a</sup>				
<b>Usual Source of Care</b>				
Q8. Never went to doctor's office or clinic in last 6 months <sup>a</sup>	2013	23.9%	24.4%	
Q8. Went to doctor's office or clinic 1-3 times in last 6 months <sup>a</sup>	2013	52.5%	53.7%	
Q26. Have a personal doctor <sup>a</sup>	2013	85.5%	84.1%	
<b>Patient Loyalty</b>				
Q35. Got care from a doctor or other health provider other than personal doctor <sup>a</sup>	2013	57.9%	52.7%	
<b>Access/Availability of Care</b>				
Adult Access to Preventive/Ambulatory Care (20-44) <sup>b</sup>	2012	95%	[No known public source]	
Adult Access to Preventive/Ambulatory Care (45-64) <sup>b</sup>	2012	96%	[No known public source]	
Adult Access to Preventive/Ambulatory Care (65+) <sup>b</sup>	2012	97%	[No known public source]	
Annual Dental Visit (Ages 19-21) <sup>b</sup>	2012	44%	[See source note**]	[No known public source]
Annual Dental Visit (Ages 2-18) <sup>b</sup>	2012	57%	[See source	

Measure Name	Data Year	NYS	NYC	Brooklyn
			note**]	
Children’s Access to PCPs/Ambulatory Care (12-24 months) <sup>b</sup>	2012	97%	[No known public source]	
Children’s Access to PCPs/Ambulatory Care (25 mos-6 years) <sup>b</sup>	2012	93%	[No known public source]	
Children’s Access to PCPs/Ambulatory Care (7-11 years) <sup>b</sup>	2012	96%	[No known public source]	
Children’s Access to PCPs/Ambulatory Care (12-19 years) <sup>b</sup>	2012	93%	[No known public source]	
<b>Use of Services</b>				
Well-Child Visits & Preventive Care Visits in the First 15 Months of Life (5+ visits) <sup>b</sup>	2012	83%	[See source note**]	[No known public source]
Well-Child & Preventive Care Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> & 6 <sup>th</sup> Year <sup>b</sup>	2012	82%		
Adolescent Well-Care Visits <sup>b</sup>	2012	59%		

Source: New York State Department of Health, 2012 data

Data is not yet available from the New York State Department of Health for the other Domain 2 metrics relating to Provider Reimbursement, System Integration, Primary Care, and Medicaid Spending for Projects Defined Population on a PMPM Basis, which will be used for Domain 2 metrics.



Table 49. Domain 2.b Metrics

Measure Name	NYS	NYC	Brooklyn
<b>Summary of HCAHPS Survey Results, October 2012 to September 2013 Discharges</b>			
Patients who reported that their nurses "Always" communicated well	75%	[No known public source]	[No known public source]
Patients who reported that their doctors "Always" communicated well	77%		
Patients who reported that they "Always" received help as soon as they wanted	61%		
Patients who reported that their pain was "Always" well controlled	67%		
Patients who reported that staff "Always" explained about medicines before giving it to them	59%		
Patients who reported that their room and bathroom were "Always" clean	69%		
Patients who reported that the area around their room was "Always" quiet at night	51%		
Patients who reported that YES, they were given information about what to do during their recovery at home	83%		
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	63%		
Patients who reported YES, they would definitely recommend the hospital	65%		

Source: Hospital Consumer Assessment of healthcare Providers and Systems. Centers for Medicare & Medicaid Services. (July, 2014). Summary of HCAHPS Survey Results. Baltimore, MD. <http://www.hcahpsonline.org>

As noted above, Data is not yet available from the New York State Department of Health for the other Domain 2 metrics relating to Provider Reimbursement, System Integration, Primary Care, and Medicaid Spending for Projects Defined Population on a PMPM Basis, which will be used for Domain 2 metrics.

Table 50. Total Population, by Gender

<b>Total Population, by Gender</b>	<b>NYS</b>	<b>NYC</b>	<b>Brooklyn</b>
Male	9,391,875	3,897,434	1,186,163
Female	10,006,250	4,301,787	1,326,577
<b>Total Population</b>	<b>19,398,125</b>	<b>8,199,221</b>	<b>2,512,740</b>

Source: US Census American Community Survey, 5-year table, 2008-2012.

Table 51. Total Population, by Age

Age	NYS	NYC	Brooklyn
Children, aged 0-17	4,316,920	1,774,909	596,667
Adults, aged 18-64	12,440,571	5,421,440	1,625,373
Older Adults, aged 65+	2,640,634	1,002,872	290,700
<b>Total Population</b>	<b>19,398,125</b>	<b>8,199,221</b>	<b>2,512,740</b>
Children, % of Total Population	22.3%	21.6%	23.7%
Adults Aged 18-64, % of Total Population	64.1%	66.1%	64.7%
Older Adults, % of Total Population	13.6%	12.2%	11.6%

Source: US Census American Community Survey, 5-year table, 2008-2012.

Table 52. Total Population, by Race/Ethnicity

Race/Ethnicity	NYS (A)	NYC (B)	Brooklyn (C)	% of Brooklyn Total Population (D)	Brooklyn as a % of that race or ethnicity in NYC (C/B)	Brooklyn as a % of that race or ethnicity in NYS (C/A)
White	12,808,268	3,646,181	1,119,881	44.6%	30.7%	8.7%
Black or African American	3,037,255	2,059,279	859,622	34.2%	41.7%	28.3%
American Indian and Alaska Native	69,500	30,743	8,247	0.3%	26.8%	11.9%
Asian	1,445,539	1,053,649	266,557	10.6%	25.3%	18.4%
Native Hawaiian and other Pacific Islander	6,477	3,866	1,372	0.1%	35.5%	21.2%
Other race	1,557,020	1,169,421	209,788	8.3%	17.9%	13.5%
2 or more races	474,066	236,082	47,273	1.9%	20.0%	10.0%
<b>Total of Race Categories Above</b>	<b>19,398,125</b>	<b>8,199,221</b>	<b>2,512,740</b>	<b>100.0%</b>	<b>30.6%</b>	<b>13.0%</b>
<b>Hispanic or Latino (of any race)</b>	<b>3,425,845</b>	<b>2,343,458</b>	<b>497,620</b>	<b>19.8%</b>	<b>21.2%</b>	<b>14.5%</b>
Mexican	447,323	308,952	93,124	<b>3.7%</b>	30.1%	20.8%
Puerto Rican	1,117,995	761,655	181,136	<b>7.2%</b>	23.8%	16.2%
Cuban	72,378	40,426	7,764	<b>0.3%</b>	19.2%	10.7%
Other Hispanic or Latino	1,788,149	1,232,425	215,596	<b>8.6%</b>	17.5%	12.1%

NYC Black/African American as % of Total NYC Population: 25.1% (2,059,279/8,199,221)

NYS Black/African American as % of Total NYS Population: 15.7% (3,037,255/19,398,125)

Source: US Census American Community Survey, 5-year, 2008-2012



Table 53. Income

Income	NYS	NYC	Brooklyn
% HH Below Poverty	14%	19%	22%
Median HH income (USD)	57,683	51,865	45,215

Source: US Census American Community Survey, 5-year table, 2008-2012.

Table 54. Unemployment

Unemployed	NYS	NYC	Brooklyn
% Unemployed	8.7%	10.2%	10.3%

Source: US Census American Community Survey, 5-year table, 2008-2012.

Table 55. Immigration and Citizenship Status

Immigration and Citizenship Status	NYS	NYC	Brooklyn
Migrated from abroad < 1 yr ago	148,931	93,367	22,668
Not a US citizen	2,038,877	1,455,533	422,231
% Not a US citizen	11%	18%	17%

Source: US Census American Community Survey, 5-year table, 2008-2012.

Table 56. Language

Language	NYS	NYC	Brooklyn
Total - Speak English less than "very well"	2,439,417	1,783,994	566,247
% Total - Speak English less than "very well"	13%	22%	23%
Spanish -Speak English less than "very well"	1,230,302	889,091	192,725
Other -Speak English less than "very well"	1,209,115	894,903	373,522

Source: US Census American Community Survey, 5-year table, 2008-2012.

Table 57. Household Type

Household Type	NYS	NYC	Brooklyn
Total Households	7,130,896	3,063,393	911,985
Family Households	4,646,324	1,843,819	582,628
Family Households - Married couple	3,224,971	1,103,512	345,278
Family Households - Male Householder no wife	351,847	170,979	52,441
Family Households - Female Householder no husband	1,069,506	569,328	184,909
Non-family Households	2,584,572	1,219,574	329,367
Non-family Households - Living alone	2,119,199	996,487	259,168
% of Total Households - Living Alone	30%	33%	28.7%
Non-family Households - Not living alone	465,373	223,087	

Data Source: US Census American Community Survey, 5-year, 2008-2012.

Table 58. Incarceration

Incarceration	NYS	NYC	Brooklyn
NYC DOC Jail admissions (2012)	Not Applicable	84,754	21,693
NYC DOC Jail admissions rate per 100,000 Population (2012)	Not Applicable	1,034	863
NYS Prison admissions (2008) <sup>a</sup>	21,141	9,640	3,077

<sup>a</sup>The most recent data available for NYS prison admissions is from 2008; it is likely that more recent figures would be significantly lower.

Source: NYC Department of Corrections, 2012, as cited in [http://gothamist.com/2013/05/01/these\\_interactive\\_charts\\_show\\_you\\_w.php](http://gothamist.com/2013/05/01/these_interactive_charts_show_you_w.php) and <http://www.justiceatlas.org/>

Table 59. Medicaid Beneficiaries

	NYS	NYC	Brooklyn
<b>Total Population</b>	<b>19,398,125</b>	<b>8,199,221</b>	<b>2,488,747</b>
Total Medicaid (MA) Beneficiaries	5,835,794	3,588,107	1,229,547
MA Beneficiaries/ Total Population	30.1%	43.8%	49.4%
Brooklyn MA pop. / NYC MA pop.			34.3%
Brooklyn MA pop. / NYS MA pop.			21.1%

Source: NYS DOH, 2012

Table 60. Uninsured Population by Age

Uninsured	NYS	NYC	Brooklyn
Total Uninsured	2,161,817	1,160,829	344,064
Uninsured/ Total Population	11.1%	14.0%	13.8%
Brooklyn Uninsured/ NYC Uninsured			29.6%
Brooklyn Uninsured/ NYS Uninsured			15.9%
Older Adult 65+ Uninsured	26,086	17,769	5,138
% Older Adult 65+ Uninsured	1%	2%	1.8%
Child 0-17 Uninsured	197,779	80,534	24,605
% Child 0-17 Uninsured	4.5%	4.5%	4.1%
Adult 18+ Uninsured	1,964,038	1,080,295	319,459
% Adult 18+ Uninsured	13%	17%	16.9%

Source: US Census American Community Survey, 5-year, 2008-2012.

Table 61. Uninsured and Foreign Born

Country/Region of Origin	Number Uninsured in Brooklyn	Percent of the Total Foreign Born Uninsured Population in Brooklyn
Latin America	75,577	36.5%
Caribbean	48,893	23.6%
China, Hong Kong, and Taiwan	24,494	11.8%
Russia	6,051	2.9%
Poland	5,665	2.7%
South Asia	5,532	2.7%
Arab countries	2,220	1.1%
<b>Sub-Total of Above Groups</b>	<b>168,432</b>	<b>81.3%</b>
Other Countries	38,662	18.7%
<b>Total Foreign Born Uninsured in Bklyn</b>	<b>207,094</b>	<b>100.0%</b>

Source: US Census American Community Survey, 5-year, 2008-2012.

Table 62. Dual Eligible Beneficiaries

	NYS	NYC	Brooklyn
Total Older Adult 65+ Population	2,640,634	1,002,872	290,700
Dual Eligible Beneficiaries	853,866	467,749	151,208
Dual Eligible/ Older Adult pop.	32.3%	46.6%	52.0%
Brooklyn Duals/ NYC Duals			32.3%
Brooklyn Duals/ NYS Duals			17.7%

Source: NYS DOH, 2012



Table 63. Insurance Status

Insurance Status	NYS	NYC	Brooklyn
Child 0-17 Beneficiaries	1,979,039	1,180,983	424,555
Total Child 0-17 Population	4,316,920	1,774,909	593,572
Child 0-17 Beneficiaries/Pop	46%	67%	71.5%
Adult 18+ Beneficiaries	3,856,755	2,407,124	804,992
Total Adult 18+ Population	15,081,205	6,424,312	1,895,175
Adult 18+ Beneficiaries/Pop	26%	37%	42.5%

Source: NYS DOH, 2012

Table 64. Disability and Difficulty Status

Disability /Difficulty	NYS	NYC	Brooklyn
% Disabled HH member	23%	21%	21%
<b>Impairments, by Age:</b>			
<i>Hearing</i>			
age 0-17 with Hearing Difficulty	22,395	8,324	2,639
% age 0-17 with Hearing Difficulty	0.5%	0.5%	0.4%
age 18-64 with Hearing Difficulty	182,116	60,231	14,725
% age 18-64 with Hearing Difficulty	1.5%	1.1%	0.9%
age 65+ with Hearing Difficulty	310,580	105,560	34,829
% age 65+ with Hearing Difficulty	11.8%	10.5%	12.0%
<i>Vision</i>			
age 0-17 with Vision Difficulty	23,724	10,606	2,681
% age 0-17 with Vision Difficulty	0.5%	0.6%	0.4%

Brooklyn CNA, Appendix B: Tables

<b><i>Disability /Difficulty</i></b>	<b>NYS</b>	<b>NYC</b>	<b>Brooklyn</b>
age 18-64 with Vision Difficulty	166,396	79,038	23,515
% age 18-64 with Vision Difficulty	1.3%	1.5%	1.4%
age 65+ with Vision Difficulty	168,818	82,840	29,744
% age 65+ with Vision Difficulty	6.4%	8.3%	10.2%
<b><i>Cognitive</i></b>			
age 0-17 with Cognitive Difficulty	112,555	36,208	8,613
% age 0-17 with Cognitive Difficulty	2.6%	2.0%	1.4%
age 18-64 with Cognitive Difficulty	413,409	165,152	43,427
% age 18-64 with Cognitive Difficulty	3.3%	3.0%	2.7%
age 65+ with Cognitive Difficulty	844,970	337,659	105,862
% age 65+ with Cognitive Difficulty	32.0%	33.7%	36.4%
<b><i>Ambulatory</i></b>			
age 0-17 with Ambulatory Difficulty	20,920	9,268	2,129
% age 0-17 with Ambulatory Difficulty	0.5%	0.5%	0.4%
age 18-64 with Ambulatory Difficulty	547,468	233,975	63,197
% age 18-64 with Ambulatory Difficulty	4.4%	4.3%	3.9%
age 65+ with Ambulatory Difficulty	1,052,010	426,311	132,228
% age 65+ with Ambulatory Difficulty	39.8%	42.5%	45.5%

Source: US Census American Community Survey, 5-year, 2008-2012.

Table 65. Top 10 Leading Causes of Death, Brooklyn, 2012

Top 10 Leading Causes of Mortality, 2012 (ICD-10 Code)	Total Reported	Rate per 100,000 Population	Age-Adjusted Rate per 100,000 Population
Diseases of Heart (I00-I09, I11, I13, I20-I51)	5,024	195.8	195.4
Malignant Neoplasms (Cancer: C00-C97)	3,720	145	147.8
Influenza (Flu) and Pneumonia (J09-J18)	734	28.6	28.4
Diabetes Mellitus (E10-E14)	639	24.9	25.3
Chronic Lower Respiratory Diseases (J40-J47)	447	17.4	17.8
Cerebrovascular Disease (Stroke: I60-I69)	445	17.3	17.4
Essential Hypertension and Renal Diseases (I10, I12)	310	12.1	12.1
Accidents Except Drug Poisoning (V01-X39, X43, X45-X59, Y85-Y86)	262	10.2	10.2
Human Immunodeficiency Virus Disease (HIV: B20-B24)	213	8.3	8.1
Mental and Behavioral Disorders due to Accidental Poisoning and Other Psychoactive Substance Use (F11-F16, F18-F19, X40-X42, X44)	200	7.8	7.5
All Other/Censored Causes	3,056	119.1	118.8

Source: New York City Vital Statistics, "Top Ten Leading Causes of Mortality 2012," Brooklyn, accessed via the EpiQuery interactive tool, August, 2014

Table 66. Top 5 Leading Causes of Premature Death, NYS, NYC and Brooklyn

	Brooklyn				NYC			NYS		
	Cause	# of Deaths	% of NYC	Age-adjusted Premature Death Rate, per 100,000	Cause	# of Deaths	Age-adjusted Premature Death Rate, per 100,000	Cause	# of Deaths	Age-adjusted Premature Death Rate, per 100,000
<b>#1</b>	<b>Cancer</b>	6,716	31.8%	267	<b>Cancer</b>	21,129	248	<b>Cancer</b>	56,790	275
<b>#2</b>	<b>Heart Disease</b>	5,106	32.3%	201	<b>Heart Disease</b>	15,794	184	<b>Heart Disease</b>	37,255	180
<b>#3</b>	<b>Unintentional Injury</b>	1,062	29.9%	45	<b>Unintentional Injury</b>	3,555	45	<b>Unintentional Injury</b>	10,809	60
<b>#4</b>	<b>Diabetes</b>	883	34.2%	38	<b>Diabetes</b>	2,581	30	<b>Chronic Lower Resp. Dis.</b>	6,888	32
<b>#5</b>	<b>AIDS</b>	692	33.3%	29	<b>AIDS</b>	2,075	26	<b>Diabetes</b>	5,415	26
<b>Total (All Causes)</b>		<b>21,595</b>	<b>31.7%</b>			<b>68,214</b>			<b>174,783</b>	

Source: Vital Statistics Data as of March, 2014, New York State Department of Health - Bureau of Biometrics and Health Statistics.



Table 67. Self-reported Health Status by Neighborhood

Neighborhood	% Self-Reported Fair or Poor Health Status	# Self-Reported Fair or Poor Health Status
New York City	21.3%	1,318,000
Brooklyn	25%	461,000
Greenpoint	23.7%	17,000
Downtown Brooklyn/Heights/Slope	16.6%	22,000
Bedford Stuyvesant/Crown Heights	16.4%	34,000
East New York/New Lots	26.2%	33,000
Sunset Park	40.9%	36,000
Borough Park	18.1%	40,000
Flatbush	17.8%	43,000
Canarsie and Flatlands	22.4%	35,000
Bay Ridge/Bensonhurst	25.9%	41,000
Coney Island	42%	102,000
Williamsburg/Bushwick	31.4%	42,000

Source: NYC DOHMH Community Health Survey, 2012

Table 69. Medicaid Beneficiary Mental Health Utilization of Care, Brooklyn Providers

Medicaid Beneficiary Utilization through Brooklyn (Kings County) Providers			
Service type	Individuals	Medicaid Paid (\$)	Expenditure Rate (\$/Individual)
Inpatient	6,060	\$134,739,473	\$22,234
Outpatient Mental Health Clinic	29,755	\$56,146,367	\$1,887
Residential	832	\$18,811,885	\$22,610
Assertive Community Treatment (ACT)	765	\$7,897,808	\$10,324
Targeted Case Management	1,831	\$6,960,232	\$3,801
Continuing Day Treatment	706	\$3,813,914	\$5,402

<b>Medicaid Beneficiary Utilization through Brooklyn (Kings County) Providers</b>			
<b>Service type</b>	<b>Individuals</b>	<b>Medicaid Paid (\$)</b>	<b>Expenditure Rate (\$/Individual)</b>
Prepaid Mental Health Plan Recovery Services	287	\$3,761,793	\$13,107
Comprehensive Psychiatric Emergency Program	1,572	\$1,106,910	\$704
Partial Hospitalization	373	\$764,984	\$2,051
Intensive Psychiatric Rehab	24	\$129,340	\$5,389

Source: NYS OMH, 2012

Table 70. Brooklyn Hospital Behavioral Health Readmissions within 30 Days

	<b>Hospital Name</b>	<b>Discharges</b>	<b>Readmitted Within 30 Days</b>	
			<b># Readmissions</b>	<b>Percent</b>
<b>Adults (age 18 +)</b>				
General Hospital	Brookdale Hospital Medical Center	979	214	21.9%
General Hospital	Interfaith Medical Center, Inc.	1,773	503	28.4%
General Hospital	Kingsbrook Jewish Medical Center	424	62	14.6%
General Hospital	Lutheran Medical Center	687	170	24.7%
General Hospital	Maimonides Medical Center	937	170	18.1%
General Hospital	NYC-HHC Coney Island Hospital	785	163	20.8%
General Hospital	NYC-HHC Kings County Hospital Center	2,097	452	21.6%

Brooklyn CNA, Appendix B: Tables

	Hospital Name	Discharges	Readmitted Within 30 Days	
			# Readmissions	Percent
<b>Adults (age 18 +)</b>				
General Hospital	NYC-HHC Woodhull Medical & Mental Health Cent	1,901	435	22.9%
General Hospital	New York Methodist Hospital	445	85	19.1%
General Hospital	University Hospital of Brooklyn	694	188	27.1%
State Psychiatric Center	Kingsboro Psychiatric Center	204	21	10.3%
<b>ADULT TOTAL</b>		<b>10,926</b>	<b>2,463</b>	<b>22.5%</b>
<b>Children (age 0 - 17)</b>				
General Hospital	Brookdale Hospital Medical Center	223	31	13.9%
General Hospital	NYC-HHC Kings County Hospital Center	510	76	14.9%
General Hospital	NYC-HHC Woodhull Medical & Mental Health Cent	39	3	7.7%
<b>CHILDREN TOTAL</b>		<b>772</b>	<b>110</b>	<b>14.2%</b>
<b>ADULT AND CHILDREN TOTAL</b>		<b>11,698</b>	<b>2,573</b>	<b>22.0%</b>

Source: NYS OMH, 2012.

Table 71. Serious Psychological Distress by Neighborhood

Neighborhood	% Reporting Serious Psychological Distress	# Reporting Serious Psychological Distress
<b>New York City</b>	<b>5.5*</b>	<b>348,000</b>
<b>Brooklyn</b>	<b>6.1*</b>	<b>114,000</b>
Bay Ridge/Bensonhurst	9.8*	14,000*
Bedford Stuyvesant/Crown Heights	2.1*	5,000*
Borough Park	7.3*	17,000*
Canarsie and Flatlands	5.0*	7,000*
Coney Island	12.0*	24,000*
Downtown Brooklyn/Heights/Slope	3.4*	4,000*
East New York/New Lots	2.1*	3,000*
Flatbush	6.2*	14,000*
Greenpoint	8.5*	10,000*
Sunset Park	1.6*	1,000*
Williamsburg/Bushwick	9.6*	13,000*

Source: NYC DOHMH Community Health Survey, 2012



Table 72. Chronic Medical Condition Co-Morbidity of Behavioral Health Clients, by Age Group

		Age			
Chronic Medical Condition	Total Clients	Below 18	18-64	65+	Unknown
Total Clients Served	23,994	4,631	17,178	2,181	4
No Chronic Medical Condition	10,853	3,935	6,688	227	3
At Least One Chronic Medical Condition	13,141	696	10,490	1,954	1
Unknown if Chronic Medical Condition is Present	998	180	745	73	0
% of Clients Served with at least One Chronic Medical Condition	54.8%	15.0%	61.1%	89.6%	Not Applicable

Source: NYS OMH, Patient Characteristic Survey (PCS), 2013.

Table 73. Chronic Hepatitis C

Location	Reported Cases	Crude Rate (per 100,000)	Age-Adjusted Rate (per 100,000)*
NYC	7,582	90.9	85.5
Brooklyn	1,988	77.5	not available

\*adjusted to the Year 2000 Standard Population

Source: New York City Department of Health and Mental Hygiene. Epiquery: NYC Interactive Health Data System - [Communicable Disease Surveillance Data]. [9/10/14]. <http://nyc.gov/health/epiquery>

Table 74. Gonorrhea Rate by Neighborhood

Neighborhood	Gonorrhea Rate per 100,000	Absolute #
New York City	130.3	10,898
Brooklyn	137.4	3,514
Greenpoint	58.8	80
Downtown Brooklyn/Heights/Slope	105.5	238
Bedford Stuyvesant/Crown Heights	329.4	1,034
East New York/New Lots	269.6	483
Sunset Park	25	32
Borough Park	20.8	72
Flatbush	197	612
Canarsie and Flatlands	135	269
Bay Ridge/Bensonhurst	13.4	28
Coney Island	36.3	111
Williamsburg/Bushwick	189.5	384
Brooklyn- neighborhood unknown	n/a	171

Source: NYC DOHMH, Sexually Transmitted Disease Surveillance, 2009

Table 75. Chlamydia Rate by Neighborhood

Neighborhood	Chlamydia Rate per 100,000	Absolute #
New York City	697.7	58,353

Brooklyn CNA, Appendix B: Tables

<b>Neighborhood</b>	<b>Chlamydia Rate per 100,000</b>	<b>Absolute #</b>
<b>Brooklyn</b>	<b>731.3</b>	<b>18,696</b>
Greenpoint	313.2	426
Downtown Brooklyn/Heights/Slope	445.3	1,005
Bedford Stuyvesant/Crown Heights	1,372.8	4,309
East New York/New Lots	1,317.2	2,360
Sunset Park	459.4	588
Borough Park	169.8	588
Flatbush	1,159.6	3,602
Canarsie and Flatlands	856.4	1,706
Bay Ridge/Bensonhurst	164.4	344
Coney Island	277.2	848
Williamsburg/Bushwick	1,038.6	2,105
<i>Brooklyn- neighborhood unknown</i>	<i>n/a</i>	<i>815</i>

Source: NYC DOHMH, Sexually Transmitted Disease Surveillance, 2009

Table 76. All PQI Indicators, 2012

PQI Indicator	# of Medicaid PQI Hospitalizations, Brooklyn	# of Medicaid PQI Hospitalizations, NYC	# of Medicaid PQI Hospitalizations, NYS	PQI Observed / Expected ratio		
				Brooklyn	NYC	NYS
Adult Overall Conditions Composite (PQI 90)	14,175	44,943	69,084	0.97	1.02	1.00
Adult Chronic Conditions Composite (PQI 92)	10,451	32,619	48,568	0.99	1.03	1.00
Adult All Diabetes Composite (PQI S01)	3,072	9,289	14,121	1.00	1.01	1.00
Adult Diabetes Short-term Complications (PQI 01)	838	2,533	4,506	0.87	0.91	1.00
Adult Diabetes Long Term Complications (PQI 03)	1,732	5,357	7,572	1.05	1.07	1.00
Adult Uncontrolled Diabetes (PQI 14)	428	1,178	1,679	1.15	1.04	1.00
Lower Extremity Amputation among Adults with Diabetes (PQI 16)	148	432	699	0.96	0.97	1.00
Adult All Circulatory Conditions Composite (PQI S02)	3,694	11,116	15,795	1.04	1.06	1.00
Adult Hypertension (PQI 07)	862	2,991	3,938	0.95	1.10	1.00
Adult Heart Failure (PQI 08)	2,598	7,426	10,902	1.07	1.04	1.00



Brooklyn CNA, Appendix B: Tables

PQI Indicator	# of Medicaid PQI Hospitalizations, Brooklyn	# of Medicaid PQI Hospitalizations, NYC	# of Medicaid PQI Hospitalizations, NYS	PQI Observed / Expected ratio		
				Brooklyn	NYC	NYS
Adult Angina Without Procedure (PQI 13)	234	699	955	1.13	1.09	1.00
All Adult Respiratory Conditions Composite (PQI S03)	3,686	12,216	18,653	0.94	1.02	1.00
COPD and Asthma in Older Adults (PQI 05)	3,236	10,486	16,244	0.95	1.01	1.00
Asthma in Younger Adults (PQI 15)	450	1,730	2,410	0.88	1.11	1.00
Adult Acute Conditions Composite (PQI 91)	3,727	12,328	20,521	0.90	0.99	1.00
Adult Dehydration (PQI 10)	732	2,403	3,958	0.89	0.98	1.00
Adult Bacterial Pneumonia (PQI 11)	1,620	5,353	9,347	0.86	0.96	1.00
Adult Urinary Tract Infection (PQI 12)	1,375	4,572	7,216	0.96	1.04	1.00
Pediatric Overall Conditions Composite (PDI 90): ages 6-17 years	926	2,909	3,774	1.13	1.19	1.00
Pediatric Chronic Conditions Composite (PDI 92): ages 6-17 years	708	2,255	2,903	1.11	1.19	1.00

Brooklyn CNA, Appendix B: Tables

PQI Indicator	# of Medicaid PQI Hospitalizations, Brooklyn	# of Medicaid PQI Hospitalizations, NYC	# of Medicaid PQI Hospitalizations, NYS	PQI Observed / Expected ratio		
				Brooklyn	NYC	NYS
Pediatric Asthma (PDI 14): ages 2-17 years	1,278	4,282	5,384	1.08	1.73	1.00
Pediatric Diabetes Short-term Complications (PDI 15): ages 6-17 years	74	234	380	1.16	1.04	1.00
Pediatric Acute Conditions Composite (PDI 91): 6 - 17 years	218	654	871	1.21	1.16	1.00
Pediatric Gastroenteritis (PDI 16): ages 3 months - 17 years	558	1,758	2,333	1.31	1.18	1.00
Pediatric UTI (PDI 18): ages 3 months - 17 years	134	602	929	0.80	1.04	1.00

Source: NYS DOH, 2012

Table 77. Potentially Preventable Readmission data for Brooklyn hospitals

Facility Name	At Risk Admissions	Observed PPR Chains	Observed / Expected PPR	Observed PPR Rate	Expected PPR Rate	Expected PPR Chains
BETH ISRAEL MED CTR KINGSHWY DIVISION	2,367	119	0.94	5.03	5.33	126
BROOKDALE HOSPITAL MEDICAL CENTER	8,084	533	0.95	6.59	6.95	562
BROOKLYN HOSPITAL CENTER	7,281	480	1.15	6.59	5.74	418
CONEY ISLAND HOSPITAL	6,995	427	0.93	6.1	6.56	459
INTERFAITH MEDICAL CENTER	5,179	709	1.17	13.69	11.73	607
KINGS COUNTY HOSPITAL CENTER	13,680	1,075	1.08	7.86	7.29	997
KINGSBROOK JEWISH MED CENTER	3,627	299	1.12	8.24	7.35	267
LUTHERAN MEDICAL CENTER	1,610*	103	1.11	6.4	5.78	93
MAIMONIDES MEDICAL CENTER	17,816	681	0.87	3.82	4.37	779
NEW YORK METHODIST HOSPITAL	11,125	575	1.00	5.17	5.15	573
NY COMMUNITY HOSP OF BROOKLYN	3,060	138	0.79	4.51	5.71	175
UNIVERSITY HOSP OF BROOKLYN	11,362	795	1.13	7	6.2	704
WOODHULL MED & MNTL HLTH CTR	8,209	647	1.11	7.88	7.1	583
WYCKOFF HEIGHTS	8,986	500	1.11	5.56	5.03	452

Brooklyn CNA, Appendix B: Tables

Facility Name	At Risk Admissions	Observed PPR Chains	Observed / Expected PPR	Observed PPR Rate	Expected PPR Rate	Expected PPR Chains
MEDICAL CTR						
<b>BROOKLYN HOSPITALS TOTAL</b>	<b>109,381</b>	<b>7,081</b>	<b>1.04</b>			<b>6,795</b>

*\*This number is under review by the New York State Department of Health as of September, 2014 and may be revised.  
Source: New York State Department of Health, 2012*



Table 78. Domain 3 Metrics, Behavioral Health

Select Clinical Improvement Measures, 2012	NYS	NYC	Brooklyn
PPV (for persons with BH diagnosis)	[No known public source]	[No known public source]	[No known public source]
Antidepressant Medication Management:			
Effective Continuation Phase Treatment	37%		
Effective Acute Phase Treatment*	50%	47%	47%
Diabetes Monitoring for People with Diabetes and Schizophrenia (aged 18-64 years)*	68%	70%	71%
Diabetes Screening for People with Schizophrenia or Bipolar Disorder (aged 18-64 years) Using Antipsychotic Medication*	79%	80%	78%
Cardiovascular Monitoring for People with CVD and Schizophrenia.	[No known public source]	[No known public source]	[No known public source]
Follow-up care for Children Prescribed ADHD Medications:			
Initiation Phase*	56%	64%	66%
Continuous Phase	63%		
Follow-up after hospitalization for Mental Illness:			
Within 7 Days	65%		
Within 30 Days*	55%	51%	50%
Screening for Clinical Depression and follow-up			
Adherence to Antipsychotic Medications (at least 80% of treatment time) for People with Schizophrenia (aged 19-64 yrs)*	64%	63%	60%

Brooklyn CNA, Appendix B: Tables

Select Clinical Improvement Measures, 2012	NYS	NYC	Brooklyn
Initiation of Alcohol and Other Drug Dependence Treatment*	78%	78%	75%
PPR for SNF patients	[No known public source]	[No known public source]	[No known public source]
Percent of Long Stay Residents who have Depressive Symptoms	[No known public source]	[No known public source]	[No known public source]

*\*Healthcare Effectiveness Data & Information Set (HEDIS), Medicaid Recipients, 2012, as presented by the New York State Department of Health, Office of Health Systems Management*

*Source: QARR, 2012 (Note: this source reports data by health plan. Due to the fact that many health plans operate throughout the state, it is not possible to report metrics from this data set at the city or county level)*

Table 79. Domain 3 Metrics, Cardiovascular Disease

Select Clinical Improvement Measures, 2012	NYS	NYC	Brooklyn
PQI # 7 Hypertension, # of Discharges, 2012	3,938	2,991	862
Angina Without Procedure (PQI 13), # of Discharges, 2012	955	699	234
Cholesterol Management for Patients with CV Conditions <sup>a</sup>	[See source note]	35.9% (33.3-38.7)	37.8% (33.2-42.6)
Controlling High Blood Pressure ( Provider responsible for medical record reporting) <sup>a,b</sup>	63%	67.0% (63.3-70.5)	64.8% (59.0-70.2)
Aspirin Discussion and Use:  Discussion of Aspirin Risks and Benefits(HMO/PPO) Aspirin Use(HMO/PPO) <sup>c</sup>	49%/43% 39%/39%	[See source note]	[See source note]
Medical Assistance with Smoking Cessation <sup>b</sup>	[See source note]	5.8% (4.3-7.8)	5.1% (2.4-10.8)
Flu Shots for Adults Ages 50 – 64 <sup>b</sup>	[See source note]	43% (40.0-45.9)	39.8% (34.4-45.4)
Health Literacy Items (includes understanding of instructions to manage chronic condition, ability to carry out the instructions and instruction about when to return to the doctor if condition gets worse	[No known public source]	[No known public source]	[No known public source]

## Sources:

<sup>a</sup> NYC DOHMH Community Health Survey, 2012 (Note: this source provides information only that the city and county level)

<sup>b</sup> QARR, 2012 (Note: this source reports data by health plan. Due to the fact that many health plans operate throughout the state, it is not possible to report metrics from this data set at the city or county level)

<sup>c</sup> QARR 2011 (Note: this source reports data by health plan. Due to the fact that many health plans operate throughout the state, it is not possible to report metrics from this data set at the city or county level)

Table 80. Domain 3.b. Metrics, Cardiovascular Disease

<b>Adult Hospitalizations, 2012</b>	<b>NYS</b>	<b>NYC</b>	<b>Brooklyn</b>
Angina Without Procedure (PQI 13)	955	699	234
Hypertension (PQI 07)	3,938	2,991	862
All Circulatory Conditions (PQI 07, PQI 08)	15,795	11,116	3,694
Adult Heart Failure (PQI 08)	10,902	7,426	2,598

Source: NYS DOH, 2012 data



Table 81. Domain 3 Metrics: Diabetes Mellitus

Potentially Avoidable Hospitalizations, 2012	NYS	NYC	Brooklyn
Diabetes Long Term Complications (PQI 03)	7,572	5,357	1,732
All Diabetes Composite (PQI 01, PQI 03, PQI 16)	14,121	9,289	3,072
Adult Diabetes Short-term Complications (PQI 01)	4,506	2,533	838
Adult Uncontrolled Diabetes (PQI 14)	1,679	1,178	428
Lower Extremity Amputation among Adults with Diabetes (PQI 16)	699	432	148
Pediatric Diabetes Short-term Complications (PDI 15)	380	234	74

Source: NYS DOH, 2012 data

Table 82. Select Clinical Improvement Measures, Diabetes

Select Clinical Improvement Measures, 2012	NYS	NYC	Brooklyn
Comprehensive Diabetes screening (HbA1c, lipid profile, dilated eye exam, nephropathy) <sup>a</sup>	51%	[See source note]	[See source note]
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing*	80%	82%	82%
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) <sup>a</sup>	33%	[See source note]	[See source note]
Comprehensive diabetes care - LDL-c control (<100mg/dL): Lipids Controlled (<100 mg/dL) Monitoring Diabetes - Lipid Profile <sup>a</sup>	47% 87%	[See source note]	[See source note]
Medical Assistance with Smoking Cessation <sup>b</sup>	[See source note]	5.8% (4.3-7.8)	5.1% (2.4-10.8)
Flu Shots for Adults Ages 50 – 64 <sup>b</sup>	[See source note]	43% (40.0-45.9)	39.8% (34.4-45.4)
Health Literacy Items (includes understanding of instructions to manage chronic condition, ability to carry out the instructions and instruction about when to return to the doctor if condition gets worse)	[No known public source]	[No known public source]	[No known public source]

Sources: \* Healthcare Effectiveness Data & Information Set (HEDIS), Medicaid Recipients, 2012, as presented by the New York State Department of Health, Office of Health Systems Management

<sup>a</sup> QARR, 2011 (Note: this source reports data by health plan. Due to the fact that many health plans operate throughout the state, it is not possible to report metrics from this data set at the city or county level)

<sup>b</sup> NYC DOHMH Community Health Survey, 2012 (NYC DOHMH Community Health Survey, 2012 (Note: this source provides information only that the city and county level)

Table 83. Domain 3 Metrics, Asthma

Potentially Avoidable Hospitalizations, 2012	NYS	NYC	Brooklyn
All Adult Respiratory Conditions Composite (PQI 05, PQI 15)	18,653	12,216	3,686
Asthma in Younger Adults (PQI 15)	2,410	1,730	450
COPD and Asthma in Older Adults (PQI 05)	16,244	10,486	3,236
Pediatric Asthma (PDI 14)	5,384	4,282	1,278

Source: NYS DOH, 2012 data

Table 84. Select Clinical Improvement Measures, Asthma

Select Clinical Improvement Measures, 2012	NYS	NYC	Brooklyn
Asthma Medication Ratio			
Medical Management for People with Asthma:			
50% Covered (Ages 5-11)	48%		
50% Covered(Ages 12-18)	49%		
50% Covered( Ages 19-50)	63%		
50% Covered (Ages 51-64)	77%		
50% Covered (Ages 5-64)	57%		
75% Covered (Ages 5-11)	25%		
75% Covered(Ages 12-18)	25%		
75% Covered( Ages 19-50)	38%		
75% Covered (Ages 51-64)	53%		
75% Covered (Ages 5-64)	34%		

Source: QARR, 2012 (Note: this source reports data by health plan. Due to the fact that many health plans operate throughout the state, it is not possible to report metrics from this data set at the city or county level)

Table 85. Select Clinical Improvement Measures, HIV/AIDS

Select Clinical Improvement Measures	NYS	NYC	Brooklyn
HIV/AIDS Comprehensive Care : Engaged in Care*	89%	89%	89%
HIV/AIDS Comprehensive Care : Viral Load Monitoring*	66%	67%	66%
HIV/AIDS Comprehensive Care : Syphilis Screening*	68%	71%	74%
Cervical Cancer Screening*	67%	69%	70%
Chlamydia Screening, Women Ages 16-24*	66%	70%	70%
Medical Assistance with Smoking Cessation	[See source note]	5.8% (4.3-7.8)	5.1% (2.4-10.8)
Viral Load Suppression**	62.2%	61.2%	58.3%

\*Healthcare Effectiveness Data & Information Set (HEDIS), Medicaid Recipients, 2012, as presented by the New York State Department of Health, Office of Health Systems Management.

\*\* Source: HIV Ambulatory Care Performance, 2011



Table 86. Select Clinical Measures, Perinatal Care

Measure	NYS	NYC	Brooklyn
<b>Prenatal and Postpartum Care—Timeliness and Postpartum Visits:<sup>a, b</sup></b>			
% mothers received postpartum checkup	90.1%	89.2%	
% mothers received prenatal care - start 1st to 3rd month	71.8%	70.4%	72.2%
% mothers received prenatal care - start 1st to 3rd month	27.9%	30.5%	28.8%
% mothers received prenatal care - start 7th to 9th month	23.9%	28.7%	25.4%
% late or no prenatal (Note: zip code level avl.)	5.4%	6.9%	6.1%
<b>Frequency of Ongoing Prenatal Care:<sup>c</sup></b>			
Frequency of Ongoing Prenatal Care 61-80%	12%	[See source note]	[See source note]
Frequency of Ongoing Prenatal Care 41-60%	6%		
Frequency of Ongoing Prenatal Care 21-40%	4%		
Frequency of Ongoing Prenatal Care <21%	8%		
Percentage of Children Who Had Five (5) or More Well Care Visits in the first 15 months*	85%	83%	79%
<b>Childhood Immunization Status:<sup>c</sup></b>			
Childhood immunization (0lmmz)	1%	[See source]	[See source]
Childhood immunization-3 or more IPVs	93%		
Childhood immunization-2 or 3 rotavirus	69%		
Childhood immunization-4 or more pneumococcal	81%		

Brooklyn CNA, Appendix B: Tables

Measure	NYS	NYC	Brooklyn
Childhood immunization-2 or more HepA	37%	note]	note]
Childhood Immunization-2 or more influenza	57%		
Childhood Immunization-Varicella	91%		
Childhood Immunization-MMR	93%		
Childhood Immunization-4 or more DTPs	83%		
Childhood Immunization-3 or more HepB	92%		
Childhood Immunization-3 or more Hibs	93%		
Childhood Immunization Status (Combo 3: 4-3-1-3-3-1-4)	74%		
Lead Screening in Children <sup>c</sup>	89%	[See source note]	[See source note]
PC-01 Early Elective Deliveries <sup>b</sup>	34.3%	32.7%	33.8%

Sources:

\* *Healthcare Effectiveness Data & Information Set (HEDIS), Medicaid Recipients, 2012, as presented by the New York State Department of Health, Office of Health Systems Management*

<sup>a</sup> *State Vital Statistics 2012*, <sup>b</sup> *PRAMS 2011*, <sup>c</sup> *QARR, 2012* (Note: this source reports data by health plan. Due to the fact that many health plans operate throughout the state, it is not possible to report metrics from this data set at the city or county level)

Table 87. Select Clinical Improvement Measures, Palliative Care

Select Clinical Improvement Measures	NYS	NYC	Brooklyn
Risk-Adjusted percentage of members who remained stable or demonstrated improvement in pain	[No known public source]	[No known public source]	[No known public source]
Risk-Adjusted percentage of members who had severe or more intense daily pain	[No known public source]	[No known public source]	[No known public source]
Risk-adjusted percentage of members whose pain was not controlled.	[No known public source]	[No known public source]	[No known public source]
Advanced Directives – Talked about Appointing for Health Decisions	[No known public source]	[No known public source]	[No known public source]
Depressive feelings - percentage of members who experienced some depression feeling	[No known public source]	[No known public source]	[No known public source]

Source: Not applicable

Table 88. Select Clinical Improvement Measures, Renal Care

Select Clinical Improvement Measures, 2012	NYS	NYC	Brooklyn
Comprehensive Diabetes screening (HbA1c, lipid profile, dilated eye exam, nephropathy) <sup>a</sup>	51%	[See source note]	[See source note]
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) <sup>a</sup>	33%	[See source note]	[See source note]
Comprehensive diabetes care - LDL-c control (<100mg/dL) <sup>a</sup>	47% 87%	[See source note]	[See source note]
Annual Monitoring for Patients on Persistent Medications – ACE/ARB <sup>b</sup>	92%	[See source note]	[See source note]

Sources:

<sup>a</sup> QARR, 2011 (Note: this source reports data by health plan. Due to the fact that many health plans operate throughout the state, it is not possible to report metrics from this data set at the city or county level)

<sup>b</sup> QARR, 2012 (Note: this source reports data by health plan. Due to the fact that many health plans operate throughout the state, it is not possible to report metrics from this data set at the city or county level)



Table 89. Domain 4 Metrics. Premature Death, Preventable Hospitalizations, Insurance and Health Care Provider Status

Measure	Data year(s)	NYS	NYC	Brooklyn
Percentage of premature death (before age 65 years) <sup>a</sup>	2012	23.9	27.6	29.5
<i>Ratio of Black non-Hispanics to White non-Hispanics<sup>a</sup></i>	2010-2012	2.04	2.1	2.08
<i>Ratio of Hispanics to White non-Hispanics<sup>a</sup></i>	2010-2012	2.03	2.04	2.01
Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years <sup>b</sup>	2012	135.6	158.5	172
<i>Ratio of Black non-Hispanics to White non-Hispanics<sup>b</sup></i>	2010-2012	2.06	2.27	2.12
<i>Ratio of Hispanics to White non-Hispanics<sup>b</sup></i>	2010-2012	1.51	1.58	1.63
Percentage of adults with health insurance - Aged 18-64 years <sup>a</sup>	2012	89.1	86.2	86.5
Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years <sup>d</sup>	2012	81.5	81.7	83.9

Sources:

<sup>a</sup> Vital Statistics data as reported on the NYS Prevention Agenda 2013-2017 State and County Dashboard.

<sup>b</sup> SPARCS data as reported on the NYS Prevention Agenda 2013-2017 State and County Dashboard.

<sup>c</sup> US Census Bureau, American Community Survey, 2012

<sup>d</sup> State data retrieved from the 2012 Behavioral Risk Factor Surveillance System as reported on the NYS Prevention Agenda 2013-2017 State and County Dashboard; city and county data retrieved from the NYC DOHMH Community Health Survey, 2012.

Table 90. Domain 4 Metrics. Promote Mental Health and Prevent Substance Abuse

Measure	Data Year(s)	NYS	NYC	Brooklyn
Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month <sup>a</sup>	2008-2009	10.2	9.2	7.4
Age-adjusted percentage of adult binge drinking during the past month <sup>b</sup>	2012	17.7	19.6	16.4
Age-adjusted suicide death rate per 100,000 <sup>a</sup>	2010-2012	7.8	5.7	4.6

Sources:

<sup>a</sup>2008-2009 BRFSS and Expanded BRFSS data as reported on the NYS Prevention Agenda 2013-2017 State and County Dashboard.

<sup>b</sup>State data retrieved from the 2012 Behavioral Risk Factor Surveillance System as reported on the NYS Prevention Agenda 2013-2017 State and County Dashboard; city and county data retrieved from the NYC DOHMH Community Health Survey, 2012.

<sup>e</sup>Vital Statistics data as reported on the NYS Prevention Agenda 2013-2017 State and County Dashboard.

Table 91. Domain 4 Metrics: Prevent Chronic Diseases

Measure	Data Year(s)	NYS	NYC	Brooklyn
Percentage of adults who are obese <sup>a</sup>	2012	23.6	24.2	27
Percentage of children and adolescents who are obese <sup>b</sup>	2010-2011	17.6 (excludes NYC)	21.7	21.7
Percentage of cigarette smoking among adults <sup>c</sup>	2012	16.2	15.5	16.0
Breast Cancer Screening (percentage of women aged 50-74 years)*	2012	63	67	65
Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines - Aged 50-75 years*	2012	49	52	50
Asthma emergency department visit rate per 10,000 <sup>e</sup>	2012	88.6	139.6	143.9
Asthma emergency department visit rate per 10,000 - Aged 0-4 years <sup>e</sup>	2012	225.1	348.4	297.3
Age-adjusted heart attack hospitalization rate per 10,000 <sup>e</sup>	2012	15.1	13.5	15.9
Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 6-17 years <sup>e</sup>	2010-2012	3	3.4	3.7
Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 18+ years <sup>e</sup>	2010-2012	6.1	7	7.7

\* Healthcare Effectiveness Data & Information Set (HEDIS), Medicaid Recipients, 2012, as presented by the New York State Department of Health, Office of Health Systems Management

Sources:

<sup>a</sup> State data obtained from 2012 Behavioral Risk Factor Surveillance System (BRFSS) as reported on the NYS Prevention Agenda 2013-2017 State and County Dashboard. City and county data retrieved from the NYC DOHMH Community Health Survey, 2012.

<sup>b</sup> State data excludes NYC and was obtained from the 2010-12 Student Weight Status Category Reporting System as reported on the NYS Prevention Agenda 2013-2017 State and County Dashboard (includes children in grades K-12). City and county-level data obtained from "FitnessGram" (2010-2011) as reported on the NYS Prevention Agenda 2013-2017 State and County Dashboard (includes children in grades K-8).

<sup>c</sup> State data obtained from 2012 Behavioral Risk Factor Surveillance System (BRFSS) as reported on the NYS Prevention Agenda 2013-2017 State and County Dashboard. City and county data retrieved from: New York City Department of Health and Mental Hygiene. Epiquery: NYC Interactive Health Data System - [Community Health Survey, 2012]. [1 August 2014].

<http://nyc.gov/health/epiquery>

<sup>d</sup> State data obtained from the 2012 BRFSS and reports the "Percentage of adults who received colorectal cancer screening according to most recent guidelines." Those complying with recent guidelines included individuals who 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. However, the NYC DOHMH Community Health Survey (2012) only reports the percentage of respondents who received a "colon cancer screening in last 10 years."

<sup>e</sup> SPARCS data as reported on the NYS Prevention Agenda 2013-2017 State and County Dashboard.

Table 92. Domain 4 Metrics. Prevent HIV/STDs

Measure	Data Year(s)	NYS	NYC	Brooklyn
Newly diagnosed HIV case rate per 100,000 <sup>a</sup>	2010-2012	18.3	33.5	33.2
<i>Difference in rates (Black and White) of new HIV diagnoses <sup>a</sup></i>	2010-2012	46.7	49.1	55.3
<i>Difference in rates (Hispanic and White) of new HIV diagnoses <sup>a</sup></i>	2010-2012	24.2	21.6	22.9
Gonorrhea case rate per 100,000 women - Aged 15-44 years <sup>b</sup>	2012	235.8	283.1	314.5
Gonorrhea case rate per 100,000 men - Aged 15-44 years <sup>b</sup>	2012	284.1	444.9	422
Chlamydia case rate per 100,000 women - Aged 15-44 years <sup>b</sup>	2012	1,625.1	2,047.6	2139.3
Primary and secondary syphilis case rate per 100,000 males <sup>b</sup>	2012	12.4	24.3	21.2
Primary and secondary syphilis case rate per 100,000 females <sup>b</sup>	2012	0.5	0.7	0.7

Sources:

<sup>a</sup> Bureau of HIV/AIDS Epidemiology data as reported on the NYS Prevention Agenda 2013-2017 State and County Dashboard

<sup>b</sup> NYS STD Surveillance System data as reported on the NYS Prevention Agenda 2013-2017 State and County Dashboard.



Table 93. Domain 4 Metrics. Promote Healthy Women, Infants, and Children

Measure		Data Year(s)	NYS	NYC	Brooklyn
Percentage of preterm births <sup>a</sup>		2012	10.8	10.8	10.9
	<i>Ratio of Black non-Hispanics to White non-Hispanics <sup>a</sup></i>	2010-2012	1.62	1.8	2.12
	<i>Ratio of Hispanics to White non-Hispanics <sup>a</sup></i>	2010-2012	1.25	1.39	1.6

Source: Vital Statistics data as reported on the NYS Prevention Agenda 2013-2017 State and County Dashboard.



COMMUNITY NEEDS ASSESSMENT  
APPENDIX C – Primary Data Collection  
Instruments and Information

December 16, 2014

Instruments Prepared by The New York Academy of Medicine



ID :

Date: \_\_\_\_\_

**New York City Health Provider Partnership: Community Needs Assessment  
Community Survey**

---

The New York Academy of Medicine and Tripp Umbach are conducting this 15-20 minute survey on behalf of HHC as part of a community needs assessment. The community needs assessment is being done for New York City health care providers. The information that you provide is important to help providers better serve their communities.

The survey is voluntary and confidential. You do not have to complete the survey, and you can skip questions you do not want to answer. Your name will not be written on the survey, and we will not be able to connect your answers to you personally.

In appreciation of your time and effort, you will receive a \$10 MetroCard for completing this survey.

---

**First, some background questions.**

1. Where do you live?

- Bronx                       Brooklyn    Manhattan                       Queens

*[If Bronx, Brooklyn, Manhattan, or Queens - Continue to Question 2]*

- Staten Island                       Outside of New York City

*[If Staten Island, or outside of NYC - Thank you for your time. Unfortunately you are not eligible for the survey.]*

2. What is your ZIP code? \_\_\_\_\_                      3. What neighborhood do you live in? \_\_\_\_\_

4. How old are you? \_\_\_\_\_ years

*[If younger than 18 years old: Thank you for your time. Unfortunately you are not eligible for the survey.]*

**Next, some questions about health issues in your community.**

5. What do you think are the biggest health concerns in your community? (Check up to five.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adolescent health             | <input type="checkbox"/> Hepatitis                                 | <input type="checkbox"/> Sexually transmitted infections |
| <input type="checkbox"/> Asthma                        | <input type="checkbox"/> Heart disease                             | <input type="checkbox"/> Stroke                          |
| <input type="checkbox"/> Arrests and incarceration     | <input type="checkbox"/> High blood pressure                       | <input type="checkbox"/> Teen pregnancy                  |
| <input type="checkbox"/> Cancer                        | <input type="checkbox"/> HIV                                       | <input type="checkbox"/> Tobacco use                     |
| <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Maternal and child health                 | <input type="checkbox"/> Violence or injury              |
| <input type="checkbox"/> Disability                    | <input type="checkbox"/> Mental health (e.g., depression, suicide) | <input type="checkbox"/> Other, specify: _____           |
| <input type="checkbox"/> Drug and alcohol use          | <input type="checkbox"/> Obesity                                   | <input type="checkbox"/> Don't know                      |
| <input type="checkbox"/> Family planning/birth control | <input type="checkbox"/> Pollution (e.g., air quality, garbage)    |  |

6. What kind of health education or programs are **needed** in your community? (Check all that apply.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cancer/cancer prevention   | <input type="checkbox"/> HIV/sexually transmitted diseases | <input type="checkbox"/> Vaccinations          |
| <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Maternal and child health         | <input type="checkbox"/> Violence              |
| <input type="checkbox"/> Domestic violence          | <input type="checkbox"/> Mental health                     | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Exercise/physical activity | <input type="checkbox"/> Nutrition                         |  |
| <input type="checkbox"/> Family planning            | <input type="checkbox"/> Substance abuse                   | <input type="checkbox"/> Don't know            |
| <input type="checkbox"/> Heart disease              | <input type="checkbox"/> Sickle cell anemia                |  |

7. To what extent is each of the following available in your community?

	Very available	Available	Not very available	Not available at all	Don't know
a. Accessible transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dental services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Home health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Medical specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Pediatric and adolescent services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Places to exercise, walk and play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Primary care medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Vision services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about your health and health care use.

8. In general, would you say that your health is:

- Excellent       Very good       Good    Fair       Poor

9. Which of the following health concerns do you face? *[If yes to any condition]* Do you feel that your condition is under control?

	No	Yes	<i>[If yes] Is it under control?</i>	Prefer not to answer
a. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drug or alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Mobility impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What is your current weight in pounds? \_\_\_\_\_ pounds       Don't know       Prefer not to answer

11. What is your current height? \_\_\_\_\_ feet, \_\_\_\_\_ inches       Don't know       Prefer not to answer

12. Do you currently have health insurance? (Check all that apply.)

- Yes, Medicaid       Yes, Medicare    Yes, Private/commercial       Yes, VA  
 Yes, other, specify: \_\_\_\_\_       No       Don't know

13. Do you have a primary care provider or personal doctor?

- Yes       No       Don't know       Prefer not to answer

14. Is there a specific place you **usually** go for health care, when it is not an emergency (e.g., for a fever or rash)?

- Yes *[Continue to Question 15]*       No *[Skip to Question 17]*       Prefer not to answer *[Skip to Question 17]*



15. What kind of place is it?
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Primary care doctor's office   | <input type="checkbox"/> Emergency room        | <input type="checkbox"/> Alternative care (e.g., herbalist, acupuncturist) |
| <input type="checkbox"/> Specialist doctor's office     | <input type="checkbox"/> Urgent care           | <input type="checkbox"/> Other, specify: _____                             |
| <input type="checkbox"/> Community/family health center | <input type="checkbox"/> Pharmacy              | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> Hospital-based clinic          | <input type="checkbox"/> Drug treatment center | <input type="checkbox"/> Prefer not to answer                              |
| <input type="checkbox"/> Private clinic                 | <input type="checkbox"/> Mental health center  |  |
16. Where is it located?
- |   |                                   |                                    |                                 |  |
|---|-----------------------------------|------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Bronx                    | <input type="checkbox"/> Brooklyn | <input type="checkbox"/> Manhattan | <input type="checkbox"/> Queens | <input type="checkbox"/> Staten Island |
| <input type="checkbox"/> Outside of New York City |                                   |                                    |                                 |  |
| <input type="checkbox"/> Prefer not to answer     |                                   |                                    |                                 |  |
17. Do you use any complementary or alternative treatments or remedies? (Check all that apply.)
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Yes, acupuncture | <input type="checkbox"/> Yes, chiropractic care        | <input type="checkbox"/> Yes, herbal remedies       |
| <input type="checkbox"/> Yes, homeopathy  | <input type="checkbox"/> Yes, remedies from a botánica | <input type="checkbox"/> Yes, other, specify: _____ |
| <input type="checkbox"/> No               | <input type="checkbox"/> Prefer not to answer          |   |
18. When was your last routine checkup (when you were not sick)?
- |   |   |
|---|---|
| <input type="checkbox"/> Within the past year | <input type="checkbox"/> Over one year ago, but within the past two years |
| <input type="checkbox"/> Over two years ago   | <input type="checkbox"/> Never had a routine physical exam                |
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Don't know                                       |
19. Have you been to the dentist in the past 12 months?
- |                              |                             |                                     |   |
|------------------------------|-----------------------------|-------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |
|------------------------------|-----------------------------|-------------------------------------|---|
20. Was there a time in the past 12 months when you needed health care or health services but did not get it?
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Yes [Continue to Question 21] | <input type="checkbox"/> No [Skip to Question 22] | <input type="checkbox"/> Prefer not to answer [Skip to Question 22] |
|--|---|---|
21. Why didn't you get the health care you needed? (Check all that apply.)
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Not insured   | <input type="checkbox"/> Concerned about quality of care                | <input type="checkbox"/> Had other responsibilities (e.g., work, family) |
| <input type="checkbox"/> Cost of co-pays                                       | <input type="checkbox"/> Didn't know where to go                        | <input type="checkbox"/> Didn't have transportation                      |
| <input type="checkbox"/> Couldn't get an appointment soon or at the right time | <input type="checkbox"/> Concerned about language or translation issues |  |
| <input type="checkbox"/> Other, specify: _____                                 | <input type="checkbox"/> Don't know                                     |  |
| <input type="checkbox"/> Prefer not to answer                                  |   |  |
22. During the past 12 months, how many times have you gone to a hospital emergency room about your own health?
- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> None (skip to 24)    | <input type="checkbox"/> One time | <input type="checkbox"/> Two or more times |
| <input type="checkbox"/> Don't know           |                                   |  |
| <input type="checkbox"/> Prefer not to answer |                                   |  |
23. Why did you go to the emergency room in the last year? (Check all that apply.)
- |  |  |
|--|--|
| <input type="checkbox"/> Didn't have insurance                                   | <input type="checkbox"/> Problem too serious for a doctor's office or clinic |
| <input type="checkbox"/> Didn't have transportation to doctor's office or clinic | <input type="checkbox"/> Doctor's office or clinic wasn't open               |
| <input type="checkbox"/> Get most care at emergency room                         | <input type="checkbox"/> Other, specify: _____                               |
| <input type="checkbox"/> Don't know  | <input type="checkbox"/> Prefer not to answer                                |
24. Do you ever worry you won't have enough money to pay for food or housing?
- |                                 |                                    |                                 |                                |                                     |   |
|---------------------------------|------------------------------------|---------------------------------|--------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |
|---------------------------------|------------------------------------|---------------------------------|--------------------------------|-------------------------------------|---|
25. Where do you get most of your health information? (Check all that apply.)
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Books   | <input type="checkbox"/> Family or friends       | <input type="checkbox"/> School  |
| <input type="checkbox"/> Doctor or health care provider                          | <input type="checkbox"/> Health insurance plan   | <input type="checkbox"/> Television or radio                                 |
| <input type="checkbox"/> Community based organization                            | <input type="checkbox"/> Health department       | <input type="checkbox"/> Other, specify: _____                               |
| <input type="checkbox"/> Ethnic media (e.g., ethnic newspaper, TV, radio)        | <input type="checkbox"/> Health fairs            | <input type="checkbox"/> Don't know [Only if none of the above are selected] |
| <input type="checkbox"/> Faith-based organization (e.g., church, temple, mosque) | <input type="checkbox"/> Internet                | <input type="checkbox"/> Prefer not to answer                                |
|  | <input type="checkbox"/> Library                 |  |
|  | <input type="checkbox"/> Newspapers or magazines |  |

26. Which of the following do you currently use? (Check all that apply.)

- Email                       Smart phone (e.g., iPhone or Galaxy)                       Twitter  
 Internet                       Text messaging                       Facebook  
 None                       Prefer not to answer

27. Do you visit or attend events at any of the following organization at least once per month?

- Community center organization                       Gym or recreational center                       Other community organization  
 Library                       Political club                       School  
 Faith-based organization (e.g., church, temple, synagogue, mosque)                       Senior center                       Sports league  
 Neighborhood association (e.g., tenant or block association, precinct council)                       None                       Prefer not to answer

**Last, we'd like to get some background information.**

28. Are you...

- Female                       Male                       Transgender                       Prefer not to answer

29. Do you consider yourself...

- Heterosexual or straight                       Homosexual, gay, or lesbian                       Bisexual  
 Other                       Don't know                       Prefer not to answer

30. Do you consider yourself to be Hispanic or Latino?

- Yes                       No                       Prefer not to answer

31. What is your race? (Check all that apply.)

- White                       Native Hawaiian or other Pacific Islander  
 Black or African American                       Other, specify: \_\_\_\_\_  
 Asian, specify: \_\_\_\_\_                       Prefer not to answer  
 American Indian or Alaskan Native

32. What ethnic group do you identify with, if any? \_\_\_\_\_

33. Were you born outside of the U.S.?

- Yes                       No                       Prefer not to answer

34. What is the primary language you speak at home?

- English                       Haitian/French Creole                       Urdu  
 Spanish                       Hindi                       Yiddish  
 Arabic                       Italian                       Other, specify: \_\_\_\_\_  
 Chinese (Mandarin, Cantonese, or other)                       Korean                       Prefer not to answer  
 French                       Russian

35. Do you prefer to get health care in a language other than English?

- Yes                       No                       No preference                       Prefer not to answer

36. How well do you speak English?

- Very well                       Well                       Not well                       Not at all                       Prefer not to answer

37. What is your highest level of education completed? (Check one)

- Did not attend high school                       Some high school, but did not graduate  
 High school graduate or GED                       Technical or vocational training

- Some college but no degree
- Bachelor's Degree
- Prefer not to answer

- Two year degree (i.e., Associate's Degree)
- Master's Degree or above

38. What is your current employment status?

- Employed full-time
- Student
- Unable to work
- Employed part-time
- Retired
- Prefer not to answer
- Homemaker
- Unemployed

39. What is your total annual household income?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more
- Don't know
- Prefer not to answer

40. How many people are part of your household, including yourself, children and adults? \_\_\_\_\_

**Thank you for helping us to better understand the needs of people in your community!**

## Community Needs Assessment Key Informant Interview Guide

***We first wanted to find out about you, your general experience and your role within the community here.***

- 1) Can you tell me a little about your background, including how long you have lived/worked in this community?
- 2) Can you talk a little about your position as [community leader/role]?
  - a) How long have you been doing that?
  - b) How did you come to take on this role?
- 3) In what ways is your work—or your organization—involved with health issues or health care services?

***Next I wanted to ask your perception of the community and communities here.***

- 4) I'm very interested in hearing you describe your community – can you tell me about it?
  - a) What are the strengths and weaknesses?
  - b) What are the priorities and concerns?
  - c) What challenges do you think are most common among your community members?

***I'd like to talk about health and health care now.***

- 5) From your perspective, what are the most significant health issues in your community?
  - a) Why do you feel those are particularly significant?
  - b) To what extent are services available and accessible to prevent and manage these issues?
  - c) Are there any factors that make it difficult for people to manage these issues? (e.g., lack of insurance, housing, transportation, language, poverty)
- 6) What are the most significant behavioral health issues (including mental health, substance abuse, domestic violence) in your community and who do they affect (e.g. a particular age group or gender)?
  - a) What are the services available to help people with behavioral health issues—such as medical and social services, as well as faith- and – community-based services?
  - b) Can you describe the access issues—both what limits access and what promotes access?
- 7) To what extent is health care easily accessible to members of your community?
  - a) How accessible is preventive care? Primary care? Specialty care?
  - b) Are there any significant gaps?
  - c) What specifically makes it easy—or difficult—to get health care here?
  - d) Are there organizations that are particularly accessible – or that help in facilitating access to other organizations (e.g., outreach and referral programs)?
  - e) Do you have any concerns about the quality of available services?
- 8) Where are people in your community most likely to go for health care? Why?
  - a) What are the qualities that are most important to people in your community when they are choosing healthcare?



- 9) What do you consider to be the most prevalent social service needs in the community?
  - a) Are there organizations that help people address these needs? Which organizations?
  - b) How effectively are social service needs addressed?

***As you know, there is more to good health than just health care. Next, I'd like to talk to you about the neighborhood and the community and their impact on health.***

- 10) In what ways do you feel this neighborhood promotes or discourages good health? (For example, is there healthy food available here, places for physical activity, does it seem safe, etc.)
  - a) To what extent do people take advantage of those opportunities (what are the barriers/facilitators)?
  - b) How might organizations facilitate access to these resources (e.g., parks, farmers markets, etc.)?
  - c) What is needed to make the neighborhood a healthier place to live?
- 11) What role might health care providers have in making this neighborhood a healthier place to live? (e.g., health education, programs that give people "healthy" skills, easier access to preventive and disease management services)
  - a) Would people in the community be interested in these activities?
  - b) What would be the best way to engage people in these activities (e.g., where to hold them, what organizations to partner with, how to publicize)?
- 12) What role might community, faith, civic and other organizations have in making this neighborhood a healthier place to live?
- 13) Thinking about the community again, and their culture and habits, to what extent and in what ways does your community and culture promote (or discourage) good health?
  - a) Is maintaining good health (e.g. eating right, exercising, maintaining a good weight) important in your community? Can you describe in what ways it is or is not important?
  - b) What might motivate people in your community to be more concerned about health and to access health-related services?
- 14) If you were able to transform the health care system to better meet the needs of community members, what would you do?

***I want to thank you again for taking the time to talk to us. Just a few final questions:***

- 15) Can you name a few other individuals or organizations that you would recommend we talk to in order to get a fuller picture of the health needs of this community?
- 16) We also want to talk to groups of residents—to conduct some focus groups (group interviews with about 8-10 people)—so we can gather information and recommendations directly from them. Do you have suggestions about organizations (including your own) that might be appropriate for hosting such conversations?
  - a) In general, what are the characteristics of the community members that would participate?
- 17) Is there anything else you would like us to know?
- 18) Do you have any questions?

**Thank you!**

## Community Needs Assessment Resident Focus Group Guide

---

Thank you for taking the time to meet with us today. We want to talk to you about health issues and health care services in your community. This focus group is part of a community needs assessment, a study to find out about health-related needs of residents. We will use information from this focus group and discussions with other community groups to identify ways that providers can better serve communities. The study is being conducted by The New York Academy of Medicine in collaboration with a large group of health care providers.

I want to remind you that everything you say will be kept confidential. In our reports, no one will be able to connect you with the comments you made. You do not have to be part of the focus group and you do not have to answer any question you do not want to answer. I also want to mention some guidelines for discussion. Information shared during this focus group should be treated as confidential by everyone present today. However, we can't control what people say later, so if you are worried that something you say might be repeated later, you need not say it. Also, it's okay to ask each other questions. We expect people to disagree, as long as we are all respectful. The facilitators will lead the discussion to make sure that all topics are covered and everyone has an equal opportunity to speak.

---

19) To start, can a few of you tell us a little about your involvement with *[the host organization]*, including what kind of services or activities you are involved in?

20) We'd next like to hear a little about you, including how long you have lived in this community and what you do.

***As you know, we're particularly interested in health and health care here. We'd first like to ask a little about behaviors that might affect health.***

21) Can you talk a little about the food that you and your family generally eat?

- a) Do you feel it's healthy?
- b) Do you and your family think about whether food is healthy or not?
- c) Where do you usually get your food? How easy is it to eat and serve healthy food?
- d) What might make it easier to eat healthy?
- e) Do you think others in your community think about how healthy their food is? (explain)

22) We're also interested in exercise, including walking, sports (like soccer and basketball) and other kinds of physical activity.

- a) Do people here (in your community) exercise?
- b) *[If yes]* What do they do and how often?
- c) *[If no]* Why not?
- d) What might encourage people to exercise more?

**Switching more specifically to health.**

- 23) What do you think are the greatest health issues for people here? (e.g., particularly common illnesses or problems)
- a) Do you know why these health issues are so significant here? (e.g., age of the population, diet, lifestyle, pollution, other environmental factors)
  - b) How well are people able to control or manage these issues?
- 24) Are there any particular mental health issues for people here, including depression, anxiety, trauma, or stress?
- a) Why do you think these issues are significant here?
  - b) Are there adequate organizations in the community to help people cope with these issues?
  - c) Are there gaps?
- 25) *[If appropriate condition mentioned]* We've heard that *[x condition, as determined from key informant interviews or other focus groups]* is particularly common in this community. Do you think it is a problem here?
- a) *[If yes]* Why do you think *[x condition]* is so common?
- 26) Overall, what might make it easier or more difficult to be healthy?
- 27) What could organizations in this neighborhood, including *[x organization]*, health care providers, or the government, do to help people here stay healthy? *[If silence, use these prompts]* Here are some thoughts:
- a) More health education (for whom, on what?)
  - b) More programs that strengthen people's skills with respect to "healthy" choices (e.g., healthy cooking classes, exercise classes)
  - c) Easier access to services that may help prevent disease, such as vaccinations or cancer screenings.
  - d) Easier access to services that help people manage illnesses (e.g., education, supports)
- 28) Would people in the community be interested in these activities and services?
- a) What would be the best way to get people to attend? (e.g., where to hold them, what organizations to partner with, how to publicize)

**Now I'd like to talk about health care.**

- 29) Do people here (and family members) go to the doctor each year to get checked, *[for women]* including seeing a gynecologist?
- a) For those that don't, why not?
- 30) How about dental care – do people go to the dentist each year to get checked?
- a) If not, why not?
- 31) When you are sick and feel you need to see a doctor, do you always go?
- a) For those that don't, why not?
  - b) How about family members, do they see doctors when they are sick?
  - c) What are some of the things you do when you don't see a doctor for illness?

- 32) Where do people go for doctor's visits (like checkups and relatively minor illnesses)?
- How did you choose that place?
  - How do you like it – what's good and bad about it?
- 33) Do people see complimentary or alternative medicine providers, such as herbalists, botánicas or acupuncturists?
- What kind of providers do you see?
  - How do you decide when to see a complimentary provider and when to see a mainstream provider?
- 34) Do people ever go to the emergency room instead of an office or clinic-based doctor?
- Do you ever go when it's not a real emergency (i.e., a condition that could be treated in your provider's office)? If so, why do you go to the emergency room?
  - What do you think providers can do to get people into the doctor's office and out of the emergency room?
- 35) Do you generally get health care in [*Brooklyn, the Bronx, or Queens*]?
- What services do you use here?
  - What services do you go to other boroughs for?
  - How do you decide where to receive care? (e.g., referrals, input from friends)
- 36) Who do people – people here in this group or people in the community – talk to if they are feeling sad or anxious and need help with that?
- Doctors? Religious leaders? Community organizations? Others?
  - Are people willing to seek help for these kinds of issues?
  - What might help people to use these kinds of services more for these types of issues?
- 37) Where do people go if they need help with issues such as benefits, insurance, immigration, or receiving other supportive services?
- What needs are the most common in the community?
  - Are people able to get help with these issues?
- 38) Overall, do you feel that health care (of different types) is easy for you and your family members or friends to get?
- What specifically makes it easy—or difficult—to get health care in this community?
  - Are there organizations that are helpful? (i.e. for providing services or providing connections to other organizations)
  - Is cost of services an issue?
  - Is insurance an issue?
  - Is language – or provider sensitivity an issue?
- 39) If you could change the way healthcare is provided in your community, what would you do? What would it look like?
- 40) Do you have any other comments about health or health care here – anything we haven't discussed?

## **Community Needs Assessment CBOs and Local Organizations Participating in the CNA**

### **Bronx**

#### **Bronx - Primary Data Collection (Focus Groups and/or Surveys):**

African Diaspora and Festival Parade  
BOOM! Health  
Center for Independence of the Disabled, New York  
Friends of Saint Mary's Park  
Health and Hospitals Corporation  
Highbridge Gardens Houses  
Local Initiatives Support Corporation  
Mekong  
Morris Heights Health Center  
Regional Aid for Interim Needs (RAIN)  
Services & Advocacy for GLBT Elders (SAGE)  
Soundview Houses  
Violence Intervention Program

#### **Bronx Key Informant Interviews:<sup>1</sup>**

- **African Services Committee**  
Kim Nichols, Co-Executive Director
  
- **AHRC**  
Melvin Gertner, Board member
  
- **BOOM! Health**  
Robert Cordero, President and Chief Program Officer
  
- **Bronx District Public Health Office**  
Jane Bedell, Assistant Commissioner and Medical Director
  
- **Bronx Health Link**  
Barbara Hart, Executive Director
  
- **Callen Lorde**  
Jay Laudato, Executive Director
  
- **Center for Independence of the Disabled, New York**

---

<sup>1</sup> There is some repetition in the list of key informants by borough, as some interviewees addressed City-wide issues, and data obtained were used in more than one CNA.



Susan Dooha, Executive Director

- **Children's Aid Society**  
Lisa Handwerker, Medical Director  
Maria Astudilla, Deputy Director, Health and Wellness Division
- **Coalition for Asian American Families and Children (CACF)**  
Noilyn Abesamis-Mendoza, Health Policy Director
- **Commission on the Public Health System**  
Anthony Feliciano, Director  
Judy Wessler, Former Director
- **Community Service Society**  
Elisabeth Benjamin, Vice President of Health Initiatives
- **Corporation for Supportive Housing**  
Kristin Miller, Director
- **Jewish American Serving the Aging (JASA)**  
Kathryn Haslanger, CEO  
Amy Chalfy, Director of Programs
- **Lincoln Medical Center**  
Balavenkatesh Kanna, Director of Research of Lincoln Medical and Mental Health Center
- **LISC NYC**  
Jessica Guilfooy, Deputy Director  
Anabelle Rondon, Community Development Associate
- **NADAP**  
John Darin, President & CEO  
Joy Demos, Assistant Director of Care Coordination
- **New York Immigration Coalition**  
Jackie Vimo, Director of Health Advocacy  
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, NYCDOHMH, Correctional Health Services' Transitional Health Care Coordination

- **NYCHA**  
Andrea Bachrach Mata, Senior Manager for Community Health Initiatives
- **RAIN**  
Anderson Torres, CEO
- **Services & Advocacy for GLBT Elders (SAGE)**  
Catherine Thurston, Senior Director for Programs
- **Urban Health Plan**  
Paloma Hernandez, Executive Director

## **Brooklyn**

### **Brooklyn - Primary Data Collection (Focus Groups and/or Surveys):**

Arab Family Support Center  
Arthur Ashe Institute for Urban Health  
Brookdale Healthy Families  
Brooklyn Health Provider Partnership  
Brownsville Multiservice Family Health Center  
CAMBA  
Caribbean Women's Health Association  
Center for Independence of the Disabled, New York  
Chinese American Planning Council  
Diana Jones Senior Center  
El Puente  
Health and Hospitals Corporation  
Jewish Association Serving the Aging (JASA)  
Make the Road NY  
NADAP  
New Dimensions in Care  
Red Hook Initiative  
Ridgewood Bushwick Senior Citizens Council  
Services & Advocacy for GLBT Elders (SAGE)  
Youth Congress of Bangladeshi Americans

### **Brooklyn - Key Informant Interviews:**

- **AHRC**  
Melvin Gertner, Board member
- **Arab American Family Support Center**  
Maha Attieh, Health Program Manager
- **Arthur Ashe Institute for Urban Health**  
Humberto R. Brown, Director of Health Disparities Initiative & New Constituency Development
- **Brooklyn District Public Health Office**  
Aletha Maybank, Assistant Commissioner, New York City Dept. of Health and Mental Hygiene
- **Brooklyn Perinatal Network**  
Ngozi Moses, Executive Director
- **Brownsville Multiservice Family Health Center**  
Nathalie Georges, Community Follow-up Health Homes Care Management Director
- **Callen Lorde**  
Jay Laudato, Executive Director
- **CAMBA**  
Kevin Muir, Vice President, Health Homes/Care Management
- **Caribbean Women's Health Association**  
Cheryl Hall, 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  
Maria Astudilla, Deputy Director, Health and Wellness Division
- **Coalition for Asian American Families and Children (CACF)**  
Noilyn Abesamis-Mendoza, Health Policy Director

- **Commission on the Public Health System**  
Anthony Feliciano, Director  
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
- **Crown Heights Community Mediation Center**  
Allen James, Program Manager, S.O.S. Crown Heights
- **Haitian American United for Progress**  
Elsie St. Louis Accilien, Executive Director
- **Jewish American Serving the Aging (JASA)**  
Kathryn Haslanger, CEO  
Amy Chalfy, Director of Programs
- **Make the Road**  
Theo Oshiro, Deputy Director
- **NADAP**  
John Darin, President & CEO  
Joy Demos, Assistant Director of Care Coordination
- **New York Immigration Coalition**  
Jackie Vimo, Director of Health Advocacy  
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, NYCDOHMH Correctional Health Services' Transitional Health Care Coordination

- **Ridgewood Bushwick Senior Citizens Council**  
James Cameron, CEO  
Sandy Christian, Asst. Exec. Director - Senior & Care Management  
Maria Viera, Deputy Housing Director of Social Services
- **Services & Advocacy for GLBT Elders (SAGE)**  
Catherine Thurston, Senior Director for Programs

## Queens

### Queens - Primary Data Collection (Focus Groups and/or Surveys):

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)  
Youth Congress of Bangladeshi Americans

### Queens – Key Informant Interviews:

- **AHRC**  
Melvin Gertner, Board member
- **Callen Lorde**  
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  
Maria Astudilla, Deputy Director, Health and Wellness Division
- **Child Center of New York**  
Traci Donnelly, CEO
- **Coalition for Asian American Families and Children (CAFCF)**  
Noilyn Abesamis-Mendoza, Health Policy Director
- **Commission on the Public Health System**  
Anthony Feliciano, Director  
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 Center**

Jogesh Syalee, Director, School Health

- **Jewish American Serving the Aging (JASA)**  
Kathryn Haslanger, CEO  
Amy Chalfy, Director of Programs
- **Make the Road**  
Theo Oshiro, Deputy Director
- **NADAP**  
John Darin, President & CEO  
Joy Demos, Assistant Director of Care Coordination
- **New York Immigration Coalition**  
Jackie Vimo, Director of Health Advocacy  
Claudia Calhoun, 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, NYCDOHMH 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

## **Manhattan**

### **Manhattan: Primary Data Collection (Focus Groups and/or Surveys)**

Addicts Rehabilitation Center Fund, Inc.

ALBOR

Fortune Society

Gay Men's Health Crisis

Hamilton-Madison House

Harlem United

Henry Street Settlement

Independence Care

Postgraduate Center for Mental Health-Care Coordination

Ryan-NENA Community Health Center

William F. Ryan Community Health Center

East Harlem Council for Human Services

NYCHA Johnson House

The Door

CAMBA - Urban Peace Academy RAPP

Callen-Lorde Community Health Center

Central Harlem Senior Citizens' Centers, Inc.

Hamilton-Madison House: City Hall Senior Center

Hamilton-Madison House: Knickerbocker Village Senior Center

Hamilton-Madison House: Smith Senior Service NORC

Iris House

The Lesbian, Gay, Bisexual & Transgender Community Center

## **Manhattan: Key Informant Interviews**

- **African Services Committee**  
Kim Nichols, Co-Executive Director
- **Coalition for Asian-American Children and Families**  
Noilyn Abesamis-Mendoza, Health Policy Director
- **Corporation for Supportive Housing**  
Kristin Miller, Director
- **East and Central Harlem District Public Health Office**  
Roger Hayes, Assistant Commissioner, New York City Department of Health and Mental Hygiene
- **Isabella Geriatric Center**  
Mark Kater, President and CEO
- **Little Sisters of Assumption Family Health Service**  
Ray Lopez, Director of Environmental Health
- **NADAP**  
John Darin, President and CEO  
Joy Demos, Assistant Director of Care Coordination
- **New York Lawyers for the Public Interest- Health Justice Program**  
Shena Elrington, Former Director of the Health Justice Program

BROOKLYN COMMUNITY  
NEEDS ASSESSMENT  
APPENDIX D - REPORT OF THE  
PRIMARY DATA COMPONENT

December 16, 2014

Prepared by The New York Academy of Medicine

**BROOKLYN COMMUNITY NEEDS ASSESSMENT:  
REPORT OF THE PRIMARY DATA COMPONENT  
OCTOBER 2014**

**EXECUTIVE SUMMARY**

**BACKGROUND**

The goal of the Delivery System Reform Incentive Payment (DSRIP) program is to promote community-level collaborations and focus on system reform in order to reduce avoidable inpatient admissions and emergency room visits for the Medicaid and uninsured populations in New York State. To inform the health system transformation that is required under the DSRIP program, emerging Performing Provider Systems (PPSs) must submit a comprehensive Community Needs Assessment (CNA) with their Project Plan applications. The Brooklyn PPS's CNA included primary and secondary data analysis. This report describes the primary data methodology and analysis and has been developed as an attachment to the full CNA, and to provide more in-depth information to the PPSs, which may be useful for DSRIP project planning, as well as planning and implementation of programs and services outside of the DSRIP program.

**METHODS**

The Center for Evaluation and Applied Research (CEAR) at The New York Academy of Medicine (NYAM) conducted the primary data portion of the CNA, which included 681 surveys of community residents, 24 focus groups and 28 interviews with Brooklyn residents, providers, and other stakeholders. The protocol was developed in collaboration with selected PPSs in Brooklyn, Queens, the Bronx, and Manhattan and was implemented in partnership with the PPSs as well as a number of Community Based Organizations.

The primary data component was designed to address anticipated gaps in the secondary data, including: 1) community member and stakeholder perspectives on health issues, including their causes and impact; 2) data on populations (e.g., particular immigrant groups) and issues (e.g., links between incarceration and health) that might be obscured in population-based data sets; 3) significant detail on issues identified; and 4) recommended approaches to address identified problems. Overarching questions for the primary data component, which—consistent with DSRIP—focused on Medicaid and other low-income populations, as well as the uninsured, included:

- To what extent are community and environmental conditions conducive to health promotion and disease prevention?



- What are the primary health concerns and health needs of residents, overall and according to neighborhood and socio-demographic characteristics?
- What are the health related programming and services available to community residents, what organizations are providing the services, and what are the service gaps?
- Are there differences in access, use and perceptions of health related programming and services according to neighborhood and according to ethnic, racial, and language groups?
- In what ways can health promotion and health care needs be better addressed, overall and for distinct populations?

### **FINDINGS**

Brooklyn community members and other stakeholders are clearly interested in partnering with hospitals and health care providers and being part of solutions that promote good health and reduced hospitalizations. Many are wary, fearing that hospitals will not fully engage with the community going forward, as most lack experience doing so and the financial incentives of health system re-engineering are unclear. The predominant theme in Brooklyn is seemingly “disparity,” given the frequency of comments pointing to the stark differences between neighborhoods, the uneven distribution of resources, and the sense that the odds are stacked against certain communities and their residents. Focus group and interview participants articulated specific barriers to good health and good health care, many of which were related to poverty and its consequences, including long work hours, unstable housing, unsafe neighborhoods and the need to prioritize expenditures—even among basic needs. For specific groups, including the disabled, LGBTQ, criminal justice involved, and the homeless, health-related barriers were compounded, due to both attitudinal and practical considerations.

Focus group and interview participants also articulated potential “fixes,” such as increased ease of access for medical visits (e.g., reduced wait time, reduced insurance restrictions, increased integrated care); improved provider sensitivity; and a range of supportive services, including community health workers, care coordinators—particularly for difficult to manage medical conditions and high risk populations—and navigators. Health education, addressing (for example) prevention, screening, disease management, insurance, and the normalizing of mental health issues, was considered essential at the individual and the community level, to ensure that the population has the knowledge and skills necessary for independent action that promotes their own good health.

**BROOKLYN COMMUNITY NEEDS ASSESSMENT:  
REPORT OF THE PRIMARY DATA COMPONENT  
OCTOBER 2014**

**INTRODUCTION**

The goal of the Delivery System Reform Incentive Payment (DSRIP) program is to promote community-level collaborations and focus on system reform in order to reduce avoidable inpatient admissions and emergency room visits by 25% over five years for the Medicaid and uninsured populations in New York State. To inform the health system transformation that is required under the DSRIP program, emerging Performing Provider Systems (PPSs) must submit a comprehensive Community Needs Assessment (CNA) with their Project Plan applications. The Brooklyn PPS's CNAs, conducted from July through September, included primary and secondary data analysis and had the following aims:

- To describe health care and community resources;
- To describe the communities served by the PPSs;
- To identify the main health and health service challenges facing the community; and
- To summarize the assets, resources, and needs for proposed DSRIP projects.

This report describes the primary data methodology and analysis and has been developed as an attachment to the full CNA, and to provide more in-depth information to the PPSs, which may be useful for DSRIP project planning, as well as planning and implementation of programs and services outside of DSRIP.

**METHODS**

**PROTOCOL DESIGN**

The Center for Evaluation and Applied Research (CEAR) at The New York Academy of Medicine (NYAM) conducted the primary data portion of the CNA, which included surveys of community residents, and focus groups and interviews with Brooklyn residents, providers, and other stakeholders (see appendix for data collection instruments). The protocol was developed in collaboration with selected PPSs in Brooklyn, Queens, the Bronx, and Manhattan and was approved by the NYAM Institutional Review Board (IRB).

Knowing that the secondary data component of the CNA would be extension, the primary data component was designed to address anticipated gaps in the secondary data, including: 1) community member and stakeholder perspectives on health issues, including their causes and impact; 2) data on populations (e.g., particular immigrant groups) and issues (e.g., links between incarceration and health) that might be obscured in population-based data sets; 3) significant

detail on issues identified; and 4) recommended approaches to address identified. Overarching questions for the primary data component, which—consistent with DSRIP—focused on Medicaid and other low-income populations, as well as the uninsured, included:

- To what extent are community and environmental conditions conducive to health promotion and disease prevention?
- What are the primary health concerns and health needs of residents, overall and according to neighborhood and socio-demographic characteristics?
- What are the health related programming and services available to community residents, what organizations are providing the services, and what are the service gaps?
- Are there differences in access, use and perceptions of health related programming and services according to neighborhood and according to ethnic, racial, and language groups?
- In what ways can health promotion and health care needs be better addressed, overall and for distinct populations?

### **DATA COLLECTION**

**Community Engagement:** Consistent with DSRIP CNA guidance, NYAM conducted primary data collection in collaboration with numerous community organizations, which were identified in collaboration with PPS representatives, and represented a range of populations (e.g., older adults, immigrant populations) and neighborhoods. As described below, community organizations assisted in recruitment for and administration of focus groups and surveys. All organizations assisting with survey administration or focus group facilitation were provided with written guidelines including information on data collection and the general research protocol, the voluntary nature of research, and confidentiality. Organizations also participated in an in-person or phone training on data collection conducted by NYAM staff. Community organizations partnering in the research received an agency honorarium consistent with their level of responsibility.

As described in a subsequent section, community members and stakeholders were largely responsive to the request to participate in the CNA. Although several expressed concern that their input and recommendations would not ultimately be used in the selection and planning of DSRIP projects, they appreciated the ultimate DSRIP aims and the opportunity to have their opinions heard.

**Data Collection Activities:** As noted above, the primary data component involved three distinct methodologies:

- **Resident Surveys:** 681 surveys were completed by Brooklyn residents, ages 18 and older. Survey questions focused on basic demographics, health concerns (individual and

community-wide), health care utilization, barriers to care, and use of community and other services. Survey respondents were identified and recruited by local organizations, including community based organizations, senior centers, social service and health providers, and through NYAM initiated street outreach in targeted neighborhoods—consistent with PPS service areas—where we wanted to ensure sufficient representation, including Downtown Brooklyn, Fort Greene, Williamsburg, East New York, Brownsville, Sunset Park and Coney Island. Surveys were self-administered or administered by NYAM staff or staff or volunteers at community organizations (as described above), who were trained and supported in survey administration by NYAM staff and consultants. The surveys were translated into 10 languages: Arabic, Bangla, Chinese (simplified and traditional), Haitian Creole, French, Hindi, Korean, Polish, Russian and Spanish. Participants received a Metrocard valued at \$10 for completing the survey.

- Key Informant Interviews: Twenty-eight key informant interviews were conducted, including 35 individuals. Key informants were selected with input from the PPS's. A portion had population specific expertise, including particular immigrant groups, older adults, children and adolescents. Others had expertise in specific issues, including supportive housing, care coordination, corrections, and homelessness. All key informant interviews were conducted by NYAM staff using a pre-written interview guide. All key informants were asked about perceptions of health issues in the community, barriers and facilitators to good health, health care and other service needs, and recommendations for services and activities that may benefit the local population. Follow-up questions, asked on *ad hoc* basis, probed more deeply into the specific areas of expertise of key informants. The interview guide was designed for a discussion lasting 60 minutes; in fact, interviews ranged from 45 to 120+ minutes. All key informant interviews were audiotaped and professionally transcribed to ensure an accurate record and to allow for verbatim quotations. (See Appendix for the list of Key Informants by name, position, and organization.)
- Focus Groups: Twenty-four focus groups were conducted for the Brooklyn Community Needs Assessment. Most of the focus groups were with community members, recruited by collaborating CBOs. Populations targeted included, but were not limited to, older adults, Asian and Haitian Creole/Caribbean immigrant populations, LGBTQ, and individuals with disabilities. The mean age of focus group respondents (N=344) was 47.3; 66% were female; 53% were Black/African American, 30% Latino, 7% Asian; 16% were uninsured and 52% were on Medicaid; 39% reported speaking a language other than English at home. In addition to the resident groups, we conducted a small number of focus groups with stakeholders, including behavioral health providers, hospital advisory board members. These groups were coordinated by collaborating PPSs, so as to ensure that the perspective of key stakeholders was incorporated into the findings.

Focus groups lasted approximately 90 minutes and were conducted using a semi-structured guide, with questions that included, but were not limited to: perceptions of health issues in

the community, access to resources that might promote health (e.g., fresh fruit and vegetables, gyms), use of health services, access to medical and behavioral health care, domestic violence, and recommendations for change. Follow-up questions were asked on *ad hoc* basis, based on responses heard. Focus groups were conducted by CEAR staff members and consultants retained by CEAR, each of whom was trained in the established protocol. Many of the resident focus groups were co-facilitated by representatives of CBOs that were also trained on the focus group protocol. Focus groups in languages other than English and Spanish were conducted solely by trained community partners. Participants received a \$25 honorarium, in appreciation of their time and insights. All focus groups were audio recorded, so that transcriptions and/or detailed reports could be developed for each, and to allow for verbatim quotations.

**DATA MANAGEMENT AND ANALYSIS**

Surveys: Survey data were entered using Qualtrics, a web-based survey platform. They were analyzed according to standard statistical methods, using SAS. Means and proportions were generated, overall and by neighborhood. Although the survey sample cannot be considered representative of the catchment areas in a statistical sense, and gaps are unavoidable, the combination of street and organizational outreach facilitated engagement of a targeted yet diverse population, including individuals both connected and unconnected to services.

Survey respondents came from all Brooklyn neighborhoods; socio-demographic characteristics included: 60% female, 44% Black/African American, 32% Latino, 14% Asian, 54% foreign born, 26% limited English proficient, 82% living below the poverty line, 53% on Medicaid and 13% uninsured. The mean age of respondents was 43.5, with a standard deviation of 17.8 (see Table 1).

Interviews and Focus Groups: Transcripts and focus group reports were maintained and analyzed in NVivo, a software package for qualitative research. Data were coded

**Table 1: Demographic characteristics of survey participants**

Characteristic	(N=681)
<b>Age (Mean, SD)</b>	43.5 (17.8)
18-20	8.1%
21-44	44.1%
45-64	32.0%
65-74	7.2%
75-84	4.3%
85 and older	1.0%
Unknown	3.4%
<b>Gender</b>	
Female	60.4%
Male	39.1%
Transgender	0.5%
<b>Sexual Orientation</b>	
Heterosexual	93.5%
LGBTQI	6.5%
<b>High school graduate or higher</b>	73.2%
<b>Hispanic</b>	31.8%
<b>Race</b>	
White	12.5%
Black or African American	44.3%
Asian	13.7%
American Indian or Alaskan Native	0.8%
Native Hawaiian or other Pacific Islander	0.3%
Other/mixed/unknown	28.4%
<b>Limited English proficiency</b>	26.3%
<b>Foreign born</b>	53.7%
<b>Below poverty level</b>	82.4%
<b>Health insurance</b>	
Medicaid	53.4%
Medicare	14.8%
Private/commercial	14.5%
VA/Other/More than one	11.1%
None	13.0%



according to pre-identified themes relevant to health, community needs, and DSRIP, as well as themes emerging from the data themselves (see Appendix for code list). Analysts utilized standard qualitative techniques, involving repeated reviews of the data and consultation between multiple members of the research team. Analyses focused on 1) common perceptions regarding issues, populations, recommendations, etc., 2) the unique knowledge and expertise of particular individuals or groups and 3) explanatory information that facilitated interpretation of primary and secondary source data.

## FINDINGS

### IMPORTANCE OF COMMUNITY ENGAGEMENT

As noted above, key informants and focus group participants largely welcomed engagement in the community needs assessment and appreciated the opportunity to provide input that might be used for the re-engineering of health care in NYS. As described in some detail within this report, community members had numerous ideas regarding health promotion, disease management, and improved health systems. However, a number of respondents expressed concern that suggestions from the community—and recommendations in the interest of community based organizations—would be ignored by the hospitals that are applying for DSRIP funds. They emphasized the importance of alignment with community-based recommendations and engagement with community members. For example:

*I think you have to have people at the table. ... Whatever your community is, the voice needs to be present at the table.... we still have to value people for what they know and what their experience is... Value my voice and show it in your actions. Don't just say it, don't take me through this process. If you take me through this process...what is the action at the end of this process? (key informant, government)*

*We may not like every aspect of the waiver, but it is much better than past waivers. But there's still concerns, legitimate concerns that include how things are going to be done in terms of engaging communities. ... you can write it all in the document and say all you want, but we're talking about historically hospitals not knowing how to do it. (key informant, health advocacy)*

There were also concerns regarding the mismatch between, on the one hand, an emphasis on prevention and community engagement, and on the other, clinical and utilization measures that may not reflect the highest priorities of the community. Addressing obesity, particularly among children, is unlikely to impact hospitalizations and ER use in the short term.

*I think that's a real challenge, because when we're looking at things like DSRIP. We're looking at preventing hospitalizations, ... children who are obese don't get hospitalized.*

*They get hospitalized and they use higher cost services when they become adults but then all this money is gonna be gone. So you know, so nobody's looking at doing something that you need 15 years to have an impact on. Everybody's looking at something that you can have an impact on today or tomorrow. (key informant, provider)*

*If you don't know the context, it's hard to appreciate the problem....DSRIP is supposed to move care out in the community...Do they know how to move care out into the community? Are there any efforts being made to really find that out? ... Our concern with this particular needs assessment, is the evidence and the guarantee that there is a real focus and not just scratching the surface, to get that community intelligence... The concern we have is that you cannot transform the healthcare system using a medical model approach. The medical model approach is what got us where we are. (key informant, CBO)*

### **POPULATION DESCRIPTION**

**Poverty:** Given the DSRIP and CNA focus on low-income populations, the significance of poverty and its implications is unsurprising. As noted above, 82% of survey respondents were living below the federal poverty line; in Borough Park where nearly 50% of respondents were Asian, 88% were living below the poverty line and 75% reported that, in the last year, they sometimes worried about not having enough to eat. Overall, 71% of survey respondents reported that they worried about not having enough to eat.

Although the health related implications of poverty may vary by population, common themes were evident: poverty was described as directly affecting health; affecting prioritization (or de-prioritization) of health behaviors; and as affecting access to health related resources, including nutritious food, stable and well-maintained housing, health care coverage, and medical services:

*A lot of people here don't have health care. They can't pay, so they don't go to the doctor to find out what's going on with them, so they let it slide. (focus group participant)*

*No, I can't afford to take care of myself. My doctor said to get a colonoscopy, but I said I'll wait 2 more years. The company I work for, they don't really cover everything. I pay \$150 to get no health care, and I can't pay another \$200 for a colonoscopy. I need to keep my house. I'd rather pay for insurance for my car. I have to pick and choose. I am the working poor and it is terrible. (focus group participant)*

There was a concern that DSRIP's focus on decreasing ER use could negatively affect the low-income, primarily non-white and immigrant communities.

*So when we talk about special doctors and distributions, you will see that communities where minorities live, and when you will see low income, you see immigrants, you see an absence of certain things. Most of our community accesses their care through the emergency room, and since DSRIP is talking about reducing those things, that's a big challenge. (key informant, CBO)*

Disparities: Among the most consistent themes across data collection activities was a concern about longstanding disparities affecting communities of color in Brooklyn, differentiating these neighborhoods from nearby wealthier ones. In addition to the direct implications of poverty described above, other issues frequently mentioned were the concentration of public housing, lack of access to healthy food and/or overabundance of unhealthy food, lack of green spaces, as well as concerns over physical safety. Although there appears to be an increased awareness of the role that diet and physical activity play in the development of obesity and related chronic diseases, CNA participants felt that—because of environmental conditions— it is simply harder in low-income neighborhoods to lead a healthy lifestyle, as compared to other Brooklyn communities.

*It's easy to talk about exercising if I live in Battery Park. They just made the whole garden thing, you can walk, run, do anything you want. It's beautiful...How do you do that in Flatbush? (key informant, CBO)*

*We definitely know there are spaces in which there's not access to healthy fruits and vegetables as readily. We know there are neighborhoods that are more violent than other neighborhoods. ... We know that there's trash all over certain communities. We know that certain parks aren't kept up to standards as other parks are. So all those things definitely have an impact on health of the community. But it's looking deeper than just that it exists, but why does it exist? (key informant, government)*

Overall, just more than half of survey respondents (59%) reported that healthy food was available or very available in their neighborhoods, and many observed that healthier foods were more readily available elsewhere, and that cost of healthy food options presented a barrier.

*I had three conversations with the local supermarket: the manager and both of the owners. Where's the organic? Where's a bunch of stuff? Oh, [he said] people in this neighborhood don't eat like that. (focus group participant, CBO)*

*[There was a farmer's market] on Parkside, I went down to. But it left one day. They should have one or two that you can reach. There is none in this neighborhood---you have to take a bus to get there---why do I have to go that far? (focus group participant, CBO)*

*Every corner, we have a Chinese restaurant and a liquor store, or McDonalds. We don't have good jobs to pay for high quality food. (focus group participant)*

Many residents and community members also spoke of the impact of rapid gentrification and the acute lack of affordable housing, and how this situation can play a large role in people's health.

*I think the gentrification situation is creating a lot of tension. And sort of housing and healthcare are correlated, of course ...And it is very tense and there is just serious sort of anxiety. There's serious stress associated with and having unstable housing. (Key informant, health advocacy)*

*Yes, there's totally a housing crisis in New York. There's a quarter of a million people on NYCHA's waiting list. The federal government has pulled out of funding Section 8 – which was our mainstay for a very long time. We would get project-based Section 8's to support the rent of these buildings. Affordability is going through the roof. The vacancy rate, particularly in very low-income housing, is – there's almost no vacancy rate. (key informant, health advocacy)*

While there was a sense that much could be done to improve neighborhood conditions, even given the constraints of the built environment, there was also frustration and anger that despite the available data demonstrating longstanding inequities, neglect was persistent.

*Transportation in [Brownsville], especially because it's such a commercial area, this is considered a commercial area, there are just legendary tales about how the buses just don't run. And when we have snowstorms and we have the winters that we've had, or the erratic tropical storms, this is an area that is down. I don't know if anybody even takes on the fact that Brownsville exists when we have blackouts, brownouts, because it's one of the last communities to come up again. Like the lights go on, the plows come through. You can have snow on the street for two days before you actually see the plow mark. ... We do have all the housing, New York City housing, and imagine New York City housing, streets not paved, no one could get to the grocery store, because the grocery store owners couldn't get into the community, it just gets shut down. (key informant, CBO)*

*Coney Island is the group that suffers greatly economically. We have a high rate of unemployment in Coney Island. High rate of high school drop outs. Lots of senior citizens. Lots of young mothers.... We probably have the most [public housing] in New York City....Coney Island has been like a warehouse. That's why Coney Island has so many problems and so many needs. For about 30 years, no money had been invested in*

*Coney Island, so what it had been used for—for a long time—was just to warehouse people. (focus group participant)*

*So if you go and interview some of these communities, they say, no I don't want to talk, I don't want them to take away my child. So the agency that provides supports, the perception of the community is that these agencies are just there to stigmatize – to take away our kids. They're not there to help us. They want to know if we're getting welfare, if we're doing what we're doing to cut the services, people still see it as – their approach to us is punitive action towards us. So if you don't address some of those issues, that level of trust is not there. So I – this issue of access, in it means, "Do I trust what I have access to?" (key informant, CBO)*

Violence and safety: Key informants and focus group participants in the lowest income communities made frequent reference to the ways that violence and safety issues come into play, and how this impacts their physical and mental well-being. Twenty-two percent of survey respondents reported that violence or injury was a concern in their community and 34% felt that more violence education was needed.

Among Black/African American participants in particular, there was an acute perception of the way race and violence intersect in certain Brooklyn neighborhoods, and how street violence affects children at a young age and can fragment communities.

*To be honest with you, my son is 10 years old, and as an African American child, I'm scared to send him outside; I'm scared to send him outside to even run around or play outside. Sometimes [I'm scared] of the police, even at age 10. Because they watch them when they're growing up. They think 'these are the street kids' because they watch them growing up and at a certain age they start to arrest them. The next thing is the shooting. You don't know what's going to happen the moment you have your kids outside playing. You don't know when your child's going to get shot down. We live in a society right now where we just need to breathe. (focus group participant)*

*And so in this neighborhood on the street, I am really sensitive to the aggression and the constant turmoil that just, the street life is not a community kind of street life. The way of communicating is jarring. People can go from peace to conflict and conflict to violence in very, very few steps. The steps on that conflict escalator that you're familiar with, a lot of them are missing. If you just go, "Bang, boom," violence. And that's the way kids are too, so there's that, there's a lot of lack of empathy and concern for neighbors, and the poverty is heartbreaking for me. (key informant, CBO)*



In terms of understanding what factors encourage violence in particular neighborhoods multiple social issues were cited, including family stability, concentrated poverty, and lack of alternatives for young people.

*There's really beautiful places here. So it's not so much that it's physical look, it's that, my uniformed opinion, it's social. It's shredded families and unemployment and public housing and badly run schools. Those are the things that feed the violence. Shredded families comes first. (key informant, CBO)*

*From September through June they have afterschool programs in some of the schools, but during the summer there's nothing. During the summer is when you have the gangsters and the gun violence. Now we have an anti-violence initiative. The only thing it does is when someone gets killed or something, they'll go and acknowledge it but there's no program in place. No conflict resolution initiative to address the needs of these students. (focus group participant)*

*The problem exists among the young people – black and Hispanic – who don't have anything to do. They're out there, they're standing at the corners. They're gathering in various groups with nothing positive. No direction to go in. When I listen to some of the information coming out of Kings County. Starting on Friday nights through Sunday, the emergency room is like a battleground, because they're coming in with all kinds of injuries: guns, bottles, knives. You name it. This is what happens on the emergency room in weekends. This is a direct result of what's going on – or isn't going on in a positive nature ... the hospitals can play a part in terms of opening some programs. The City of NY really has to step up, particularly where NYCHA is involved... All of that spills into the health care area because now hospitals are forced to give care in certain areas that came out of not a disease situation but because of economic or underprivileged situation. (focus group participant)*

The effects of violence extend to hospitals in the area—as described above, but due to lack of resources, health providers and partners in the affected neighborhoods have not been able to make it a priority area of intervention.

*So, I know ER staff definitely have brought it up and it is – somebody has to go to the ER if they get shot or if it's domestic violence. Whatever the violence issue is, the hospitals are involved in it. So it's a clear reflection that it affects all of us, but we haven't really...taken it on as a priority. (key informant, government)*

Foreign Born: Fifty-four percent of survey respondents were foreign born. Large foreign born populations in Brooklyn include Caribbean (including Haiti, Jamaica, Trinidad and other West Indian Nations), Latinos (from, Puerto Rico, Mexico, Dominican Republic, and other Central American and South American countries), Chinese, and Russian. Although there are many overlaps, each of these communities has needs related to culture, language, education, and economics, which may impact on health and healthcare use. In addition, the strengths of these and other immigrant communities were emphasized, which may include close family ties, strong work ethics, and healthy eating habits relative to American born populations. Common themes from key informants and focus groups representing diverse population groups included some combination of:

- Significance of language access across the spectrum of services;
- Difficulties meeting basic needs, leading to extended work hours and emotional stresses;
- Prioritization of work, children and education over health;
- Lack of sufficient information on health and health services;
- Minimal knowledge, interest, and engagement in prevention services;
- Cultural issues, including greater stigmatization of particular health conditions;
- Relatively high rates of non-insurance, due to multiple factors including ineligibility; and
- Fear of medical bills, medical debt, and deportation.

*If we talk about the adults in the Latino community, many of them are monolingual. If they are recent immigrants, you know speak Spanish, limited English. I believe that to navigate the healthcare system is really challenging for them around the issue of language and health care systems. (key informant CBO).*

Concerns about language access obviously suggest concrete requirements with respect to knowledge and skills. Although many CNA participants described significant capacity among Brooklyn providers for some languages/cultures, there was some concern regarding training and skills of dual role interpreters (i.e., bilingual staff who are asked to interpret on an *ad hoc* basis) and gaps in services remain, particularly for less common languages and dialects, and for particular services, including mental health care and specialist services:

*[We need] the doctors who speak [Arabic] or staff who speak [Arabic], because I don't want to end up calling the janitor or the security guard to translate for these patients. I want trained staff, nurses and doctors... Who is helping them to fill out the forms when they walk into clinics and hospitals? .... Who fills out the forms for them?...They bring their children with them. (focus group participant)*

*When you look at specialty care, say around mental health, for example, if an individual wants to go to someone who's culturally competent, we don't have a lot of Asian-*

*Americans who are going into fields like mental health or behavioral health issues. (key informant, health advocacy)*

There was a perception in some neighborhoods that health care providers and hospitals have not adjusted to changing demographics.

*Brooklyn is changing, not only demographics, economics. I'm not sure that we are paying attention to – I think we are, but there's going to be a part of that in which if you are focusing – let's look at East Flatbush, it was once Italian and Jewish. It's no longer Italian and Jewish it's 90 percent Caribbean; however, there hasn't been a change within the facilities within that community. So it's the same doctors they've had for the last 20 years, an old guy who has no clue... I go back to saying that cultural competency piece that they, hospitals aren't addressing that becomes very important in outcomes (key informant, CBO)*

CNA participants were consistent in their reports of very long work hours among multiple foreign born groups. Descriptions of 12 - 16 hours days, six or seven days a week were not uncommon, with people working multiple jobs (often under hazardous conditions) because pay is low. Such long work hours impact health and access to health care services

*We see people who have very low paying jobs. But as long as they're able to have their children in school, as long as they're able to maybe send them to a community college – really the vision and the longer term goal is about their children, and their children having better futures... I don't like frame it as it's their concern and that it's their fault, but they're so concerned about jobs that other things kind of fall to the wayside. So health is a key part of that really. (key informant, CBO)*

Independent of work and language access issues, key informants and focus group participants described cultural, attitudinal, perceptual and knowledge-based barriers to care among the foreign born, including greater stigmatization of particular health conditions, difficulties navigating the health insurance and care system, low prioritization of preventive care services, and fear of medical bills and deportation if they engage with any part of “the system.”

*That's why sometimes I feel that colon cancer, breast cancer are on the rise in the [Arab] community because they've never been screened before. Some people, they have colon cancer for a long time. They discover it too late. Breast cancer. Sometimes it's too late. You can't survive because it's already spread. Why? Because they didn't get their mammograms. So our community back home, they never had these screenings, so when they come here, they never ask for it. Sometimes it takes two or three years to have their annual checkup.... [Arab] women if they have breast cancer, they try to hide it as much*

*as they can, because they don't want the community to know that their girls might get it. They might inherit it from the mother. Nobody will marry their daughters, so all these problems, they feel like they don't let anyone in the community – even though confidentiality is a very big issue for us and very important for us, but they feel very protective of themselves. They don't want anybody to know about health issues and health problems. (key informant, CBO)*

*You also have insurance literacy and like, “What does a co-pay mean?” And some of the complexity of some of the plans, the way they're designed, you have co-payments and then you have co-insurance which is distinct. And then on top of that you have your premiums. And so, that's – we say this all the time, but that type of stuff is confusing to all of us, so how [immigrants] are able to navigate that moving forward and use their insurance, is huge. (key informant, CBO)*

Fear of medical bills and deportation was greatest among the undocumented but affected other immigrant groups, as well.

*I still don't have green card and I'm too afraid to go to the insurance company. (focus group participant)*

*Those are some of the most prevalent cases we get. Where people say, “I have this bill. I don't know how I could ever pay this bill.” Often, even though in many cases we will help resolve the bill through the financial assistance policy, the person never wants to go back to the hospital again because that happened... Any hospital... Often they'll have gone for like one appointment, and they get like a \$7,000 bill. It just doesn't make sense to them. So it's just scary, right? So it does feel like hospitals don't really get the impact that a scary bill can have on their patient's desire to ever come back to the hospital. (key informant, CBO)*

It was reported that immigrants that regularly returned to their home country used medical services there. It was also reported that immigrants received prescription medicines from their home country, as the costs of medicine were generally much lower outside the US.

**PHYSICAL HEALTH ISSUES**

Overview: Survey respondents reported that the most common physical health concerns were diabetes (52%), drug and alcohol abuse (44%), high blood pressure (41%), obesity (35%), asthma and cancer (both 31%) (see Table 2). Similarly, the most common areas where they reported additional health information was needed were diabetes (49%), nutrition (45%), HIV/sexually transmitted diseases (40%), and exercise and physical activity (39%). Community members clearly recognize that obesity was linked to diabetes and heart disease and talked about the need for healthy eating and physical activity. For some, change was described as challenging:

*I am more familiar with the right ways of nutrition and I am trying to get used to it as much as I can. (focus group participant)*

*It's not always healthy. It's healthy-ish. We're gonna have fried chicken with stewed potatoes and you know, so you know, it's a healthy dish. It's not all the way healthy but not all the way bad. We have greasy food with vegetables. (focus group participant)*

*I work so hard that I don't have time to eat right. I'm trying to eat the healthy foods but I work 12 hours a day, 5 days a week. So when I come home I'm ready to go to sleep. I try to eat the right things but then I go back to eating junk food. It's a bad thing for me. (focus group participant)*

Nearly 30% of survey respondents reported being in fair or poor health (see Table 3). The most commonly reported health issues were high blood pressure (28%), depression or anxiety, and high cholesterol (both 22%). Fourteen percent reported having diabetes. There was some variability in health and health concerns according to population and neighborhood. Survey respondents in Borough Park were more likely to report that heart disease was a health concern (48%, compared to 23% for the full sample) and more likely to report fair or poor perceived health status (45% compared to 29% for the full sample). Among survey respondents, overweight and obesity rates were highest in the Southern Brooklyn UHF neighborhood

<b>Table 2: Health concerns</b>	
	<b>(N=676)</b>
Adolescent health	14.4%
Asthma	30.9%
Arrest and incarceration	18.5%
Cancer	30.5%
Diabetes	51.5%
Disability	12.7%
Drug and alcohol abuse	44.1%
Family planning/birth control	10.4%
Hepatitis	7.7%
Heart disease	23.7%
High blood pressure	40.7%
HIV	23.4%
Maternal and child health	6.5%
Mental health (e.g. depression, suicide)	20.3%
Obesity	35.2%
Pollution (e.g. air quality, garbage)	13.5%
Sexual transmitted infections	16.3%
Stroke	11.0%
Teen pregnancy	19.1%
Tobacco use	21.5%
Violence or injury	21.6%
Other	2.1%



(Brighton Beach, Coney Island, Sheepshead Bay)—69% compared 62.5% for the full sample (see Appendix).

The ability to manage health conditions was impacted by a number of factors, including broader environmental conditions (e.g., indoor and/or outdoor pollution in the case of asthma), knowledge, attitudes, disease management skills, conflicting priorities, depression, and poverty. Although the implications of these factors on health and disease management are described throughout this report, additional illustrative comments include:

<b>Table 3: Health Status</b>	
<b>(N=681)</b>	
<b>Perceived health status</b>	
Excellent/very good/good	71.2%
Fair/Poor	28.9%
<b>Body mass index (Mean, SD)</b>	<b>27.4 (6.2)</b>
Underweight	2.4%
Normal	35.1%
Overweight	33.1%
Obese	29.4%
<b>Health issues faced</b>	
Asthma	18.6%
Cancer	4.6%
Chronic pain	19.1%
Depression or anxiety	22.2%
Diabetes	14.4%
Drug or alcohol abuse	7.1%
Heart disease	8.5%
Hepatitis C	4.3%
High blood pressure	27.7%
High cholesterol	21.6%
HIV	5.7%
Mobility impairment	9.0%
Osteoporosis	7.7%

*I had [a conversation] with a father who was there with this 12-year-old son who was already showing signs of pre-diabetes and he just, he looked at me and he says, you, there is no way you are ever going to understand my life. I said you're absolutely right. I can hear what you're telling me but I don't understand how hard it is for you to have food in your house and how hard it is for you to get your child to eat the right things and exercise which is the only way that's gonna prevent him from getting diabetes as this point but I think that what he expressed is his frustration that the general medical community could not understand the problems of people living in poverty when their children have health problems. (key informant, health advocacy)*

*There are people who are very fragilely or inappropriately housed. Like a 65-year-old man with extreme diabetes, who is living in the 4th-floor walkup in his daughter's overcrowded apartment, sleeping on the couch. That man is*

*not going to have good health outcomes. He's stressed. He's not getting out. Can't get a good meal. (key informant, health advocacy)*

### **BEHAVIORAL HEALTH ISSUES**

**Mental Health:** Behavioral health issues were seen as relatively common in all populations.

Twenty percent of survey respondents reported that mental health issues were a main concern in their community; 22% reported personally facing depression or anxiety. Poverty and its stresses were perceived as closely linked to depression.

*The amount of economic pressure, when you lose your job then there goes the resources and increased pressure. It breaks you down. If you are a husband, there goes your manhood. Maybe there is no strong family foundation to talk to about it, no one close to tell them they are going through this, so they have to carry that. If there is no spiritual life, it eats them up inside; they become mentally ill, short-tempered. (focus group participant)*

*[In Crown Heights] the mental health issues are many, and addiction to me is a mental health issue. And that's rampant in the neighborhood, and just depression. I mean, I don't know about today, but in this block alone you can just walk up and down the street and see guys sitting around, sitting in front of the liquor store down there or just, all day they'll be out there, from the time I come to work at around 9:00 a.m. or 10:00 a.m., and they'll be out there until I leave... if you take a look at them and that life, underneath that there's probably some real depression setting in. Poverty kind of breeds that. (key informant, CBO)*

For low-income immigrant groups, depression was commonly attributed to the pressures of migration and assimilation, long work hours, and social isolation.

*I think there's just a lot of trauma [in the Latino community] about what they've left, and then the process of trying to integrate here. And to some extent, a good amount of isolation. When you're working so much, you don't really have as much time to seek out other things that are not hard work. So we've seen that as kind of crisis moments where people come in and they're like, "I can't take this anymore." (key informant, CBO)*

*[The Arab] population, because of the political problems in the Middle East, they feel unsafe, unprotected. They are scared all the time. They are afraid to go anywhere or speak out. All these issues, it doesn't help them financially, psychologically, and other problems like mental health issues are on the rise in our community, because they can't provide food for their children. (key informant, CBO)*

Depression was also cited as relatively common in older adults who were reported to isolate themselves, with implications for physical health and disease self-management.

*Many seniors happen to not want to go out, not want to socialize. They don't want to actually talk to people. They're depressed because of aging, because of many issues. Sometimes, it's dementia. (key informant, CBO)*

Alcohol, Tobacco and other Drugs: Substance abuse (including alcohol, prescribed medications, and illegal drugs) was seen as problematic in particular neighborhoods, and among US and foreign born communities alike, although issues might be more hidden in immigrant communities. In some neighborhoods, drug use and drug selling was perceived to impact on crime rates and safety issues. As described in more detail in a subsequent section, individuals with substance use issues tend to be inefficient and expensive users of the healthcare system.

*I definitely see it more among immigrants – even immigrants who have been here for 30, 40 years, are still like, just keep it within the family. I think substance abuse is something that is definitely not talked about. But in the work that I've done, alcoholism in certain communities is definitely something that people just don't want to acknowledge. (key informant, health advocacy)*

*Folks get their Social Security income check on the first of the month, and it's gone by the fourth of the month because they've used it on drugs. And then they, oftentimes, will go directly to the ER because they're so affected by the drugs that they just used. And then they'll sober up and get back into it and 30 days pass, and they're back to their first of the month again. (key informant, CBO)*

Smoking was considered problematic among particular populations, including Chinese and Arab immigrants. Among Arab populations, smoking is considered an indicator of maturity and offering cigarettes a common courtesy. In addition the increasing number of hookah bars in Arab neighborhoods was an issue of concern.

*Another cultural thing, the hookah bars, the hookah smoking in the community. It's a culture thing. It's getting very bad in the community. I start to see it here in downtown Brooklyn, and they are planning to open one here, one of the hookah bars here, and there are about 20 of them in the Village area... one hour of the hookah stuff is like you're smoking a whole pack in one hour. (key informant, CBO)*

### **ACCESS TO RESOURCES AND SERVICES**

Resources for Good Health: As noted above, survey respondents in 59% of neighborhoods reported that healthy foods were available. Residents of East New York/New Lots and Canarsie/Flatlands were least likely to report that healthy foods were available (44%). Places to walk, exercise and play were more likely to be available in most neighborhoods (72%), although safety issues were frequently cited. In contrast, just 31% of respondents reported that affordable housing was available or very available (see Table 4). Consistent with this survey result, multiple key informants and focus group participants described unstable living conditions, with implications for health and well-being. The pressures of gentrification were very well-

recognized, with many formerly low-income communities becoming unaffordable, and residents feeling that they are being discriminated against and that they have few realistic choices.

*Yes, and then because in the apartment I lived, the landlords, they started to put pressure on me. They took me to court last week... I have a three bedroom apartment. I pay \$1,055 and it's a block away from the Brooklyn Museum. They want the black people to move away so they can raise the rent. So this is what they're trying to do. This is all the aggravation. And I have to deal with the stress of my pain, and I have to deal with the stress of the landlord. I can't afford to move. (focus group participant)*

*I am lucky to have a house that was left to me, but the taxes, the water. We used to be able to get an apartment for \$300- \$500 dollars, but now forget it, because it's \$2,000. My community is growing; they are trying to re-zone so they can have these high-rise buildings. They aren't hiring anyone from the community to build these. This is a big issue. There are no services for people like us because you are pushing us out anyway. New residents are not going to local doctors, they are going to private doctors. (focus group participant)*

*I live in Ditmas Park/Flatbush. But I needed to fight fight fight to keep the rent down. In my building there are different levels of rent. I had to keep going to court. What should be basic rights, food, clothes, and housing, we have to fight for. We give back, we take care of people's children, their parents, and other communities. We deserve basic rights. (focus group participant)*

**Medical services:** Close to one quarter of respondents reported that there was a time in the last year when they needed healthcare but didn't get it. The most commonly noted reasons for that were "not insured" (44% of the subsample), "cost of copays" (19%), and "had other responsibilities (e.g., work family)" (13%). Respondents did, however, report relatively good access to most types of medical care. Approximately 75% of survey respondents reported that primary care was available or very available, 82% reported that they had a primary care provider

<b>Table 4: Service availability</b>	
	<b>(N=681)</b>
Accessible transportation	90.3%
Affordable housing	30.5%
Dental services	67.4%
Healthy food	58.7%
Home health care	59.0%
Job training	33.3%
Medical specialists	58.9%
Mental health services	47.0%
Pediatric and adolescent services	65.9%
Places to exercise, walk, and play	72.2%
Primary care medicine	73.6%
Social services	59.1%
Substance abuse services	40.8%
Vision services	58.6%

\*Percentage reflects participants who responded very available c

or personal doctor, and 84% reported that had a routine check-up in the last 12 months. However, a number of gaps were described:

*We participated in a study that was done three years ago, and one of the big issues identified was the fact that in this community, at 5 o' clock doctor's offices closed, health centers closed and only source is the emergency room, hence, the overuse of the emergency rooms. (key informant, CBO)*

*I think the nature of the problem of health inequities and disparities in this community, it is documented well. Right? It's documented well. We talk about the poor quality of health care delivery in this community, because you don't have enough primary care centers. You don't have specialists in their neighborhoods where they live, so cardiologists when people need special care. Special care is concentrated in certain other neighborhoods ... So the question from me is, what do we do with that data in relation to addressing the problem that we already know exists? (key informant, CBO)*

*You get into poor neighborhoods like Brownsville and East New York, and even Bed-Stuy is probably underserved. There's not a lot of services there for people, everyday-type services, so I think that's probably the biggest problem that – one of the biggest problems that needs to be addressed is getting people access to better quality care in the community that's more easily accessible so that they don't – and then retraining people so that they don't feel like they have to go to the emergency room to treat a cold, that they can actually go to their doctor and get an appointment and go get seen by a doctor in the community. That's a tough one, though, because doctors don't want to go to these communities. ... They're happy to be in Park Slope or in Brooklyn Heights, but to be in the middle of Brownsville, it's a little bit harder to get a doctor to go there. (key informant, CBO)*

Sixty-six percent of survey respondents reported that pediatric and adolescent services were available/very available. Fifty-nine percent reported that medical specialists are available/very available, although there was significant variability in responses according to neighborhood (e.g., 49% in Flatbush, compared to 74% in Borough Park and Southern Brooklyn).

*There's still a ton of people in the community that we've served that have chronic illnesses that are the result of a whole bunch of different factors that primary and preventative care are just not going to be able to address. And so there's a gap in primary care providers' ability to find specialists who are accepting Medicaid or different kinds of insurance. (key informant, health advocacy)*



Behavioral Health Services: Although 22% of survey respondents reported facing depression or anxiety, they also noted that behavioral health services are less available than other types of care: 47% reported that mental health services were available/very available (range: 36% in southern Brooklyn, 55% in central Brooklyn) and 41% reported that substance abuse services were available/very available. Mental health services for specific populations, including children and adolescents, older adults, and the foreign born were described as particularly limited:

*In Brooklyn, no mental health services for old people that are easily accessible. We do use them, I mean, there are a few providers, but they don't, they don't do home visits or they can't do it on a, you know, in a major way. (key informant, multiservice organization)*

*There's a huge crisis nationwide is the lack of child and adolescent psychiatrists. It is a crisis in this country right now that we don't have enough child and adolescent psychiatrists. The sad thing from my perspective is that New York State is dealing with this by saying well, "Pediatricians can, no, pediatricians always could prescribe but we're going to give training to pediatricians to be able to meet the needs that the child and adolescent psychiatrists could do." So, that's putting more stuff on to pediatricians ... which they really don't get paid for. It's not fair for a pediatrician to have no support and be told you have to figure out how to help this mother deal with the behavioral needs of her child. (key informant, provider)*

*People going through really crappy situations on a day-to-day basis that wears them down over time. And then, people come to us and they're just like, "Where can I go? Who can I see?" And really what they need is not to be admitted to a long-term thing. They need to have someone to be able to talk to. And, you know, the folks that don't have insurance – there's just nothing for them, right? I guess one thing is the language issue. There aren't a ton of good psychologists or psychiatrists or social workers – maybe some more social workers -- but psychologists or psychiatrists that speak Spanish and can do talk therapy in Spanish. And then the cost thing, you know. Most good providers do not take insurance at all, let alone Medicaid, so that's been huge. It's been a big challenge for us to figure out, as an organization. (key informant, CBO)*

Despite these prevailing perception of significant gaps, according to some behavioral health providers, services that are available might also be unknown to community organizations and residents—or they might be unaware of processes for accessing them.

Behavioral health issues generally carry greater stigma than other health concerns, which also impacts on access and use of services. Key informants and focus group participants both

reported that many affected individuals and families try to address problems internally—or not at all.

*Mental health. People think to keep it quiet because of the stigma. You see it and nobody addresses it until it deteriorates. Nobody knows that they are carrying this disease. You wonder what you can do, but you cannot approach them to tell them they have a mental health issue, but you can see that it is more visible? (Focus group participant)*

*In New York, if you're white having a therapist is a badge of honor, if you're black it's stigmatized. (key informant, CBO)*

*I will say that they are sometimes—first of all, people have an aversion to it. There's a cultural aversion to it. There's a cultural stigma and misunderstanding about mental healthcare and behavioral healthcare. People are not motivated in the way they perhaps should be to seek it, but it's not like there are clinics around. (key informant, CBO)*

According to key informants who are themselves providers, regulatory issues promote fragmentation of services, which also impact on access and use.

*We have psychiatrists who work within the [article] 28 and psychiatry can be in health clinics. They're really there to really confirm and confer. It's called a consultation liaison model and you know, you're really, the rule of thumb and it's hard to get answers out of Medicaid about how many times we can be seen. It's like a maximum of three times. So if someone needs more than just a simple SSRI, you know, you see that the psychiatrist. The psychiatrist may say you know what, "I really think you should go into [article] 31" ... It's not that it's a bad thing, you know but it's just another step ... We do offer short term therapy in our 28 ... We have very limited slots and because of licensure, it has to be secondary to a medical issue because again, the Medicaid rules are very clear. (key informant, CBO)*

*While there have been some important new programs in the last few years that are supposed to be working with the seriously and persistently mentally ill and some people who have very substantial behavioral health issues. We've actually tried to use some of those programs with no success and here's the reason. If you have to present with the diagnosis already stapled on your forehead, that's a problem because these are, we're working in this senior population, we're working with people who have been kind of outside of those service systems, haven't been touched, it's not like they were a kid in school who went through an evaluation and got a label, you know. This is somebody who has gradually become more and more problematic and has been outside the service system and is probably, you know, homebound and/or unwilling to leave, unable to leave,*

*unwilling to leave. Those are, you know, different but related. So if your ticket to getting that intensive health home intervention is that you have one of those diagnoses, that's not helpful to us because there's a whole process of gaining someone's trust, engaging them and getting them to be willing to interact with a professional who can give them that unfortunate stamp that will unlock the services that they need. That is a big gaping hole and it is a big gaping hole including in Brooklyn, where there are people who think they are solving this problem. (key informant, CBO)*

A number of providers suggested that there is even poorer integration within behavioral health services themselves than between physical and behavioral health. Behavioral health services are reported to be highly regulated by multiple agencies: Office for People with Developmental Disabilities (OPWDD), Office for Alcoholism and Substance Abuse Services (OASAS), and Office of Mental Health (OMH) with patient care being restricted according to the funding and regulatory agency—despite the frequency of co-occurring disorders. Thus, a mental health provider might be limited in the severity of illness that can be treated, the age of the patient, and other factors.

*Historically, your systems like OMH and OASAS, up until very recently, they really worked in silos. So, if you came into a mental health clinic and in your intake appointment, you said, “You know, I smoke pot a couple times a week,” a red flag would go up. You talk to your supervisor and they say, “They have to go to substance abuse.” So until those doors really become integrated, I mean really become integrated in treatment and acceptance and a model of care, we’re going to continue to run into these types of challenges because it’s very fragmented. (key informant, multiservice organization)*

Dental Care: Sixty-seven percent of survey respondents felt that dental services are available or very available in their community; 59% reported having been to the dentist in the prior 12 months. Focus group participants reported that dental care for children is more available than for adults, due to Medicaid coverage for services. Although many focus group participants with good coverage reported using dental services consistently, others avoided the dentist for fear of the procedures and pain. In addition, a number of participants described dissatisfaction with services, due to wait time, the high cost (and lack of insurance coverage), and quality.

*They would rather pull your teeth out then give you a cap to save the tooth, in terms of paying for it. It's not about what is best for me, but what is expedient for the health insurance company. But that affects my overall health. It's a basic part of health. (focus group participant)*

*It's too expensive - when I was in Haiti and go to see a dentist, they don't charge much money. If I want to see a doctor, I pay my money and go back to Haiti. (focus group participant)*

*My insurance doesn't cover dental health care, I prefer to go to Yemen to fix my teeth. It's cheaper. (focus group participant)*

*The dentist is a problem. The healthcare people. They give me three dentists. None of them accept the insurance. The money is too small. (focus group participant)*

Insurance: Focus group participants, in response to a question regarding what should change in health care, overwhelmingly cited insurance, including its expense, complications, and the limitations it places on choice. Limitations on choice were particularly problematic for individuals with special needs, including individuals with disabilities and limited English proficient individuals. A key informant explained:

*So if you signed up for a plan and that doctor that takes care of your community isn't on that plan then there's not a whole lot you can do. And the other issue is you might be signed up for a provider who says he accepts this plan and then halfway through the year you're locked into the plan, [even] if the provider drops it... They do not have any commitment and so that's been – there's no accountability on the provider side in terms of staying in it. And this is particularly important for immigrants ... when you talk about languages of lesser infusion, where there are not that many providers that speak those languages or have the cultural competence. (key informant, health advocacy)*

Lack of insurance was, not surprisingly, a more common problem in immigrant communities, due to limitations on immigrant eligibility for public insurance programs, as well as more limited access to employer-sponsored care (due to restricted job opportunities). However, community members and key informants also report that income restrictions for Medicaid are unrealistically low, and self-purchased coverage is felt to be too expensive for low-income populations, given the difficulties of paying for basic necessities like food and housing in NYC. Many low-income, previously uninsured, community members had been receiving free or very low cost services at FQHC's or HHC facilities; insurance is perceived to be expensive in comparison.

*We have lots of people who are low income families, but they're not eligible for Medicaid and they can't afford Obamacare. (key informant, CBO)*

*Lots of people don't get Obamacare. If we pay the violation for not having insurance, it is cheaper than paying each month's fee. (focus group participant)*

Lack of insurance coverage resulted in neglect of primary care, preventive services, and dentistry; limited access to prescription medications; and use of emergency care for non-urgent issues. For example:

*I go to emergency room. That's where most people have to go if they don't have a doctor. That's where everybody has to go if you don't have health insurance. (focus group participant)*

*As you know we have the Affordable Care implementation, but that has to do with your choices of what do you prioritize? You prioritize buying food, paying for your kids' education, or going to check this pain that you have in your chest. Do you think you can do it later? Until you have a massive heart attack, right? Certain of the type of work that people do, in those fields you don't have a lot of health insurance coverage prior to this Affordable Care. A lot of our community work in construction, a lot of community works in service area, restaurants, small business things. So they don't receive healthcare through work-related insurance. So emergency room becomes the place that they go to – and so they don't have a primary physician care, they don't have a continued care. (key informant, CBO)*

*I lost my job, but I was not qualified for Medicaid. I had high blood pressure but there was nothing free and accessible. It's a problem for people who are born here; working people cannot afford health care. I want to drop my insurance. I can't afford it. I pay \$150 month premium and \$50 co-pays. It's worse when you are undocumented but it's a problem for people raised here. People who have minimum wage jobs are not given health insurance or enough hours of work but make too much for Medicaid, so the guidelines need to be changed. If you make more than \$104 a week and that's with taxes, you can't live like that. I couldn't get sick. I had to fend for myself. That alone would make you sick, stress you out. (focus group participant)*

*A lot that don't have insurance, only time they go is some severe case like they can't move may be okay, I'll go to the hospital. They don't wanna be like, Let me go to the doctor now for a regular checkup.” I don't have the insurance. You got to have insurance. It's \$160.00 just to get a physical. (focus group participant)*

### Supportive Services

For populations that have difficulty accessing health care services, whether because of unfamiliarity with the system, age, language, or other factors, supportive services, including transit, health education, navigation, and coordination, can make a critical difference.



Supportive services include but are not limited to Community Health Workers, Case Managers, Care Coordinators, and Health Educators.

Community Health Workers: Several CNA participants described the significance of community health workers (CHWs), and the multiple roles they played (or could play) in promoting health and appropriate health care use, particularly with respect to complicated components of the health care system, including health insurance and hospital care. From the perspective of CNA participants, training and employment of CHWs not only benefited patients and clients but also provided important training and employment opportunities for community members.

*A great model is the community health worker model. This cooperative idea is training, hiring people from the community to improve people's health. Who's better than someone who's next to you? And maybe not always, because of privacy and other issues. But if he looks like you, and he has family who comes from [the same place], they get trained in a way to do it. It would be great to have more community health workers around everywhere. (key informant, health advocacy)*

*There's some work to be done on the pre, coming into the hospital ... making sure that all the doctors have been pre-certified and pre-cleared, making sure that people did or did not drink or understood exactly all the instructions they needed to follow before coming into the hospital. Making sure that they know where to go when they go to the hospital, so it's not so scary and daunting and maybe so scary and so daunting that perhaps someone doesn't show up, because it just sounds a little too overwhelming. (key informant, health advocacy)*

Particularly for immigrant communities, CHWs—whether they be health educators, navigators, or advocates—helped to ameliorate the pervasive language and cultural barriers. A key informant working with the Latino community commented:

*They are people that come from the community, that speak the language, and that are trained up on how to navigate this hospital, or how to navigate the health insurance system, etc. And so, when you plug in that person as part of the team of people that takes care of someone, and then it just makes a world of difference. So the [patient] isn't confused as to where in the hospital he's supposed to go. They ask their navigator how the primary care department is relating to the specialized care department, and there's communication happening. You know, there's advocacy being done on language resources, on financial aspects... So I don't think it's the magical solution, but having someone that can help guide you through that and make it less of a scary process is huge. (key informant, CBO)*

CHWs were reported to be particularly valuable and effective in ensuring that hospital discharge plans are effectively implemented:

*We see a lot of people that – when they emerge, when they leave the hospital, and they come to us, and we say, “All right, what’s the plan?” And people often say, “I’m not sure.” “All right, when is your next appointment?” And they say, “I don’t know.” So we have to just call [the hospital] and ask, “When is this person’s [appointment]?” So they’ve been discharged, and they’re supposed to understand this stuff, but the people just don’t know... We try to find out what the next steps are. And then, often people get prescriptions, and ... people don’t understand why. If you don’t understand why you’re taking this thing, you’re less likely to keep taking it. So people stop. They get sick again. (key informant, CBO)*

*I think one of the things we do miserably in New York City ... is horrible discharge planning, horrible, horrible. And if there were these advanced primary care workers or at least community health workers, I think one of the main things I would really have them do is think about discharge planning. If [DSRIP] money is going through hospitals, I would really, No. 1, think about discharge planning and how to make that really real and follow-up calls and texts and whatever for all these folks. And making sure that there's really a system, and that the community health worker or advanced primary care worker gets a copy of that discharge plan and follows up with the patient. (key informant, health advocacy)*

Despite their key role in hospital care, there is some question as to their ultimate placement. While one Brooklyn-based CBO participating in the CNA described their CHW training program which seeks to place graduates in hospital jobs, another—though enthusiastic about the role—was more skeptical about hospital placement:

*The medical caregiver, it's not his role to figure out how to deal with the environment ... because we're not one to turn a doctor, a medical doctor into a social worker. That's not his trade, and that would be the wrong use of his time. So the team approach, the use of the community based workers... Many hospitals are hiring community health workers, but those workers need to be in organizations in the community, that know, live or are some way connected and understand what's happening in the community. (key informant, CBO)*

Care Coordination/Case Management: Across populations and conditions, care coordinator and case management models were described as highly effective approaches for improving health and reducing health care use. Multiple key informants cited research studies that demonstrated positive outcomes during implementation of care coordination programs. Responsibilities of care coordinators included linkage and serving as liaison to multiple providers, health education,

assistance with accessing entitlement and supportive services, and monitoring the stability and engagement of clients.

*Children with asthma and other chronic illnesses need care managers, who my suggestion would be that there is some communication from the emergency room to the primary care provider, who then reaches out to the care manager to follow up with that parent on whether or not they were, or using the medication as prescribed, whether they filled the prescription, whether they had the medication. Whether they're using the medication as prescribed during a home visit to make sure that's indeed the case and ensuring that there is a follow up within one week at the pediatrician's office. (key informant, provider)*

Care coordination was seen as valuable, in part, because of excessive fragmentation within the healthcare system, though developing care coordination programs did not diminish the need for improved integration of care.

*I think [DISRP is] exciting for a lot of people for different reasons, but we're excited about it because we think that it's an opportunity to potentially change some of [this]. The system doesn't support us.... And when I say "us," I mean me as a representative of the client. The client themselves, it doesn't support them. And that's a problem, and we shouldn't have to be working double time, and we shouldn't have to have another system of people who we pay to coordinate care, because the system is so fragmented. You do need coordinated care and creating that resource is valuable, but this has to get unfragmented, too. (key informant, CBO)*

*This silo specialization in medicine is a problem for everybody, but it's a particular problem for the geriatric population with, you know, 12 medications and four presenting conditions. And so that anything that can happen to not just coordinate but actually integrate care across specialties so that when you do need the interaction of the medical institution for it to deal with a whole person as a whole person, not by its individually, coded and billed body parts would be really important. Anything that could happen along those lines would help everybody, but it would particularly help our guys...All our social workers can tell you stories and we could say personally, you know, the orthopedist comes in and says, well you know, "Mrs. Smith, yeah, your hip will be great," but Mrs. Smith has dementia and Mrs. Smith is not going to recover in a great way. You know, he's solely looking at one body part. And he's not thinking what the rehab is going to be like... and the disorientation. And the family is left standing like, "Are you kidding, what are you talking about?" (key informant, multiservice organization)*

Unfortunately, funds for care coordination are limited and salaries for the positions are relatively low. Low salaries make hiring difficult and may necessitate selection of candidates that are

under-qualified, particularly considering the expectations of the job, which include work with challenging populations, familiarity with multiple psychosocial and health issues (and the services available to address them), as well as the logistic and administrative aspects of the position, including use of multiple electronic health records.

*We have to find people that are from the managed care world, that are from the hospital world. We have to find professionals that understand those worlds and they also have to be database professionals, they have to be able to navigate Navitar, they have to be able to navigate Dashboard, they have to be able to input information into these databases, and into our own database, and to be able to do it many times offsite. You're stuck between a rock and hard place, because people with enough skills and training to work with such a high acuity, in most cases, group of clients. But then also they'll have, like the background is more like data entry... You want them to come in with some of the skills, 50% of the skills, I mean, maybe we have to teach them the other 50%. Maybe they come in with substance abuse skills but they don't know mental health and they don't diabetes and primary healthcare concerns, or maybe it's the other way around. It feels like [it's too much to ask of a person], but you have to make it work. (key informant multiservice agency).*

Lack of trust or engagement in care coordination on the part of medical providers was also considered to limit the potential effectiveness of care coordination models.

*What's missing is ... saying to individual providers that this is important, and you need to be responsive, and you need to talk to people, and you need to interact with care coordinators. One of the biggest problems and flaws in the system is that in all of our contracts... we're required to go to providers, individual PCP's and psychiatrists, and get information from them both about their care that they're providing to our client or their patient or the lab work that's been done, tests, reports, anything that they're doing with our patient. We need to get access to that information so that we can help to provide better care and to guide that person along in the care that they're getting. So if they get prescribed a specific medication, we can say, "Are you taking that medication? Where are you at with it? Have you filled the prescription?" Those kind of things. The problem is, on the provider's side, they don't get paid. No one's telling them – no one's saying to them from the funder level ... "You must communicate with these people." ... so the providers ignore us. (key informant, multiservice organization)*

Finally, a electronic health records were described as challenging for agencies offering care coordination services, as they had to utilize multiple systems.

*The State's not equipped to be able to mandate [a consistent electronic health record]. So everybody is left on their own to be able to design their own or to pick and choose an on-the-shelf or off-the-shelf package. And that's been what's causing the mess. So then not only do you have that, but you also don't have the communication between Health Homes to talk about a client, where a client is... being able to get some kind of a text message or an email saying a client is in an emergency room or a hospital. ...that should be really enhanced where we have much more access to the client's status, where that client is, when the client is in crisis, so that we can intervene and help the client. (key informant, multiservice agency)*

Health Education: Health education was a common theme in interviews and focus groups, incorporating both education of the broader public and individual level education regarding management of complex health conditions.

*All the hospitals, for example, that saw these kids and saw a lot of admissions hired instructors, asthma care instructors, patient care instructors, who would meet regularly with the asthmatics after the physicians saw them. "Are you taking your meds? What are you taking? What do you do when you do this?" .... So that was patient educators I guess is what they called them, and it worked beautifully for all those diseases. (key informant, provider)*

Topics for education of the broader public included insurance, nutrition, screening, preventive health care, and mental health care. For some community participants, there was a sense that health education would need to include creating new models for people not accustomed to thinking about their health:

*You're going to have to start from scratch in terms of the education part, 'cause I think there are a lot of people in our community that really don't even know what it feels like to be totally healthy. So, you know, they can function, and they can get through a day, and they can do all the things they need to do, you know, to make their life move forward... Folks assume that just because they can get up and get through a day, they assume, "Well that's what it means to be physically fit and to be healthy" (key informant, CBO)*

*Health education is just abysmal. Young people do not know basic things that they should know, not even about reproductive health but other health issues, certainly nutrition being among them, the importance of exercise being among them, the culture slipping to where norms are entirely different than they were a generation and a half or two generations ago. (key informant, CBO)*



Information related to general awareness of health issues and related to behavior change were both considered important. Health fairs, school based programming, and faith based programming were all seen as important venues for the dissemination of information—and for health screening. For example:

*Health education is so important. A lot of young kids have diabetes already. People should go into the schools, so they know how to eat properly. They go to the corner stores and buy junk, and parents buy it for them. It starts at home. (focus group participant)*

*Some of the communities that we know of—they do a lot of their health education at faith-based organizations. Faith-based organizations have access to space, for example, so many of them I know will open up their space. Groups can rent it out. They'll have exercise classes or dance classes. So I think they play a huge role. And this idea around shared use agreements, I think would be really fantastic to look at. And then civic – I mean civic associations, too, I mean they reach a certain community that might not necessarily be going for social services. So, definitely ways to integrate them. And then they're trusted in their community. They're leaders there, so if you can convince those members or leaders to partner with you on these projects, I think it would be a win-win. (key informant, health advocacy)*

*I feel that young [Arab] adults... they are the ones who are going to reach out to their parents and grandparents to educate them about what's going on, about health disparities like breast cancer. It works out for the girls, they want to talk to their mother and grandma, "Did you do your mammogram? Do you know about breast cancer?" Because of the stigma in our community about breast cancer, they don't like to do mammograms. The women are very protective, like, "I'm not going to show my breast to anyone." ... Some of them they never did mammogram in their lifetime. (key informant, CBO)*

### Quality of Care

Several concerns related to quality of care were repeatedly raised in focus groups and key informant interviews. Each of these were reported to contribute to delays in care, neglect of care, poor adherence to medical recommendations, and poor health outcomes.

- Wait times for appointments.

*If I get sick today, and I don't want to go the emergency room. And, so I try to consult with my primary physician, and there they give me an appointment for a month or two months. I say to myself 'for what? If I am sick now and I need a doctor now' (focus group participant)*

*People say it's not rational to go to the emergency room for care, but when we talk to people, they would say things like, "Well, I tried to make an appointment with my doctor, and it's like four months in advance." What rational person is going to wait four months rather than go [to the ER] (key informant, health advocacy)*

- Wait times on the day of a visit

*I say go over to [the clinic] at 9:00 in the morning and 5:00 in the afternoon, you're just getting out of the clinic, why would you listen to me again? (key informant, CBO)*

- Short visits that did not allow for health needs to be appropriately addressed. Community members felt that providers do what is expedient rather than what represents the highest quality of care, and ER physicians report that primary care providers refer their difficult cases to the ER, since their allotted time per visit is so brief.

*We try to encourage people to ask questions, and get as much information as possible. And often people feel like the reality is really that they have five minutes with the doctor. (key informant, CBO)*

- Multiple and complicated referral pathways, that result in significant inconvenience and expense for patients. Furthermore, the possible need for multiple visits (e.g., for tests) discourages timely use of services.

*It's across the board, dentists, doctors, all of them. I don't think they respect your time. They think you have nothing better to do. For me personally, I went to get a cleaning last year when I was pregnant. They sent me to Long Island, the hospital that's closed there now. I went there and didn't move for like three hours, just stay there. Went in, did the scan, the x-ray, then I went back outside and then, "Oh, you have to come back, make another appointment. It's gonna be the cleaning." (focus group participant)*

- Differential treatment because of insurance type. Focus group participants felt they received poorer quality care, or are considered less worthy of care, due to their insurance status.

*I understand that when someone is sick they go to a doctor to cure them, but what the doctor looks at first is what time of insurance they have...and I think this is unfair. The doctor should help the person no matter what insurance or resources they have. (focus group participant)*

- Poor discharge planning after emergency department visits and inpatient stays. Patients are discharged without a clear understanding of their discharge plan, including medication use and follow-up visits. In addition, follow-up appointments are not necessarily consistent or logical. For example, patients discharged after hospital stays will be referred to other institutions due to financial incentives (or disincentives). Or, in contrast, ED patients that have a primary care provider will be referred to a hospital clinic for follow-up care.

*Kids walk into the emergency room with a Medicaid card that says that they have Health First, and they get prescribed the medicine in the emergency room, and then they get scheduled with a follow-up appointment at that hospital's clinic even though their pediatrician is on the card. Does that make sense? No. (Key informant, provider)*

*If I'm hospitalized at Hospital X, and I have an outpatient service – the expectation ... is that: You've had them on your inpatient service for two weeks. Have this institutional transference and pop them into your outpatient service – whether it be psych or medical. It's not happening [for homeless patients]. They're being sent to walk-in clinics. If it's a voluntary hospital, we're not seeing them take ownership. Sometimes they're sent to an HHC hospital.... The hospitals – and I say this not only about our psychiatrically ill populations but even about our family shelters: They have no clue, for the most part, as to where these homeless people are landing, what services are in the shelters, what connection they have to medical services, what they're able and not able to do. You can't give a single adult or a street homeless person an appointment for a colonoscopy three weeks from now. You can't. If you think that somebody needs a colonoscopy – you have to do it while you have them inpatient. (Key informant, provider)*

- Lack of knowledge, sensitivity, and competency regarding diverse populations, and populations with special health needs, including the foreign born and older adults

*When people with disabilities go to seek care, someone sees them in terms of their diagnosis. “Oh, you are the person with MS. You are the person with the TBI. You are the person with cerebral palsy.” And so you are not seen as the person who is sexually active and needs advice about that. Or who may be drinking excessively. Or who may be drugging and self-medicating. You are not seen as the person who needs vaccinations. You are not seen as the person who needs advice about smoking cessation. After all, your quality of life must be so poor that at least I could allow you smoking. So I'm not going to bother to give you smoking messages because I'm assuming that if I were you, I would feel so bad about myself. So there's also a mythology about people with disabilities, that we are all depressed as well. So why bother to counsel you about any of these other things? (key informant, health advocacy)*

*Community members have reported back that doctors and health care professionals in general talk about certain illnesses, like diabetes, hypertension, heart [disease] – a lot of these things are inevitable, right? Or kind of like, “Okay, you have hypertension, here's your medication,” as opposed to actually there are things that you can do, lifestyle changes that you can make. I remember we had a really well-known pastor at an organization we're working with in the Bronx, and he said that he didn't know that if you*

*had diabetes, it didn't mean that you had to have a limb amputated, which is pretty nuts, right? That because you have diabetes it does not mean that you have to lose limbs. I think, for whatever reason, providers may feel like when they're talking with certain populations that it's not worth it to talk about what else you can do to address your needs that's not medication or that's not amputation. And there may be some cultural biases that are – there are culture biases, I think, that are built into that way of talking to the patient (key informant, health advocacy)*

### **SPECIFIC POPULATIONS**

Low income, uninsured, and immigrant populations, as described above, face a number multiple barriers to optimal health and health care use. However, within these populations, there are a number of groups for which the barriers are exacerbated. These include individuals with disabilities, as well as individuals that are lesbian, gay, transgender, and queer (LGBTQ); criminal justice involved, homeless, or victims or survivors of domestic violence. A number of these groups are also high users of expensive medical services due to a combination of greater medical need and barriers to community based services.

Individuals with Disabilities: Individuals with physical and/or cognitive disabilities are disproportionately low income, unemployed, and have a high number of co-morbidities, including obesity, hypertension, and cardiovascular disease. Despite a high need for services, they reportedly delay care because of poor accommodation (e.g., absence of ramps, absence of sign language interpreters) and providers that are insensitive to both their capabilities and their limitations. These access barriers—and their implications— were described by CNA participants. Unfortunately, barriers are considered more significant in community as compared to hospital settings so may become more pronounced as—consistent with the goals of DSRIP—services move into the community. As explained by a key informant in the field:

*A requirement, for example, that you come to an appointment timely, or if you miss an appointment three times, you can be dis-enrolled from a program or a provider, [is discriminatory]. If you use Access-a-Ride, for example, it is almost impossible to know when you will arrive at a location on a consistent basis. The service is simply of such poor quality that if ... you need door-to-door transportation, you need flexibility in appointment scheduling.*

*In the health setting, practitioners are often listed – clinics are often listed as being wheelchair accessible in managed care program directories. But in fact, according to a survey by the Community Service Society, it was found that these practitioners have steps at their front entrance. The providers don't even know what accessibility means. And so they list themselves as accessible, but when you go to their site or you call them on the phone, they'll say, "Oh yes, we have a few [steps] at our entrance, but that's no big deal."*

*They don't have exam tables that will lower so that you can transfer from a wheelchair. Or they don't provide ASL interpreters, either in person or by video phone or other system. .... They don't give you longer times for your appointment if it's going to take you a long time to dress and undress...*

LGBTQ: The LGBT population has both typical and particular health concerns. Utilization of health care services—even the ER—is reported to be less than needed, due to lack of sensitivity on the part of providers. Although the lack of sensitivity is particularly pronounced with respect to transgender patients, it affects lesbian, gay and bisexual individuals, as well.

*So there are health disparities that we know exist among LGBT older people. And part of this has to do with the fact that they're so much less likely to reach out for help and so much less likely to get screening. So there's a higher rate of breast and gynecological cancers among lesbian women. There are higher rates of rectal cancer and prostate cancer among gay and bisexually identified men. (key informant, CBO)*

*They're not willing to be forthcoming with their providers, they withhold information from their providers, they're real reluctant particularly with transgender folks to engage in health care on so many levels, and we could talk for hours about trans people like getting disrobed, "What room do you go into, what's your name on the form, why doesn't this match your insurance card, why do you have breasts and a penis, can I touch this?" (key informant, health care organization)*

*But even when I was in the hospital with my mother. I went there with no makeup. I clearly have boobs, have my long hair. I looked weird, and no one gave me the respect or anything. When I used to open my mouth before, I got attention and I got whatever I needed. Now it's like, "You're a freak, go away." (focus group participant)*

Isolation and perceived stigma lead to mental health issues in the LGBTQ population.

*I think for many LGBT people, they're separate from other minority groups, the isolation from levels of support starts at a very young age and it's within the family and within the local community and so there is a lot of effective issues that people experience just from an early age onward. I wouldn't say that the prevalence of psychiatric diagnosis is greater, but there is a substantial amount of the affective issues of mood anxiety, depression and with those in particular for anxiety and depression, substances play a very key role in modulating mood. (key informant, health care organization)*

Criminal Justice Involved: Working with individuals that have been involved in the criminal justice system requires nonjudgmental staff that are familiar with the practical (e.g.,



deactivations of Medicaid, parole regulations), medical, and psychosocial issues faced, including the limited economic options and high rates of trauma and mental illness. According to a key informant that works in correctional health, this population is comprised of:

*The sickest people in the city, who are the most socioeconomically disadvantaged, the most stigmatized and the least likely to access care in a way that would be, exclusive of using the emergency room and that sort of thing....I think, honestly, with the, state emptying the psychiatric facilities, which nobody liked, but I'm not sure that jail is a better alternative. And right now we're talking about 40% of [the Rikers] population are mentally ill. And about 60 to 80% have some kind of behavioral health issue. And then we're talking about, you know, folks with chronic health conditions and the population in jails is aging, so now we've got diabetes and heart disease at much higher rates. (key informant, government)*

Bridging connections directly from jails/prisons to community based organizations and providers upon re-entry was recommended, so as to avoid emergency department use post-release:

*[There are] increased rates of hospitalization and emergency department visits post release. We've shown both those things. So anything that we do to try to systematically reduce hospitalizations would definitely benefit from partnering with local jails to help facilitate what I call warm transitions to primary care for medical and to behavioral health treatment, including drug treatment, substance use treatment, so that we can avoid people coming to the emergency room 'cause that's what they're gonna do if they don't have - if they don't have a plan. I think it's kind of a no-brainer. (key informant, government)*

Homeless Population: The NYC Department of Homeless Services houses approximately 55,000 people per night through its shelter system; there are an estimated 3,000 people living on the street in NYC. The homeless population includes single adults and families with and without children. Although many are people that have come into the system due to particular interpersonal or economic difficulties, others have behavioral health issues that make it difficult to remain housed, and which may be, in turn, further exacerbated by homelessness. According to a key informant that works with the homeless:

*A lot of clients have very significant mental illness; very significant substance use – largely, alcohol, but ... a lot of opioids. ... Our clients are not different than the highest poverty clients. (key informant, government)*

Homeless individuals are reported to be frequent users of emergency services, not only because of health conditions, but because of the instability in their lives.

*[Homeless] clients use EMS all the time for things that – if one were confident that they had a medical home – they would be calling. A child has a 102 degree fever – this is not a newborn. We would call our pediatrician and ask what to do. But, they are not calling pediatricians.... I think, often feel disconnected. Maybe they've been placed in a borough that is not their home borough, and they're not connected to the doctor who was across the street. (key informant, government)*

Recommendations for improved coordination of care, more efficient use of services, and improved health, focus on targeted outreach and care coordination involving multiple hospital staff persons, including social workers in the emergency department and on the inpatient service. In addition, key informants in multiple fields emphasized the importance of supportive housing for high need homeless populations.

Domestic Violence: Domestic violence—with wives, older adults and children as potential victims— was a topic that resonated with several interviewees and focus group participants as a significant community concern that has received inadequate attention. Of Brooklyn survey respondents, 31% reported that health education or programs on domestic violence are needed in their community; the proportion was 40% in southwest Brooklyn. Domestic violence obviously can result in both physical health (e.g., injury) and mental health issues, including anxiety and depression. Although not necessarily more prevalent, domestic violence issues were particularly relevant in immigrant communities, due to possibly different standards in their home country as compared to the US, stigma, lack of linguistically and culturally appropriate resources, and fear of deportation—particularly in mixed immigration status families.

*Mental health, domestic violence, those are serious, serious issues in our community that are a problem. Because in Haiti you can beat your wife, you can beat your children... But here, we are learning that there are resources, but they are also – there's also the immigration component. (key informant, CBO)*

*I had no job. He said I was illegal but the judge put him in his place. He said, 'she was good enough for you to marry her, so how come now she's illegal? You have to stand up.' He had to pay me money for a year after the separation. And then he took me for divorce and I was happy. But he couldn't beat me no more, he couldn't choke me no more. I would have ended up another Jane Doe, because I had no paperwork, they didn't know who I am in this community. (focus group participant)*

*Some people are afraid to let people know they're undocumented. If they let people know about their husband or brother, that means they're putting themselves at risk for*

*deportation. Sometimes I believe people are afraid to make that step because of the fear that they're going to be sent back. (focus group participant)*

## **DISCUSSION**

Brooklyn community members and other stakeholders are clearly interested in partnering with hospitals and health care providers and being part of solutions that promote good health and reduced hospitalizations. Many are wary, fearing that hospitals will not fully engage with the community going forward, as most lack experience doing so and the financial incentives of health system re-engineering are unclear. The predominant theme in Brooklyn is seemingly “disparity,” given the frequency of comments pointing to the stark differences between neighborhoods, the uneven distribution of resources, and the sense that the odds are stacked against certain communities and their residents. Focus group and interview participants articulated specific barriers to good health and good health care, many of which were related to poverty and its consequences, including long work hours, unstable housing, unsafe neighborhoods and the need to prioritize expenditures—even among basic needs. For specific groups, including the disabled, LGBTQ, criminal justice involved, and the homeless, health-related barriers were compounded, due to both attitudinal and practical considerations.

Focus group and interview participants also articulated potential “fixes,” such as increased ease of access for medical visits (e.g., reduced wait time, reduced insurance restrictions, increased integrated care); improved provider sensitivity; and a range of supportive services, including community health workers, care coordinators—particularly for difficult to manage medical conditions and high risk populations—and navigators. Health education, addressing (for example) prevention, screening, disease management, insurance, and the normalizing of mental health issues, was considered essential at the individual and the community level, to ensure that the population has the knowledge and skills necessary for independent action that promotes their own good health.

**Table 1: Distribution of Responses (N=681)**

UHF Neighborhood	UHF code	Zipcode	Frequency	%
Greenpoint	201	11211, 11222	18	2.6%
Brooklyn Heights, Carroll Gardens, Clinton Hill, Downtown, Fort Greene, Park Slope, and Red Hook	202	11201, 11205, 11215, 11217, 11231	65	9.5%
Bedford Stuyvesant, Crown Heights, Prospect Heights, and Brownsville	203	11213, 11212, 11216, 11233, 11238	102	15.0%
East New York, New Lots, Cypress Hills	204	11207, 11208	69	10.1%
Sunset Park	205	11220, 11232	62	9.1%
Borough Park	206	11204, 11218, 11219, 11230	82	12.0%
East Flatbush, Midwood, and Prospect Lefferts Garden	207	11203, 11210, 11225, 11226	95	14.0%
Canarsie, Flatlands, and Starrett City	208	11234, 11236, 11239	35	5.1%
Bay Ridge, Bensonhurst, and Dyker Heights	209	11209, 11214, 11228	20	2.9%
Brighton Beach, Coney Island, and Sheepshead Bay	210	11223, 11224, 11229, 11235	38	5.6%
Williamsburg and Bushwick	211	11206, 11221, 11237	95	14.0%
			681	100%

Table 2: Demographic characteristics

	Greenpoint	Northwest Brooklyn	Central Brooklyn	East NY New Lots	Sunset Park	Borough Park	Flatbush	Canarsie Flatlands	Southwest Brooklyn	Southern Brooklyn	Bushwick Williamsburg	Brooklyn (N=681)
Age (Mean, SD)	46.4 (14.5)	36.0 (14.7)	43.4 (14.9)	42.1 (18.2)	40.0 (14.0)	44.6 (20.9)	38.6 (13.8)	39.5 (18.4)	39.5 (16.2)	58.0 (21.1)	51.4 (18.8)	43.5 (17.8)
18-20	0.0%	9.2%	3.9%	13.0%	6.5%	9.8%	12.6%	17.1%	10.0%	5.3%	2.1%	8.1%
21-44	38.9%	58.5%	46.1%	42.0%	51.6%	42.7%	49.5%	31.4%	55.0%	21.1%	36.8%	44.1%
45-64	50.0%	27.7%	39.2%	30.4%	37.1%	29.3%	31.6%	22.9%	35.0%	26.3%	29.5%	32.0%
65-74	5.6%	3.1%	4.9%	7.3%	3.2%	7.3%	2.1%	8.6%	0.0%	23.7%	14.7%	7.2%
75-84	5.6%	0.0%	1.0%	2.9%	0.0%	7.3%	0.0%	2.9%	0.0%	15.8%	12.6%	4.3%
85 and older	0.0%	0.0%	0.0%	1.5%	0.0%	2.4%	0.0%	0.0%	0.0%	7.9%	1.1%	1.0%
Unknown	0.0%	1.5%	4.9%	2.9%	1.6%	1.2%	4.2%	17.1%	0.0%	0.0%	3.2%	3.4%
Gender												
Female	58.8%	66.1%	52.9%	57.4%	50.0%	64.2%	60.4%	62.9%	60.0%	57.9%	71.4%	60.4%
Male	41.2%	32.3%	46.1%	41.2%	50.0%	35.8%	39.6%	37.1%	40.0%	42.1%	28.6%	39.1%
Transgender	0.0%	1.6%	1.0%	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%
Sexual Orientation												
Heterosexual	100.0%	79.0%	93.8%	93.4%	98.2%	100.0%	90.7%	90.0%	100.0%	100.0%	93.0%	93.5%
LGBTQI	0.0%	21.1%	6.2%	6.6%	1.8%	0.0%	9.3%	10.0%	0.0%	0.0%	7.0%	6.5%
High school graduate or higher	44.4%	70.7%	76.0%	72.1%	73.3%	64.5%	87.1%	76.9%	77.8%	80.6%	67.1%	73.2%
Hispanic	94.4%	31.0%	20.0%	27.7%	62.1%	22.5%	10.7%	6.1%	11.1%	14.3%	64.8%	31.8%
Race												
White	7.1%	3.1%	5.2%	7.6%	9.7%	27.9%	7.6%	6.3%	10.0%	34.2%	19.1%	12.5%
Black or African American	7.1%	53.1%	73.2%	63.6%	6.5%	3.8%	79.4%	81.3%	10.0%	18.4%	28.6%	44.3%
Asian	0.0%	9.4%	2.1%	1.5%	19.4%	49.4%	0.0%	3.1%	40.0%	29.0%	10.7%	13.7%
American Indian or Alaskan Native	0.0%	0.0%	1.0%	1.5%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	2.4%	0.8%
Native Hawaiian or other Pacific Islander	0.0%	1.6%	0.0%	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
Other	78.6%	15.6%	8.3%	18.2%	56.5%	12.7%	6.5%	6.3%	25.0%	7.9%	20.2%	18.4%
Mixed	0.0%	4.7%	1.0%	0.0%	0.0%	1.3%	3.3%	3.1%	5.0%	0.0%	4.8%	2.2%
Unknown	7.1%	12.5%	9.3%	6.1%	6.5%	5.1%	3.3%	0.0%	10.0%	10.5%	14.3%	7.9%
Unemployed	16.7%	21.5%	32.3%	37.7%	19.7%	15.0%	25.3%	20.6%	10.0%	2.6%	14.3%	21.8%
Always/sometimes worry about not having enough money to pay for food or housing	66.7%	75.0%	75.8%	68.2%	66.7%	74.7%	77.1%	66.7%	85.0%	56.8%	67.4%	71.4%
Living below a federal poverty level	100.0%	85.0%	70.4%	86.3%	81.0%	88.4%	81.7%	83.3%	81.8%	77.1%	86.2%	82.4%



Table 3: Language

	Greenpoint	Northwest Brooklyn	Central Brooklyn	East NY New Lotts	Sunset Park	Borough Park	Flatbush	Canarsie Flatlands	Southwest Brooklyn	Southern Brooklyn	Bushwick Williamsburg	Brooklyn (N=675)
Primary language spoken at home												
English	47.1%	76.9%	82.2%	87.0%	41.9%	27.2%	58.5%	42.4%	35.0%	47.4%	52.6%	58.2%
Spanish	58.8%	13.9%	14.9%	17.4%	51.6%	14.8%	8.5%	0.0%	5.0%	7.9%	48.4%	21.9%
Arabic	0.0%	0.0%	0.0%	0.0%	11.3%	3.7%	2.1%	3.0%	30.0%	2.6%	1.1%	3.1%
Chinese (Mandarin, Cantonese, or other)	0.0%	4.6%	0.0%	0.0%	12.9%	9.9%	0.0%	0.0%	30.0%	21.1%	6.3%	5.8%
French	0.0%	0.0%	0.0%	0.0%	1.6%	0.0%	5.3%	6.1%	5.0%	5.3%	0.0%	1.6%
Haitian/French Creole	0.0%	1.5%	4.0%	1.5%	0.0%	0.0%	34.0%	39.4%	0.0%	5.3%	1.1%	8.0%
Hindi	0.0%	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%
Italian	0.0%	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%
Korean	0.0%	0.0%	0.0%	0.0%	1.6%	0.0%	0.0%	3.0%	0.0%	0.0%	0.0%	0.3%
Russian	0.0%	0.0%	1.0%	0.0%	0.0%	17.3%	0.0%	6.1%	5.0%	26.3%	0.0%	4.2%
Urdu	0.0%	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%
Yiddish	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	1.5%	2.0%	1.5%	1.6%	30.9%	0.0%	0.0%	0.0%	0.0%	3.2%	4.9%
Multiple language	5.9%	3.2%	4.0%	7.3%	22.6%	9.0%	10.9%	3.1%	10.0%	16.2%	12.8%	9.6%
English proficiency												
Very well/well	64.7%	88.5%	90.9%	90.9%	59.0%	50.0%	83.9%	65.6%	60.0%	58.3%	65.9%	73.7%
Not well/not at all	35.3%	11.5%	9.1%	9.1%	41.0%	50.0%	16.1%	34.4%	40.0%	41.7%	34.1%	26.3%
Ever not get healthcare because of language or translation issues*	0.0%	0.0%	0.0%	5.3%	0.0%	0.0%	5.6%	0.0%	0.0%	0.0%	10.0%	2.8%
Foreign born	50.0%	36.7%	48.0%	45.6%	56.7%	66.7%	56.8%	42.4%	70.0%	63.9%	58.2%	53.7%

\* only those who indicated ever not getting healthcare when needed

Table 4: Health-related characteristics

	Greenpoint	Northwest Brooklyn	Central Brooklyn	East NY New Lotts	Sunset Park	Borough Park	Flatbush	Canarsie Flatlands	Southwest Brooklyn	Southern Brooklyn	Bushwick Williamsburg	Brooklyn (N=681)
Perceived health status												
Excellent/very good/good	87.5%	73.3%	77.3%	76.5%	58.3%	55.0%	81.3%	82.4%	75.0%	62.2%	67.4%	71.2%
Fair/Poor	12.5%	26.7%	22.7%	23.5%	41.7%	45.0%	18.7%	17.7%	25.0%	37.8%	32.6%	28.9%
Body mass index (Mean, SD)*	28.8 (5.1)	29.0 (10.3)	27.5 (5.6)	28.1 (6.1)	27.5 (6.8)	26.1 (4.8)	26.8 (5.5)	26.0 (4.8)	25.0 (3.4)	26.9 (5.1)	28.6 (5.9)	27.4 (6.2)
Underweight	0.0%	3.7%	1.1%	1.6%	0.0%	2.7%	5.3%	3.3%	0.0%	5.7%	1.3%	2.4%
Normal	11.8%	38.9%	33.0%	37.1%	40.7%	41.9%	26.7%	43.3%	57.9%	25.7%	32.1%	35.1%
Overweight	58.8%	27.8%	37.4%	27.4%	29.6%	33.8%	40.0%	26.7%	31.6%	45.7%	23.1%	33.1%
Obese	29.4%	29.6%	28.6%	33.9%	29.6%	21.6%	28.0%	26.7%	10.5%	22.9%	43.6%	29.4%
Have health insurance												
Medicaid	44.4%	58.5%	59.4%	76.1%	32.3%	56.1%	46.2%	39.4%	45.0%	55.3%	53.2%	53.4%
Medicare	11.1%	7.7%	11.9%	7.5%	4.8%	19.5%	5.5%	12.1%	20.0%	44.7%	27.7%	14.8%
Private/commercial	11.1%	10.8%	12.9%	4.5%	29.0%	12.2%	16.5%	18.2%	20.0%	21.1%	11.7%	14.5%
VA	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%
Other	11.1%	7.7%	11.9%	3.0%	16.1%	15.9%	11.0%	12.1%	10.0%	13.2%	8.5%	10.9%
More than one insurance	5.9%	6.7%	8.2%	1.5%	5.1%	12.2%	1.1%	6.5%	5.6%	31.6%	14.9%	0.1%
Uninsured	23.5%	15.0%	8.2%	10.5%	18.6%	8.5%	20.2%	19.4%	0.0%	2.6%	14.9%	13.0%

\*BMI categories less than 18.5 : underweight; 18.5 to 24.9 : normal; 25.0 to 29.9 : overweight; 30.0 or higher : obese

**Table 4: Healthcare utilization**

	Greenpoint	Northwest Brooklyn	Central Brooklyn	East NY New Lotts	Sunset Park	Borough Park	Flatbush	Canarsie Flatlands	Southwest Brooklyn	Southern Brooklyn	Bushwick Williamsburg	Brooklyn (N=681)
Have a primary care provider/personal doctor	77.8%	81.0%	87.9%	80.9%	81.4%	81.5%	81.9%	76.5%	94.4%	91.4%	72.4%	81.7%
Have a usual place to go for non-emergency health services	77.8%	86.0%	89.1%	78.8%	82.3%	83.8%	79.1%	82.4%	100.0%	81.1%	82.6%	83.4%
Use complimentary or alternative treatments or remedies	17.7%	27.6%	18.8%	9.5%	15.5%	15.6%	35.4%	40.0%	40.0%	29.7%	29.1%	23.7%
In the past 12 months:												
Have last routine check-up	66.7%	87.7%	90.0%	81.7%	74.2%	87.3%	79.8%	85.7%	94.4%	80.0%	84.3%	83.7%
Have been to a dentist	52.9%	57.4%	60.6%	53.7%	54.8%	61.0%	63.3%	53.1%	80.0%	54.1%	61.2%	59.2%
Have gone to a hospital emergency room at least once	38.9%	40.7%	44.6%	38.8%	31.2%	25.9%	39.5%	50.0%	45.0%	17.1%	47.1%	38.3%
Need healthcare but didn't get it	27.8%	23.3%	19.2%	29.7%	18.3%	31.3%	20.7%	10.0%	16.7%	19.4%	22.5%	22.5%

**Table 5: Place for non-emergency healthcare services\***

	Greenpoint	Northwest Brooklyn	Central Brooklyn	East NY New Lotts	Sunset Park	Borough Park	Flatbush	Canarsie Flatlands	Southwest Brooklyn	Southern Brooklyn	Bushwick Williamsburg	Brooklyn (N=547)
Type of place												
Primary care doctor's office	57.1%	55.1%	60.0%	53.9%	43.1%	68.7%	61.1%	60.7%	50.0%	40.0%	47.4%	55.4%
Specialist doctor's office	7.1%	2.0%	3.3%	1.9%	5.9%	13.4%	6.9%	3.6%	33.3%	30.0%	11.8%	8.8%
Community/family health center	14.3%	16.3%	10.0%	5.8%	19.6%	13.4%	15.3%	10.7%	22.2%	20.0%	7.9%	13.0%
Hospital-based clinic	14.3%	14.3%	14.4%	26.9%	5.9%	4.5%	8.3%	3.6%	5.6%	16.7%	25.0%	13.5%
Private clinic	14.3%	6.1%	2.2%	11.5%	17.7%	4.5%	8.3%	14.3%	11.1%	16.7%	6.6%	8.6%
Emergency room	0.0%	14.3%	10.0%	3.9%	3.9%	6.0%	4.2%	0.0%	0.0%	3.3%	7.9%	6.2%
Urgent care	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%	0.0%	3.6%	0.0%	13.3%	4.0%	1.7%
Pharmacy	0.0%	2.0%	0.0%	0.0%	2.0%	1.5%	2.8%	0.0%	5.6%	10.0%	5.3%	2.4%
Drug treatment center	0.0%	0.0%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%
Mental health center	0.0%	0.0%	1.1%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%
Alternative care (e.g. herbalist, acupuncturist)	0.0%	0.0%	0.0%	1.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.6%	0.6%
Other	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	1.4%	3.6%	0.0%	0.0%	1.3%	0.9%
Location												
Bronx	7.1%	0.0%	4.4%	1.9%	0.0%	1.5%	1.4%	0.0%	0.0%	0.0%	2.7%	1.8%
Brooklyn	50.0%	89.8%	80.0%	84.6%	84.3%	88.1%	93.1%	92.6%	77.8%	93.3%	74.7%	84.2%
Manhattan	42.9%	6.1%	10.0%	7.7%	15.7%	9.0%	5.6%	3.7%	22.2%	6.7%	16.0%	10.8%
Queens	0.0%	4.1%	5.6%	3.9%	0.0%	1.5%	0.0%	3.7%	0.0%	0.0%	6.7%	2.9%
Outside of New York City	0.0%	0.0%	0.0%	1.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%

\*only for those who indicated that they have a specific place they usually go for non-emergency services.

**Table 6: Barrier to getting healthcare\***

	Greenpoint	Northwest Brooklyn	Central Brooklyn	East NY New Lots	Sunset Park	Borough Park	Flatbush	Canarsie Flatlands	Southwest Brooklyn	Southern Brooklyn	Bushwick Williamsburg	Brooklyn (N=144)
Not insured	20.0%	42.9%	21.1%	42.1%	72.7%	36.0%	55.6%	100.0%	0.0%	71.4%	50.0%	44.4%
Cost of copays	0.0%	14.3%	21.1%	5.3%	36.4%	8.0%	44.4%	0.0%	0.0%	28.6%	20.0%	18.8%
Concerns about quality of care	40.0%	0.0%	0.0%	10.5%	18.2%	8.0%	16.7%	0.0%	0.0%	0.0%	10.0%	9.0%
Did not know where to go	0.0%	21.4%	5.3%	10.5%	0.0%	0.0%	5.6%	0.0%	0.0%	0.0%	15.0%	6.9%
Had other responsibilities (e.g. work, family)	0.0%	14.3%	10.5%	5.3%	0.0%	32.0%	5.6%	0.0%	0.0%	14.3%	15.0%	12.5%
Could not get an appointment soon or at the right time	20.0%	7.1%	31.6%	5.3%	0.0%	4.0%	16.7%	0.0%	0.0%	0.0%	20.0%	11.8%
Did not have transportation	0.0%	7.1%	5.3%	10.5%	0.0%	0.0%	5.6%	0.0%	0.0%	0.0%	15.0%	5.6%
Concerns about language or translation issues	0.0%	0.0%	0.0%	5.3%	0.0%	0.0%	5.6%	0.0%	0.0%	0.0%	10.0%	2.8%
Other	20.0%	0.0%	5.3%	10.5%	18.2%	8.0%	5.6%	0.0%	0.0%	0.0%	5.0%	6.9%

\*only for those who indicated that they ever not get healthcare when needed in the past 12 months.

**Table 7: Reason for ER use\***

	Greenpoint	Northwest Brooklyn	Central Brooklyn	East NY New Lots	Sunset Park	Borough Park	Flatbush	Canarsie Flatlands	Southwest Brooklyn	Southern Brooklyn	Bushwick Williamsburg	Brooklyn (N=246)
Did not have insurance	14.3%	8.3%	13.3%	15.4%	15.8%	19.1%	17.7%	40.0%	22.2%	16.7%	17.5%	17.1%
Did not have transportation to a doctor's office or clinic	14.3%	0.0%	2.2%	3.9%	0.0%	4.8%	0.0%	0.0%	0.0%	0.0%	5.0%	2.4%
Get most care at ER	28.6%	8.3%	4.4%	15.4%	0.0%	0.0%	8.8%	6.7%	0.0%	16.7%	20.0%	9.4%
Problem too serious for a doctor's office or clinic	85.7%	41.7%	62.2%	46.2%	36.8%	52.4%	64.7%	80.0%	44.4%	100.0%	65.0%	41.5%
Doctor's office or clinic was not opened	14.3%	20.8%	26.7%	3.9%	10.5%	9.5%	17.7%	6.7%	11.1%	0.0%	5.0%	13.4%
Other	0.0%	12.5%	15.6%	7.7%	10.5%	14.3%	20.6%	6.7%	11.1%	16.7%	22.5%	14.6%

\*only for those who indicated that they went to the ER at least once in the past 12 months

**Table 8: Health concern in the community**

	Greenpoint	Northwest Brooklyn	Central Brooklyn	East NY New Lots	Sunset Park	Borough Park	Flatbush	Canarsie Flatlands	Southwest Brooklyn	Southern Brooklyn	Bushwick Williamsburg	Brooklyn (N=676)
Adolescent health	5.6%	12.5%	15.0%	10.1%	11.3%	17.1%	13.7%	20.0%	10.0%	13.2%	19.4%	14.4%
Asthma	38.9%	45.3%	33.0%	29.0%	17.7%	24.4%	26.3%	25.7%	45.0%	15.8%	43.0%	30.9%
Arrest and incarceration	11.1%	23.4%	31.0%	23.2%	6.5%	8.5%	25.3%	22.9%	0.0%	2.6%	18.3%	18.5%
Cancer	44.4%	28.1%	22.0%	24.6%	21.0%	43.9%	36.8%	37.1%	35.0%	29.0%	28.0%	30.5%
Diabetes	77.8%	37.5%	54.0%	46.4%	50.0%	54.9%	52.6%	51.4%	25.0%	42.1%	63.4%	51.5%
Disability	16.7%	12.5%	11.0%	8.7%	6.5%	13.4%	6.3%	17.1%	20.0%	21.1%	20.4%	12.7%
Drug and alcohol abuse	33.3%	43.8%	55.0%	46.4%	46.8%	25.6%	43.2%	48.6%	50.0%	42.1%	46.2%	44.1%
Family planning/birth control	5.6%	9.4%	11.0%	14.5%	6.5%	7.3%	15.8%	14.3%	0.0%	7.9%	9.7%	10.4%
Hepatitis	5.6%	6.3%	12.0%	10.1%	4.8%	11.0%	2.1%	8.6%	10.0%	13.2%	4.3%	7.7%
Heart disease	38.9%	9.4%	14.0%	11.6%	16.1%	47.6%	19.0%	34.3%	35.0%	42.1%	24.7%	23.7%
High blood pressure	44.4%	34.4%	39.0%	36.2%	24.2%	62.2%	36.8%	28.6%	40.0%	50.0%	46.2%	40.7%
HIV	5.6%	28.1%	35.0%	23.2%	3.2%	13.4%	41.1%	34.3%	5.0%	10.5%	20.4%	23.4%
Maternal and child health	5.6%	6.3%	3.0%	1.5%	6.5%	11.0%	6.3%	14.3%	5.0%	2.6%	9.7%	6.5%
Mental health (e.g. depressin, suicide)	16.7%	18.8%	22.0%	11.6%	9.7%	34.2%	17.9%	22.9%	15.0%	26.3%	21.5%	20.3%
Obesity	33.3%	26.6%	33.0%	30.4%	30.7%	36.6%	39.0%	37.1%	45.0%	31.6%	44.1%	35.2%
Pollution (e.g. air quality, garbage)	11.1%	17.2%	12.0%	10.1%	11.3%	8.5%	11.6%	17.1%	35.0%	29.0%	10.8%	13.5%
Sexual transmitted infections	0.0%	17.2%	24.0%	14.5%	8.1%	11.0%	24.2%	20.0%	5.0%	13.2%	16.1%	16.3%
Stroke	5.6%	10.9%	14.0%	11.6%	4.8%	12.2%	13.7%	8.6%	0.0%	13.2%	10.8%	11.0%
Teen pregnancy	5.6%	31.3%	22.0%	26.1%	8.1%	9.8%	16.8%	17.1%	10.0%	18.4%	25.8%	19.1%
Tobacco use	5.6%	18.8%	19.0%	14.5%	27.4%	31.7%	14.7%	14.7%	40.0%	34.2%	24.7%	21.5%
Violence or injury	0.0%	20.3%	22.0%	27.5%	16.1%	15.9%	27.4%	28.6%	20.0%	26.3%	20.4%	21.6%
Other	0.0%	1.6%	4.0%	1.5%	4.8%	1.2%	1.1%	0.0%	5.0%	0.0%	2.2%	2.1%

**Table 9: Health issues faced**

	Greenpoint	Northwest Brooklyn	Central Brooklyn	East NY New Lots	Sunset Park	Borough Park	Flatbush	Canarsie Flatlands	Southwest Brooklyn	Southern Brooklyn	Bushwick Williamsburg	Brooklyn (N=681)
Asthma	11.1%	30.0%	22.2%	20.9%	11.7%	17.5%	15.3%	14.7%	15.0%	10.8%	21.4%	18.6%
Cancer	16.7%	1.7%	5.1%	4.5%	1.7%	3.8%	4.7%	2.9%	5.0%	13.5%	3.4%	4.6%
Chronic pain	27.8%	11.7%	23.2%	23.9%	15.0%	23.8%	12.9%	14.7%	10.0%	16.2%	23.6%	19.1%
Depression or anxiety	33.3%	27.1%	23.2%	20.9%	21.7%	31.7%	12.9%	8.8%	25.0%	8.3%	27.3%	22.2%
Diabetes	38.9%	8.5%	17.2%	13.4%	11.7%	18.8%	4.7%	14.7%	5.0%	13.9%	20.2%	14.4%
Drug or alcohol abuse	5.6%	6.7%	11.1%	9.0%	11.5%	2.5%	5.9%	0.0%	0.0%	8.3%	7.9%	7.1%
Heart disease	22.2%	1.7%	7.1%	7.5%	4.9%	17.5%	1.2%	2.9%	5.0%	21.1%	11.4%	8.5%
Hepatitis C	5.6%	5.0%	5.1%	6.0%	3.3%	6.3%	1.2%	2.9%	5.0%	5.6%	3.4%	4.3%
High blood pressure	38.9%	23.3%	30.6%	23.9%	19.7%	35.0%	16.5%	18.2%	30.0%	35.1%	37.8%	27.7%
High cholesterol	33.3%	18.6%	23.2%	20.9%	14.8%	30.0%	9.4%	17.7%	15.0%	36.1%	25.6%	21.6%
HIV	11.1%	1.7%	13.3%	13.4%	3.3%	3.8%	4.7%	0.0%	0.0%	0.0%	3.3%	5.7%
Mobility impairment	16.7%	5.1%	7.1%	4.5%	9.8%	19.0%	2.4%	5.9%	5.0%	8.1%	14.6%	9.0%
Osteoporosis	11.1%	6.7%	4.0%	6.0%	4.9%	6.3%	4.7%	2.9%	20.0%	18.9%	13.3%	7.7%

Table 10: Service availability

	Greenpoint	Northwest Brooklyn	Central Brooklyn	East NY New Lotts	Sunset Park	Borough Park	Flatbush	Canarsie Flatlands	Southwest Brooklyn	Southern Brooklyn	Bushwick Williamsburg	Brooklyn (N=681)
Accessible transportation	100.0%	83.6%	89.1%	93.4%	95.2%	92.2%	84.3%	87.5%	80.0%	97.1%	92.9%	90.3%
Affordable housing	27.8%	42.9%	43.8%	36.8%	17.0%	24.3%	15.4%	29.6%	15.8%	52.9%	27.3%	30.5%
Dental services	68.8%	60.7%	64.8%	58.6%	64.9%	78.1%	72.2%	50.0%	64.7%	85.7%	67.1%	67.4%
Healthy food	94.4%	58.9%	52.7%	44.3%	57.6%	73.6%	48.8%	44.0%	63.2%	71.4%	64.2%	58.7%
Home health care	53.3%	61.7%	61.0%	56.4%	57.1%	62.5%	56.5%	56.5%	50.0%	61.5%	60.3%	59.0%
Job training	41.2%	48.1%	38.6%	33.3%	32.0%	28.3%	23.1%	39.1%	8.3%	33.3%	32.4%	33.3%
Medical specialists	58.8%	60.0%	58.3%	53.7%	63.0%	73.5%	48.6%	56.0%	56.3%	73.5%	50.7%	58.9%
Mental health services	37.5%	47.9%	54.9%	40.4%	50.0%	49.1%	49.3%	45.8%	50.0%	36.0%	40.6%	47.0%
Pediatric and adolescent services	50.0%	70.0%	69.5%	57.8%	64.0%	75.5%	64.3%	59.1%	55.6%	72.7%	66.2%	65.9%
Places to exercise, walk, and play	82.4%	74.1%	79.6%	65.0%	66.7%	79.7%	59.5%	63.0%	68.4%	90.9%	72.6%	72.2%
Primary care medicine	56.3%	78.0%	77.8%	68.4%	76.3%	88.2%	66.7%	65.4%	56.3%	85.7%	66.2%	73.6%
Social services	46.7%	69.2%	67.1%	54.7%	48.2%	61.8%	50.0%	64.0%	62.5%	68.6%	56.8%	59.1%
Substance abuse services	50.0%	53.2%	59.0%	44.7%	28.6%	24.3%	37.1%	38.1%	20.0%	30.4%	35.6%	40.8%
Vision services	50.0%	60.0%	60.3%	42.3%	68.4%	75.0%	50.7%	65.4%	50.0%	63.3%	54.6%	58.6%

\*Percentage reflects participants who responded very available or available



Table 11: Health education needed in the community

	Greenpoint	Northwest Brooklyn	Central Brooklyn	East NY New Lotts	Sunset Park	Borough Park	Flatbush	Canarsie Flatlands	Southwest Brooklyn	Southern Brooklyn	Bushwick Williamsburg	Brooklyn (N=672)
Cancer/cancer prevention	38.9%	28.6%	24.5%	27.3%	27.4%	46.3%	42.1%	32.4%	30.0%	37.8%	43.0%	34.8%
Diabetes	61.1%	42.9%	50.0%	40.9%	38.7%	52.4%	54.7%	50.0%	30.0%	40.5%	60.2%	49.0%
Domestic violence	27.8%	39.7%	34.3%	28.8%	29.0%	20.7%	34.7%	11.8%	40.0%	24.3%	38.7%	31.1%
Exercise/physical activity	44.4%	38.1%	39.2%	33.3%	22.6%	48.8%	40.0%	38.2%	35.0%	43.2%	46.2%	39.4%
Family planning	44.4%	36.5%	36.3%	33.3%	22.6%	17.1%	30.5%	23.5%	10.0%	32.4%	36.6%	30.2%
Heart disease	33.3%	7.9%	24.5%	24.2%	17.7%	41.5%	34.7%	29.4%	10.0%	37.8%	33.3%	27.8%
HIV/sexual transmitted diseases	16.7%	49.2%	52.0%	47.0%	17.7%	20.7%	56.8%	52.9%	10.0%	21.6%	40.9%	39.6%
Maternal and child health	27.8%	19.1%	16.7%	16.7%	11.3%	20.7%	19.0%	23.5%	10.0%	21.6%	23.7%	18.9%
Mental health	38.9%	30.2%	40.2%	31.8%	27.4%	32.9%	37.9%	38.2%	35.0%	35.1%	37.6%	35.1%
Nutrition	38.9%	38.1%	45.1%	39.4%	25.8%	56.1%	46.3%	38.2%	50.0%	51.4%	57.0%	45.2%
Substance abuse	44.4%	33.3%	51.0%	33.3%	29.0%	18.3%	25.3%	14.7%	35.0%	27.0%	37.6%	32.3%
Sickle cell anemia	5.6%	9.5%	2.9%	12.1%	4.8%	7.3%	9.5%	8.8%	5.0%	8.1%	10.8%	7.9%
Vaccinations	11.1%	11.1%	10.8%	12.1%	16.1%	25.6%	14.7%	8.8%	5.0%	18.9%	17.2%	14.9%
Violence	33.3%	38.1%	38.2%	36.4%	30.7%	17.1%	37.9%	26.5%	50.0%	35.1%	36.6%	33.9%
Other	0.0%	1.6%	2.9%	4.6%	11.3%	2.4%	1.1%	2.9%	0.0%	2.7%	2.2%	3.1%

**Table 12: Source of health information**

	Greenpoint	Northwest Brooklyn	Central Brooklyn	East NY New Lotts	Sunset Park	Borough Park	Flatbush	Canarsie Flatlands	Southwest Brooklyn	Southern Brooklyn	Bushwick Williamsburg	Brooklyn (N=667)
Doctor or health care provider	56.3%	56.9%	60.0%	43.9%	54.8%	51.9%	58.5%	36.4%	73.7%	57.9%	51.6%	54.3%
Family or friends	6.3%	27.7%	29.0%	36.4%	27.4%	55.6%	37.2%	33.3%	47.4%	52.6%	29.0%	35.4%
Books	25.0%	16.9%	21.0%	21.2%	14.5%	11.1%	29.8%	12.1%	10.5%	15.8%	21.5%	19.2%
Television or radio	6.3%	0.0%	17.0%	12.1%	21.0%	17.3%	16.0%	30.3%	31.6%	31.6%	24.7%	17.8%
Newspaper or magazines	0.0%	7.7%	5.0%	12.1%	12.9%	4.9%	7.5%	9.1%	31.6%	23.7%	12.9%	10.0%
Ethnic media (e.g. ethnic newspaper, TV, radio)	6.3%	4.6%	6.0%	10.6%	1.6%	11.1%	10.6%	12.1%	31.6%	21.1%	17.2%	10.6%
Internet	31.3%	27.7%	21.0%	28.8%	38.7%	30.9%	35.1%	30.3%	26.3%	34.2%	29.0%	30.0%
Library	6.3%	9.2%	5.0%	10.6%	3.2%	6.2%	2.1%	15.2%	5.3%	5.3%	4.3%	6.0%
Community-based organization	12.5%	18.5%	20.0%	18.2%	3.2%	7.4%	21.3%	12.1%	10.5%	26.3%	28.0%	17.4%
Faith-based organization (e.g. church, temple, synagogue, mosque)	6.3%	4.6%	9.0%	7.6%	1.6%	9.9%	9.6%	3.0%	0.0%	2.6%	8.6%	6.9%
School	6.3%	3.1%	4.0%	7.6%	16.1%	13.6%	20.2%	12.1%	10.5%	10.5%	4.3%	9.9%
Health insurance plan	6.3%	10.8%	12.0%	16.7%	6.5%	7.4%	7.5%	9.1%	26.3%	18.4%	16.1%	11.7%
Health department	0.0%	6.2%	2.0%	6.1%	1.6%	2.5%	10.6%	3.0%	26.3%	7.9%	5.4%	5.6%
Health fairs	0.0%	10.8%	6.0%	12.1%	4.8%	3.7%	10.6%	12.1%	10.5%	7.9%	17.2%	9.3%
Other	0.0%	3.1%	0.0%	0.0%	1.6%	1.2%	2.1%	0.0%	0.0%	5.3%	0.0%	1.2%

**Table 13: Use of technology**

	Greenpoint	Northwest Brooklyn	Central Brooklyn	East NY New Lotts	Sunset Park	Borough Park	Flatbush	Canarsie Flatlands	Southwest Brooklyn	Southern Brooklyn	Bushwick Williamsburg	Brooklyn (N=670)
Email	38.9%	55.4%	56.9%	57.6%	51.7%	40.7%	64.5%	32.4%	42.1%	39.5%	42.6%	50.3%
Internet	50.0%	53.9%	59.8%	57.6%	65.0%	49.4%	62.4%	35.3%	52.6%	39.5%	47.9%	54.0%
Smart phone (e.g. iPhone, Galaxy)	44.4%	60.0%	53.9%	59.1%	66.7%	51.9%	51.6%	47.1%	63.2%	39.5%	54.3%	54.5%
Text messaging	27.8%	44.6%	56.9%	63.6%	61.7%	34.6%	48.4%	26.5%	42.1%	42.1%	45.7%	47.8%
Twitter	16.7%	15.4%	8.8%	10.6%	6.7%	9.9%	10.8%	11.8%	5.3%	10.5%	6.4%	9.9%
Facebook	33.3%	46.2%	34.3%	48.5%	43.3%	32.1%	43.0%	32.4%	31.6%	23.7%	27.7%	36.9%

**Table 14: Civic engagement**

	Greenpoint	Northwest Brooklyn	Central Brooklyn	East NY New Lots	Sunset Park	Borough Park	Flatbush	Canarsie Flatlands	Southwest Brooklyn	Southern Brooklyn	Bushwick Williamsburg	Brooklyn (N=665)
Community center	11.8%	38.5%	17.8%	16.2%	8.3%	8.5%	13.2%	2.9%	30.0%	40.5%	31.1%	19.6%
Library	23.5%	30.8%	25.7%	32.4%	23.3%	14.6%	31.9%	17.7%	20.0%	16.2%	17.8%	23.9%
Faith-based organization (e.g. church, temple, synagogue, mosque)	35.3%	20.0%	32.7%	35.3%	31.7%	34.2%	25.3%	32.4%	10.0%	21.6%	36.7%	30.1%
Neighborhood association	5.9%	9.2%	6.9%	2.9%	0.0%	0.0%	5.5%	2.9%	0.0%	8.1%	10.0%	5.1%
Gym or recreational center	17.7%	24.6%	24.8%	25.0%	11.7%	13.4%	23.1%	29.4%	15.0%	32.4%	24.4%	22.1%
Political club	0.0%	0.0%	0.0%	2.9%	0.0%	0.0%	3.3%	0.0%	0.0%	0.0%	4.4%	1.4%
Senior center	0.0%	3.1%	5.0%	2.9%	0.0%	2.4%	0.0%	8.8%	5.0%	35.1%	26.7%	7.8%
School	0.0%	9.2%	10.9%	10.3%	23.3%	18.3%	16.5%	8.8%	5.0%	8.1%	8.9%	12.5%
Sport league	5.9%	0.0%	6.9%	7.4%	0.0%	3.7%	0.0%	5.9%	0.0%	5.4%	2.2%	3.3%
Other community organization	0.0%	18.5%	8.9%	7.4%	3.3%	4.9%	9.9%	5.9%	25.0%	13.5%	20.0%	10.7%

**Table 15: Use of complementary or alternative treatments/remedies**

	Greenpoint	Northwest Brooklyn	Central Brooklyn	East NY New Lots	Sunset Park	Borough Park	Flatbush	Canarsie Flatlands	Southwest Brooklyn	Southern Brooklyn	Bushwick Williamsburg	Brooklyn (N=655)
Acupuncture	0.0%	6.4%	4.0%	1.5%	4.9%	7.6%	4.4%	3.0%	5.0%	13.2%	8.1%	5.5%
Chiropractic care	5.6%	1.6%	2.0%	0.0%	0.0%	0.0%	3.3%	0.0%	0.0%	0.0%	1.2%	1.2%
Herbal medicine	11.1%	14.3%	9.0%	7.7%	9.8%	5.1%	20.9%	24.2%	20.0%	15.8%	14.9%	13.0%
Homeopathy	0.0%	9.5%	0.0%	0.0%	0.0%	2.5%	5.5%	3.0%	10.0%	5.3%	1.2%	2.9%
Remedies from a botanica	5.6%	0.0%	2.0%	1.5%	1.6%	1.3%	2.2%	0.0%	0.0%	10.5%	3.5%	2.3%
Other	0.0%	0.0%	3.0%	0.0%	1.6%	1.3%	5.5%	6.1%	0.0%	0.0%	3.5%	2.3%

NEW YORK CITY COMMUNITY  
NEEDS ASSESSMENT  
APPENDIX E – NEIGHBORHOOD  
LEVEL GAP ANALYSIS

December 16, 2014

Prepared by New York City Health and Hospitals Corporation Corporate Planning Services

# Appendix E: Neighborhood Level Gap Analysis

## Table of Contents

Definitions .....	1
Table 1. Medicaid Beneficiaries by Age Group (by Region) .....	3
Table 2. Potentially Preventable ED Visits (PPV) (by Region).....	4
Table 3. Medicaid Prevention Quality Indicator (PQI) Overall Composite (by Region) .....	5
Table 4. Medicaid Prevention Quality Indicator (PQI) Acute Composite (by Region).....	6
Table 5. Medicaid Prevention Quality Indicator (PQI) Chronic Composite (by Region).....	7
Table 6. Medicaid Prevention Quality Indicator (PQI) Respiratory Composite (by Region) .....	8
Table 7. Medicaid Beneficiaries with a Respiratory Clinical Risk Grouping Condition (by Region) .....	9
Table 8. Medicaid Pediatric Quality Indicator (PDI) - Asthma (by Region) .....	10
Table 9. Medicaid Prevention Quality Indicator (PQI) - Asthma among Younger Adults (18-39 years) (by Region) .....	11
Table 10. Medicaid Prevention Quality Indicator (PQI) - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults (40 years or older) (by Region).....	12
Table 11. Medicaid Beneficiaries with an Asthma Condition Diagnosis (by Region) .....	13
Table 12. Medicaid Prevention Quality Indicator (PQI) Circulatory Composite (by Region) .....	14
Table 13. Medicaid Beneficiaries with a Cardiovascular Clinical Risk Grouping Condition (by Region) .....	15
Table 14. Medicaid Prevention Quality Indicator (PQI) - Hypertension (by Region) .....	16
Table 15. Medicaid Beneficiaries with a Hypertension Condition Diagnosis (by Region).....	17
Table 16. Medicaid Prevention Quality Indicator (PQI) - Heart Failure (by Region) .....	18
Table 17. Medicaid Beneficiaries with a Congestive Heart Failure Condition Diagnosis (by Region).....	19
Table 18. Medicaid Prevention Quality Indicator (PQI) Diabetes Composite (by Region).....	20
Table 19. Medicaid Beneficiaries with a Diabetes Clinical Risk Grouping Condition (by Region).....	21
Table 20. Medicaid Beneficiaries with a Mental Health Clinical Risk Grouping Condition (by Region).....	22
Table 21. Medicaid Beneficiaries with a Substance Abuse Clinical Risk Grouping Condition (by Region).....	23
Table 22. Medicaid Beneficiaries with a HIV/AIDS Condition Diagnosis (by Region).....	24
Table 23. Rates of HIV Diagnoses, Persons Living with HIV/AIDS (PWHA), and Death among PWHA (by Region) .....	25
Table 24: Chronic Diseases Prevalence and Potentially Avoidable Utilization .....	26
Table 25. Maternal and Child Health Indicators (by Region) .....	27



## Definitions

- Ambulatory Care Sensitive Conditions (ACSC) are conditions for which good outpatient care could potentially prevent the need for hospitalization or ED visit, or for which early intervention could prevent complications or more severe disease.
- Prevention Quality Improvement (PQI) is a set of measures developed by the federal Agency for Healthcare Research and Quality (AHRQ) for use in assessing the quality of outpatient care for a set of ACSC conditions. The PQIs are measured as a number of discharges or a discharge rate for a specific condition or disease for a given population. See Appendix E for a list of all condition (disease) specific PQI discharges and rates by neighborhood.
  - Observed PQIs may be described as the “actual” number of discharges. The Observed PQI rate (per 100,000 people) is the number of PQI discharges divided by the population. Lower rates represent better results.
  - Expected PQIs are Observed PQI discharges adjusted for age, gender, and race / ethnicity. The expected PQI rate (per 100,000 people) is the number of PQI discharges divided by the population.
  - Risk Adjusted PQI rate (per 100,000 people) is calculated by dividing the observed PQI rate by the expected PQI rate, multiplied by the statewide PQI rate. This has the effect of adjusting for demographic and case mix factors.
  - Observed to Risk Adjusted Expected gap quantifies the gap in absolute numbers of potentially avoidable hospital encounters.
  - Observed / Risk Adjusted Expected rate ratio is the ratio of “actual” PQI discharges to expected discharges, adjusted for age, sex, and race/ethnicity. Lower number is better.

This CNA report and appendix E focus on the following types of PQI indicators:

1. Adult Overall Conditions Composite (PQI 90)
  2. Adult Acute Conditions Composite (PQI 91)
  3. Adult Chronic Conditions Composite (PQI 92)
  4. Adult All Diabetes Composite (PQI S01)
  5. Adult All Circulatory Conditions Composite (PQI S02)
    - a. Adult Hypertension (PQI 07)
    - b. Adult Heart Failure (PQI 08)
  6. Adult Respiratory Conditions Composite (PQI S03)
    - a. COPD and Asthma in Older Adults (PQI 05)
    - b. Asthma in Younger Adults (PQI 15)
    - c. Pediatric Asthma ages 2-17 (PDI 14)
- Potentially Preventable Visits (PPVs), based on proprietary 3M software, are emergency visits for ambulatory care sensitive conditions (ACSC) that may result from a lack of adequate access to care or ambulatory care coordination. These ambulatory sensitive conditions could be reduced or eliminated with adequate patient monitoring and follow up. Unlike with PQIs, which can be disease specific, there is only one PPV indicator which represents all potentially avoidable ED visit regardless of condition or disease.
    - PPV Events are observed or “actual” ED visits that meet the criteria of an ACSC visit as defined by the 3M software. The Observed Rate is the number of PPV events divided by the population.
    - Risk Adjusted Expected Visits are PPV visits adjusted by age, gender and race/ethnicity. The Expected rate is the number of Expected visits divided by the population.
    - Risk Adjusted Expected Rate is the observed PPV rate divided by the expected PPV rate, multiplied by the statewide PPV rate. A lower number is better.

### Measuring the gap between community resources and needs

The Gap between community resources (provider and non-provider) and the needs of the Medicaid community, or unmet need, is represented in this CNA report by the number of ED visits and admissions that are potentially avoidable given adequate access to primary care and other community resources (PPV visits and PQI admissions, respectively). The Gap is quantified as the ratio of the Risk Adjusted Actual / Expected rate of ED visits and admissions. Neighborhoods with the highest ratios have the greatest gap between community needs and resources.

The Gap or unmet need for Medicaid beneficiaries with substance abuse and/or mental illness, conditions for which there is no PQI indicator, is measured by the percent of diagnosed Beneficiaries with one or more ED visit or inpatient admission in a 12 month period.

This definition allows for neighborhoods with greater challenges such as poverty that may require a greater level of resources and perhaps different mix of resources. A limitation is that it does not identify the type of gap, such as additional primary care physicians, better access to quality food, or patient education.

#### Source:

New York State DOH Office of Quality and Patient Safety Bureau of Health Informatics, Medicaid Claims Extract, 2012.

#### Data Update

The PQI and PPV data used in this Appendix E reflects the most current updates, November 26, 2014 and may not match exactly comparable statistics in the report, which used original data as of June and August, 2014. Any changes resulting from the November update have not affected the findings of the report.

**Table 1. Medicaid Beneficiaries by Age Group (by Region)**

		Medicaid Population	Dual Eligible Population	%	Pediatric Population	%
<b>NYS</b>		5,835,794	853,866	14.6%	1,979,039	33.9%
<b>NYC</b>		3,595,868	469,516	13.1%	1,182,673	32.9%
<b>HHC PPS Service Area</b>		3,317,300	422,057	12.7%	1,097,856	33.1%
<b>Bronx</b>		821,339	93,324	11.4%	298,329	36.3%
<b>Brooklyn</b>		1,237,587	154,195	12.5%	426,149	34.4%
<b>Manhattan</b>		485,833	93,255	19.2%	124,183	25.6%
<b>Queens</b>		923,576	110,852	12.0%	290,660	31.5%
<b>Staten Island</b>		127,533	17,890	14.0%	43,352	34.0%
<b><u>UHF Neighborhoods</u></b>						
<b>Queens</b>	West Queens	229,888	21,682	9.4%	83,911	36.5%
<b>Brooklyn</b>	Borough Park	195,830	20,249	10.3%	74,612	38.1%
<b>Brooklyn</b>	Bedford/Stuy/Crown Heights	167,161	18,387	11.0%	58,719	35.1%
<b>Bronx</b>	Fordham/Bronx Park	159,182	16,735	10.5%	58,737	36.9%
<b>Bronx</b>	Crotona/Tremont	158,601	14,799	9.3%	59,673	37.6%
<b>Bronx</b>	Highbridge/Morrisania	157,071	15,977	10.2%	58,035	36.9%
<b>Manhattan</b>	Washington Hgts/Inwood	143,590	23,746	16.5%	40,041	27.9%
<b>Bronx</b>	Pelham/Throgs Neck	139,194	17,236	12.4%	49,093	35.3%
<b>Brooklyn</b>	Coney Island/Sheepshead Bay	136,160	29,600	21.7%	35,495	26.1%
<b>Brooklyn</b>	Flatbush/E. Flatbush	135,688	15,124	11.1%	46,716	34.4%
<b>Queens</b>	Jamaica	134,473	14,221	10.6%	45,452	33.8%
<b>Brooklyn</b>	Williamsburg/Bushwick	128,474	14,051	10.9%	49,789	38.8%
<b>Queens</b>	Southwest Queens	124,306	12,336	9.9%	39,961	32.1%
<b>Brooklyn</b>	East New York	117,543	10,878	9.3%	43,295	36.8%
<b>Queens</b>	Flushing/Clearview	116,769	16,077	13.8%	26,384	22.6%
<b>Bronx</b>	Hunts Point/Mott Haven	102,165	11,065	10.8%	38,673	37.9%
<b>Brooklyn</b>	Sunset Park	99,554	7,309	7.3%	35,170	35.3%
<b>Manhattan</b>	Union Sq./Lower Eastside	81,093	16,041	19.8%	18,490	22.8%
<b>Manhattan</b>	Central Harlem/Morningside Hgt	80,466	10,529	13.1%	25,598	31.8%
<b>Brooklyn</b>	Bensonhurst/Bay Ridge	80,271	12,740	15.9%	22,428	27.9%
<b>Queens</b>	Ridgewood/Forest Hills	76,645	11,878	15.5%	22,194	29.0%
<b>Bronx</b>	Northeast Bronx	75,167	10,864	14.5%	25,759	34.3%
<b>Queens</b>	Long Island City/Astoria	71,850	9,004	12.5%	21,621	30.1%
<b>Brooklyn</b>	Canarsie/Flatlands	68,906	10,578	15.4%	20,974	30.4%
<b>Manhattan</b>	East Harlem	65,008	10,574	16.3%	20,194	31.1%
<b>Queens</b>	Southeast Queens	60,254	7,382	12.3%	18,239	30.3%
<b>Brooklyn</b>	Downtown/Heights/Slope	58,124	9,679	16.7%	19,094	32.9%
<b>Queens</b>	Rockaway	52,664	9,529	18.1%	18,233	34.6%
<b>Brooklyn</b>	Greenpoint	49,127	5,453	11.1%	19,677	40.1%
<b>Staten Island</b>	Stapleton/St. George	46,686	6,790	14.5%	16,336	35.0%
<b>Queens</b>	Fresh Meadows	34,868	4,882	14.0%	9,810	28.1%
<b>Manhattan</b>	Chelsea/Clinton	33,022	8,803	26.7%	4,460	13.5%
<b>Staten Island</b>	South Beach/Tottenville	31,799	5,092	16.0%	8,634	27.2%
<b>Manhattan</b>	Upper West Side	31,499	9,193	29.2%	6,208	19.7%
<b>Bronx</b>	Kingsbridge/Riverdale	29,957	6,648	22.2%	8,358	27.9%
<b>Staten Island</b>	Port Richmond	28,478	2,540	8.9%	12,322	43.3%
<b>Staten Island</b>	Willowbrook	20,550	3,465	16.9%	6,058	29.5%
<b>Queens</b>	Bayside/Little Neck	19,922	3,465	17.4%	4,458	22.4%
<b>Manhattan</b>	Greenwich Village/Soho	14,273	3,583	25.1%	2,346	16.4%
<b>Manhattan</b>	Upper East Side	13,206	4,454	33.7%	2,163	16.4%
<b>Manhattan</b>	Lower Manhattan	12,054	3,091	25.6%	2,800	23.2%
<b>Manhattan</b>	Gramercy Park/Murray Hill	9,839	2,546	25.9%	1,645	16.7%

**Table 2. Potentially Preventable ED Visits (PPV) (by Region)**

		Medicaid Population	PPV Total (Observed)	PPV Total (Risk-Adjusted Expected)	Rate per 100 ED Visits (Observed)	Rate per 100 ED Visits (Risk-Adjusted Expected)	Observed (/) Risk Adjusted Expected Ratio	Observed (-) Risk-Adjusted Expected Gap Total
NYS		5,852,016	2,111,517	2,069,915	36.08			(41,602)
NYC		3,600,712	1,192,918	1,184,340	33.13	32.89	1.01	(8,578)
<b>HHC PPS Service Area</b>		3,321,558	1,097,973	1,090,154	33.06	32.82	1.01	(7,819)
Bronx		822,108	346,837	313,978	42.19	38.19	1.10	(32,859)
Brooklyn		1,238,819	347,695	340,714	28.07	27.50	1.02	(6,981)
Manhattan		486,765	203,340	202,029	41.77	41.50	1.01	(1,311)
Queens		925,041	248,753	281,874	26.89	30.47	0.88	33,121
Staten Island		127,979	46,293	45,746	36.17	35.74	1.01	(547)
<b>UHF Neighborhoods</b>								
Brooklyn	Bedford/Stuy/Crown Heights	167,295	74,035	62,671	44.25	37.46	1.18	(11,364)
Manhattan	Central Harlem/Morningside Hgt	80,517	44,215	37,872	54.91	47.04	1.17	(6,343)
Brooklyn	Flatbush/E. Flatbush	135,879	44,131	37,935	32.48	27.92	1.16	(6,196)
Bronx	Highbridge/Morrisania	157,126	67,220	59,232	42.78	37.70	1.13	(7,988)
Bronx	Crotona/Tremont	158,677	68,998	60,948	43.48	38.41	1.13	(8,050)
Brooklyn	East New York	117,951	47,135	41,721	39.96	35.37	1.13	(5,414)
Bronx	Hunts Point/Mott Haven	102,277	44,460	39,547	43.47	38.67	1.12	(4,913)
Bronx	Northeast Bronx	75,259	31,979	28,647	42.49	38.06	1.12	(3,332)
Brooklyn	Canarsie/Flatlands	68,942	18,647	16,896	27.05	24.51	1.10	(1,751)
Bronx	Fordham/Bronx Park	159,307	71,626	65,539	44.96	41.14	1.09	(6,087)
Manhattan	East Harlem	65,233	35,244	32,424	54.03	49.70	1.09	(2,820)
Staten Island	Port Richmond	28,494	13,493	12,448	47.35	43.68	1.08	(1,045)
Brooklyn	Williamsburg/Bushwick	128,546	52,742	48,737	41.03	37.91	1.08	(4,005)
Queens	Rockaway	52,726	18,553	17,206	35.19	32.63	1.08	(1,347)
Manhattan	Washington Hgts/Inwood	143,654	45,340	42,657	31.56	29.69	1.06	(2,683)
Bronx	Pelham/Throgs Neck	139,468	53,267	50,796	38.19	36.42	1.05	(2,471)
Manhattan	Chelsea/Clinton	33,364	20,526	19,607	61.52	58.77	1.05	(919)
Brooklyn	Downtown/Heights/Slope	58,328	23,408	22,661	40.13	38.85	1.03	(747)
Staten Island	Stapleton/St. George	46,913	19,397	18,980	41.35	40.46	1.02	(417)
Queens	Southeast Queens	61,114	16,199	16,107	26.51	26.36	1.01	(92)
Bronx	Kingsbridge/Riverdale	29,994	9,287	9,270	30.96	30.91	1.00	(17)
Manhattan	Upper West Side	31,538	15,536	15,657	49.26	49.64	0.99	121
Queens	Jamaica	134,719	45,813	46,355	34.01	34.41	0.99	542
Manhattan	Gramercy Park/Murray Hill	9,909	4,922	4,996	49.67	50.42	0.99	74
Staten Island	South Beach/Tottenville	31,842	8,390	8,728	26.35	27.41	0.96	338
Brooklyn	Greenpoint	49,140	9,112	9,485	18.54	19.30	0.96	373
Queens	Ridgewood/Forest Hills	76,683	17,730	19,134	23.12	24.95	0.93	1,404
Queens	Long Island City/Astoria	71,860	21,041	22,873	29.28	31.83	0.92	1,832
Staten Island	Willowbrook	20,710	5,004	5,581	24.16	26.95	0.90	577
Manhattan	Upper East Side	13,219	4,674	5,224	35.36	39.52	0.89	550
Queens	West Queens	229,929	68,271	77,793	29.69	33.83	0.88	9,522
Queens	Southwest Queens	124,369	33,190	38,415	26.69	30.89	0.86	5,225
Manhattan	Lower Manhattan	12,194	5,744	6,673	47.11	54.72	0.86	929
Brooklyn	Coney Island/Sheepshead Bay	136,183	23,227	27,800	17.06	20.41	0.84	4,573
Brooklyn	Borough Park	195,905	26,744	33,459	13.65	17.08	0.80	6,715
Brooklyn	Bensonhurst/Bay Ridge	80,319	11,180	14,859	13.92	18.50	0.75	3,679
Queens	Fresh Meadows	34,877	7,591	10,201	21.77	29.25	0.74	2,610
Manhattan	Union Sq./Lower Eastside	81,104	22,872	30,851	28.20	38.04	0.74	7,979
Brooklyn	Sunset Park	99,590	16,971	24,170	17.04	24.27	0.70	7,199
Manhattan	Greenwich Village/Soho	14,323	3,334	5,174	23.28	36.12	0.64	1,840
Queens	Bayside/Little Neck	19,932	2,236	3,724	11.22	18.68	0.60	1,488
Queens	Flushing/Clearview	116,900	17,342	29,251	14.83	25.02	0.59	11,909

**Table 3. Medicaid Prevention Quality Indicator (PQI) Overall Composite (by Region)**

		Medicaid Population	PQI Total (Observed)	PQI Total (Risk-Adjusted Expected)	Rate per 100,000 population (Observed)	Rate per 100,000 population (Risk-Adjusted Expected)	Observed (/) Risk Adjusted Expected Ratio	Observed (-) Risk-Adjusted Expected Gap Total
NYS		3,836,393	69,084	67,128	1,801			(1,956)
NYC		2,416,600	45,036	42,456	1,864	1,757	1.06	(2,580)
<b>HHC PPS Service Area</b>		2,223,072	41,600	39,330	1,871	1,769	1.06	(2,270)
Bronx		523,724	13,447	12,240	2,568	2,337	1.10	(1,207)
Brooklyn		812,531	14,175	13,217	1,745	1,627	1.07	(958)
Manhattan		361,806	7,375	5,970	2,038	1,650	1.24	(1,405)
Queens		633,964	8,409	9,346	1,326	1,474	0.90	937
Staten Island		84,575	1,630	1,683	1,927	1,990	0.97	53
<b>UHF Neighborhoods</b>								
Manhattan	Upper West Side	25,217	708	480	2,808	1,902	1.48	(228)
Manhattan	Upper East Side	11,056	321	218	2,903	1,974	1.47	(103)
Manhattan	Chelsea/Clinton	28,901	818	581	2,830	2,011	1.41	(237)
Brooklyn	Flatbush/E. Flatbush	89,157	1,700	1,301	1,907	1,460	1.31	(399)
Brooklyn	Canarsie/Flatlands	47,966	909	700	1,895	1,459	1.30	(209)
Bronx	Kingsbridge/Riverdale	21,615	538	418	2,489	1,934	1.29	(120)
Queens	Rockaway	34,482	476	371	1,380	1,077	1.28	(105)
Manhattan	Gramercy Park/Murray Hill	8,258	156	122	1,889	1,479	1.28	(34)
Manhattan	Central Harlem/Morningside Hgt	54,915	1,397	1,101	2,544	2,004	1.27	(296)
Bronx	Northeast Bronx	49,494	1,427	1,137	2,883	2,297	1.26	(290)
Brooklyn	Bedford/Stuy/Crown Heights	108,547	2,988	2,416	2,753	2,225	1.24	(572)
Manhattan	Washington Hgts/Inwood	103,609	1,728	1,403	1,668	1,354	1.23	(325)
Manhattan	East Harlem	45,030	1,343	1,102	2,982	2,447	1.22	(241)
Brooklyn	Downtown/Heights/Slope	39,233	1,162	996	2,962	2,539	1.17	(166)
Queens	Southeast Queens	42,736	639	572	1,495	1,339	1.12	(67)
Bronx	Highbridge/Morrisania	99,090	2,603	2,360	2,627	2,381	1.10	(243)
Bronx	Hunts Point/Mott Haven	63,600	1,797	1,656	2,825	2,603	1.09	(141)
Brooklyn	East New York	74,649	1,578	1,460	2,114	1,956	1.08	(118)
Manhattan	Lower Manhattan	9,246	185	171	2,001	1,854	1.08	(14)
Brooklyn	Williamsburg/Bushwick	78,742	1,851	1,720	2,351	2,184	1.08	(131)
Bronx	Crotona/Tremont	98,999	2,500	2,341	2,525	2,364	1.07	(159)
Brooklyn	Coney Island/Sheepshead Bay	100,684	1,733	1,622	1,721	1,611	1.07	(111)
Bronx	Fordham/Bronx Park	100,560	2,536	2,396	2,522	2,382	1.06	(140)
Bronx	Pelham/Throgs Neck	90,366	2,046	1,934	2,264	2,140	1.06	(112)
Queens	Jamaica	89,240	1,578	1,517	1,768	1,700	1.04	(61)
Staten Island	Stapleton/St. George	30,544	706	680	2,311	2,225	1.04	(26)
Queens	Ridgewood/Forest Hills	54,485	814	830	1,494	1,524	0.98	16
Brooklyn	Greenpoint	29,461	320	330	1,086	1,120	0.97	10
Staten Island	Willowbrook	14,652	219	231	1,495	1,575	0.95	12
Queens	Long Island City/Astoria	50,238	793	856	1,578	1,704	0.93	63
Staten Island	Port Richmond	16,170	371	406	2,294	2,508	0.91	35
Staten Island	South Beach/Tottenville	23,209	334	367	1,439	1,583	0.91	33
Manhattan	Greenwich Village/Soho	11,977	136	151	1,136	1,258	0.90	15
Manhattan	Union Sq./Lower Eastside	62,613	541	616	864	984	0.88	75
Queens	West Queens	146,000	1,744	2,085	1,195	1,428	0.84	341
Queens	Southwest Queens	84,363	1,182	1,414	1,401	1,677	0.84	232
Queens	Fresh Meadows	25,066	257	324	1,025	1,291	0.79	67
Brooklyn	Bensonhurst/Bay Ridge	57,891	451	569	779	984	0.79	118
Queens	Bayside/Little Neck	15,474	121	158	782	1,023	0.76	37
Brooklyn	Borough Park	121,292	1,157	1,533	954	1,264	0.75	376
Queens	Flushing/Clearview	90,483	773	1,190	854	1,315	0.65	417
Brooklyn	Sunset Park	64,418	313	561	486	870	0.56	248

**Table 4. Medicaid Prevention Quality Indicator (PQI) Acute Composite (by Region)**

		Medicaid Population	PQI Total (Observed)	PQI Total (Risk-Adjusted Expected)	Rate per 100,000 population (Observed)	Rate per 100,000 population (Risk-Adjusted Expected)	Observed (/) Risk Adjusted Expected Ratio	Observed (-) Risk-Adjusted Expected Gap Total
<b>NYS</b>		3,836,393	20,521	20,207	535			(314)
<b>NYC</b>		2,416,600	12,353	12,485	511	517	0.99	132
<b>HHC PPS Service Area</b>		2,223,072	11,316	11,568	509	520	0.98	252
<b>Bronx</b>		523,724	3,384	3,434	646	656	0.99	50
<b>Brooklyn</b>		812,531	3,727	3,762	459	463	0.99	35
<b>Manhattan</b>		361,806	2,140	1,859	591	514	1.15	(281)
<b>Queens</b>		633,964	2,666	2,995	421	472	0.89	329
<b>Staten Island</b>		84,575	436	434	516	513	1.00	(2)
<b>UHF Neighborhoods</b>								
<b>Manhattan</b>	Upper East Side	11,056	118	73	1,067	658	1.62	(45)
<b>Manhattan</b>	Upper West Side	25,217	219	147	868	584	1.49	(72)
<b>Bronx</b>	Kingsbridge/Riverdale	21,615	173	127	800	586	1.37	(46)
<b>Manhattan</b>	Gramercy Park/Murray Hill	8,258	58	46	702	553	1.27	(12)
<b>Brooklyn</b>	Coney Island/Sheepshead Bay	100,684	518	421	514	418	1.23	(97)
<b>Manhattan</b>	Chelsea/Clinton	28,901	275	223	952	773	1.23	(52)
<b>Queens</b>	Rockaway	34,482	145	118	421	344	1.22	(27)
<b>Manhattan</b>	Washington Hgts/Inwood	103,609	499	429	482	414	1.16	(70)
<b>Brooklyn</b>	Canarsie/Flatlands	47,966	254	222	530	463	1.14	(32)
<b>Bronx</b>	Northeast Bronx	49,494	352	308	711	623	1.14	(44)
<b>Brooklyn</b>	Downtown/Heights/Slope	39,233	309	282	788	719	1.10	(27)
<b>Queens</b>	Ridgewood/Forest Hills	54,485	294	269	540	493	1.09	(25)
<b>Manhattan</b>	East Harlem	45,030	305	279	677	619	1.09	(26)
<b>Staten Island</b>	Willowbrook	14,652	77	71	526	485	1.08	(6)
<b>Manhattan</b>	Lower Manhattan	9,246	71	67	768	722	1.06	(4)
<b>Brooklyn</b>	Flatbush/E. Flatbush	89,157	427	403	479	452	1.06	(24)
<b>Staten Island</b>	South Beach/Tottenville	23,209	96	91	414	393	1.05	(5)
<b>Manhattan</b>	Central Harlem/Morningside Hgt	54,915	342	330	623	600	1.04	(12)
<b>Staten Island</b>	Stapleton/St. George	30,544	182	176	596	576	1.03	(6)
<b>Manhattan</b>	Greenwich Village/Soho	11,977	58	56	484	471	1.03	(2)
<b>Brooklyn</b>	Greenpoint	29,461	88	87	299	294	1.02	(1)
<b>Queens</b>	Southeast Queens	42,736	155	155	363	363	1.00	0
<b>Brooklyn</b>	Bedford/Stuy/Crown Heights	108,547	642	645	591	595	0.99	3
<b>Bronx</b>	Pelham/Throgs Neck	90,366	487	493	539	546	0.99	6
<b>Bronx</b>	Fordham/Bronx Park	100,560	680	709	676	705	0.96	29
<b>Bronx</b>	Hunts Point/Mott Haven	63,600	435	454	684	714	0.96	19
<b>Brooklyn</b>	Williamsburg/Bushwick	78,742	405	427	514	542	0.95	22
<b>Bronx</b>	Highbridge/Morrisania	99,090	627	661	633	667	0.95	34
<b>Queens</b>	Long Island City/Astoria	50,238	237	253	472	503	0.94	16
<b>Brooklyn</b>	Bensonhurst/Bay Ridge	57,891	177	191	306	330	0.93	14
<b>Bronx</b>	Crotona/Tremont	98,999	630	681	636	687	0.93	51
<b>Queens</b>	Jamaica	89,240	417	456	467	511	0.91	39
<b>Brooklyn</b>	East New York	74,649	422	469	565	628	0.90	47
<b>Queens</b>	Bayside/Little Neck	15,474	46	51	297	332	0.89	5
<b>Manhattan</b>	Union Sq./Lower Eastside	62,613	176	197	281	315	0.89	21
<b>Brooklyn</b>	Borough Park	121,292	387	449	319	371	0.86	62
<b>Queens</b>	Fresh Meadows	25,066	78	91	311	362	0.86	13
<b>Staten Island</b>	Port Richmond	16,170	81	96	501	593	0.85	15
<b>Queens</b>	West Queens	146,000	650	774	445	530	0.84	124
<b>Queens</b>	Southwest Queens	84,363	342	414	405	491	0.83	72
<b>Queens</b>	Flushing/Clearview	90,483	296	407	327	449	0.73	111
<b>Brooklyn</b>	Sunset Park	64,418	95	164	147	255	0.58	69



**Table 5. Medicaid Prevention Quality Indicator (PQI) Chronic Composite (by Region)**

		Medicaid Population	PQI Total (Observed)	PQI Total (Risk-Adjusted Expected)	Rate per 100,000 population (Observed)	Rate per 100,000 population (Risk-Adjusted Expected)	Observed (/) Risk Adjusted Expected Ratio	Observed (-) Risk-Adjusted Expected Gap Total
<b>NYS</b>		3,836,393	48,568	46,746	1,266			(1,822)
<b>NYC</b>		2,416,600	32,687	29,917	1,353	1,238	1.09	(2,770)
<b>HHC PPS Service Area</b>		2,223,072	30,288	27,705	1,362	1,246	1.09	(2,583)
<b>Bronx</b>		523,724	10,063	8,775	1,921	1,676	1.15	(1,288)
<b>Brooklyn</b>		812,531	10,451	9,449	1,286	1,163	1.11	(1,002)
<b>Manhattan</b>		361,806	5,236	4,110	1,447	1,136	1.27	(1,126)
<b>Queens</b>		633,964	5,743	6,333	906	999	0.91	590
<b>Staten Island</b>		84,575	1,194	1,250	1,412	1,478	0.96	56
<b>UHF Neighborhoods</b>								
<b>Manhattan</b>	Chelsea/Clinton	28,901	543	366	1,879	1,267	1.48	(177)
<b>Manhattan</b>	Upper West Side	25,217	489	332	1,939	1,317	1.47	(157)
<b>Brooklyn</b>	Flatbush/E. Flatbush	89,157	1,273	903	1,428	1,013	1.41	(370)
<b>Manhattan</b>	Upper East Side	11,056	203	146	1,836	1,321	1.39	(57)
<b>Manhattan</b>	Central Harlem/Morningside Hgt	54,915	1,055	772	1,921	1,405	1.37	(283)
<b>Brooklyn</b>	Canarsie/Flatlands	47,966	655	484	1,366	1,009	1.35	(171)
<b>Brooklyn</b>	Bedford/Stuy/Crown Heights	108,547	2,349	1,752	2,164	1,614	1.34	(597)
<b>Queens</b>	Rockaway	34,482	331	253	960	733	1.31	(78)
<b>Bronx</b>	Northeast Bronx	49,494	1,075	821	2,172	1,659	1.31	(254)
<b>Manhattan</b>	Gramercy Park/Murray Hill	8,258	98	75	1,187	914	1.30	(23)
<b>Manhattan</b>	East Harlem	45,030	1,039	818	2,307	1,816	1.27	(221)
<b>Manhattan</b>	Washington Hgts/Inwood	103,609	1,229	973	1,186	939	1.26	(256)
<b>Bronx</b>	Kingsbridge/Riverdale	21,615	365	291	1,689	1,346	1.25	(74)
<b>Brooklyn</b>	Downtown/Heights/Slope	39,233	853	712	2,174	1,814	1.20	(141)
<b>Bronx</b>	Highbridge/Morrisania	99,090	1,976	1,690	1,994	1,706	1.17	(286)
<b>Brooklyn</b>	East New York	74,649	1,156	999	1,549	1,338	1.16	(157)
<b>Queens</b>	Southeast Queens	42,736	484	420	1,133	982	1.15	(64)
<b>Bronx</b>	Hunts Point/Mott Haven	63,600	1,362	1,195	2,142	1,879	1.14	(167)
<b>Brooklyn</b>	Williamsburg/Bushwick	78,742	1,446	1,279	1,836	1,625	1.13	(167)
<b>Bronx</b>	Crotona/Tremont	98,999	1,870	1,658	1,889	1,675	1.13	(212)
<b>Bronx</b>	Fordham/Bronx Park	100,560	1,856	1,685	1,846	1,676	1.10	(171)
<b>Queens</b>	Jamaica	89,240	1,161	1,057	1,301	1,184	1.10	(104)
<b>Bronx</b>	Pelham/Throgs Neck	90,366	1,559	1,434	1,725	1,587	1.09	(125)
<b>Manhattan</b>	Lower Manhattan	9,246	114	105	1,233	1,137	1.08	(9)
<b>Staten Island</b>	Stapleton/St. George	30,544	524	504	1,716	1,649	1.04	(20)
<b>Brooklyn</b>	Coney Island/Sheepshead Bay	100,684	1,215	1,214	1,207	1,206	1.00	(1)
<b>Brooklyn</b>	Greenpoint	29,461	232	244	787	828	0.95	12
<b>Staten Island</b>	Port Richmond	16,170	290	307	1,793	1,898	0.94	17
<b>Queens</b>	Ridgewood/Forest Hills	54,485	520	556	954	1,020	0.94	36
<b>Queens</b>	Long Island City/Astoria	50,238	556	605	1,107	1,204	0.92	49
<b>Staten Island</b>	Willowbrook	14,652	142	159	969	1,086	0.89	17
<b>Manhattan</b>	Union Sq./Lower Eastside	62,613	365	415	583	664	0.88	50
<b>Staten Island</b>	South Beach/Tottenville	23,209	238	281	1,025	1,209	0.85	43
<b>Queens</b>	Southwest Queens	84,363	840	998	996	1,183	0.84	158
<b>Manhattan</b>	Greenwich Village/Soho	11,977	78	93	651	778	0.84	15
<b>Queens</b>	West Queens	146,000	1,094	1,309	749	896	0.84	215
<b>Queens</b>	Fresh Meadows	25,066	179	234	714	933	0.77	55
<b>Brooklyn</b>	Bensonhurst/Bay Ridge	57,891	274	374	473	645	0.73	100
<b>Queens</b>	Bayside/Little Neck	15,474	75	106	485	684	0.71	31
<b>Brooklyn</b>	Borough Park	121,292	770	1,087	635	897	0.71	317
<b>Queens</b>	Flushing/Clearview	90,483	477	776	527	858	0.61	299
<b>Brooklyn</b>	Sunset Park	64,418	218	396	338	615	0.55	178

Table 6. Medicaid Prevention Quality Indicator (PQI) Respiratory Composite (by Region)

		Medicaid Population	PQI Total (Observed)	PQI Total (Risk-Adjusted Expected)	Rate per 100,000 population (Observed)	Rate per 100,000 population (Risk-Adjusted Expected)	Observed (/) Risk Adjusted Expected Ratio	Observed (-) Risk-Adjusted Expected Gap Total
NYS		3,836,393	18,654	17,902	486			(752)
NYC		2,416,600	12,244	11,306	507	468	1.08	(938)
<b>HHC PPS Service Area</b>		2,223,072	11,273	10,404	507	468	1.08	(869)
Bronx		523,724	4,116	3,578	786	683	1.15	(538)
Brooklyn		812,531	3,686	3,414	454	420	1.08	(272)
Manhattan		361,806	1,991	1,611	550	445	1.24	(380)
Queens		633,964	1,920	2,159	303	341	0.89	239
Staten Island		84,575	531	545	628	644	0.97	14
<b>UHF Neighborhoods</b>								
Manhattan	Chelsea/Clinton	28,901	212	151	734	522	1.40	(61)
Manhattan	Upper West Side	25,217	168	120	666	475	1.40	(48)
Manhattan	Upper East Side	11,056	87	64	787	577	1.36	(23)
Brooklyn	Flatbush/E. Flatbush	89,157	391	301	439	337	1.30	(90)
Manhattan	Central Harlem/Morningside Hgt	54,915	398	309	725	563	1.29	(89)
Brooklyn	Canarsie/Flatlands	47,966	190	148	396	308	1.29	(42)
Queens	Rockaway	34,482	104	81	302	236	1.28	(23)
Manhattan	Washington Hgts/Inwood	103,609	406	318	392	307	1.28	(88)
Bronx	Kingsbridge/Riverdale	21,615	143	115	662	531	1.25	(28)
Bronx	Northeast Bronx	49,494	324	260	655	526	1.24	(64)
Brooklyn	Bedford/Stuy/Crown Heights	108,547	855	687	788	633	1.24	(168)
Manhattan	Gramercy Park/Murray Hill	8,258	40	32	484	392	1.24	(8)
Manhattan	East Harlem	45,030	437	354	970	787	1.23	(83)
Bronx	Highbridge/Morrisania	99,090	786	670	793	676	1.17	(116)
Bronx	Crotona/Tremont	98,999	737	640	744	646	1.15	(97)
Bronx	Hunts Point/Mott Haven	63,600	649	564	1,020	887	1.15	(85)
Brooklyn	Downtown/Heights/Slope	39,233	340	297	867	758	1.14	(43)
Brooklyn	East New York	74,649	429	381	575	511	1.13	(48)
Bronx	Fordham/Bronx Park	100,560	810	723	805	719	1.12	(87)
Brooklyn	Williamsburg/Bushwick	78,742	596	535	757	680	1.11	(61)
Bronx	Pelham/Throgs Neck	90,366	667	607	738	671	1.10	(60)
Queens	Southeast Queens	42,736	144	138	337	322	1.05	(6)
Staten Island	Stapleton/St. George	30,544	234	225	766	737	1.04	(9)
Queens	Jamaica	89,240	356	343	399	385	1.04	(13)
Manhattan	Lower Manhattan	9,246	53	51	573	554	1.03	(2)
Brooklyn	Coney Island/Sheepshead Bay	100,684	404	391	401	388	1.03	(13)
Queens	Ridgewood/Forest Hills	54,485	190	194	349	355	0.98	4
Brooklyn	Greenpoint	29,461	68	70	231	236	0.98	2
Staten Island	Port Richmond	16,170	121	126	748	782	0.96	5
Queens	Long Island City/Astoria	50,238	237	253	472	504	0.94	16
Staten Island	Willowbrook	14,652	57	62	389	424	0.92	5
Staten Island	South Beach/Tottenville	23,209	119	131	513	564	0.91	12
Manhattan	Union Sq./Lower Eastside	62,613	144	166	230	265	0.87	22
Manhattan	Greenwich Village/Soho	11,977	33	38	276	319	0.86	5
Queens	West Queens	146,000	390	452	267	310	0.86	62
Queens	Southwest Queens	84,363	233	275	276	325	0.85	42
Queens	Fresh Meadows	25,066	65	84	259	337	0.77	19
Brooklyn	Bensonhurst/Bay Ridge	57,891	95	129	164	222	0.74	34
Brooklyn	Borough Park	121,292	245	342	202	282	0.72	97
Queens	Bayside/Little Neck	15,474	23	34	149	217	0.68	11
Queens	Flushing/Clearview	90,483	172	300	190	331	0.57	128
Brooklyn	Sunset Park	64,418	71	131	110	204	0.54	60

Table 7. Medicaid Beneficiaries with a Respiratory Clinical Risk Grouping Condition (by Region)

		Medicaid Population	Population with a Diagnosis	Diagnosed Prevalence	% With At least 1 All Cause Admission	% With At least 1 All Cause ED Visit
<b>NYS</b>		5,835,794	558,700	9.6%	35.3%	47.3%
<b>NYC</b>		3,595,868	348,955	9.7%	36.0%	44.9%
<b>HHC PPS Service Area</b>		3,317,300	320,240	9.7%	35.8%	45.0%
<b>Bronx</b>		821,339	98,825	12.0%	38.4%	50.7%
<b>Brooklyn</b>		1,237,587	114,076	9.2%	35.8%	41.4%
<b>Manhattan</b>		485,833	52,419	10.8%	38.2%	48.7%
<b>Queens</b>		923,576	70,576	7.6%	31.0%	39.6%
<b>Staten Island</b>		127,533	13,059	10.2%	37.3%	45.5%
<b>UHF Neighborhoods</b>						
<b>Queens</b>	Rockaway	52,664	8,148	15.5%	43.8%	44.0%
<b>Manhattan</b>	East Harlem	65,008	9,304	14.3%	40.2%	55.6%
<b>Bronx</b>	Hunts Point/Mott Haven	102,165	14,577	14.3%	35.7%	50.4%
<b>Manhattan</b>	Chelsea/Clinton	33,022	4,432	13.4%	49.6%	51.2%
<b>Manhattan</b>	Upper West Side	31,499	3,860	12.3%	44.0%	48.4%
<b>Bronx</b>	Highbridge/Morrisania	157,071	19,125	12.2%	38.7%	52.1%
<b>Bronx</b>	Crotona/Tremont	158,601	18,698	11.8%	37.5%	53.4%
<b>Manhattan</b>	Central Harlem/Morningside Hgt	80,466	9,465	11.8%	39.9%	59.3%
<b>Staten Island</b>	Stapleton/St. George	46,686	5,435	11.6%	41.3%	48.6%
<b>Brooklyn</b>	Coney Island/Sheepshead Bay	136,160	15,846	11.6%	34.9%	25.3%
<b>Bronx</b>	Pelham/Throgs Neck	139,194	16,181	11.6%	36.4%	47.9%
<b>Bronx</b>	Fordham/Bronx Park	159,182	18,340	11.5%	39.1%	51.8%
<b>Bronx</b>	Kingsbridge/Riverdale	29,957	3,408	11.4%	43.7%	42.7%
<b>Bronx</b>	Northeast Bronx	75,167	8,496	11.3%	44.5%	48.9%
<b>Brooklyn</b>	Downtown/Heights/Slope	58,124	6,507	11.2%	42.1%	48.7%
<b>Brooklyn</b>	Bedford/Stuy/Crown Heights	167,161	18,349	11.0%	41.3%	55.0%
<b>Manhattan</b>	Upper East Side	13,206	1,428	10.8%	49.6%	33.9%
<b>Brooklyn</b>	East New York	117,543	12,412	10.6%	36.8%	53.5%
<b>Staten Island</b>	Port Richmond	28,478	2,926	10.3%	33.9%	55.1%
<b>Brooklyn</b>	Williamsburg/Bushwick	128,474	13,152	10.2%	35.8%	52.3%
<b>Manhattan</b>	Gramercy Park/Murray Hill	9,839	994	10.1%	42.2%	52.0%
<b>Manhattan</b>	Union Sq./Lower Eastside	81,093	7,890	9.7%	33.9%	40.4%
<b>Brooklyn</b>	Canarsie/Flatlands	68,906	6,594	9.6%	39.2%	40.9%
<b>Queens</b>	Ridgewood/Forest Hills	76,645	7,060	9.2%	28.5%	32.7%
<b>Brooklyn</b>	Bensonhurst/Bay Ridge	80,271	7,316	9.1%	29.8%	23.7%
<b>Staten Island</b>	Willowbrook	20,550	1,871	9.1%	33.7%	34.2%
<b>Manhattan</b>	Washington Hgts/Inwood	143,590	12,911	9.0%	31.2%	44.1%
<b>Staten Island</b>	South Beach/Tottenville	31,799	2,827	8.9%	35.7%	37.4%
<b>Manhattan</b>	Lower Manhattan	12,054	1,006	8.3%	38.6%	45.7%
<b>Queens</b>	Jamaica	134,473	10,759	8.0%	34.2%	48.5%
<b>Manhattan</b>	Greenwich Village/Soho	14,273	1,129	7.9%	33.5%	25.2%
<b>Queens</b>	Fresh Meadows	34,868	2,713	7.8%	25.9%	33.7%
<b>Brooklyn</b>	Flatbush/E. Flatbush	135,688	10,306	7.6%	40.7%	47.8%
<b>Queens</b>	Long Island City/Astoria	71,850	5,436	7.6%	31.2%	39.6%
<b>Brooklyn</b>	Sunset Park	99,554	7,460	7.5%	25.5%	31.1%
<b>Queens</b>	Southwest Queens	124,306	8,733	7.0%	27.0%	42.1%
<b>Queens</b>	Flushing/Clearview	116,769	8,003	6.9%	30.6%	28.8%
<b>Brooklyn</b>	Borough Park	195,830	12,978	6.6%	29.9%	27.0%
<b>Queens</b>	West Queens	229,888	15,193	6.6%	26.2%	39.2%
<b>Brooklyn</b>	Greenpoint	49,127	3,114	6.3%	33.0%	39.2%
<b>Queens</b>	Southeast Queens	60,254	3,511	5.8%	33.4%	44.5%
<b>Queens</b>	Bayside/Little Neck	19,922	952	4.8%	25.6%	25.2%

**Table 8. Medicaid Pediatric Quality Indicator (PDI) - Asthma (by Region)**

		Medicaid Population	PDI Total (Observed)	PDI Total (Risk-Adjusted Expected)	Rate per 100,000 population (Observed)	Rate per 100,000 population (Risk-Adjusted Expected)	Observed (/) Risk Adjusted Expected Ratio	Observed (-) Risk-Adjusted Expected Gap Total
NYS		1,530,412	5,384	4,620	352			(764)
NYC		1,004,480	4,285	3,478	427	346	1.23	(807)
<b>HHC PPS Service Area</b>		932,852	4,128	3,339	443	358	1.24	(789)
Bronx		256,910	1,865	1,431	726	557	1.30	(434)
Brooklyn		359,367	1,278	1,037	356	288	1.23	(241)
Manhattan		105,098	490	390	466	371	1.26	(100)
Queens		245,735	565	542	230	221	1.04	(23)
Staten Island		37,370	87	77	233	207	1.12	(10)
<b>UHF Neighborhoods</b>								
Brooklyn	Bedford/Stuy/Crown Heights	50,231	335	232	667	461	1.45	(103)
Brooklyn	Flatbush/E. Flatbush	39,488	210	145	532	368	1.45	(65)
Brooklyn	Canarsie/Flatlands	17,733	86	60	485	338	1.44	(26)
Manhattan	Central Harlem/Morningside Hgt	21,988	181	130	823	592	1.39	(51)
Bronx	Northeast Bronx	22,079	154	111	697	504	1.38	(43)
Brooklyn	East New York	37,500	209	153	557	409	1.36	(56)
Bronx	Highbridge/Morrisania	50,006	371	276	742	552	1.34	(95)
Bronx	Hunts Point/Mott Haven	33,506	331	248	988	739	1.34	(83)
Queens	Rockaway	15,579	18	14	116	87	1.32	(4)
Bronx	Crotona/Tremont	51,462	334	253	649	492	1.32	(81)
Queens	Southeast Queens	15,602	49	38	314	241	1.31	(11)
Queens	Jamaica	38,430	106	81	276	212	1.30	(25)
Manhattan	East Harlem	17,446	123	96	705	550	1.28	(27)
Staten Island	Port Richmond	10,638	39	31	367	288	1.27	(8)
Bronx	Fordham/Bronx Park	50,209	318	250	633	498	1.27	(68)
Manhattan	Upper West Side	5,299	27	22	510	411	1.24	(5)
Staten Island	Stapleton/St. George	14,046	33	27	235	191	1.23	(6)
Bronx	Pelham/Throgs Neck	42,485	327	268	770	630	1.22	(59)
Manhattan	Gramercy Park/Murray Hill	1,174	7	6	596	489	1.22	(1)
Manhattan	Lower Manhattan	2,311	8	7	346	285	1.21	(1)
Bronx	Kingsbridge/Riverdale	7,163	30	25	419	348	1.20	(5)
Brooklyn	Williamsburg/Bushwick	42,669	220	183	516	429	1.20	(37)
Manhattan	Washington Hgts/Inwood	34,260	104	87	304	253	1.20	(17)
Queens	West Queens	70,698	139	125	197	177	1.11	(14)
Manhattan	Chelsea/Clinton	3,728	18	17	483	453	1.07	(1)
Brooklyn	Downtown/Heights/Slope	16,251	62	58	382	358	1.07	(4)
Queens	Long Island City/Astoria	18,601	39	39	210	212	0.99	0
Queens	Ridgewood/Forest Hills	18,533	53	54	286	291	0.98	1
Queens	Southwest Queens	34,540	102	106	295	307	0.96	4
Manhattan	Upper East Side	1,228	3	3	244	255	0.96	0
Brooklyn	Sunset Park	27,970	30	34	107	122	0.88	4
Brooklyn	Coney Island/Sheepshead Bay	30,047	39	45	130	150	0.86	6
Manhattan	Union Sq./Lower Eastside	15,773	17	21	108	131	0.82	4
Staten Island	Willowbrook	5,222	8	10	153	187	0.82	2
Queens	Fresh Meadows	8,245	16	22	194	261	0.74	6
Brooklyn	Bensonhurst/Bay Ridge	18,993	18	25	95	133	0.71	7
Brooklyn	Greenpoint	16,322	16	23	98	141	0.69	7
Staten Island	South Beach/Tottenville	7,464	7	10	94	136	0.69	3
Queens	Flushing/Clearview	21,610	35	51	162	235	0.69	16
Brooklyn	Borough Park	62,127	53	78	85	125	0.68	25
Queens	Bayside/Little Neck	3,856	8	13	207	340	0.61	5
Manhattan	Greenwich Village/Soho	1,839	1	2	54	122	0.45	1

**Table 9. Medicaid Prevention Quality Indicator (PQI) - Asthma among Younger Adults (18-39 years) (by Region)**

		Medicaid Population	PQI Total (Observed)	PQI Total (Risk-Adjusted Expected)	Rate per 100,000 population (Observed)	Rate per 100,000 population (Risk-Adjusted Expected)	Observed (/) Risk Adjusted Expected Ratio	Observed (-) Risk-Adjusted Expected Gap Total
NYS		1,770,018	2,410	2,195	136			(215)
NYC		1,077,387	1,733	1,441	161	134	1.20	(292)
<b>HHC PPS Service Area</b>		996,863	1,606	1,315	161	132	1.22	(291)
Bronx		250,692	733	544	292	217	1.35	(189)
Brooklyn		380,018	450	382	118	101	1.18	(68)
Manhattan		137,326	262	206	191	150	1.27	(56)
Queens		270,168	210	225	78	83	0.93	15
Staten Island		39,183	78	84	199	214	0.93	6
<b>UHF Neighborhoods</b>								
Bronx	Highbridge/Morrisania	48,324	164	117	339	243	1.40	(47)
Bronx	Hunts Point/Mott Haven	31,513	136	98	432	310	1.39	(38)
Bronx	Crotona/Tremont	48,921	109	78	223	160	1.39	(31)
Manhattan	Central Harlem/Morningside Hgt	25,225	68	49	270	196	1.38	(19)
Brooklyn	Canarsie/Flatlands	21,894	19	14	87	64	1.36	(5)
Brooklyn	Bedford/Stuy/Crown Heights	54,658	120	88	220	161	1.36	(32)
Bronx	Northeast Bronx	22,917	62	46	271	200	1.35	(16)
Brooklyn	Flatbush/E. Flatbush	42,840	45	34	105	78	1.34	(11)
Brooklyn	East New York	37,839	59	44	156	116	1.34	(15)
Manhattan	Washington Hgts/Inwood	41,435	54	41	130	98	1.33	(13)
Bronx	Fordham/Bronx Park	48,300	141	107	292	221	1.32	(34)
Brooklyn	Williamsburg/Bushwick	38,918	122	93	313	240	1.31	(29)
Queens	Rockaway	14,488	5	4	35	27	1.29	(1)
Manhattan	East Harlem	19,237	78	60	405	314	1.29	(18)
Bronx	Kingsbridge/Riverdale	8,019	9	7	112	87	1.29	(2)
Manhattan	Chelsea/Clinton	8,958	23	18	257	205	1.25	(5)
Bronx	Pelham/Throgs Neck	42,698	112	90	262	211	1.24	(22)
Manhattan	Upper West Side	7,971	19	16	238	202	1.18	(3)
Staten Island	Port Richmond	8,762	19	16	217	184	1.18	(3)
Queens	Jamaica	42,201	62	53	147	126	1.17	(9)
Queens	Southeast Queens	18,944	16	14	84	73	1.16	(2)
Brooklyn	Downtown/Heights/Slope	17,470	28	25	160	143	1.12	(3)
Manhattan	Gramercy Park/Murray Hill	2,524	3	3	119	109	1.09	(0)
Manhattan	Upper East Side	2,923	2	2	68	64	1.07	(0)
Staten Island	Stapleton/St. George	13,822	34	33	246	242	1.02	(1)
Queens	Ridgewood/Forest Hills	22,389	19	19	85	85	1.00	(0)
Manhattan	Lower Manhattan	3,041	4	4	132	139	0.95	0
Queens	Long Island City/Astoria	22,286	19	20	85	92	0.93	1
Queens	Southwest Queens	37,178	34	37	91	99	0.93	3
Queens	West Queens	64,017	29	32	45	50	0.91	3
Manhattan	Union Sq./Lower Eastside	22,093	9	11	41	48	0.85	2
Brooklyn	Greenpoint	14,913	4	5	27	33	0.81	1
Brooklyn	Coney Island/Sheepshead Bay	36,995	24	30	65	82	0.79	6
Staten Island	Willowbrook	6,187	13	17	210	278	0.76	4
Staten Island	South Beach/Tottenville	10,412	12	17	115	165	0.70	5
Queens	Fresh Meadows	10,127	11	16	109	156	0.70	5
Brooklyn	Sunset Park	32,551	5	8	15	23	0.65	3
Brooklyn	Bensonhurst/Bay Ridge	22,529	5	8	22	36	0.62	3
Brooklyn	Borough Park	59,256	19	33	32	56	0.58	14
Queens	Bayside/Little Neck	5,071	4	7	79	141	0.56	3
Queens	Flushing/Clearview	32,973	10	23	30	70	0.43	13
Manhattan	Greenwich Village/Soho	3,748	-	-	-	-	-	-



**Table 10. Medicaid Prevention Quality Indicator (PQI) - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults (40 years or older) (by Region)**

		Medicaid Population	PQI Total (Observed)	PQI Total (Risk-Adjusted Expected)	Rate per 100,000 population (Observed)	Rate per 100,000 population (Risk-Adjusted Expected)	Observed (/) Risk Adjusted Expected Ratio	Observed (-) Risk-Adjusted Expected Gap Total
<b>NYS</b>		2,066,375	16,244	15,545	786	752	1.04	(699)
<b>NYC</b>		1,339,213	10,511	9,983	785	745	1.05	(528)
<b>HHC PPS Service Area</b>		1,226,209	9,667	9,158	788	747	1.06	(509)
<b>Bronx</b>		273,032	3,383	2,933	1,239	1,074	1.15	(450)
<b>Brooklyn</b>		432,513	3,236	2,986	748	690	1.08	(250)
<b>Manhattan</b>		224,480	1,729	1,572	770	700	1.10	(157)
<b>Queens</b>		363,796	1,710	2,032	470	559	0.84	322
<b>Staten Island</b>		45,392	453	459	998	1,011	0.99	6
<b>UHF Neighborhoods</b>								
<b>Brooklyn</b>	Flatbush/E. Flatbush	46,317	346	260	747	561	1.33	(86)
<b>Brooklyn</b>	Bedford/Stuy/Crown Heights	53,889	735	563	1,364	1,045	1.31	(172)
<b>Manhattan</b>	Central Harlem/Morningside Hgt	29,690	330	259	1,111	874	1.27	(71)
<b>Bronx</b>	Northeast Bronx	26,577	262	211	986	793	1.24	(51)
<b>Brooklyn</b>	Canarsie/Flatlands	26,072	171	138	656	531	1.24	(33)
<b>Bronx</b>	Highbridge/Morrisania	50,766	622	524	1,225	1,032	1.19	(98)
<b>Queens</b>	Rockaway	19,994	99	84	495	419	1.18	(15)
<b>Bronx</b>	Crotona/Tremont	50,078	628	534	1,254	1,067	1.17	(94)
<b>Brooklyn</b>	East New York	36,810	370	315	1,005	856	1.17	(55)
<b>Bronx</b>	Hunts Point/Mott Haven	32,087	513	437	1,599	1,363	1.17	(76)
<b>Manhattan</b>	Washington Hgts/Inwood	62,174	352	301	566	485	1.17	(51)
<b>Manhattan</b>	Upper West Side	17,246	149	128	864	741	1.17	(21)
<b>Manhattan</b>	East Harlem	25,793	359	308	1,392	1,195	1.16	(51)
<b>Brooklyn</b>	Williamsburg/Bushwick	39,824	474	415	1,190	1,043	1.14	(59)
<b>Bronx</b>	Fordham/Bronx Park	52,260	669	596	1,280	1,140	1.12	(73)
<b>Manhattan</b>	Chelsea/Clinton	19,943	189	168	948	845	1.12	(21)
<b>Brooklyn</b>	Downtown/Heights/Slope	21,763	312	280	1,434	1,285	1.12	(32)
<b>Bronx</b>	Pelham/Throgs Neck	47,668	555	507	1,164	1,064	1.09	(48)
<b>Brooklyn</b>	Greenpoint	14,548	64	59	440	403	1.09	(5)
<b>Bronx</b>	Kingsbridge/Riverdale	13,596	134	123	986	905	1.09	(11)
<b>Manhattan</b>	Upper East Side	8,133	85	81	1,045	996	1.05	(4)
<b>Staten Island</b>	Port Richmond	7,408	102	97	1,377	1,313	1.05	(5)
<b>Queens</b>	Jamaica	47,039	294	283	625	602	1.04	(11)
<b>Manhattan</b>	Gramercy Park/Murray Hill	5,734	37	36	645	629	1.03	(1)
<b>Staten Island</b>	Stapleton/St. George	16,722	200	195	1,196	1,168	1.02	(5)
<b>Queens</b>	Southeast Queens	23,792	128	132	538	554	0.97	4
<b>Queens</b>	Ridgewood/Forest Hills	32,096	171	182	533	568	0.94	11
<b>Brooklyn</b>	Coney Island/Sheepshead Bay	63,689	380	410	597	644	0.93	30
<b>Staten Island</b>	South Beach/Tottenville	12,797	107	117	836	912	0.92	10
<b>Queens</b>	Long Island City/Astoria	27,952	218	239	780	856	0.91	21
<b>Staten Island</b>	Willowbrook	8,465	44	50	520	587	0.89	6
<b>Manhattan</b>	Lower Manhattan	6,205	49	56	790	902	0.88	7
<b>Queens</b>	West Queens	81,983	361	437	440	533	0.83	76
<b>Queens</b>	Southwest Queens	47,185	199	247	422	523	0.81	48
<b>Brooklyn</b>	Borough Park	62,036	226	297	364	479	0.76	71
<b>Manhattan</b>	Union Sq./Lower Eastside	40,520	135	179	333	443	0.75	44
<b>Manhattan</b>	Greenwich Village/Soho	8,229	33	46	401	556	0.72	13
<b>Queens</b>	Fresh Meadows	14,939	54	75	361	505	0.72	21
<b>Brooklyn</b>	Bensonhurst/Bay Ridge	35,362	90	133	255	376	0.68	43
<b>Queens</b>	Bayside/Little Neck	10,403	19	33	183	314	0.58	14
<b>Brooklyn</b>	Sunset Park	31,867	66	115	207	360	0.57	49
<b>Queens</b>	Flushing/Clearview	57,510	162	315	282	548	0.51	153



**Table 11. Medicaid Beneficiaries with an Asthma Condition Diagnosis (by Region)**

		Medicaid Population	Population with a Diagnosis	Diagnosed Prevalence	% With At least 1 All Cause Admission	% With At least 1 All Cause ED Visit
<b>NYS</b>		5,835,794	375,170	6.4%	26.8%	50.3%
<b>NYC</b>		3,595,868	240,241	6.7%	27.6%	48.3%
<b>HHC PPS Service Area</b>		3,317,300	222,172	6.7%	27.5%	48.3%
<b>Bronx</b>		821,339	73,135	8.9%	29.9%	52.4%
<b>Brooklyn</b>		1,237,587	74,590	6.0%	27.2%	45.8%
<b>Manhattan</b>		485,833	36,699	7.6%	30.2%	52.0%
<b>Queens</b>		923,576	47,526	5.1%	22.4%	43.0%
<b>Staten Island</b>		127,533	8,291	6.5%	28.1%	48.6%
<b>UHF Neighborhoods</b>						
<b>Bronx</b>	Hunts Point/Mott Haven	102,165	11,506	11.3%	28.4%	50.7%
<b>Manhattan</b>	East Harlem	65,008	6,959	10.7%	32.3%	58.5%
<b>Bronx</b>	Highbridge/Morrisania	157,071	14,265	9.1%	29.9%	53.6%
<b>Bronx</b>	Crotona/Tremont	158,601	14,384	9.1%	30.0%	54.3%
<b>Manhattan</b>	Central Harlem/Morningside Hgt	80,466	7,004	8.7%	32.3%	61.5%
<b>Queens</b>	Rockaway	52,664	4,547	8.6%	29.8%	50.8%
<b>Bronx</b>	Pelham/Throgs Neck	139,194	12,006	8.6%	28.1%	49.3%
<b>Bronx</b>	Fordham/Bronx Park	159,182	13,254	8.3%	30.7%	53.6%
<b>Manhattan</b>	Chelsea/Clinton	33,022	2,712	8.2%	40.9%	53.8%
<b>Manhattan</b>	Upper West Side	31,499	2,511	8.0%	34.5%	52.6%
<b>Brooklyn</b>	Bedford/Stuy/Crown Heights	167,161	13,314	8.0%	32.2%	57.5%
<b>Brooklyn</b>	East New York	117,543	9,259	7.9%	28.9%	55.9%
<b>Brooklyn</b>	Williamsburg/Bushwick	128,474	9,968	7.8%	28.9%	53.9%
<b>Brooklyn</b>	Downtown/Heights/Slope	58,124	4,438	7.6%	33.7%	52.1%
<b>Staten Island</b>	Port Richmond	28,478	2,142	7.5%	28.1%	56.8%
<b>Bronx</b>	Northeast Bronx	75,167	5,622	7.5%	33.9%	53.9%
<b>Staten Island</b>	Stapleton/St. George	46,686	3,304	7.1%	30.6%	51.9%
<b>Bronx</b>	Kingsbridge/Riverdale	29,957	2,098	7.0%	32.8%	47.4%
<b>Manhattan</b>	Gramercy Park/Murray Hill	9,839	662	6.7%	34.4%	56.0%
<b>Manhattan</b>	Union Sq./Lower Eastside	81,093	5,343	6.6%	27.6%	44.1%
<b>Manhattan</b>	Washington Hgts/Inwood	143,590	9,273	6.5%	23.2%	46.1%
<b>Manhattan</b>	Lower Manhattan	12,054	727	6.0%	35.8%	51.4%
<b>Brooklyn</b>	Coney Island/Sheepshead Bay	136,160	7,899	5.8%	24.7%	31.3%
<b>Queens</b>	Jamaica	134,473	7,760	5.8%	25.6%	50.7%
<b>Brooklyn</b>	Canarsie/Flatlands	68,906	3,968	5.8%	28.2%	46.1%
<b>Manhattan</b>	Upper East Side	13,206	757	5.7%	35.5%	45.4%
<b>Queens</b>	Ridgewood/Forest Hills	76,645	4,392	5.7%	22.4%	37.2%
<b>Staten Island</b>	Willowbrook	20,550	1,118	5.4%	23.3%	37.7%
<b>Staten Island</b>	South Beach/Tottenville	31,799	1,727	5.4%	26.2%	39.3%
<b>Queens</b>	Long Island City/Astoria	71,850	3,830	5.3%	23.3%	42.6%
<b>Manhattan</b>	Greenwich Village/Soho	14,273	751	5.3%	28.8%	28.4%
<b>Queens</b>	Southwest Queens	124,306	6,469	5.2%	20.7%	43.7%
<b>Queens</b>	Fresh Meadows	34,868	1,807	5.2%	20.8%	36.9%
<b>Brooklyn</b>	Bensonhurst/Bay Ridge	80,271	4,157	5.2%	19.7%	25.3%
<b>Brooklyn</b>	Flatbush/E. Flatbush	135,688	6,962	5.1%	30.3%	50.3%
<b>Brooklyn</b>	Sunset Park	99,554	5,057	5.1%	19.2%	33.8%
<b>Queens</b>	West Queens	229,888	10,636	4.6%	18.2%	42.7%
<b>Queens</b>	Southeast Queens	60,254	2,650	4.4%	27.5%	46.1%
<b>Brooklyn</b>	Greenpoint	49,127	2,091	4.3%	25.5%	43.3%
<b>Queens</b>	Flushing/Clearview	116,769	4,706	4.0%	19.4%	31.1%
<b>Brooklyn</b>	Borough Park	195,830	7,435	3.8%	19.2%	29.6%
<b>Queens</b>	Bayside/Little Neck	19,922	661	3.3%	19.2%	27.5%

**Table 12. Medicaid Prevention Quality Indicator (PQI) Circulatory Composite (by Region)**

		Medicaid Population	PQI Total (Observed)	PQI Total (Risk-Adjusted Expected)	Rate per 100,000 population (Observed)	Rate per 100,000 population (Risk-Adjusted Expected)	Observed (/) Risk Adjusted Expected Ratio	Observed (-) Risk-Adjusted Expected Gap Total
<b>NYS</b>		3,836,393	15,795	15,370	412			(425)
<b>NYC</b>		2,416,600	11,140	10,185	461	421	1.09	(955)
<b>HHC PPS Service Area</b>		2,223,072	10,383	9,504	467	428	1.09	(879)
<b>Bronx</b>		523,724	3,173	2,873	606	549	1.10	(300)
<b>Brooklyn</b>		812,531	3,694	3,316	455	408	1.11	(378)
<b>Manhattan</b>		361,806	1,759	1,312	486	363	1.34	(447)
<b>Queens</b>		633,964	2,195	2,339	346	369	0.94	144
<b>Staten Island</b>		84,575	319	344	377	407	0.93	25
<b>UHF Neighborhoods</b>								
<b>Manhattan</b>	Upper West Side	25,217	178	107	706	424	1.67	(71)
<b>Manhattan</b>	Upper East Side	11,056	60	37	543	338	1.60	(23)
<b>Manhattan</b>	Chelsea/Clinton	28,901	165	105	571	363	1.57	(60)
<b>Brooklyn</b>	Flatbush/E. Flatbush	89,157	478	315	536	354	1.52	(163)
<b>Brooklyn</b>	Canarsie/Flatlands	47,966	254	174	530	362	1.46	(80)
<b>Manhattan</b>	Central Harlem/Morningside Hgt	54,915	353	248	643	451	1.42	(105)
<b>Manhattan</b>	Gramercy Park/Murray Hill	8,258	36	26	436	310	1.40	(10)
<b>Brooklyn</b>	Bedford/Stuy/Crown Heights	108,547	743	537	684	495	1.38	(206)
<b>Bronx</b>	Northeast Bronx	49,494	367	266	742	538	1.38	(101)
<b>Queens</b>	Rockaway	34,482	109	80	316	231	1.37	(29)
<b>Bronx</b>	Kingsbridge/Riverdale	21,615	117	87	541	403	1.34	(30)
<b>Manhattan</b>	East Harlem	45,030	303	231	673	513	1.31	(72)
<b>Brooklyn</b>	Downtown/Heights/Slope	39,233	262	206	668	525	1.27	(56)
<b>Manhattan</b>	Washington Hgts/Inwood	103,609	480	378	463	365	1.27	(102)
<b>Queens</b>	Southeast Queens	42,736	223	178	522	416	1.25	(45)
<b>Manhattan</b>	Lower Manhattan	9,246	39	34	422	365	1.16	(5)
<b>Queens</b>	Jamaica	89,240	446	386	500	432	1.16	(60)
<b>Brooklyn</b>	East New York	74,649	346	307	464	412	1.13	(39)
<b>Bronx</b>	Highbridge/Morrisania	99,090	641	576	647	581	1.11	(65)
<b>Brooklyn</b>	Williamsburg/Bushwick	78,742	445	408	565	518	1.09	(37)
<b>Bronx</b>	Hunts Point/Mott Haven	63,600	367	341	577	537	1.07	(26)
<b>Brooklyn</b>	Coney Island/Sheepshead Bay	100,684	524	488	520	485	1.07	(36)
<b>Bronx</b>	Pelham/Throgs Neck	90,366	488	462	540	511	1.06	(26)
<b>Staten Island</b>	Stapleton/St. George	30,544	131	125	429	408	1.05	(6)
<b>Bronx</b>	Crotona/Tremont	98,999	612	584	618	590	1.05	(28)
<b>Bronx</b>	Fordham/Bronx Park	100,560	581	557	578	554	1.04	(24)
<b>Manhattan</b>	Union Sq./Lower Eastside	62,613	126	129	201	205	0.98	3
<b>Queens</b>	Ridgewood/Forest Hills	54,485	188	201	345	370	0.93	13
<b>Staten Island</b>	Willowbrook	14,652	47	51	321	351	0.91	4
<b>Queens</b>	Long Island City/Astoria	50,238	174	191	346	380	0.91	17
<b>Brooklyn</b>	Greenpoint	29,461	91	100	309	340	0.91	9
<b>Manhattan</b>	Greenwich Village/Soho	11,977	14	16	117	132	0.89	2
<b>Staten Island</b>	Port Richmond	16,170	76	88	470	544	0.86	12
<b>Queens</b>	Southwest Queens	84,363	379	453	449	537	0.84	74
<b>Queens</b>	West Queens	146,000	378	459	259	314	0.82	81
<b>Queens</b>	Bayside/Little Neck	15,474	31	38	200	243	0.82	7
<b>Queens</b>	Fresh Meadows	25,066	50	61	199	242	0.82	11
<b>Staten Island</b>	South Beach/Tottenville	23,209	65	80	280	346	0.81	15
<b>Brooklyn</b>	Bensonhurst/Bay Ridge	57,891	120	152	207	263	0.79	32
<b>Queens</b>	Flushing/Clearview	90,483	201	282	222	312	0.71	81
<b>Brooklyn</b>	Borough Park	121,292	357	501	294	413	0.71	144
<b>Brooklyn</b>	Sunset Park	64,418	69	125	107	195	0.55	56

**Table 13. Medicaid Beneficiaries with a Cardiovascular Clinical Risk Grouping Condition (by Region)**

		Medicaid Population	Population with a Diagnosis	Diagnosed Prevalence	% With At least 1 All Cause Admission	% With At least 1 All Cause ED Visit
<b>NYS</b>		5,835,794	1,543,129	26.4%	40.0%	31.3%
<b>NYC</b>		3,595,868	1,085,013	30.2%	40.4%	28.1%
<b>HHC PPS Service Area</b>		3,317,300	996,381	30.0%	40.3%	28.0%
<b>Bronx</b>		821,339	221,109	26.9%	45.2%	35.3%
<b>Brooklyn</b>		1,237,587	393,763	31.8%	40.5%	25.3%
<b>Manhattan</b>		485,833	162,980	33.5%	41.6%	31.5%
<b>Queens</b>		923,576	271,388	29.4%	35.6%	23.9%
<b>Staten Island</b>		127,533	35,773	28.0%	42.4%	30.7%
<b>UHF Neighborhoods</b>						
<b>Brooklyn</b>	Coney Island/Sheepshead Bay	136,160	78,135	57.4%	37.0%	14.4%
<b>Queens</b>	Rockaway	52,664	23,924	45.4%	47.7%	30.1%
<b>Manhattan</b>	Upper East Side	13,206	5,741	43.5%	46.0%	24.2%
<b>Bronx</b>	Kingsbridge/Riverdale	29,957	12,509	41.8%	47.9%	26.7%
<b>Manhattan</b>	Upper West Side	31,499	13,133	41.7%	48.0%	33.2%
<b>Brooklyn</b>	Bensonhurst/Bay Ridge	80,271	31,357	39.1%	32.8%	15.3%
<b>Brooklyn</b>	Canarsie/Flatlands	68,906	26,818	38.9%	43.2%	25.2%
<b>Manhattan</b>	Chelsea/Clinton	33,022	12,615	38.2%	48.2%	39.0%
<b>Queens</b>	Ridgewood/Forest Hills	76,645	27,747	36.2%	35.5%	20.2%
<b>Manhattan</b>	Union Sq./Lower Eastside	81,093	28,702	35.4%	34.2%	22.8%
<b>Brooklyn</b>	Downtown/Heights/Slope	58,124	19,812	34.1%	50.7%	34.6%
<b>Manhattan</b>	Greenwich Village/Soho	14,273	4,788	33.5%	30.8%	15.5%
<b>Manhattan</b>	Washington Hgts/Inwood	143,590	47,415	33.0%	37.4%	28.1%
<b>Bronx</b>	Northeast Bronx	75,167	24,796	33.0%	51.3%	33.1%
<b>Manhattan</b>	East Harlem	65,008	21,434	33.0%	50.2%	40.2%
<b>Staten Island</b>	Willowbrook	20,550	6,763	32.9%	39.2%	22.9%
<b>Manhattan</b>	Lower Manhattan	12,054	3,951	32.8%	34.6%	25.5%
<b>Queens</b>	Flushing/Clearview	116,769	37,374	32.0%	29.0%	16.6%
<b>Staten Island</b>	Stapleton/St. George	46,686	14,414	30.9%	46.4%	34.2%
<b>Queens</b>	Fresh Meadows	34,868	10,718	30.7%	28.7%	19.9%
<b>Queens</b>	Bayside/Little Neck	19,922	5,924	29.7%	24.7%	13.2%
<b>Brooklyn</b>	Borough Park	195,830	57,387	29.3%	34.5%	17.5%
<b>Staten Island</b>	South Beach/Tottenville	31,799	9,293	29.2%	38.0%	25.4%
<b>Queens</b>	Jamaica	134,473	38,881	28.9%	41.2%	30.8%
<b>Queens</b>	Southwest Queens	124,306	35,914	28.9%	35.5%	25.9%
<b>Brooklyn</b>	Bedford/Stuy/Crown Heights	167,161	47,741	28.6%	49.0%	37.7%
<b>Queens</b>	Long Island City/Astoria	71,850	20,511	28.5%	37.5%	26.7%
<b>Manhattan</b>	Gramercy Park/Murray Hill	9,839	2,745	27.9%	42.1%	34.5%
<b>Manhattan</b>	Central Harlem/Morningside Hgt	80,466	22,268	27.7%	46.5%	42.5%
<b>Brooklyn</b>	Flatbush/E. Flatbush	135,688	37,531	27.7%	42.7%	30.5%
<b>Bronx</b>	Pelham/Throgs Neck	139,194	37,536	27.0%	43.1%	33.2%
<b>Brooklyn</b>	East New York	117,543	31,027	26.4%	44.8%	36.4%
<b>Bronx</b>	Highbridge/Morrisania	157,071	40,636	25.9%	44.4%	36.9%
<b>Bronx</b>	Fordham/Bronx Park	159,182	40,823	25.6%	44.8%	35.2%
<b>Queens</b>	Southeast Queens	60,254	15,411	25.6%	37.4%	28.7%
<b>Brooklyn</b>	Williamsburg/Bushwick	128,474	32,841	25.6%	45.0%	37.0%
<b>Bronx</b>	Crotona/Tremont	158,601	40,131	25.3%	44.0%	37.9%
<b>Bronx</b>	Hunts Point/Mott Haven	102,165	24,678	24.2%	44.5%	38.0%
<b>Queens</b>	West Queens	229,888	54,707	23.8%	32.1%	21.3%
<b>Brooklyn</b>	Greenpoint	49,127	10,796	22.0%	40.5%	25.0%
<b>Brooklyn</b>	Sunset Park	99,554	20,214	20.3%	31.7%	21.2%
<b>Staten Island</b>	Port Richmond	28,478	5,303	18.6%	43.2%	40.3%

**Table 14. Medicaid Prevention Quality Indicator (PQI) - Hypertension (by Region)**

		Medicaid Population	PQI Total (Observed)	PQI Total (Risk-Adjusted Expected)	Rate per 100,000 population (Observed)	Rate per 100,000 population (Risk-Adjusted Expected)	Observed (/) Risk Adjusted Expected Ratio	Observed (-) Risk-Adjusted Expected Gap Total
<b>NYS</b>		3,836,393	3,938	3,720	103			(218)
<b>NYC</b>		2,416,600	3,000	2,650	124	110	1.13	(350)
<b>HHC PPS Service Area</b>		2,223,072	2,752	2,407	124	108	1.14	(345)
<b>Bronx</b>		523,724	969	797	185	152	1.22	(172)
<b>Brooklyn</b>		812,531	862	775	106	95	1.11	(87)
<b>Manhattan</b>		361,806	475	343	131	95	1.39	(132)
<b>Queens</b>		633,964	566	588	89	93	0.96	22
<b>Staten Island</b>		84,575	128	147	151	173	0.87	19
<b>UHF Neighborhoods</b>								
<b>Brooklyn</b>	Flatbush/E. Flatbush	89,157	113	69	127	78	1.63	(44)
<b>Manhattan</b>	Upper West Side	25,217	42	27	167	105	1.58	(15)
<b>Manhattan</b>	Central Harlem/Morningside Hgt	54,915	105	68	191	124	1.54	(37)
<b>Brooklyn</b>	Canarsie/Flatlands	47,966	62	40	129	84	1.54	(22)
<b>Manhattan</b>	Chelsea/Clinton	28,901	50	33	173	113	1.54	(17)
<b>Brooklyn</b>	Bedford/Stuy/Crown Heights	108,547	154	101	142	93	1.52	(53)
<b>Bronx</b>	Northeast Bronx	49,494	118	81	238	164	1.45	(37)
<b>Manhattan</b>	Upper East Side	11,056	18	13	163	117	1.39	(5)
<b>Manhattan</b>	East Harlem	45,030	74	53	164	118	1.39	(21)
<b>Queens</b>	Southeast Queens	42,736	64	47	150	111	1.35	(17)
<b>Manhattan</b>	Washington Hgts/Inwood	103,609	128	95	124	92	1.34	(33)
<b>Brooklyn</b>	Downtown/Heights/Slope	39,233	55	41	140	105	1.33	(14)
<b>Manhattan</b>	Gramercy Park/Murray Hill	8,258	10	8	121	91	1.33	(2)
<b>Queens</b>	Rockaway	34,482	21	16	61	46	1.32	(5)
<b>Bronx</b>	Kingsbridge/Riverdale	21,615	25	19	116	89	1.30	(6)
<b>Queens</b>	Jamaica	89,240	103	82	115	92	1.25	(21)
<b>Bronx</b>	Highbridge/Morrisania	99,090	216	173	218	175	1.25	(43)
<b>Brooklyn</b>	East New York	74,649	79	63	106	85	1.25	(16)
<b>Brooklyn</b>	Williamsburg/Bushwick	78,742	108	90	137	114	1.21	(18)
<b>Bronx</b>	Hunts Point/Mott Haven	63,600	108	90	170	141	1.20	(18)
<b>Manhattan</b>	Lower Manhattan	9,246	7	6	76	64	1.18	(1)
<b>Bronx</b>	Crotona/Tremont	98,999	203	172	205	174	1.18	(31)
<b>Bronx</b>	Fordham/Bronx Park	100,560	188	164	187	163	1.14	(24)
<b>Bronx</b>	Pelham/Throgs Neck	90,366	111	97	123	108	1.14	(14)
<b>Manhattan</b>	Union Sq./Lower Eastside	62,613	34	33	54	53	1.02	(1)
<b>Staten Island</b>	Stapleton/St. George	30,544	45	45	147	147	1.01	(0)
<b>Staten Island</b>	Port Richmond	16,170	38	41	235	251	0.93	3
<b>Queens</b>	Long Island City/Astoria	50,238	42	45	84	90	0.93	3
<b>Brooklyn</b>	Coney Island/Sheepshead Bay	100,684	157	174	156	173	0.90	17
<b>Queens</b>	Southwest Queens	84,363	80	89	95	106	0.90	9
<b>Brooklyn</b>	Greenpoint	29,461	14	16	48	54	0.89	2
<b>Queens</b>	Ridgewood/Forest Hills	54,485	50	56	92	104	0.89	6
<b>Queens</b>	West Queens	146,000	132	153	90	105	0.86	21
<b>Queens</b>	Fresh Meadows	25,066	12	15	48	59	0.81	3
<b>Staten Island</b>	Willowbrook	14,652	17	21	116	143	0.81	4
<b>Manhattan</b>	Greenwich Village/Soho	11,977	5	6	42	52	0.81	1
<b>Queens</b>	Bayside/Little Neck	15,474	7	9	45	57	0.79	2
<b>Brooklyn</b>	Bensonhurst/Bay Ridge	57,891	21	29	36	51	0.71	8
<b>Queens</b>	Flushing/Clearview	90,483	52	73	57	81	0.71	21
<b>Staten Island</b>	South Beach/Tottenville	23,209	28	40	121	173	0.70	12
<b>Brooklyn</b>	Borough Park	121,292	82	123	68	101	0.67	41
<b>Brooklyn</b>	Sunset Park	64,418	15	26	23	41	0.57	11

**Table 15. Medicaid Beneficiaries with a Hypertension Condition Diagnosis (by Region)**

		Medicaid Population	Population with a Diagnosis	Diagnosed Prevalence	% With At least 1 All Cause Admission	% With At least 1 All Cause ED Visit
<b>NYS</b>		5,835,794	846,221	14.5%	23.1%	30.2%
<b>NYC</b>		3,595,868	564,716	15.7%	22.0%	26.4%
<b>HHC PPS Service Area</b>		3,317,300	518,323	15.6%	21.8%	26.3%
<b>Bronx</b>		821,339	120,257	14.6%	25.3%	33.4%
<b>Brooklyn</b>		1,237,587	190,195	15.4%	21.8%	24.1%
<b>Manhattan</b>		485,833	87,767	18.1%	23.4%	29.6%
<b>Queens</b>		923,576	148,171	16.0%	18.6%	21.6%
<b>Staten Island</b>		127,533	18,326	14.4%	24.4%	28.4%
<b>UHF Neighborhoods</b>						
<b>Brooklyn</b>	Coney Island/Sheepshead Bay	136,160	31,992	23.5%	20.2%	13.7%
<b>Manhattan</b>	Upper East Side	13,206	2,872	21.7%	29.4%	25.0%
<b>Queens</b>	Rockaway	52,664	10,886	20.7%	30.5%	29.2%
<b>Manhattan</b>	Upper West Side	31,499	6,433	20.4%	28.4%	32.8%
<b>Manhattan</b>	Chelsea/Clinton	33,022	6,666	20.2%	30.7%	36.7%
<b>Bronx</b>	Kingsbridge/Riverdale	29,957	5,811	19.4%	27.9%	26.5%
<b>Manhattan</b>	Washington Hgts/Inwood	143,590	27,107	18.9%	18.5%	26.0%
<b>Manhattan</b>	Lower Manhattan	12,054	2,232	18.5%	23.9%	26.7%
<b>Brooklyn</b>	Bensonhurst/Bay Ridge	80,271	14,800	18.4%	16.3%	13.6%
<b>Queens</b>	Bayside/Little Neck	19,922	3,667	18.4%	13.5%	11.4%
<b>Manhattan</b>	Greenwich Village/Soho	14,273	2,598	18.2%	19.0%	15.2%
<b>Brooklyn</b>	Canarsie/Flatlands	68,906	12,519	18.2%	23.3%	23.9%
<b>Manhattan</b>	Union Sq./Lower Eastside	81,093	14,665	18.1%	18.8%	20.2%
<b>Queens</b>	Flushing/Clearview	116,769	20,930	17.9%	14.6%	14.0%
<b>Queens</b>	Ridgewood/Forest Hills	76,645	13,450	17.5%	19.7%	18.6%
<b>Queens</b>	Fresh Meadows	34,868	6,033	17.3%	15.1%	17.9%
<b>Manhattan</b>	Gramercy Park/Murray Hill	9,839	1,658	16.9%	28.9%	34.3%
<b>Manhattan</b>	East Harlem	65,008	10,841	16.7%	29.1%	38.0%
<b>Staten Island</b>	Willowbrook	20,550	3,301	16.1%	20.3%	19.8%
<b>Bronx</b>	Northeast Bronx	75,167	12,070	16.1%	29.3%	32.2%
<b>Queens</b>	Southwest Queens	124,306	19,839	16.0%	17.2%	23.0%
<b>Brooklyn</b>	Downtown/Heights/Slope	58,124	9,189	15.8%	29.4%	32.7%
<b>Queens</b>	Long Island City/Astoria	71,850	11,175	15.6%	19.5%	24.9%
<b>Manhattan</b>	Central Harlem/Morningside Hgt	80,466	12,507	15.5%	26.4%	39.8%
<b>Queens</b>	Jamaica	134,473	20,884	15.5%	21.3%	28.7%
<b>Staten Island</b>	South Beach/Tottenville	31,799	4,876	15.3%	22.1%	24.1%
<b>Staten Island</b>	Stapleton/St. George	46,686	7,066	15.1%	27.0%	31.7%
<b>Queens</b>	Southeast Queens	60,254	9,077	15.1%	19.7%	26.0%
<b>Brooklyn</b>	Flatbush/E. Flatbush	135,688	20,204	14.9%	22.6%	28.0%
<b>Bronx</b>	Pelham/Throgs Neck	139,194	20,209	14.5%	22.8%	31.7%
<b>Brooklyn</b>	Bedford/Stuy/Crown Heights	167,161	24,227	14.5%	27.3%	35.6%
<b>Bronx</b>	Highbridge/Morrisania	157,071	22,764	14.5%	25.1%	34.3%
<b>Bronx</b>	Crotona/Tremont	158,601	22,652	14.3%	25.3%	34.7%
<b>Bronx</b>	Fordham/Bronx Park	159,182	22,418	14.1%	24.6%	33.4%
<b>Bronx</b>	Hunts Point/Mott Haven	102,165	14,333	14.0%	26.1%	36.0%
<b>Brooklyn</b>	East New York	117,543	16,479	14.0%	24.4%	34.2%
<b>Queens</b>	West Queens	229,888	31,953	13.9%	16.3%	19.1%
<b>Brooklyn</b>	Borough Park	195,830	26,819	13.7%	17.0%	15.4%
<b>Brooklyn</b>	Williamsburg/Bushwick	128,474	16,906	13.2%	25.1%	35.5%
<b>Brooklyn</b>	Sunset Park	99,554	11,574	11.6%	15.1%	17.1%
<b>Brooklyn</b>	Greenpoint	49,127	5,382	11.0%	20.6%	24.0%
<b>Staten Island</b>	Port Richmond	28,478	3,083	10.8%	26.7%	36.6%



**Table 16. Medicaid Prevention Quality Indicator (PQI) - Heart Failure (by Region)**

		Medicaid Population	PQI Total (Observed)	PQI Total (Risk-Adjusted Expected)	Rate per 100,000 population (Observed)	Rate per 100,000 population (Risk-Adjusted Expected)	Observed (/) Risk Adjusted Expected Ratio	Observed (-) Risk-Adjusted Expected Gap Total
<b>NYS</b>		3,836,393	10,902	10,697	284			(205)
<b>NYC</b>		2,416,600	7,441	6,908	308	286	1.08	(533)
<b>HHC PPS Service Area</b>		2,223,072	6,978	6,511	314	293	1.07	(467)
<b>Bronx</b>		523,724	2,013	1,897	384	362	1.06	(116)
<b>Brooklyn</b>		812,531	2,598	2,350	320	289	1.11	(248)
<b>Manhattan</b>		361,806	1,190	896	329	248	1.33	(294)
<b>Queens</b>		633,964	1,470	1,588	232	251	0.93	118
<b>Staten Island</b>		84,575	170	177	201	210	0.96	7
<b>UHF Neighborhoods</b>								
<b>Manhattan</b>	Upper East Side	11,056	39	22	353	203	1.74	(17)
<b>Manhattan</b>	Upper West Side	25,217	130	75	516	299	1.73	(55)
<b>Manhattan</b>	Chelsea/Clinton	28,901	107	67	370	231	1.60	(40)
<b>Brooklyn</b>	Flatbush/E. Flatbush	89,157	334	224	375	251	1.49	(110)
<b>Brooklyn</b>	Canarsie/Flatlands	47,966	184	126	384	263	1.46	(58)
<b>Manhattan</b>	Gramercy Park/Murray Hill	8,258	21	15	254	178	1.43	(6)
<b>Queens</b>	Rockaway	34,482	79	57	229	165	1.39	(22)
<b>Manhattan</b>	Central Harlem/Morningside Hgt	54,915	230	166	419	302	1.38	(64)
<b>Bronx</b>	Kingsbridge/Riverdale	21,615	89	65	412	300	1.37	(24)
<b>Bronx</b>	Northeast Bronx	49,494	236	173	477	350	1.36	(63)
<b>Brooklyn</b>	Bedford/Stuy/Crown Heights	108,547	539	402	497	371	1.34	(137)
<b>Manhattan</b>	East Harlem	45,030	209	163	464	361	1.28	(46)
<b>Brooklyn</b>	Downtown/Heights/Slope	39,233	185	147	472	374	1.26	(38)
<b>Manhattan</b>	Washington Hgts/Inwood	103,609	330	266	319	257	1.24	(64)
<b>Queens</b>	Southeast Queens	42,736	148	122	346	284	1.22	(26)
<b>Manhattan</b>	Lower Manhattan	9,246	30	26	324	277	1.17	(4)
<b>Brooklyn</b>	Coney Island/Sheepshead Bay	100,684	348	305	346	303	1.14	(43)
<b>Queens</b>	Jamaica	89,240	318	283	356	317	1.12	(35)
<b>Brooklyn</b>	East New York	74,649	237	220	317	294	1.08	(17)
<b>Staten Island</b>	Stapleton/St. George	30,544	80	75	262	244	1.07	(5)
<b>Bronx</b>	Highbridge/Morrisania	99,090	375	355	378	358	1.06	(20)
<b>Brooklyn</b>	Williamsburg/Bushwick	78,742	299	286	380	364	1.04	(13)
<b>Bronx</b>	Pelham/Throgs Neck	90,366	341	333	377	369	1.02	(8)
<b>Bronx</b>	Hunts Point/Mott Haven	63,600	237	232	373	366	1.02	(5)
<b>Bronx</b>	Fordham/Bronx Park	100,560	362	362	360	360	1.00	(0)
<b>Bronx</b>	Crotona/Tremont	98,999	373	377	377	381	0.99	4
<b>Manhattan</b>	Union Sq./Lower Eastside	62,613	84	87	134	140	0.96	3
<b>Queens</b>	Ridgewood/Forest Hills	54,485	113	118	207	217	0.96	5
<b>Staten Island</b>	Willowbrook	14,652	25	26	171	179	0.95	1
<b>Manhattan</b>	Greenwich Village/Soho	11,977	7	7	58	61	0.95	0
<b>Brooklyn</b>	Greenpoint	29,461	68	74	231	252	0.92	6
<b>Queens</b>	Long Island City/Astoria	50,238	117	131	233	260	0.90	14
<b>Staten Island</b>	South Beach/Tottenville	23,209	34	40	146	170	0.86	6
<b>Staten Island</b>	Port Richmond	16,170	31	37	192	228	0.84	6
<b>Queens</b>	Bayside/Little Neck	15,474	22	26	142	170	0.84	4
<b>Queens</b>	Fresh Meadows	25,066	32	39	128	156	0.82	7
<b>Brooklyn</b>	Bensonhurst/Bay Ridge	57,891	95	117	164	202	0.81	22
<b>Queens</b>	Southwest Queens	84,363	278	346	330	410	0.80	68
<b>Queens</b>	West Queens	146,000	216	270	148	185	0.80	54
<b>Brooklyn</b>	Borough Park	121,292	260	358	214	295	0.73	98
<b>Queens</b>	Flushing/Clearview	90,483	135	188	149	208	0.72	53
<b>Brooklyn</b>	Sunset Park	64,418	48	91	75	140	0.53	43



**Table 17. Medicaid Beneficiaries with a Congestive Heart Failure Condition Diagnosis (by Region)**

		Medicaid Population	Population with a Diagnosis	Diagnosed Prevalence (Per 100,000)	% With At least 1 All Cause Admission	% With At least 1 All Cause ED Visit
<b>NYS</b>		5,835,794	90,070	1,543	61.2%	30.2%
<b>NYC</b>		3,595,868	62,821	1,747	61.6%	28.1%
<b>HHC PPS Service Area</b>		3,317,300	57,786	1,742	61.5%	28.2%
<b>Bronx</b>		821,339	13,258	1,614	67.7%	33.6%
<b>Brooklyn</b>		1,237,587	25,180	2,035	58.0%	24.6%
<b>Manhattan</b>		485,833	8,964	1,845	65.0%	33.0%
<b>Queens</b>		923,576	13,625	1,475	60.1%	26.0%
<b>Staten Island</b>		127,533	1,794	1,407	63.2%	28.2%
<b>UHF Neighborhoods</b>						
<b>Brooklyn</b>	Coney Island/Sheepshead Bay	136,160	6,063	4,453	48.0%	13.4%
<b>Bronx</b>	Kingsbridge/Riverdale	29,957	1,109	3,702	60.7%	23.0%
<b>Manhattan</b>	Upper East Side	13,206	464	3,514	61.9%	17.2%
<b>Queens</b>	Rockaway	52,664	1,795	3,408	65.2%	29.1%
<b>Manhattan</b>	Upper West Side	31,499	941	2,987	64.3%	29.9%
<b>Bronx</b>	Northeast Bronx	75,167	2,033	2,705	67.4%	30.3%
<b>Brooklyn</b>	Canarsie/Flatlands	68,906	1,859	2,698	60.3%	24.3%
<b>Manhattan</b>	Chelsea/Clinton	33,022	832	2,520	69.2%	38.9%
<b>Brooklyn</b>	Downtown/Heights/Slope	58,124	1,333	2,293	68.5%	32.7%
<b>Brooklyn</b>	Bensonhurst/Bay Ridge	80,271	1,829	2,279	51.8%	16.2%
<b>Queens</b>	Ridgewood/Forest Hills	76,645	1,703	2,222	52.1%	20.7%
<b>Manhattan</b>	East Harlem	65,008	1,374	2,114	68.0%	40.5%
<b>Brooklyn</b>	Borough Park	195,830	3,580	1,828	51.3%	17.6%
<b>Staten Island</b>	Willowbrook	20,550	368	1,791	56.3%	20.4%
<b>Brooklyn</b>	Bedford/Stuy/Crown Heights	167,161	2,935	1,756	68.0%	36.4%
<b>Queens</b>	Jamaica	134,473	2,255	1,677	62.4%	30.7%
<b>Brooklyn</b>	Flatbush/E. Flatbush	135,688	2,269	1,672	64.8%	29.9%
<b>Brooklyn</b>	Williamsburg/Bushwick	128,474	2,130	1,658	65.4%	38.2%
<b>Manhattan</b>	Central Harlem/Morningside Hgt	80,466	1,290	1,603	69.5%	43.2%
<b>Bronx</b>	Pelham/Throgs Neck	139,194	2,230	1,602	64.4%	31.4%
<b>Staten Island</b>	Stapleton/St. George	46,686	736	1,576	64.3%	31.4%
<b>Manhattan</b>	Greenwich Village/Soho	14,273	224	1,569	57.1%	16.1%
<b>Manhattan</b>	Washington Hgts/Inwood	143,590	2,245	1,563	64.8%	29.0%
<b>Queens</b>	Bayside/Little Neck	19,922	310	1,556	50.3%	14.8%
<b>Manhattan</b>	Lower Manhattan	12,054	187	1,551	56.1%	30.5%
<b>Manhattan</b>	Union Sq./Lower Eastside	81,093	1,255	1,548	59.3%	28.8%
<b>Manhattan</b>	Gramercy Park/Murray Hill	9,839	152	1,545	63.2%	36.8%
<b>Queens</b>	Fresh Meadows	34,868	534	1,531	52.4%	23.0%
<b>Queens</b>	Southeast Queens	60,254	884	1,467	59.8%	29.8%
<b>Bronx</b>	Fordham/Bronx Park	159,182	2,326	1,461	70.9%	33.5%
<b>Brooklyn</b>	East New York	117,543	1,706	1,451	66.2%	37.0%
<b>Staten Island</b>	South Beach/Tottenville	31,799	459	1,443	64.9%	24.2%
<b>Bronx</b>	Highbridge/Morrisania	157,071	2,242	1,427	68.6%	37.4%
<b>Queens</b>	Flushing/Clearview	116,769	1,646	1,410	56.7%	22.0%
<b>Bronx</b>	Crotona/Tremont	158,601	2,063	1,301	70.3%	39.3%
<b>Queens</b>	Long Island City/Astoria	71,850	916	1,275	64.1%	28.4%
<b>Brooklyn</b>	Greenpoint	49,127	614	1,250	64.7%	26.1%
<b>Queens</b>	Southwest Queens	124,306	1,533	1,233	62.4%	28.6%
<b>Bronx</b>	Hunts Point/Mott Haven	102,165	1,255	1,228	68.8%	36.2%
<b>Queens</b>	West Queens	229,888	2,049	891	62.3%	23.6%
<b>Brooklyn</b>	Sunset Park	99,554	862	866	56.7%	25.9%
<b>Staten Island</b>	Port Richmond	28,478	231	811	67.1%	38.5%

**Table 18. Medicaid Prevention Quality Indicator (PQI) Diabetes Composite (by Region)**

		Medicaid Population	PQI Total (Observed)	PQI Total (Risk-Adjusted Expected)	Rate per 100,000 population (Observed)	Rate per 100,000 population (Risk-Adjusted Expected)	Observed (/) Risk Adjusted Expected Ratio	Observed (-) Risk-Adjusted Expected Gap Total
<b>NYS</b>		3,836,393	14,121	13,437	368			(684)
<b>NYC</b>		2,223,072	8,634	7,793	388	351	1.11	(841)
<b>HHC PPS Service Area</b>		2,416,600	9,305	8,417	385	348	1.11	(888)
<b>Bronx</b>		523,724	2,775	2,338	530	446	1.19	(437)
<b>Brooklyn</b>		812,531	3,072	2,701	378	332	1.14	(371)
<b>Manhattan</b>		361,806	1,486	1,202	411	332	1.24	(284)
<b>Queens</b>		633,964	1,628	1,820	257	287	0.89	192
<b>Staten Island</b>		84,575	344	356	407	421	0.97	12
<b>UHF Neighborhoods</b>								
<b>Manhattan</b>	Chelsea/Clinton	28,901	166	113	574	392	1.46	(53)
<b>Brooklyn</b>	Flatbush/E. Flatbush	89,157	404	281	453	315	1.44	(123)
<b>Brooklyn</b>	Bedford/Stuy/Crown Heights	108,547	751	530	692	488	1.42	(221)
<b>Manhattan</b>	Central Harlem/Morningside Hgt	54,915	304	215	554	392	1.41	(89)
<b>Manhattan</b>	Upper West Side	25,217	143	107	567	423	1.34	(36)
<b>Brooklyn</b>	Canarsie/Flatlands	47,966	211	158	440	330	1.33	(53)
<b>Bronx</b>	Northeast Bronx	49,494	384	292	776	590	1.32	(92)
<b>Manhattan</b>	Gramercy Park/Murray Hill	8,258	22	17	266	205	1.30	(5)
<b>Queens</b>	Rockaway	34,482	118	92	342	266	1.29	(26)
<b>Manhattan</b>	East Harlem	45,030	299	234	664	521	1.28	(65)
<b>Brooklyn</b>	East New York	74,649	381	309	510	414	1.23	(72)
<b>Manhattan</b>	Washington Hgts/Inwood	103,609	343	278	331	269	1.23	(65)
<b>Bronx</b>	Highbridge/Morrisania	99,090	549	448	554	453	1.22	(101)
<b>Brooklyn</b>	Downtown/Heights/Slope	39,233	251	209	640	534	1.20	(42)
<b>Bronx</b>	Hunts Point/Mott Haven	63,600	346	289	544	454	1.20	(57)
<b>Brooklyn</b>	Williamsburg/Bushwick	78,742	406	342	516	434	1.19	(64)
<b>Bronx</b>	Crotona/Tremont	98,999	521	440	526	445	1.18	(81)
<b>Queens</b>	Southeast Queens	42,736	117	101	274	237	1.16	(16)
<b>Manhattan</b>	Upper East Side	11,056	56	49	507	444	1.14	(7)
<b>Bronx</b>	Fordham/Bronx Park	100,560	466	410	463	408	1.14	(56)
<b>Bronx</b>	Kingsbridge/Riverdale	21,615	105	93	486	429	1.13	(12)
<b>Manhattan</b>	Lower Manhattan	9,246	22	19	238	210	1.13	(3)
<b>Queens</b>	Jamaica	89,240	359	322	402	361	1.11	(37)
<b>Bronx</b>	Pelham/Throgs Neck	90,366	404	365	447	404	1.11	(39)
<b>Staten Island</b>	Stapleton/St. George	30,544	159	153	521	501	1.04	(6)
<b>Staten Island</b>	Port Richmond	16,170	93	91	575	565	1.02	(2)
<b>Brooklyn</b>	Greenpoint	29,461	73	75	248	256	0.97	2
<b>Queens</b>	Long Island City/Astoria	50,238	145	160	289	318	0.91	15
<b>Brooklyn</b>	Coney Island/Sheepshead Bay	100,684	287	327	285	325	0.88	40
<b>Queens</b>	Ridgewood/Forest Hills	54,485	142	162	261	297	0.88	20
<b>Queens</b>	Southwest Queens	84,363	228	269	270	319	0.85	41
<b>Staten Island</b>	Willowbrook	14,652	38	45	259	310	0.84	7
<b>Staten Island</b>	South Beach/Tottenville	23,209	54	66	233	284	0.82	12
<b>Queens</b>	West Queens	146,000	326	398	223	273	0.82	72
<b>Manhattan</b>	Union Sq./Lower Eastside	62,613	95	122	152	195	0.78	27
<b>Manhattan</b>	Greenwich Village/Soho	11,977	31	43	259	355	0.73	12
<b>Brooklyn</b>	Borough Park	121,292	168	242	139	199	0.70	74
<b>Queens</b>	Fresh Meadows	25,066	64	93	255	370	0.69	29
<b>Brooklyn</b>	Bensonhurst/Bay Ridge	57,891	59	88	102	152	0.67	29
<b>Queens</b>	Bayside/Little Neck	15,474	21	34	136	222	0.61	13
<b>Queens</b>	Flushing/Clearview	90,483	104	185	115	204	0.56	81
<b>Brooklyn</b>	Sunset Park	64,418	78	139	121	216	0.56	61

**Table 19. Medicaid Beneficiaries with a Diabetes Clinical Risk Grouping Condition (by Region)**

		Medicaid Population	Population with a Diagnosis	Diagnosed Prevalence	% With At least 1 All Cause Admission	% With At least 1 All Cause ED Visit
<b>NYS</b>		5,835,794	562,637	9.6%	32.5%	31.2%
<b>NYC</b>		3,595,868	409,227	11.4%	32.3%	28.6%
<b>HHC PPS Service Area</b>		3,317,300	378,499	11.4%	32.1%	28.5%
<b>Bronx</b>		821,339	91,442	11.1%	37.3%	35.6%
<b>Brooklyn</b>		1,237,587	139,781	11.3%	32.5%	26.4%
<b>Manhattan</b>		485,833	60,619	12.5%	33.5%	31.8%
<b>Queens</b>		923,576	105,074	11.4%	26.5%	23.2%
<b>Staten Island</b>		127,533	12,311	9.7%	35.2%	30.8%
<b>UHF Neighborhoods</b>						
<b>Brooklyn</b>	Coney Island/Sheepshead Bay	136,160	23,603	17.3%	30.0%	15.4%
<b>Queens</b>	Rockaway	52,664	8,424	16.0%	42.0%	29.8%
<b>Manhattan</b>	Upper West Side	31,499	4,461	14.2%	37.9%	33.7%
<b>Brooklyn</b>	Canarsie/Flatlands	68,906	9,754	14.2%	36.0%	24.9%
<b>Manhattan</b>	East Harlem	65,008	8,958	13.8%	40.4%	38.6%
<b>Manhattan</b>	Chelsea/Clinton	33,022	4,420	13.4%	38.3%	37.6%
<b>Bronx</b>	Kingsbridge/Riverdale	29,957	4,001	13.4%	40.7%	28.1%
<b>Bronx</b>	Northeast Bronx	75,167	9,869	13.1%	41.3%	33.6%
<b>Manhattan</b>	Union Sq./Lower Eastside	81,093	10,391	12.8%	27.5%	23.8%
<b>Manhattan</b>	Washington Hgts/Inwood	143,590	18,374	12.8%	29.7%	27.9%
<b>Brooklyn</b>	Downtown/Heights/Slope	58,124	7,416	12.8%	39.7%	34.7%
<b>Queens</b>	Southwest Queens	124,306	15,534	12.5%	23.6%	23.9%
<b>Queens</b>	Jamaica	134,473	16,526	12.3%	28.9%	29.6%
<b>Manhattan</b>	Upper East Side	13,206	1,582	12.0%	40.4%	25.2%
<b>Queens</b>	Ridgewood/Forest Hills	76,645	9,134	11.9%	27.7%	19.7%
<b>Bronx</b>	Pelham/Throgs Neck	139,194	16,221	11.7%	34.0%	33.4%
<b>Brooklyn</b>	Bensonhurst/Bay Ridge	80,271	9,282	11.6%	24.1%	15.4%
<b>Staten Island</b>	Stapleton/St. George	46,686	5,310	11.4%	39.5%	34.6%
<b>Brooklyn</b>	Flatbush/E. Flatbush	135,688	15,416	11.4%	34.4%	30.0%
<b>Staten Island</b>	Willowbrook	20,550	2,319	11.3%	29.9%	21.9%
<b>Brooklyn</b>	Bedford/Stuy/Crown Heights	167,161	18,715	11.2%	40.3%	36.9%
<b>Queens</b>	Fresh Meadows	34,868	3,902	11.2%	21.2%	18.6%
<b>Queens</b>	Flushing/Clearview	116,769	12,964	11.1%	21.4%	15.8%
<b>Queens</b>	Long Island City/Astoria	71,850	7,959	11.1%	27.2%	25.9%
<b>Manhattan</b>	Central Harlem/Morningside Hgt	80,466	8,774	10.9%	36.9%	41.8%
<b>Bronx</b>	Hunts Point/Mott Haven	102,165	11,020	10.8%	35.9%	37.8%
<b>Bronx</b>	Fordham/Bronx Park	159,182	17,130	10.8%	37.3%	35.8%
<b>Bronx</b>	Highbridge/Morrisania	157,071	16,834	10.7%	37.7%	36.8%
<b>Brooklyn</b>	East New York	117,543	12,580	10.7%	35.4%	35.7%
<b>Manhattan</b>	Lower Manhattan	12,054	1,262	10.5%	32.3%	31.1%
<b>Brooklyn</b>	Williamsburg/Bushwick	128,474	13,297	10.3%	35.2%	36.8%
<b>Bronx</b>	Crotona/Tremont	158,601	16,367	10.3%	38.1%	37.8%
<b>Manhattan</b>	Greenwich Village/Soho	14,273	1,438	10.1%	25.3%	16.9%
<b>Queens</b>	Southeast Queens	60,254	6,003	10.0%	25.5%	27.1%
<b>Queens</b>	West Queens	229,888	22,717	9.9%	24.9%	20.6%
<b>Brooklyn</b>	Borough Park	195,830	18,996	9.7%	24.6%	17.8%
<b>Manhattan</b>	Gramercy Park/Murray Hill	9,839	929	9.4%	35.6%	38.0%
<b>Queens</b>	Bayside/Little Neck	19,922	1,795	9.0%	20.9%	13.8%
<b>Staten Island</b>	South Beach/Tottenville	31,799	2,673	8.4%	32.6%	24.7%
<b>Brooklyn</b>	Greenpoint	49,127	3,642	7.4%	29.7%	27.1%
<b>Brooklyn</b>	Sunset Park	99,554	7,054	7.1%	26.5%	21.7%
<b>Staten Island</b>	Port Richmond	28,478	2,009	7.1%	33.4%	39.4%

**Table 20. Medicaid Beneficiaries with a Mental Health Clinical Risk Grouping Condition (by Region)**

		<b>Medicaid Population</b>	<b>Population with a Diagnosis</b>	<b>Diagnosed Prevalence</b>	<b>% With At least 1 All Cause Admission</b>	<b>% With At least 1 All Cause ED Visit</b>
<b>NYS</b>		5,835,794	1,328,558	22.8%	30.9%	45.8%
<b>NYC</b>		3,595,868	702,585	19.5%	32.3%	42.3%
<b>HHC PPS Service Area</b>		3,317,300	634,219	19.1%	32.0%	42.4%
<b>Bronx</b>		821,339	188,467	22.9%	33.0%	47.1%
<b>Brooklyn</b>		1,237,587	219,397	17.7%	31.3%	38.3%
<b>Manhattan</b>		485,833	130,069	26.8%	35.1%	46.5%
<b>Queens</b>		923,576	133,250	14.4%	30.2%	37.6%
<b>Staten Island</b>		127,533	31,402	24.6%	33.9%	44.9%
<b>UHF Neighborhoods</b>						
<b>Manhattan</b>	Chelsea/Clinton	33,022	16,610	50.3%	41.4%	49.9%
<b>Manhattan</b>	Gramercy Park/Murray Hill	9,839	3,642	37.0%	38.9%	47.1%
<b>Manhattan</b>	Upper West Side	31,499	11,028	35.0%	36.5%	45.1%
<b>Queens</b>	Rockaway	52,664	17,488	33.2%	43.4%	40.2%
<b>Manhattan</b>	Lower Manhattan	12,054	3,994	33.1%	37.1%	48.2%
<b>Manhattan</b>	Upper East Side	13,206	4,158	31.5%	37.6%	38.3%
<b>Manhattan</b>	East Harlem	65,008	20,410	31.4%	37.6%	52.2%
<b>Bronx</b>	Kingsbridge/Riverdale	29,957	9,026	30.1%	37.5%	36.9%
<b>Staten Island</b>	South Beach/Tottenville	31,799	8,714	27.4%	30.3%	40.6%
<b>Brooklyn</b>	Downtown/Heights/Slope	58,124	15,868	27.3%	36.9%	46.0%
<b>Staten Island</b>	Stapleton/St. George	46,686	12,408	26.6%	39.0%	48.8%
<b>Brooklyn</b>	Coney Island/Sheepshead Bay	136,160	34,703	25.5%	28.2%	24.6%
<b>Bronx</b>	Hunts Point/Mott Haven	102,165	25,701	25.2%	31.7%	48.6%
<b>Manhattan</b>	Central Harlem/Morningside Hgt	80,466	19,986	24.8%	36.7%	53.6%
<b>Manhattan</b>	Greenwich Village/Soho	14,273	3,381	23.7%	38.3%	40.4%
<b>Bronx</b>	Crotona/Tremont	158,601	36,406	23.0%	34.1%	50.0%
<b>Staten Island</b>	Willowbrook	20,550	4,703	22.9%	29.5%	35.3%
<b>Bronx</b>	Fordham/Bronx Park	159,182	35,728	22.4%	33.1%	47.9%
<b>Bronx</b>	Pelham/Throgs Neck	139,194	30,833	22.2%	28.9%	43.6%
<b>Bronx</b>	Highbridge/Morrisania	157,071	34,754	22.1%	32.9%	49.0%
<b>Bronx</b>	Northeast Bronx	75,167	16,019	21.3%	37.5%	44.3%
<b>Manhattan</b>	Union Sq./Lower Eastside	81,093	16,891	20.8%	32.3%	42.9%
<b>Manhattan</b>	Washington Hgts/Inwood	143,590	29,748	20.7%	28.2%	40.1%
<b>Queens</b>	Ridgewood/Forest Hills	76,645	15,446	20.2%	25.1%	30.0%
<b>Brooklyn</b>	Bedford/Stuy/Crown Heights	167,161	32,956	19.7%	37.6%	50.6%
<b>Staten Island</b>	Port Richmond	28,478	5,577	19.6%	31.8%	51.2%
<b>Brooklyn</b>	East New York	117,543	22,969	19.5%	33.6%	47.6%
<b>Brooklyn</b>	Williamsburg/Bushwick	128,474	24,881	19.4%	30.3%	48.5%
<b>Brooklyn</b>	Bensonhurst/Bay Ridge	80,271	14,138	17.6%	27.2%	27.8%
<b>Brooklyn</b>	Canarsie/Flatlands	68,906	11,728	17.0%	33.0%	35.4%
<b>Queens</b>	Fresh Meadows	34,868	5,652	16.2%	24.6%	34.2%
<b>Brooklyn</b>	Greenpoint	49,127	7,325	14.9%	27.3%	35.9%
<b>Queens</b>	Jamaica	134,473	19,784	14.7%	32.7%	44.2%
<b>Queens</b>	Long Island City/Astoria	71,850	10,432	14.5%	27.9%	39.5%
<b>Brooklyn</b>	Borough Park	195,830	26,941	13.8%	24.0%	24.1%
<b>Brooklyn</b>	Flatbush/E. Flatbush	135,688	17,611	13.0%	36.5%	43.0%
<b>Queens</b>	Flushing/Clearview	116,769	14,390	12.3%	29.9%	32.7%
<b>Queens</b>	Bayside/Little Neck	19,922	2,400	12.0%	24.9%	27.2%
<b>Queens</b>	Southwest Queens	124,306	14,752	11.9%	25.3%	38.6%
<b>Queens</b>	West Queens	229,888	26,313	11.4%	26.3%	36.2%
<b>Queens</b>	Southeast Queens	60,254	6,509	10.8%	37.2%	46.3%
<b>Brooklyn</b>	Sunset Park	99,554	10,227	10.3%	26.5%	35.9%

**Table 21. Medicaid Beneficiaries with a Substance Abuse Clinical Risk Grouping Condition (by Region)**

		Medicaid Population	Population with a Diagnosis	Diagnosed Prevalence	% With At least 1 All Cause Admission	% With At least 1 All Cause ED Visit
<b>NYS</b>		5,835,794	370,898	6.4%	59.6%	59.9%
<b>NYC</b>		3,595,868	222,198	6.2%	65.0%	58.4%
<b>HHC PPS Service Area</b>		3,317,300	202,634	6.1%	65.1%	58.4%
<b>Bronx</b>		821,339	68,140	8.3%	64.9%	57.8%
<b>Brooklyn</b>		1,237,587	63,171	5.1%	64.4%	58.5%
<b>Manhattan</b>		485,833	54,266	11.2%	68.1%	60.8%
<b>Queens</b>		923,576	26,264	2.8%	60.2%	54.0%
<b>Staten Island</b>		127,533	10,357	8.1%	65.9%	59.6%
<b>UHF Neighborhoods</b>						
<b>Manhattan</b>	Chelsea/Clinton	33,022	10,401	31.5%	71.6%	59.2%
<b>Manhattan</b>	Upper West Side	31,499	5,374	17.1%	63.9%	58.1%
<b>Manhattan</b>	Gramercy Park/Murray Hill	9,839	1,659	16.9%	69.5%	65.4%
<b>Manhattan</b>	East Harlem	65,008	9,878	15.2%	68.3%	61.2%
<b>Manhattan</b>	Lower Manhattan	12,054	1,603	13.3%	73.8%	66.0%
<b>Manhattan</b>	Central Harlem/Morningside Hgt	80,466	10,093	12.5%	66.2%	63.3%
<b>Bronx</b>	Hunts Point/Mott Haven	102,165	12,551	12.3%	61.5%	57.0%
<b>Brooklyn</b>	Bedford/Stuy/Crown Heights	167,161	16,159	9.7%	65.8%	61.3%
<b>Bronx</b>	Crotona/Tremont	158,601	15,141	9.5%	67.0%	59.2%
<b>Brooklyn</b>	Downtown/Heights/Slope	58,124	5,464	9.4%	68.5%	63.7%
<b>Staten Island</b>	Stapleton/St. George	46,686	4,329	9.3%	70.7%	60.6%
<b>Staten Island</b>	South Beach/Tottenville	31,799	2,948	9.3%	61.3%	57.9%
<b>Bronx</b>	Highbridge/Morrisania	157,071	14,126	9.0%	65.5%	57.5%
<b>Manhattan</b>	Union Sq./Lower Eastside	81,093	6,788	8.4%	69.4%	62.1%
<b>Manhattan</b>	Greenwich Village/Soho	14,273	1,172	8.2%	71.6%	62.6%
<b>Brooklyn</b>	East New York	117,543	8,911	7.6%	64.3%	59.4%
<b>Bronx</b>	Fordham/Bronx Park	159,182	11,575	7.3%	66.3%	60.6%
<b>Brooklyn</b>	Williamsburg/Bushwick	128,474	8,983	7.0%	64.3%	60.6%
<b>Manhattan</b>	Upper East Side	13,206	910	6.9%	61.9%	55.7%
<b>Staten Island</b>	Port Richmond	28,478	1,885	6.6%	64.2%	62.7%
<b>Queens</b>	Rockaway	52,664	3,386	6.4%	62.8%	58.3%
<b>Bronx</b>	Pelham/Throgs Neck	139,194	8,820	6.3%	61.9%	52.2%
<b>Bronx</b>	Northeast Bronx	75,167	4,430	5.9%	66.2%	60.2%
<b>Staten Island</b>	Willowbrook	20,550	1,195	5.8%	62.4%	55.2%
<b>Queens</b>	Jamaica	134,473	7,496	5.6%	59.7%	56.6%
<b>Brooklyn</b>	Greenpoint	49,127	2,588	5.3%	70.4%	57.1%
<b>Bronx</b>	Kingsbridge/Riverdale	29,957	1,497	5.0%	68.1%	58.1%
<b>Brooklyn</b>	Flatbush/E. Flatbush	135,688	6,193	4.6%	65.9%	57.5%
<b>Manhattan</b>	Washington Hgts/Inwood	143,590	6,388	4.4%	65.7%	58.0%
<b>Brooklyn</b>	Coney Island/Sheepshead Bay	136,160	5,393	4.0%	62.1%	52.2%
<b>Brooklyn</b>	Canarsie/Flatlands	68,906	2,428	3.5%	62.9%	52.1%
<b>Queens</b>	Southeast Queens	60,254	2,045	3.4%	68.4%	62.0%
<b>Queens</b>	Fresh Meadows	34,868	1,115	3.2%	71.1%	53.3%
<b>Queens</b>	Ridgewood/Forest Hills	76,645	2,294	3.0%	53.4%	46.2%
<b>Brooklyn</b>	Bensonhurst/Bay Ridge	80,271	2,159	2.7%	56.3%	50.5%
<b>Queens</b>	Long Island City/Astoria	71,850	1,909	2.7%	56.1%	56.6%
<b>Queens</b>	Southwest Queens	124,306	2,488	2.0%	57.6%	53.8%
<b>Brooklyn</b>	Sunset Park	99,554	1,888	1.9%	56.3%	54.0%
<b>Queens</b>	West Queens	229,888	3,664	1.6%	60.0%	47.7%
<b>Brooklyn</b>	Borough Park	195,830	3,005	1.5%	58.4%	52.6%
<b>Queens</b>	Flushing/Clearview	116,769	1,617	1.4%	59.4%	47.6%
<b>Queens</b>	Bayside/Little Neck	19,922	250	1.3%	54.4%	47.6%



**Table 22. Medicaid Beneficiaries with a HIV/AIDS Condition Diagnosis (by Region)**

		Medicaid Population	Population with a Diagnosis	Weighted Prevalence (Per 100,000)	% With At least 1 All Cause Admission	% With At least 1 All Cause ED Visit
<b>NYS</b>		5,835,794	53,901	924	25.3%	36.4%
<b>NYC</b>		3,595,868	49,984	1,390	25.1%	35.4%
<b>HHC PPS Service Area</b>		3,317,300	47,477	1,431	25.1%	35.2%
<b>Bronx</b>		821,339	15,674	1,908	30.2%	40.7%
<b>Brooklyn</b>		1,237,587	16,263	1,314	22.6%	33.4%
<b>Manhattan</b>		485,833	10,018	2,062	25.9%	35.7%
<b>Queens</b>		923,576	6,984	756	17.7%	27.0%
<b>Staten Island</b>		127,533	1,045	819	29.0%	42.6%
<b>UHF Neighborhoods</b>						
<b>Manhattan</b>	Chelsea/Clinton	33,022	1,378	4,173	26.1%	35.6%
<b>Manhattan</b>	Gramercy Park/Murray Hill	9,839	290	2,947	29.0%	36.9%
<b>Manhattan</b>	Upper West Side	31,499	900	2,857	31.9%	43.6%
<b>Brooklyn</b>	Bedford/Stuy/Crown Heights	167,161	4,199	2,512	26.8%	41.8%
<b>Manhattan</b>	Central Harlem/Morningside Hgt	80,466	1,902	2,364	27.3%	42.0%
<b>Manhattan</b>	Union Sq./Lower Eastside	81,093	1,902	2,345	19.3%	25.0%
<b>Manhattan</b>	Greenwich Village/Soho	14,273	321	2,249	19.6%	23.4%
<b>Bronx</b>	Hunts Point/Mott Haven	102,165	2,271	2,223	31.8%	43.2%
<b>Manhattan</b>	East Harlem	65,008	1,373	2,112	31.2%	41.4%
<b>Bronx</b>	Crotona/Tremont	158,601	3,292	2,076	32.1%	41.1%
<b>Bronx</b>	Highbridge/Morrisania	157,071	3,255	2,072	33.1%	39.8%
<b>Bronx</b>	Fordham/Bronx Park	159,182	3,111	1,954	27.5%	40.5%
<b>Brooklyn</b>	Flatbush/E. Flatbush	135,688	2,450	1,806	25.9%	37.2%
<b>Bronx</b>	Northeast Bronx	75,167	1,303	1,733	29.2%	42.9%
<b>Brooklyn</b>	Sunset Park	99,554	1,654	1,661	12.0%	9.8%
<b>Brooklyn</b>	East New York	117,543	1,870	1,591	26.7%	41.6%
<b>Manhattan</b>	Upper East Side	13,206	208	1,575	24.5%	30.8%
<b>Bronx</b>	Pelham/Throgs Neck	139,194	2,186	1,570	26.0%	37.9%
<b>Brooklyn</b>	Downtown/Heights/Slope	58,124	833	1,433	26.7%	40.1%
<b>Brooklyn</b>	Williamsburg/Bushwick	128,474	1,840	1,432	24.1%	42.1%
<b>Queens</b>	Rockaway	52,664	658	1,249	27.2%	43.3%
<b>Staten Island</b>	Stapleton/St. George	46,686	573	1,227	31.2%	41.5%
<b>Manhattan</b>	Washington Hgts/Inwood	143,590	1,624	1,131	25.4%	35.5%
<b>Queens</b>	Flushing/Clearview	116,769	1,273	1,090	9.4%	9.6%
<b>Manhattan</b>	Lower Manhattan	12,054	120	996	20.0%	25.8%
<b>Queens</b>	Jamaica	134,473	1,337	994	24.6%	39.3%
<b>Staten Island</b>	Port Richmond	28,478	280	983	27.9%	49.6%
<b>Brooklyn</b>	Canarsie/Flatlands	68,906	595	863	24.0%	32.6%
<b>Bronx</b>	Kingsbridge/Riverdale	29,957	256	855	28.5%	39.8%
<b>Brooklyn</b>	Bensonhurst/Bay Ridge	80,271	576	718	12.5%	9.7%
<b>Queens</b>	West Queens	229,888	1,501	653	13.7%	18.8%
<b>Queens</b>	Fresh Meadows	34,868	220	631	13.2%	16.8%
<b>Queens</b>	Bayside/Little Neck	19,922	125	627	8.8%	8.8%
<b>Brooklyn</b>	Borough Park	195,830	1,221	623	12.4%	15.8%
<b>Queens</b>	Southeast Queens	60,254	366	607	23.2%	37.7%
<b>Queens</b>	Ridgewood/Forest Hills	76,645	462	603	17.5%	29.4%
<b>Brooklyn</b>	Coney Island/Sheepshead Bay	136,160	798	586	17.2%	24.8%
<b>Queens</b>	Long Island City/Astoria	71,850	395	550	20.8%	30.6%
<b>Queens</b>	Southwest Queens	124,306	647	520	17.9%	34.9%
<b>Staten Island</b>	Willowbrook	20,550	98	477	26.5%	37.8%
<b>Brooklyn</b>	Greenpoint	49,127	227	462	24.2%	33.5%
<b>Staten Island</b>	South Beach/Tottenville	31,799	94	296	21.3%	33.0%



**Table 23. Rates of HIV Diagnoses, Persons Living with HIV/AIDS (PWHA), and Death among PWHA (by Region)**

		HIV diagnoses (Per 100,000)	% Persons Living With HIV/AIDS	Age-Adjusted death rate per 1,000 PWHA	Total Population (2010)
NYC		41.6	1.4	14.7	8,175,133
Bronx		47.9	1.7	18.6	1,382,480
Brooklyn		39.2	1.1	17.7	2,504,700
Manhattan		54.9	2.2	12.5	1,577,279
Queens		22.6	0.7	12.3	2,235,260
Staten Island		9.2	0.4	21.0	468,730
<b>UHF Neighborhoods</b>					
Manhattan	Chelsea Clinton	126.3	4.5	10.0	144,896
Manhattan	Central Harlem Morningside Heights	92.8	2.9	16.4	162,652
Brooklyn	Bedford/Stuyvesant Crown Heights	77.1	2.2	20.1	318,898
Manhattan	East Harlem	76.4	2.9	24.8	109,972
Brooklyn	Williamsburg Bushwick	73.2	1.8	20.0	210,468
Bronx	Hunts Point Mott Haven	71.7	2.4	20.3	136,591
Bronx	High Bridge Morrisania	69.8	2.4	21.5	207,631
Brooklyn	East Flatbush Flatbush	60.7	1.6	13.5	296,583
Manhattan	Washington Heights Inwood	56.3	1.7	14.4	248,508
Bronx	Crotona Tremont	50.0	2.3	19.8	206,116
Bronx	Fordham Bronx Park	47.9	1.7	17.9	252,655
Brooklyn	East New York	46.8	1.5	18.6	187,855
Manhattan	Greenwich Village SoHo	46.6	2.7	5.9	83,749
Manhattan	Union Square Lower East Side	45.3	1.7	12.6	198,781
Manhattan	Gramercy Park Murray Hill	40.1	1.7	8.8	134,520
Brooklyn	Canarsie Flatlands	38.5	0.7	12.9	195,027
Bronx	Northeast Bronx	38.3	1.0	15.1	190,668
Brooklyn	Downtown Heights Park Slope	37.9	1.4	16.6	224,199
Queens	Jamaica	36.3	1.0	14.9	289,314
Queens	West Queens	35.8	1.0	10.7	480,501
Bronx	Pelham Throgs Neck	34.2	1.3	16.2	297,927
Manhattan	Upper West Side	30.9	1.5	11.9	220,080
Brooklyn	Greenpoint	29.9	0.8	22.7	127,051
Queens	Long Island City Astoria	29.3	1.0	8.2	204,715
Queens	Rockaway	23.5	0.8	24.9	114,978
Brooklyn	Sunset Park	23.5	0.7	10.20	127,863
Manhattan	Lower Manhattan	22.6	1.0	6.30	53,159
Bronx	Kingsbridge Riverdale	22.0	0.6	8.30	90,892
Staten Island	Stapleton St. George	21.0	0.7	32.3	123,648
Queens	Southeast Queens	16.4	0.6	11.6	189,171
Queens	Southwest Queens	16.1	0.6	14.6	266,265
Manhattan	Upper East Side	15.8	0.7	8.6	220,962
Staten Island	Port Richmond	15.6	0.6	18.50	70,387
Queens	Ridgewood Forest Hills	13.8	0.4	10.6	245,746
Brooklyn	Bensonhurst Bay Ridge	13.5	0.3	22.2	199,271
Brooklyn	Coney Island Sheepshead Bay	9.1	0.4	21.1	285,502
Brooklyn	Borough Park	8.7	0.3	14.8	331,983
Queens	Fresh Meadows	8.30	0.3	17.20	96,831
Queens	Bayside Little Neck	8.00	0.2	-	87,972
Queens	Flushing Clearview	6.9	0.3	16.7	259,767
Staten Island	Willowbrook	2.30	0.2	6.90	85,510
Staten Island	South Beach Tottenville	2.10	0.2	10.60	189,185

Source: New York City HIV/AIDS Annual Surveillance Statistics. New York: New York City Department of Health and Mental Hygiene, 2011.

**Table 24: Chronic Diseases Prevalence and Potentially Avoidable Utilization**

	<b>Prevalence Medicaid Beneficiaries</b>	<b>Percent w/ Hospitalization</b>	<b>Percent w/ ED Visit</b>	<b>Observed PQI Hospitalizations per 100,000 Beneficiaries</b>
<b><u>NYS</u></b>				
Respiratory	9.6%	35.3%	47.3%	486
CVD/Circulatory	26.4%	40.0%	31.3%	412
Diabetes	9.6%	32.5%	31.2%	368
Mental Health	22.8%	30.9%	45.8%	n/a
Substance Abuse	6.4%	59.6%	59.9%	n/a
<b><u>NYC</u></b>				
Respiratory	9.7%	35.3%	47.3%	507
CVD/Circulatory	30.2%	40.4%	28.1%	461
Diabetes	11.4%	32.3%	28.6%	388
Mental Health	19.5%	32.3%	42.3%	n/a
Substance Abuse	6.2%	65.0%	58.4%	n/a
<b><u>Queens service area</u></b>				
Respiratory	7.5%	30.6%	41.6%	2,155
CVD/Circulatory	28.4%	35.7%	24.9%	2,341
Diabetes	11.2%	26.5%	24.2%	1,856
Mental Health	14.2%	29.1%	39.0%	n/a
Substance Abuse	3.3%	61.2%	55.0%	n/a
<b><u>Bronx</u></b>				
Respiratory	12.0	38.4	50.7	786
CVD/Circulatory	26.9	45.2	35.3	606
Diabetes	11.1	37.3	35.6	530
Mental Health	22.9	33.0	47.1	n/a
Substance Abuse	8.3	64.9	57.8	n/a
<b><u>Brooklyn</u></b>				
Respiratory	9.2	35.8	41.4	454
CVD/Circulatory	31.8	40.5	25.3	455
Diabetes	11.3	32.5	26.4	378
Mental Health	17.7	31.3	38.3	n/a
Substance Abuse	5.1	64.4	58.5	n/a
<b><u>Manhattan</u></b>				
Respiratory	10.8	38.2	48.7	550
CVD/Circulatory	33.5	41.6	31.5	486
Diabetes	12.5	33.5	31.8	411
Mental Health	26.8	35.1	46.5	n/a
Substance Abuse	11.2	68.1	60.8	n/a

Table 25. Maternal and Child Health Indicators (by Region)

		% Low Birth Weight	% Preterm Birth	% Medicaid or Self Pay Payer	% Late or No Prenatal Care	Teen Birth per 1000	Infant Death per 1000	Neonatal Death per 1000
NYS		8.1%	11.1%	50.0%	5.5%	24.4	4.8	3.3
NYC		8.5%	11.3%	59.5%	7.0%	25.3	4.4	2.9
<b>HHC PPS Service Area</b>		8.5%	11.4%	63.0%	7.4%	26.6	4.4	2.9
Bronx		9.5%	12.1%	75.4%	10.8%	37.9	5.3	3.5
Brooklyn		8.2%	11.3%	65.9%	6.0%	25.7	4.2	2.6
Manhattan		8.6%	10.7%	37.6%	5.2%	18.4	3.4	2.2
Queens		8.1%	10.9%	55.8%	7.4%	21.7	4.5	3.0
Staten Island		8.0%	11.3%	42.0%	3.3%	16.4	5.1	3.9
<b>UHF Neighborhoods</b>								
Brooklyn	Bedford/Stuy/Crown Heights	11.7%	14.7%	69.5%	8.6%	31.7	6.4	3.7
Manhattan	Central Harlem/Morningside Hgt	11.3%	14.1%	62.2%	9.8%	30.4	8.0	5.4
Queens	Jamaica	11.3%	13.7%	54.0%	9.1%	27.4	7.5	4.8
Brooklyn	Canarsie/Flatlands	10.7%	14.8%	55.9%	8.3%	19.6	6.1	4.0
Brooklyn	Flatbush/E. Flatbush	10.6%	14.4%	69.2%	9.8%	21.5	4.9	3.3
Manhattan	East Harlem	10.4%	13.1%	72.5%	9.1%	40.9	4.9	3.8
Brooklyn	East New York	10.4%	14.7%	72.3%	9.0%	40.9	7.1	4.3
Queens	Southeast Queens	10.4%	13.0%	43.2%	7.1%	13.8	6.5	5.4
Bronx	Northeast Bronx	10.3%	12.4%	64.2%	12.9%	29.2	5.4	3.6
Bronx	Highbridge/Morrisania	9.8%	12.4%	82.2%	11.4%	45.6	5.5	3.2
Bronx	Hunts Point/Mott Haven	9.6%	12.7%	84.9%	11.3%	47.4	7.1	3.9
Queens	Southwest Queens	9.6%	11.8%	43.5%	6.3%	20.0	3.7	2.1
Bronx	Fordham/Bronx Park	9.5%	12.1%	80.5%	10.2%	36.8	4.8	3.3
Bronx	Pelham/Throgs Neck	9.3%	11.8%	66.1%	10.6%	29.4	3.9	2.5
Bronx	Crotona/Tremont	9.3%	12.3%	83.1%	11.3%	45.9	6.4	4.6
Staten Island	Port Richmond	8.9%	13.5%	62.3%	4.1%	36.4	6.0	2.9
Manhattan	Upper West Side	8.7%	10.1%	12.3%	3.0%	8.6	2.2	1.5
Manhattan	Chelsea/Clinton	8.6%	10.1%	18.0%	4.1%	14.3	4.2	2.5
Manhattan	Gramercy Park/Murray Hill	8.5%	10.0%	6.5%	2.9%	3.9	3.0	2.0
Queens	Rockaway	8.4%	11.6%	56.4%	9.4%	32.4	6.1	4.0
Staten Island	Stapleton/St. George	8.2%	11.4%	54.1%	4.5%	21.2	6.5	5.7
Brooklyn	Coney Island/Sheepshead Bay	8.0%	11.1%	62.2%	5.8%	23.6	4.1	2.2
Manhattan	Upper East Side	8.0%	8.7%	6.2%	2.7%	4.6	1.5	1.2
Manhattan	Washington Hgts/Inwood	7.9%	11.0%	69.6%	7.4%	33.5	4.1	2.0
Staten Island	Willowbrook	7.9%	10.3%	33.8%	2.5%	9.1	3.9	2.8
Manhattan	Lower Manhattan	7.8%	9.8%	11.7%	3.1%	3.4	0.7	0.7
Brooklyn	Williamsburg/Bushwick	7.8%	11.7%	80.2%	7.3%	37.5	5.5	3.3
Queens	Long Island City/Astoria	7.7%	10.6%	50.6%	10.9%	18.0	3.7	2.3
Bronx	Kingsbridge/Riverdale	7.7%	10.2%	43.1%	5.3%	17.5	3.5	3.2
Manhattan	Union Sq./Lower Eastside	7.5%	10.4%	54.1%	4.3%	17.9	2.1	1.1
Staten Island	South Beach/Tottenville	7.4%	10.6%	23.8%	2.1%	4.5	4.0	3.4
Manhattan	Greenwich Village/Soho	7.1%	8.3%	15.5%	1.7%	2.1	1.1	1.1
Brooklyn	Bensonhurst/Bay Ridge	6.9%	10.6%	55.7%	5.2%	15.2	4.5	2.7
Queens	Ridgewood/Forest Hills	6.9%	9.3%	44.9%	5.1%	15.4	3.3	2.6
Queens	Fresh Meadows	6.8%	8.7%	42.0%	3.9%	9.6	2.9	1.6
Brooklyn	Downtown/Heights/Slope	6.8%	9.0%	28.8%	2.6%	18.6	2.8	1.8
Queens	West Queens	6.8%	10.8%	78.1%	8.9%	33.3	4.3	3.0
Queens	Bayside/Little Neck	6.7%	8.7%	27.5%	2.6%	4.1	2.0	2.0
Brooklyn	Borough Park	6.2%	8.6%	72.5%	3.5%	20.1	2.3	1.4
Queens	Flushing/Clearview	6.2%	8.4%	61.3%	5.2%	10.1	2.8	1.9
Brooklyn	Sunset Park	5.8%	8.5%	90.0%	4.0%	37.5	2.1	1.7
Brooklyn	Greenpoint	5.4%	8.2%	62.1%	3.4%	16.6	2.5	1.8

Source: 2010-2012 New York State Vital Statistics County/ZIP Code Perinatal Data Profile as of March, 2014, accessed December, 6 2014,

<http://www.health.ny.gov/statistics/chac/perinatal/index.htm>.

\* Preterm Births – prior to 37 weeks of gestation; Low Birth Weight– weight between 100-2499 grams; Late or No Prenatal care– initiated during the third trimester of pregnancy or not at all; Teen Birth – Births to females ages 15-19; Infant Deaths – occurred at less than twelve months of age; Neonatal Deaths – occurred at less than 28 days of age. Total Births are over three year time period.

NEW YORK CITY COMMUNITY  
NEEDS ASSESSMENT  
APPENDIX F – KEY  
DEMOGRAPHIC FACTORS AT  
NEIGHBORHOOD LEVEL

December 16, 2014

Prepared by New York City Health and Hospitals Corporation Corporate Planning Services

# Appendix F: Key Demographic Factors at Neighborhood Level

## Table of Contents

Table 1. Key Demographic Factors (by Region).....	1
Table 2. Household Income (HHI) by Category (by Region).....	2
Table 3. Disability by Numbers of Disability and Type (by Region).....	3
Table 4. Population Living in Group Quarters by Type (by Region) .....	4

Table 1. Key Demographic Factors (by Region)

		% Population below 100% Federal Poverty Level	% Population Non-US Citizen	% Population ≥ 25 years with Less than HS Education	% Population Speaking English "Less than Well"	Average Jail Rate (Per 100,000)	% Population Living with a Disability
NYS		14.9%	10.5%	15.1%	13.4%	382	10.7%
NYC		19.8%	17.7%	20.5%	23.2%	868	10.3%
<b>HHC PPS Service Area</b>		20.9%	18.6%	22.0%	24.6%	914	10.4%
Bronx		29.3%	18.7%	30.6%	25.3%	1,382	13.4%
Brooklyn		22.7%	16.8%	21.9%	24.3%	967	9.7%
Manhattan		17.5%	15.3%	14.4%	16.4%	858	9.9%
Queens		14.1%	21.7%	19.9%	27.8%	507	9.5%
Staten Island		11.3%	7.6%	12.4%	11.5%	637	9.7%
<b>UHF Neighborhoods</b>							
Bronx	Hunts Point/Mott Haven	43.1%	19.2%	44.4%	36.3%	2,219	17.3%
Bronx	Crotona/Tremont	39.3%	23.8%	38.7%	32.2%	1,903	14.6%
Bronx	Highbridge/Morrisania	38.3%	22.4%	39.1%	32.8%	2,107	15.4%
Kings	East New York	32.8%	16.0%	27.0%	14.0%	1,907	8.9%
Kings	Williamsburg/Bushwick	32.5%	19.9%	37.2%	32.2%	1,793	10.5%
New York	East Harlem	31.8%	16.4%	32.2%	23.6%	2,250	14.1%
Bronx	Fordham/Bronx Park	31.3%	23.0%	31.3%	28.2%	1,320	13.4%
Kings	Greenpoint	28.5%	12.2%	18.6%	23.9%	540	7.2%
Kings	Sunset Park	28.4%	34.3%	45.7%	51.8%	482	8.1%
New York	Central Harlem/Morningside Hgt	27.7%	13.3%	19.8%	12.7%	2,124	12.9%
Kings	Bedford/Stuy/Crown Heights	27.1%	13.7%	20.0%	7.0%	2,129	10.6%
New York	Washington Hgts/Inwood	25.8%	26.0%	30.9%	37.9%	1,135	11.9%
Kings	Borough Park	25.2%	20.1%	24.4%	37.5%	225	9.4%
Bronx	Pelham/Throgs Neck	21.8%	14.3%	26.2%	21.3%	911	11.1%
Richmond	Port Richmond	21.6%	12.7%	16.6%	14.1%	1,302	9.4%
Queens	Rockaway	21.4%	11.3%	21.4%	14.1%	1,277	12.7%
New York	Union Sq./Lower Eastside	21.4%	14.3%	21.6%	22.5%	705	11.1%
Kings	Coney Island/Sheepshead Bay	18.2%	14.6%	18.6%	40.3%	567	14.5%
Queens	West Queens	18.2%	35.1%	29.5%	47.0%	400	8.0%
Kings	Flatbush/E. Flatbush	18.1%	20.4%	17.2%	14.0%	926	7.9%
Richmond	Stapleton/St. George	17.0%	12.0%	17.3%	16.1%	1,068	10.5%
Kings	Downtown/Heights/Slope	16.3%	9.3%	11.7%	10.4%	851	8.0%
Queens	Long Island City/Astoria	16.1%	21.6%	18.1%	27.8%	475	9.3%
Bronx	Northeast Bronx	15.4%	13.4%	19.7%	8.9%	761	11.7%
Queens	Jamaica	15.3%	18.5%	20.1%	16.4%	1,118	10.9%
Bronx	Kingsbridge/Riverdale	15.1%	12.0%	17.5%	20.1%	402	12.0%
Kings	Bensonhurst/Bay Ridge	14.7%	15.7%	21.8%	34.3%	283	10.0%
Queens	Fresh Meadows	14.1%	15.9%	12.9%	25.7%	300	9.8%
Queens	Flushing/Clearview	13.0%	25.8%	20.0%	40.8%	200	9.5%
Kings	Canarsie/Flatlands	12.9%	12.6%	13.4%	13.4%	616	9.3%
New York	Lower Manhattan	12.4%	18.1%	9.3%	12.7%	527	6.1%
Queens	Ridgewood/Forest Hills	12.4%	17.8%	14.5%	25.3%	273	9.1%
New York	Upper West Side	12.0%	11.2%	6.2%	7.7%	446	9.4%
Queens	Southwest Queens	11.9%	18.6%	20.9%	18.5%	442	10.0%
New York	Chelsea/Clinton	11.7%	14.3%	6.6%	9.1%	601	8.7%
New York	Greenwich Village/Soho	10.5%	12.5%	9.3%	12.4%	299	6.7%
New York	Gramercy Park/Murray Hill	8.7%	12.6%	2.5%	6.9%	283	6.8%
Richmond	Willowbrook	8.2%	6.3%	10.7%	11.1%	282	10.0%
Queens	Bayside/Little Neck	7.9%	13.3%	10.5%	27.0%	141	9.1%
Queens	Southeast Queens	7.4%	13.2%	13.2%	12.1%	507	9.1%
New York	Upper East Side	6.9%	11.2%	3.5%	5.7%	162	6.8%
Richmond	South Beach/Tottenville	5.6%	3.5%	8.8%	7.8%	294	9.2%

Sources: U.S. Census American Community Survey (ACS), 2008-2012; New York City Department of Corrections Jail Admissions, 2007-2012, Via Gothamist.



**Table 2. Household Income (HHI) by Category (by Region)**

		% HHI \$0- 24,999	% HHI \$25- 49,999	% HHI ≥\$50,000	% HHI \$0- 10,000	% HHI \$10- 14,999	% HHI \$15- 24,999	% HHI \$25- 34,999	% HHI \$35- 49,999
<b>NYS</b>		23.0%	21.2%	55.8%	7.8%	5.2%	9.9%	9.1%	12.0%
<b>NYC</b>		27.2%	21.2%	51.6%	10.5%	6.1%	10.6%	9.4%	11.9%
<b>HHC PPS Service Area</b>		28.7%	22.1%	49.2%	11.1%	6.4%	11.1%	9.8%	12.3%
<b>Bronx</b>		39.4%	24.8%	35.7%	16.1%	8.9%	14.4%	11.3%	13.6%
<b>Brooklyn</b>		30.4%	23.2%	46.4%	11.9%	6.9%	11.5%	10.3%	12.9%
<b>Manhattan</b>		23.6%	16.0%	60.4%	9.8%	5.4%	8.4%	7.2%	8.8%
<b>Queens</b>		21.4%	22.5%	56.2%	6.9%	4.5%	9.9%	9.6%	12.9%
<b>Staten Island</b>		17.8%	17.4%	64.8%	6.3%	4.0%	7.5%	7.2%	10.2%
<b>UHF Neighborhoods</b>									
<b>Bronx</b>	Hunts Point/Mott Haven	55.7%	24.4%	19.9%	25.7%	13.1%	16.8%	12.4%	12.0%
<b>Bronx</b>	Crotona/Tremont	50.6%	26.1%	23.3%	22.0%	11.6%	17.0%	12.5%	13.6%
<b>Bronx</b>	Highbridge/Morrisania	49.9%	26.9%	23.2%	20.7%	11.9%	17.4%	12.1%	14.8%
<b>New York</b>	East Harlem	44.1%	22.4%	33.5%	18.2%	11.6%	14.2%	11.5%	10.9%
<b>Bronx</b>	Fordham/Bronx Park	42.2%	25.7%	32.1%	17.3%	9.7%	15.3%	11.6%	14.1%
<b>Kings</b>	Williamsburg/Bushwick	40.3%	25.1%	34.6%	16.8%	8.5%	15.0%	11.4%	13.8%
<b>Kings</b>	East New York	39.9%	25.6%	34.5%	19.9%	7.6%	12.5%	10.8%	14.7%
<b>New York</b>	Central Harlem/Morningside Hgt	38.1%	22.7%	39.2%	17.4%	8.5%	12.2%	10.9%	11.8%
<b>Kings</b>	Bedford/Stuy/Crown Heights	36.3%	24.2%	39.6%	16.4%	8.3%	11.6%	10.5%	13.6%
<b>New York</b>	Washington Hgts/Inwood	34.0%	25.7%	40.3%	13.1%	7.7%	13.2%	11.8%	13.9%
<b>Kings</b>	Sunset Park	33.6%	27.0%	39.4%	10.8%	7.8%	15.0%	12.3%	14.8%
<b>Kings</b>	Coney Island/Sheepshead Bay	32.9%	23.8%	43.3%	12.9%	7.8%	12.1%	10.8%	13.0%
<b>Kings</b>	Borough Park	31.0%	24.6%	44.4%	9.5%	7.8%	13.7%	11.7%	12.9%
<b>Bronx</b>	Pelham/Throgs Neck	30.8%	23.9%	45.3%	11.4%	6.8%	12.5%	10.1%	13.8%
<b>Queens</b>	Rockaway	30.5%	20.4%	49.1%	14.0%	6.5%	10.1%	9.3%	11.0%
<b>Kings</b>	Greenpoint	29.9%	19.6%	50.5%	11.3%	8.1%	10.5%	8.9%	10.7%
<b>New York</b>	Union Sq./Lower Eastside	29.6%	16.2%	54.2%	12.4%	7.3%	10.0%	7.6%	8.6%
<b>Kings</b>	Flatbush/E. Flatbush	28.5%	26.1%	45.4%	10.4%	6.4%	11.7%	11.2%	14.9%
<b>Richmond</b>	Port Richmond	26.2%	19.6%	54.2%	10.8%	5.8%	9.6%	8.8%	10.8%
<b>Bronx</b>	Northeast Bronx	26.0%	24.3%	49.7%	9.5%	5.4%	11.1%	10.9%	13.4%
<b>Queens</b>	Long Island City/Astoria	25.0%	22.5%	52.4%	8.8%	5.4%	10.8%	9.6%	12.9%
<b>Kings</b>	Bensonhurst/Bay Ridge	23.9%	24.7%	51.4%	7.2%	5.9%	10.8%	11.1%	13.6%
<b>Queens</b>	West Queens	23.9%	27.2%	48.9%	7.0%	5.2%	11.6%	11.8%	15.4%
<b>Richmond</b>	Stapleton/St. George	23.6%	21.2%	55.2%	9.6%	4.9%	9.0%	8.8%	12.4%
<b>Bronx</b>	Kingsbridge/Riverdale	23.3%	20.9%	55.8%	8.4%	4.6%	10.3%	9.3%	11.6%
<b>Queens</b>	Fresh Meadows	22.9%	21.8%	55.3%	8.2%	4.9%	9.7%	9.1%	12.7%
<b>Queens</b>	Flushing/Clearview	22.4%	22.7%	54.9%	7.6%	4.4%	10.5%	10.3%	12.4%
<b>Queens</b>	Ridgewood/Forest Hills	21.6%	20.6%	57.8%	7.0%	4.6%	10.0%	8.7%	11.9%
<b>Queens</b>	Jamaica	21.6%	23.8%	54.6%	7.0%	4.4%	10.2%	9.9%	13.9%
<b>Kings</b>	Canarsie/Flatlands	21.1%	21.4%	57.5%	8.4%	3.9%	8.8%	8.6%	12.8%
<b>Kings</b>	Downtown/Heights/Slope	19.2%	14.5%	66.3%	7.9%	4.3%	7.0%	6.3%	8.2%
<b>New York</b>	Chelsea/Clinton	19.0%	14.8%	66.2%	7.2%	4.5%	7.3%	7.0%	7.8%
<b>New York</b>	Upper West Side	18.9%	12.9%	68.2%	8.5%	4.2%	6.3%	5.6%	7.4%
<b>Queens</b>	Southwest Queens	17.8%	22.0%	60.2%	4.9%	3.8%	9.1%	9.0%	13.0%
<b>New York</b>	Greenwich Village/Soho	17.4%	13.7%	68.9%	7.1%	4.0%	6.3%	5.4%	8.2%
<b>Queens</b>	Bayside/Little Neck	15.8%	17.6%	66.6%	4.5%	2.8%	8.4%	7.8%	9.8%
<b>New York</b>	Lower Manhattan	15.4%	9.3%	75.3%	7.0%	3.7%	4.7%	4.4%	4.9%
<b>Richmond</b>	Willowbrook	14.2%	16.5%	69.3%	4.1%	3.2%	6.9%	6.5%	10.0%
<b>New York</b>	Gramercy Park/Murray Hill	14.1%	10.9%	75.0%	6.1%	2.7%	5.3%	4.3%	6.6%
<b>Richmond</b>	South Beach/Tottenville	12.8%	14.6%	72.6%	3.7%	3.1%	6.0%	6.0%	8.6%
<b>New York</b>	Upper East Side	12.5%	10.9%	76.6%	4.9%	2.5%	5.1%	4.2%	6.6%
<b>Queens</b>	Southeast Queens	11.3%	17.8%	70.9%	2.8%	2.7%	5.8%	6.7%	11.1%

Sources: U.S. Census American Community Survey (ACS), 2008-2012.

**Table 3. Disability by Numbers of Disability and Type (by Region)**

		<b>% ≥Two Disability</b>	<b>% One Disability</b>	<b>% Self Care</b>	<b>% Indep- endent Living</b>	<b>% Cognitive</b>	<b>% Ambulatory</b>	<b>% Vision</b>	<b>% Hearing</b>
<b>NYS</b>		5.3%	5.6%	2.5%	5.3%	4.2%	6.5%	1.9%	4.0%
<b>NYC</b>		5.4%	5.0%	2.7%	5.4%	4.1%	6.8%	2.1%	3.4%
<b>HHC PPS Service Area</b>		5.4%	5.1%	2.7%	5.5%	4.2%	6.9%	2.2%	3.3%
<b>Bronx</b>		6.8%	6.7%	3.0%	6.6%	6.3%	8.6%	2.8%	3.3%
<b>Brooklyn</b>		5.4%	4.3%	2.9%	5.8%	4.0%	6.6%	2.2%	3.2%
<b>Manhattan</b>		4.9%	5.0%	2.4%	4.5%	3.7%	6.4%	1.9%	3.5%
<b>Queens</b>		4.9%	4.7%	2.4%	5.0%	3.4%	6.2%	1.9%	3.6%
<b>Staten Island</b>		4.9%	4.9%	2.4%	5.5%	3.3%	6.3%	1.3%	3.3%
<b>UHF Neighborhoods</b>									
<b>Kings</b>	Coney Island/Sheepshead Bay	9.6%	5.0%	5.6%	10.2%	6.6%	10.7%	3.8%	6.0%
<b>Bronx</b>	Hunts Point/Mott Haven	8.6%	8.8%	3.6%	8.4%	8.9%	11.1%	3.8%	3.3%
<b>Bronx</b>	Highbridge/Morrisania	7.7%	7.7%	3.3%	7.1%	7.5%	10.1%	3.1%	2.9%
<b>Bronx</b>	Crotona/Tremont	7.6%	7.1%	3.2%	7.5%	7.5%	9.1%	2.8%	3.2%
<b>New York</b>	East Harlem	7.5%	6.8%	3.6%	7.1%	6.7%	9.2%	3.3%	3.6%
<b>Queens</b>	Rockaway	6.6%	6.5%	3.6%	7.4%	5.6%	8.3%	3.2%	3.9%
<b>New York</b>	Central Harlem/Morningside Hgt	6.3%	6.7%	2.9%	5.9%	4.8%	9.0%	2.6%	2.6%
<b>Bronx</b>	Fordham/Bronx Park	6.3%	7.2%	2.5%	6.1%	6.6%	8.2%	2.6%	2.8%
<b>New York</b>	Washington Hgts/Inwood	6.2%	5.8%	3.1%	5.9%	4.6%	8.0%	2.4%	2.8%
<b>New York</b>	Union Sq./Lower Eastside	6.2%	5.0%	2.9%	5.5%	4.5%	7.4%	2.2%	4.2%
<b>Bronx</b>	Northeast Bronx	6.1%	5.8%	2.8%	5.8%	4.6%	7.8%	2.8%	3.8%
<b>Bronx</b>	Pelham/Throgs Neck	5.9%	5.2%	2.7%	6.1%	4.6%	7.3%	2.3%	3.5%
<b>Bronx</b>	Kingsbridge/Riverdale	5.9%	6.5%	3.1%	5.7%	5.1%	7.3%	2.2%	4.3%
<b>Kings</b>	Williamsburg/Bushwick	5.7%	4.8%	2.9%	5.9%	4.8%	7.3%	2.3%	2.3%
<b>Kings</b>	Bensonhurst/Bay Ridge	5.7%	4.4%	3.1%	6.5%	3.7%	6.6%	1.7%	4.4%
<b>Richmond</b>	Stapleton/St. George	5.5%	5.1%	3.0%	6.6%	3.8%	6.8%	1.7%	3.3%
<b>Kings</b>	Borough Park	5.5%	3.9%	3.2%	6.5%	4.0%	6.7%	2.0%	3.3%
<b>Queens</b>	Jamaica	5.5%	5.5%	2.7%	5.5%	3.9%	7.0%	2.6%	3.3%
<b>Kings</b>	Bedford/Stuy/Crown Heights	5.2%	5.4%	2.6%	5.3%	3.9%	6.9%	3.0%	2.6%
<b>Queens</b>	Southwest Queens	5.2%	4.8%	2.7%	5.6%	3.6%	6.3%	2.3%	3.7%
<b>Queens</b>	Flushing/Clearview	5.2%	4.4%	2.6%	5.0%	3.1%	6.5%	1.4%	4.4%
<b>Richmond</b>	Willowbrook	5.1%	5.0%	2.6%	6.0%	3.2%	6.9%	1.0%	3.5%
<b>Kings</b>	Canarsie/Flatlands	5.1%	4.2%	2.9%	5.5%	3.5%	6.3%	2.2%	3.3%
<b>Queens</b>	Fresh Meadows	4.9%	5.0%	2.3%	4.9%	3.1%	6.8%	1.9%	4.1%
<b>Queens</b>	Long Island City/Astoria	4.8%	4.5%	2.3%	4.8%	3.1%	6.2%	1.3%	3.3%
<b>Queens</b>	Ridgewood/Forest Hills	4.8%	4.4%	2.5%	5.3%	3.2%	6.3%	1.7%	3.9%
<b>Queens</b>	Bayside/Little Neck	4.7%	4.5%	2.2%	4.9%	2.8%	5.6%	1.8%	4.2%
<b>Kings</b>	East New York	4.5%	4.3%	2.4%	5.2%	3.7%	6.0%	2.2%	2.2%
<b>Richmond</b>	South Beach/Tottenville	4.5%	4.7%	2.1%	4.8%	2.9%	6.0%	1.1%	3.3%
<b>Richmond</b>	Port Richmond	4.5%	5.0%	2.1%	4.8%	3.9%	5.8%	1.3%	2.8%
<b>Kings</b>	Sunset Park	4.4%	3.8%	2.3%	4.8%	4.0%	5.2%	1.8%	2.5%
<b>New York</b>	Upper West Side	4.4%	5.1%	2.4%	4.2%	3.3%	5.9%	1.7%	4.3%
<b>Queens</b>	Southeast Queens	4.3%	4.9%	2.2%	4.8%	3.4%	5.4%	1.5%	3.4%
<b>Kings</b>	Downtown/Heights/Slope	4.2%	4.0%	1.8%	3.8%	3.3%	5.1%	1.6%	2.6%
<b>Kings</b>	Greenpoint	4.2%	3.1%	2.5%	4.4%	3.4%	5.0%	1.9%	2.6%
<b>Queens</b>	West Queens	4.0%	4.2%	1.9%	3.8%	2.9%	5.1%	1.7%	2.9%
<b>Kings</b>	Flatbush/E. Flatbush	3.9%	4.0%	2.0%	4.2%	3.0%	5.2%	1.6%	2.5%
<b>New York</b>	Chelsea/Clinton	3.9%	4.8%	1.7%	3.1%	2.9%	4.9%	1.9%	3.5%
<b>New York</b>	Lower Manhattan	3.3%	2.9%	1.8%	3.4%	2.9%	4.1%	1.0%	2.4%
<b>New York</b>	Gramercy Park/Murray Hill	3.1%	3.8%	1.4%	3.1%	2.5%	3.7%	1.3%	3.4%
<b>New York</b>	Upper East Side	3.0%	3.8%	1.6%	3.0%	2.1%	4.5%	1.1%	4.1%
<b>New York</b>	Greenwich Village/Soho	3.0%	3.8%	1.5%	3.0%	2.2%	3.8%	1.1%	3.6%

Sources: U.S. Census American Community Survey (ACS), 2008-2012.

\*Self-Care – Difficulty bathing or dressing; Independent Living – Difficulty with errands; Cognitive – Difficulty remembering, concentrating, making decisions; Ambulatory – Difficulty walking or climbing stairs; Vision – Blind or serious difficulty seeing; Hearing – Deaf of having serious difficulty hearing

Table 4. Population Living in Group Quarters by Type (by Region)

		Total in Group Quarters	% in Group Quarters	Adult Correctional	Juvenile Facilities	Nursing/Skilled Nursing	Other Health Care	Non-institutional
NYC		134,369	1.6%	18,056	2,107	45,516	4,362	64,328
Estimated DSRI Service Area		122,048	1.6%	17,132	1,800	38,364	4,362	60,390
BX		40,292	2.9%	12,076	442	11,734	1,185	14,855
BK		31,069	1.2%	2,353	372	9,461	1,111	17,772
MN		32,040	2.0%	2,038	743	8,214	1,086	19,959
QN		24,634	1.1%	665	317	13,402	980	9,270
SI		6,334	1.4%	924	233	2,705	-	2,472
<b>PUMA Neighborhoods</b>								
BX CDs 1 & 2	Hunts Point, Longwood & Melrose	15,239	9.9%	11,945	148	189	-	2,957
MN CD 11	East Harlem	5,718	4.7%	-	202	1,158	684	3,674
QN CD 14	Far Rockaway, Breezy Point & Broad Channel	5,203	4.5%	-	57	3,951	-	1,195
BK CD 2	Brooklyn Heights & Fort Greene	4,851	4.0%	8	9	1,004	-	3,830
MN CD 10	Central Harlem	4,227	3.4%	213	233	220	42	3,519
BX CD 8	Riverdale, Fieldston & Kingsbridge	3,487	3.3%	-	42	2,933	-	512
MN CD 3	Chinatown & Lower East Side	5,101	3.1%	1,539	84	864	-	2,614
BX CD 11	Pelham Parkway, Morris Park & Laconia	3,455	2.7%	-	-	2,452	670	333
BX CDs 3 & 6	Belmont, Crotona Park East & East Tremont	4,095	2.6%	127	12	428	370	3,158
BK CD 16	Brownsville & Ocean Hill	2,940	2.5%	136	74	35	-	2,695
BX CD 5	Morris Heights, Fordham South & Mount Hope	3,222	2.4%	-	30	237	-	2,955
BX CD 7	Bedford Park, Fordham North & Norwood	2,689	2.2%	-	60	1,417	-	1,212
MN CDs 4 & 5	Chelsea, Clinton & Midtown Business District	2,933	2.1%	165	34	135	57	2,542
SI CD 2	New Springville & South Beach	2,658	2.0%	-	74	1,758	-	826
BX CD 4	Concourse, Highbridge & Mount Eden	2,719	1.9%	-	15	850	32	1,822
BX CD 10	Co-op City, Pelham Bay & Schuylerville	2,173	1.9%	-	-	1,629	-	544
BK CD 8	Crown Heights North & Prospect Heights	2,241	1.9%	-	42	482	8	1,709
QN CD 13	Queens Village, Cambria Heights & Rosedale	3,546	1.8%	234	54	965	894	1,399
MN CD 8	Upper East Side	3,824	1.8%	-	11	2,857	8	948
QN CD 12	Jamaica, Hollis & St. Albans	3,874	1.7%	-	25	1,011	-	2,838
MN CD 7	Upper West Side & West Side	3,354	1.7%	-	-	1,185	55	2,114
BK CD 13	Brighton Beach & Coney Island	1,738	1.7%	-	12	1,318	-	408
MN CD 9	Hamilton Heights, Manhattanville & West Harlem	2,142	1.7%	-	96	473	-	1,573
BK CD 7	Sunset Park & Windsor Terrace	2,435	1.6%	2,089	6	137	-	203
BK CD 9	Crown Heights South, Prospect Lefferts & Wingate	1,779	1.6%	-	26	966	445	342
BK CD 3	Bedford-Stuyvesant	1,971	1.5%	93	20	288	-	1,570
MN CD 6	Murray Hill, Gramercy & Stuyvesant Town	2,063	1.4%	-	83	233	10	1,737
SI CD 1	Port Richmond, Stapleton & Mariner's Harbor	2,441	1.4%	6	159	923	-	1,353
QN CD 8	Briarwood, Fresh Meadows & Hillcrest	2,121	1.4%	7	34	1,464	55	561
BK CD 4	Bushwick	1,830	1.4%	-	52	244	-	1,534
BX CD 12	Wakefield, Williamsbridge & Woodlawn	1,852	1.3%	-	118	961	113	660
BK CD 6	Park Slope, Carroll Gardens & Red Hook	1,391	1.2%	-	31	337	509	514
BK CD 5	East New York & Starrett City	1,785	1.2%	27	13	713	17	1,015
QN CD 7	Flushing, Murray Hill & Whitestone	2,730	1.1%	-	21	2,492	-	217
QN CD 3	Jackson Heights & North Corona	1,523	0.9%	-	-	762	-	761
QN CD 2	Sunnyside & Woodside	1,086	0.8%	414	-	200	-	472
BK CD 17	East Flatbush, Farragut & Rugby	1,103	0.8%	-	19	441	18	625
MN CD 12	Washington Heights, Inwood & Marble Hill	1,641	0.8%	121	-	924	188	408
BK CD 15	Sheepshead Bay, Gerritsen Beach & Homecrest	1,111	0.8%	-	-	671	-	440
SI CD 3	Tottenville, Great Kills & Annadale	1,235	0.8%	918	-	24	-	293
BX CD 9	Castle Hill, Clason Point & Parkchester	1,361	0.7%	4	17	638	-	702
MN CDs 1 & 2	Battery Park City, Greenwich Village & Soho	1,037	0.7%	-	-	165	42	830
BK CD 1	Greenpoint & Williamsburg	1,031	0.7%	-	8	177	-	846
BK CD 12	Borough Park, Kensington & Ocean Parkway	1,143	0.7%	-	36	673	74	360
BK CD 14	Flatbush & Midwood	1,077	0.7%	-	9	511	4	553
QN CD 4	Elmhurst & South Corona	945	0.7%	10	20	578	31	306
QN CD 11	Bayside, Douglaston & Little Neck	784	0.7%	-	17	496	-	271
BK CD 18	Canarsie & Flatlands	1,143	0.6%	-	15	500	36	592
BK CD 11	Bensonhurst & Bath Beach	970	0.5%	-	-	688	-	282
QN CD 6	Forest Hills & Rego Park	495	0.4%	-	-	438	-	57
QN CD 1	Astoria & Long Island City	730	0.4%	-	13	282	-	435
QN CD 5	Ridgewood, Glendale & Middle Village	720	0.4%	-	31	544	-	145
BK CD 10	Bay Ridge & Dyker Heights	530	0.4%	-	-	276	-	254
QN CD 9	Richmond Hill & Woodhaven	537	0.4%	-	23	219	-	295
QN CD 10	Howard Beach & Ozone Park	340	0.3%	-	22	-	-	318

Source: U.S. Census Bureau, 2010 Census Advance Group Quarters Summary File, Population Division - New York City Department of City Planning.

\*Ex. Student Housing. Other Health Care: patients w/o home, inpatient hospice, psychiatric, military treatment; Non-institutional: shelter, group home, residential treatment, religious, worker