



New York  
Eye and Ear  
Infirmary of  
**Mount  
Sinai**

**2013 Community Health Needs Assessment  
December 2013  
The New York Eye and Ear Infirmary  
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# **Community Health Needs Assessment The New York Eye and Ear Infirmary**

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## **I. Executive Summary**

### **II. Introduction**

The New York Eye and Ear Infirmary (NYEE) was established in 1820, making it the oldest continuously operating specialty hospital in the nation. Its mission is to provide the highest quality care in the disciplines of Ophthalmology, Otolaryngology/Head & Neck Surgery, and Plastic & Reconstructive Surgery. In 2012, the institution maintained a strong surgical volume with 31,129 cases. NYEE also served 126,202 outpatient clinic visits, including a large number of New York City's underinsured from many diverse communities.

### **III. Description of Community Served**

We provide primary and tertiary care in these specialties for the five boroughs of New York City, with concentrations of patients coming from the institutions contiguous Lower East Side (LES) and Manhattan service area (25%), Brooklyn (41%), Queens (17%), the Bronx (13%), and tri-state area/national/international (4%). Although New York City contains major medical centers and vast health care resources, many local patients still suffer from numerous preventable health problems due to barriers including, but not limited to financial constraints, an insufficient number of primary care physicians, a lack of coordination of services, and linguistic and cultural isolation.

### **IV. Survey Process and Methodology**

NYEE conducted two unique surveys. The first was distributed on a daily basis to hospital patients for six consecutive weeks during the summer of 2013 with a total of 541 patients surveyed. The second was mailed to many community organizations located in the Primary Service Area of the hospital.

### **V. Health Needs Identified**

Responses to the surveys and community health indicator data were submitted to hospital leadership for prioritization for a future implementation plan. Particular attention was paid to those health needs that were designated as high priority by both surveys. It has been determined that the following health needs should have the highest priority: chronic diseases, smoking cessation, and access to healthcare services.

### **VI. Community Assets Identified**

Manhattan includes a large number of tertiary care hospitals, specialty hospitals including NYEE, and other healthcare providers of varying scale from multi-specialty ambulatory care centers to solo-physician primary care practices. Eight Federally Qualified Health Centers (FQHCs) are located within the Primary Service Area of the hospital as well. NYEE has an established and growing network of satellite offices and is developing free-standing ambulatory surgery centers throughout Greater New York metro area.

## **II. Introduction**

The New York Eye and Ear Infirmary (NYEE) was established in 1820, making it the oldest continuously operating specialty hospital in the nation. NYEE is a member of Continuum Health Partners, Inc. and is located in the New York City borough of Manhattan on East 14<sup>th</sup> Street. Its mission is to provide all in need with the highest quality care in the disciplines of Ophthalmology, Otolaryngology/Head & Neck Surgery, and Plastic & Reconstructive Surgery. As stated in its Mission, Vision and Values Statement, NYEE will “provide the highest quality, most technologically advanced and consistent multi-disciplinary care in an environment where the safety, dignity and comfort of each patient are paramount.” In addition, the hospital will “serve as a community resource by providing an ongoing series of lectures, seminars, health screenings and dissemination of information to the public” in our areas of specialty while honoring its historical mission to meet the eye and ear health needs of the working poor.

In 2012, the institution maintained a strong ambulatory surgical volume with 31,129 cases, including laser procedures. If not for the impact of Hurricane Sandy in the fall of 2012, the record total number of cases of 31,544 reached in 2011 would have been surpassed. NYEE also served 126,202 total outpatient clinic visits, including a large number of New York City’s underinsured from diverse communities across the five boroughs. There were an additional 696 discharges in 2012.

<b>Comparative Changes 2009-2012</b>				
<b>Category</b>	<i>2009</i>	<i>2012</i>	<i>Change</i>	<i>% Change</i>
<b>Discharges</b>	1319	696	-623	-47.23%
<b>Ambulatory Surgery</b>	28147	30433	2286	8.12%
<b>Outpatient Clinic</b>	131649	126202	-5447	-4.14%
<b>Payor</b>	<i>2009</i>	<i>2012</i>	<i>Change</i>	<i>% Change</i>
<b>Medicaid &amp; Medicaid HMO</b>	63763	65393	1630	2.56%

**Figure 1: NYEE volume changes between 2009 and 2012 (Source: NYEE Finance Department).**

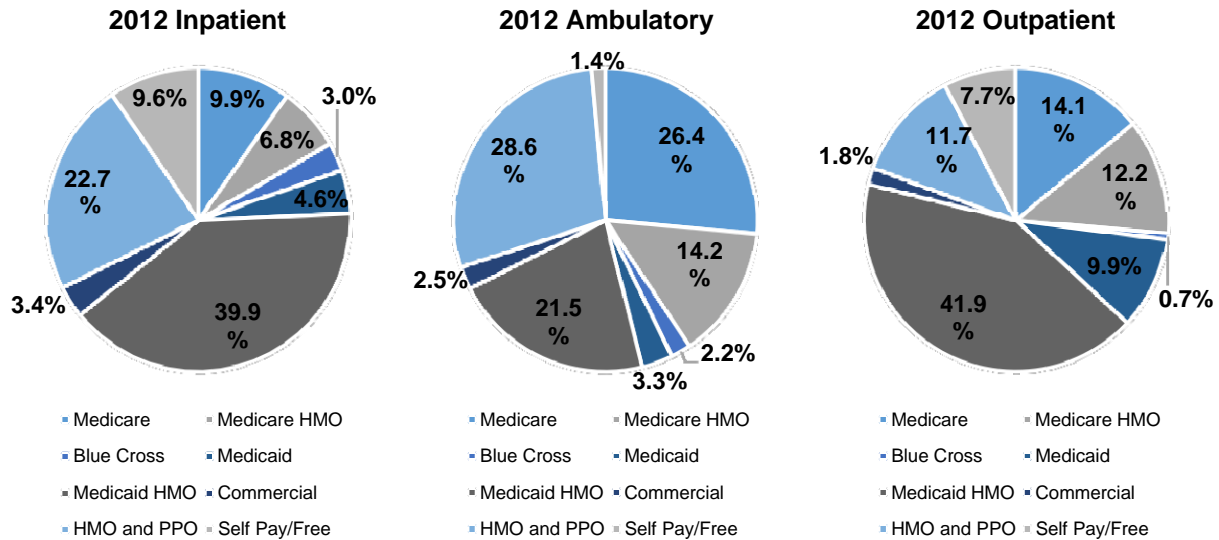


Figure 2: NYEE Payor Mix for 2012 by Service Type (Source: NYEE Finance Department).

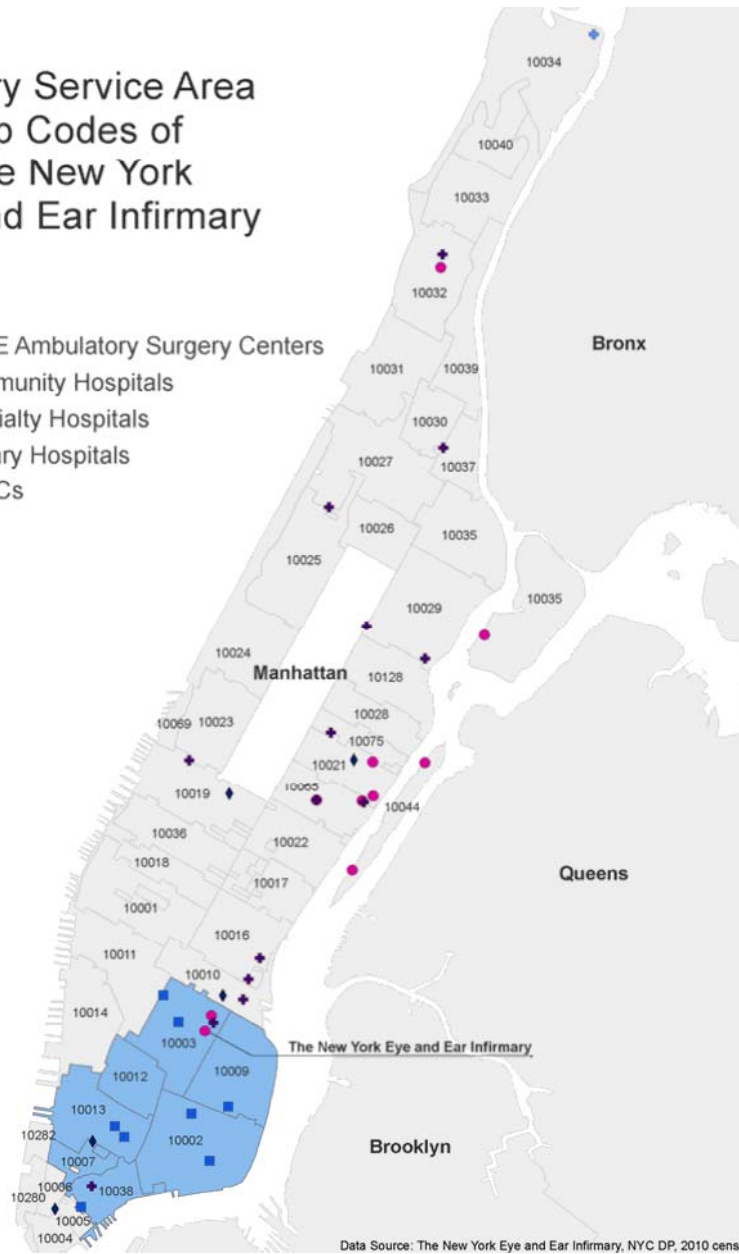
### III. Description of Community Served

Geography: As a leading specialty hospital devoted to Ophthalmology, Otolaryngology, and Plastic / Reconstructive Surgery, our primary service area extends beyond the local neighborhood. We provide primary and tertiary care in these specialties for the five boroughs of New York City, with concentrations of patients coming from the institutions contiguous Lower East Side (LES) and Manhattan service area (25%), Brooklyn (41%), Queens (17%), the Bronx (13%), and tri-state area/national/international (4%). The hospital has a historic commitment to providing care to residents of the LES of Manhattan – which is in the heart of the hospital’s Primary Service Area (PSA).

## Primary Service Area Zip Codes of The New York Eye and Ear Infirmary

### Legend

- ◆ NYEE Ambulatory Surgery Centers
- ◆ Community Hospitals
- Specialty Hospitals
- ◆ Tertiary Hospitals
- FQHCs



**Figure 3: NYEE Primary Service Area and Major Local Providers (Sources: HRSA, NYEE Finance Department, New York City Department of City Planning).**

Primary Service Area: The zip codes included in the hospital's Primary Service Area (PSA) include 10002, 10003, 10007, 10009, 10012, 10013, and 10038. Within this area, 31 US Census tracts are designated Health Personnel Shortage Areas (HPSAs) by the federal Health Resource and Services Administration (HRSA). Overall, these two zip codes are characterized with a disproportionately high percentage of residents living below the federal poverty level. For 10002, 28.2% of residents live below the federal poverty level and for 10009, 20.2% of residents live below the federal poverty level according to the 2010 US Census.

Although New York City contains major medical centers and vast health care resources, many local patients still suffer from numerous preventable health problems due to barriers including, but not limited to financial constraints, an insufficient number of primary care physicians (thus the designated HPSA), a lack of coordination of services, and linguistic and cultural isolation.

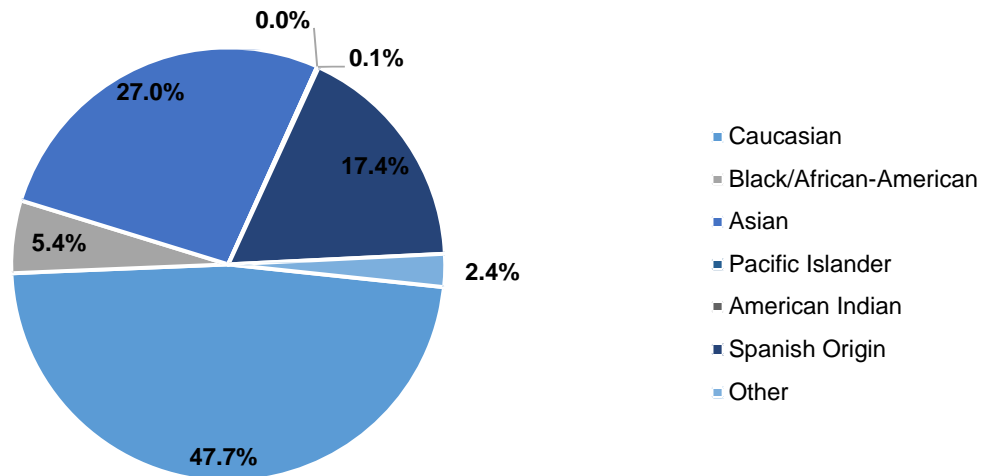
The disproportionate impact of preventable illness is especially pronounced for non-English speaking persons who experience many barriers in their attempts to access healthcare. The NYEE serves patients in 98 different languages. In particular, these patients are forced to cope with major social factors including linguistic isolation and numerous differing cultural perceptions of health and disease which affect compliance with treatment and health seeking behaviors. Another barrier that impacts access to care is the lack of financial resources with which to obtain these services.

Race/Ethnicity: In 2012, the outpatient distribution of race and ethnicity was the following: Caucasian (19.8%), Black/African-American (16.8%), Asian (7.6%), Pacific Islander (0.1%), American Indian (0.1%), Spanish Origin (11.4%), Unknown (6.4%), and Other (37.4%). According to the 2010 United States Census, the population of the NYEE PSA of Lower Manhattan and Chinatown is 277,859. This total does not take into consideration undercounting, undocumented aliens, and amnesty applications. The breakdown of race and ethnicity for the zip codes that compose the PSA are listed in Figure 4 below.

Zip Code	Total Population	Caucasian	Black/African-American	Asian	Pacific Islander	American Indian	Persons of Spanish Origin	Other
10002	81,410	20.1%	6.5%	46.4%	0.0%	0.1%	25.3%	1.6%
10003	56,024	71.5%	3.1%	14.3%	0.0%	0.1%	8.0%	3.0%
10007	6,988	67.5%	5.9%	12.4%	0.1%	0.0%	10.2%	3.9%
10009	61,347	49.9%	7.8%	13.5%	0.0%	0.2%	26.0%	2.6%
10012	24,090	70.5%	2.2%	16.4%	0.0%	0.1%	8.0%	2.8%
10013	27,700	52.3%	3.6%	36.0%	0.0%	0.1%	5.4%	2.6%
10038	20,300	45.6%	6.5%	29.7%	0.0%	0.1%	15.4%	2.7%

**Figure 4: Race/Ethnicity Demographics of Primary Service Area by Zip Code (Source: 2010 US Census).**

## Race/Ethnicity of the NYEE Primary Service Area



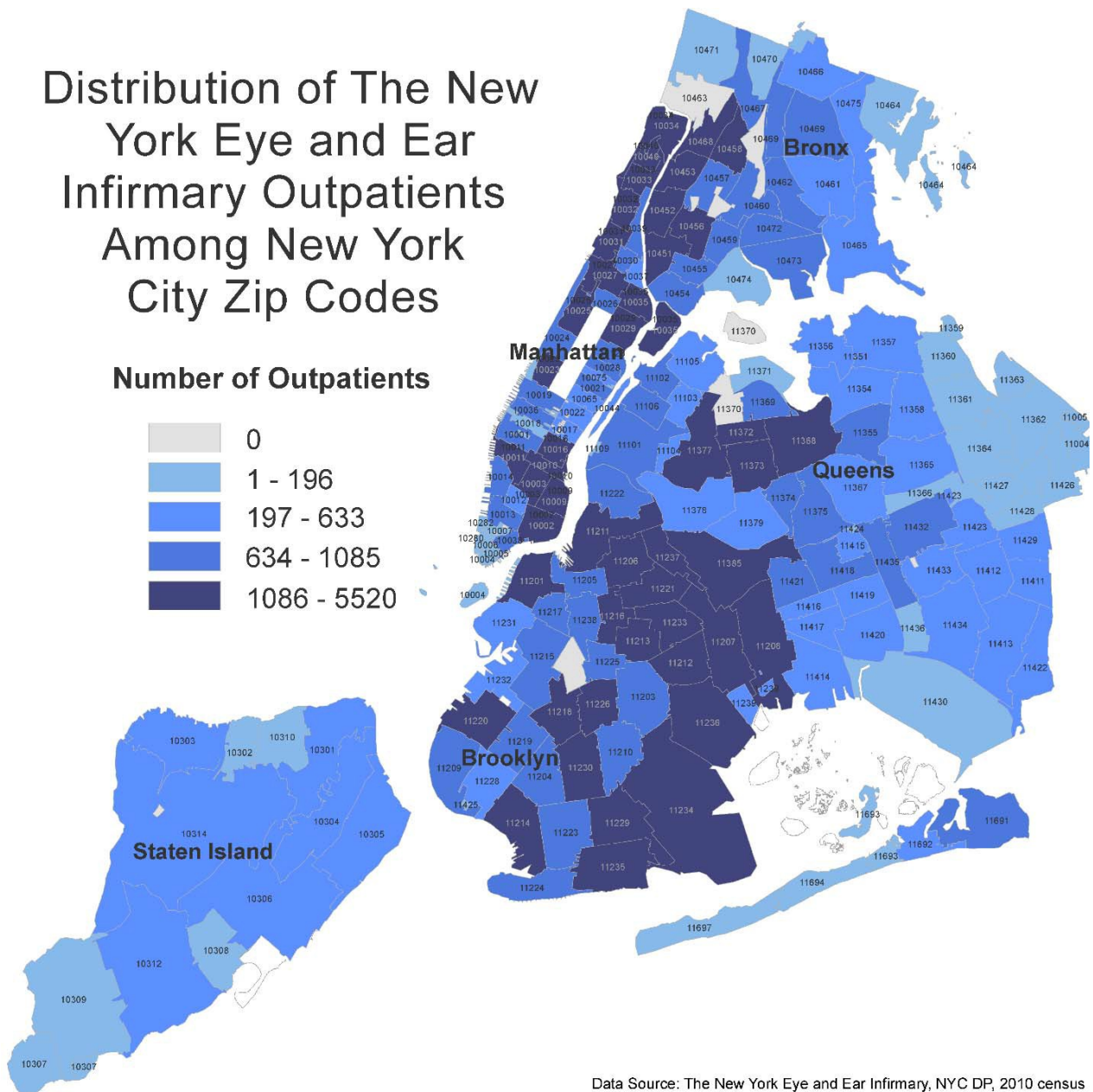
**Figure 5: Race/Ethnicity Demographics of Primary Service Area (Source: 2010 US Census).**

Linguistic and Cultural Considerations: The Asian population is the fastest growing population group tracked by the US Census Bureau, as demonstrated by their population growth of 530,000 in 2012 – a 2.9% increase nationally. In New York City, there has also been a major demographic shift during the same period. This includes the greater Chinatown area which observed a dramatic rise in its Asian population – specifically, a 42% growth between 2000 and 2010 in the hospital’s Primary Service Area. In Manhattan, these individuals are predominantly of Chinese origin and are concentrated in the greater Chinatown area. Many of the Chinese-speaking new residents have little or no English fluency and limited financial means; they have largely settled in the greater Chinatown area, the focal point for employment social services, entertainment, and social activity. The 2010 US Census shows that 58,366 residents (21.0% of the population in NYEE’s Primary Service Area) predominantly Asians and persons of Spanish origin, live in linguistically isolated households. These are households which do not contain any person over the age of five who is proficient in English.

Demographics and Socioeconomic Status: With the rapid and sustained increase of Asian immigration, greater Chinatown area residents have had little time to adjust to life in the United States. This lack of proficiency in English has also led to a high level of poverty in this community. Almost one sixth of the residents (approximately 43,862 individuals or 15.8%) in the Primary Service Area have incomes below the Federal poverty level.



# Distribution of The New York Eye and Ear Infirmary Outpatients Among New York City Zip Codes



**Figure 6: Zip code origin distribution of outpatients treated by The New York Eye and Ear Infirmary in 2012. Each non-gray color code includes 25% of the visit distribution (Sources: NYEE IT Department, NYC Department of City Planning, 2010 US Census).**

Other NYEE Service Areas: In addition to our focus on the Lower East Side (LES), much of the institution’s community service reaches beyond the immediate area surrounding the hospital. Through a toll-free 1-800 information service, more than 6,000 people a year request and receive free literature on hundreds of topics related to the eyes, ears, nose, and throat with a high of 6,499 observed in 2012, an increase of 18% since 2008. In 2012, the hospital’s website received 514,203 unique visitors. There were an additional 702 emailed inquiries on eye and ear-nose-throat health concerns, an increase of 151% since 2008. We continue to be proactive in linking our specialty

care website to those of numerous other health care information and provider sites. The hospital website is presented as a “Community and Professional Portal.” This significantly enhanced feature now includes a patient education section which provides information on pre- and post-operative care support programs available at the hospital as well as a growing selection of instructive videos and webcasts. Through mass media, the Internet, and various direct response vehicles, NYEE solicits and receives feedback from approximately 6,000-8,500 individuals a year.

Need for a CHNA: Information regarding complex eye and ear health issues in existing publically available data on a state, county, or local level is generally not available in New York State. A community health needs assessment became necessary for the institution as a way to assess the burden of ocular and otolaryngological conditions as well as the overall health needs in the community served by NYEE. Institutional leadership believes this effort will shed further light on the eye and ear needs of the community and allow the institution to strategically prioritize these needs. How to best address these prioritized needs will be discussed in a subsequent implementation report. Both reports will be posted to the hospital website for public access.

## **IV. Survey Process and Methodology**

The information contained in this Community Health Needs Assessment was derived from two types of information:

- Primary source survey responses
- Supplemental/secondary information

Primary Source Survey Responses: NYEE conducted two unique surveys. The first was distributed on a daily basis to hospital patients for six consecutive weeks during the summer of 2013. The total number of patients surveyed was 541. The second was mailed to community organizations located in the Primary Service Area of the hospital. The survey questions were designed to produce the necessary content of a community

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### **Survey Questions, NYEE Community Health Needs Assessment**

#### **The patient survey asked:**

- What are the health challenges you currently face?
- What types of preventative procedures have you had in the past 5 years?
- Do you currently smoke? Have you ever smoked?
- Do you have trouble seeing far? Near? Do you have generally deteriorating vision?
- Do you have a family history of any of the following eye diseases? (Glaucoma, Macular Degeneration, Unexplained Vision Loss, Cataracts, Uveitis)
- Do you have trouble hearing? Are you in the process of getting it corrected?
- Do your children seem to see everything well?
- Do any of your children have any of the following eye conditions? (Cross-Eyes or Lazy-Eyes)
- Have your children been screened for cross-eyes or lazy eyes?
- If your child was born pre-mature, your child is at risk for retinopathy of prematurity and should have screenings. Is your child currently being screened for this?
- Have your children had a vision screening conducted by their pediatrician or at school?
- Do your children hear everything well? Is your child in the process of getting it corrected?
- What are the health challenges your children currently face?
- Do you or your children face any barriers to addressing your health challenges?
- Would you find specialized support groups helpful?
- Are there any outstanding and significant health needs which The New York Eye and Ear Infirmary could address?

#### **The community organization survey asked:**

- What health challenges do the adults your organization serves have and what is the degree of prevalence for those challenges?
- What is the degree of prevalence for smoking of the adults that your organization serves?
- Does your organization provide any screening and preventative services?
- What health challenges do the children your organization serves have and what is the degree of prevalence for those challenges?
- What is the degree of prevalence for smoking of the children that your organization serves?
- Do adults and/or children that your organization serves face any barriers to addressing their health challenges?
- Would the individuals your organization serves find specialized support groups helpful?
- Are there any outstanding and significant health needs which The New York Eye and Ear Infirmary could address?

health needs assessment. Following are the questions that were posed in both surveys:

Responses for both surveys were recorded and submitted to hospital leadership for prioritization community health needs to be addressed in an implementation plan.

Supplemental/Secondary Information: To assist with reporting community health needs in depth, the survey data results were supplemented with data that describes in

additional detail the issues raised in those responses. These data come from a variety of primary and secondary sources, including scientific literature, New York City Department of Health and Mental Hygiene Community Health Surveys, several community boards' Fiscal Year 2013 Statements of Community District Needs, and data available from the New York State Department of Health website. These data are presented as analyzed by the agencies mentioned or were further analyzed by NYEE for the purposes of this report.

## **V. Health Needs Identified**

As described in the previous section, each surveyed group was asked to respond to a series of questions that elicited information related to strengths and weaknesses of the community healthcare practices and delivery systems, unmet needs, and common illnesses/healthcare issues facing the community. This list includes the ten most common health problems that were identified through this process for patients that responded to this question on the survey. This closely follows the relative prevalence of

### **Identified Health Concerns/Prevailing Illnesses**

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#### **Self-Reported Health Concerns:**

- Access to healthcare insurance
- Access to healthcare provider appointments with flexible schedules and limited wait times
- Access to preventative screenings and services including: vision screening, hearing screening, dental exam, physical exam, blood pressure screening, blood sugar test, flu shot, blood cholesterol test, and cardiovascular screening
- Smoking cessation support
- Vision screenings in the school setting or from primary care providers for children

#### **Ten Most Prevailing Illnesses (Self-Reported Prevalence among Surveyed Patients):**

- Correctable Vision Problems (50.09%)
- High Blood Pressure (27.75%)
- Diabetes (22.35%)
- Allergies (10.61%)
- Hearing Loss (10.24%)
- Ear Aches (8.01%)
- Sleep Apnea (7.26%)
- Poor Balance (7.08%)
- Obesity (6.33%)
- Heart Disease (4.84%)

### **Community Organizations That Identified Health Concerns and Prevailing Illnesses**

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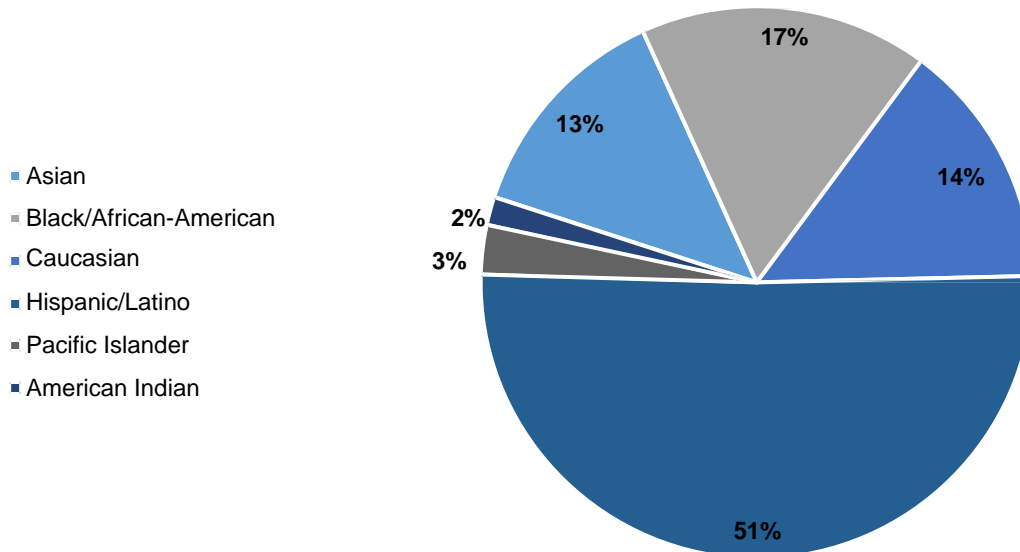
#### **Community Organizations that Participated in the Survey (Representative):**

- Project Renewal Inc. (Roslynn Glicksman, MD, MPH, Medical Director)
- Hamilton-Madison House (Mark Handelman, Executive Director)
- New York Foundling (Joseph Saccoccio, MD, MPH, FAAP, Medical Director)
- Cornelia Connelly Center for Education (Milagros La Rosa, Office Manager)
- LaGuardia Senior Center (Alana Pudale, Director)
- United Jewish Council of the East Side, Inc. (Laura Poschar, Program Director)
- University Plaza Nursery School (Loyan Beausoleil, Director)
- Fedcap (Christine McMahon, President & CEO)
- Parent to Parent to New York State – NYC Metro Office (Ellen McHugh, Regional Director)
- Betances Health Center (Maria R Cellario, MD, Medical Director)
- Little Star of Broome Street (Mary Cheng, Director)
- The Boys' Club of New York (Megan Vandeventer, Chief of Staff)
- Grand Street Settlement (Maria Santos, Health Coordinator)
- Visions: Services for the Blind and Visually Impaired (Nancy D. Miller, CEO)
- Barrier Free Living (LeShan Gawlman, Program Director)

the prevailing illnesses indicated by the community organizations.



## Race/Ethnicity of Surveyed NYEE Outpatient Patients



**Figure 8: Ethnicity of Outpatient Patients Surveyed at NYEE (Source: The New York Eye and Ear Infirmary).**

In the free response section of the survey, patients generally complemented the care and service they receive at the hospital, writing that many of their needs were met and that they did not have outstanding concerns about their care. However, patients consistently noted that waiting times at the hospital were longer than expected.

Department of Health and Scientific Literature: The survey data parallels much of the health indicator data available from the New York City Department of Health and Mental Hygiene (NYCDOHMH). More than half of adult residents are overweight (34%) or obese (22%) – a condition that is known to start early in life. In 2008, it was estimated that 35% of New York City youths aged 12 to 19 are overweight or obese. Obesity has been shown to lead to serious chronic health conditions such as high blood pressure, diabetes, and heart disease among many others (NYCDOHMH). These three conditions are among the top 10 most prevalent self-reported illnesses identified by patients.

Diabetes, in particular, is a challenging condition because of its association with eye and ear diseases. In New York City, 8.5% or 700,000 individuals suffer from diabetes; a prevalence higher than the national average (NYCDOHMH). Approximately 8.3% or 25.8 million children and adults suffer from diabetes in the United States – with the prevalence being disproportionately skewed towards Blacks/African-Americans and persons of Spanish origin. These individuals are more likely to have microvascular complications due to high blood sugar which leads small blood vessels to thicken and weaken – diminishing their capacity to supply blood to critical areas of the body. This phenomenon is the root cause of many prevalent eye conditions such as diabetic retinopathy, glaucoma, and cataracts. For all Type 2 diabetic patients, 60% develop

some degree of retinopathy within 20 years of diagnosis (Threatt et al, 2013). In 2009, the CDC reported that 34.5 million adults in the US experience trouble hearing. Hearing loss at low frequencies is driven, in part, by microvascular complications in the cochlea similarly brought on by high blood sugar observed in diabetics (Hong et al, 2013).

Smoking cigarettes has been shown to complicate chronic conditions that are vascular in nature – high blood pressure, diabetes, and heart disease (among others) – and increase the risk of morbidity and mortality. The active ingredient of cigarettes, nicotine, raises blood pressure and increases the risk of development and the progression of microvascular complications that also cause eye and ear conditions. Smoking cessation in high-risk patients has been shown to significantly lower morbidity and mortality from chronic vascular diseases (Katsiki et al, 2013).

Community Board Districts' Needs Assessments: The impact of the 2010 closure of St. Vincent's Hospital co-located in the West Village of Manhattan and the Community Board (CB) 2 District has increased the need for other local healthcare providers to accommodate the residents in the community that formerly utilized this institution for their healthcare needs (CB1 2014 Needs Assessment). A new outpatient care center is currently being built on the site of St. Vincent's Hospital; it is not clear what services will be provided by this facility and how comprehensive this care will be – particularly for eye and ear needs (CB2 2014 Needs Assessment).

The Community Board (CB) 3 District – which includes the Lower East Side (LES) neighborhood – is characterized with disproportionately high burdens of diabetes, alcohol use, HIV/AIDS, mental health problems, asthma, as well as limited access to healthcare. In the CB3 district, the diagnosis rate of diabetes is one of the highest compared to other CB districts in the borough of Manhattan. There has also been a consistently high rate of smoking in the district. There is a need for targeted efforts to improve education, access to preventative care, early screening for diabetes, and outreach to help residents stop smoking. In addition, the CB3 district observes a high poverty rate and a 15.6% uninsured rate for non-elderly adults. More than a third of residents receive Medicaid, compared to 20% for the borough of Manhattan as a whole. The CB3 district also has an above average rate for adults eligible for public healthcare insurance but not enrolled. Being uninsured, under-insured, or having public healthcare insurance is a known barrier to obtaining healthcare and results in poorer health outcomes. Community-based health providers focused on serving low- to moderate-income residents with culturally and linguistically competent medical services with evening/weekend hours and targeted outreach/education efforts is an important way to improve access to healthcare services (CB3 2014 Needs Assessment).

Responses to the surveys were submitted to hospital leadership for prioritization for a future implementation plan. Leadership took into account community data and particular attention was paid to those health needs that were designated as high priority by both surveys. It has been determined that the following health needs should have the highest priority: chronic diseases, smoking cessation, and access to healthcare services.



## **VI. Community Assets Identified**

As a national leader in graduate medical education and healthcare services, Manhattan includes a large number of tertiary care hospitals, specialty hospitals including NYEE, and other healthcare providers of varying scale from multi-specialty ambulatory care centers to solo-physician primary care practices. Eight Federally Qualified Health

### **Tertiary Care/Community Hospitals and Specialty Hospitals of Manhattan**

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#### **Tertiary Care/Community Hospitals:**

- Allen Hospital (NYP)
- Bellevue Hospital Center (HHC)
- Beth Israel Medical Center (CHP)
- Harlem Hospital Center (HHC)
- Lenox Hill Hospital (NSLIJ)
- Manhattan VA Hospital
- Metropolitan Hospital Center (HHC)
- Mount Sinai Hospital
- New York – Presbyterian Hospital/Weill-Cornell Medical Center (NYP)
- New York – Presbyterian Hospital/Columbia University Medical Center (NYP)
- New York Downtown Hospital (NYP)
- NYU Langone Medical Center (NYU)
- St. Luke's-Roosevelt Hospital Center (CHP)

#### **Specialty Hospitals**

- Gracie Square Hospital (NYP)
- Hospital for Joint Diseases (NYU)
- Hospital for Special Surgery
- Manhattan Eye, Ear, and Throat Hospital (NSLIJ)
- Manhattan Psychiatric Center
- Memorial Sloan-Kettering Cancer Center
- Morgan Stanley Children's Hospital (NYP)
- New York Eye and Ear Infirmary (CHP)

\*CHP: Continuum Health Partners  
 \*HHC: Health and Hospitals Corporation  
 \*NSLIJ: North Shore-LIJ Health System  
 \*NYP: New York-Presbyterian Healthcare System  
 \*NYU: New York University Medical Center

### **Federally Qualified Health Centers within The New York Eye and Ear Infirmary's Primary Service Area**

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<b>FQHCs:</b>	<b>Address:</b>	<b>Zip Code</b>
• Betances Health Center	280 Henry Street	10002
• Downtown Health Center	150 Essex Street	10002
• Institute for Urban Family Health	113 East 13 <sup>th</sup> Street	10003
• Institute for Urban Family Health	16 East 16 <sup>th</sup> Street	10003
• Nena Health Council	279 East 3 <sup>rd</sup> Street	10003
• Charles B Wang Community Health Center	268 Canal Street	10013
• Charles B Wang Community Health Center	125 Walker Street	10013
• AHRC Health Care Inc.	83 Maiden Lane	10038

Centers (FQHCs) are located within the Primary Service Area of the hospital as well.

In addition to its main hospital facility in the vibrant Union Square area, NYEE has an established and growing network of satellite offices and is developing free-standing ambulatory surgery centers throughout Greater New York metro area. Currently there are 15 offices in high density business districts and select residential neighborhoods staffed with NYEE physicians and equipped with latest diagnostic equipment, making access to specialty care more convenient to people where they live or work. Six of these facilities are located in Manhattan. Soon patients will also be able to have many same-day surgical procedures in The NYEE Ambulatory Surgery Centers in Manhattan,

Brooklyn, Queens, the Bronx and Long Island, another means of extending expertise with increased efficiency and convenience for a wider community.