



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

**2013-2015 Community Service and Prevention Plan
New York Eye and Ear Infirmary
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**2013-2015 Community Service and Prevention Plan (CSPP)
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 – 30,433 ambulatory surgeries and 696 inpatient surgeries. 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

The NYEE primary, tertiary, and inpatient care in these specialties for the five boroughs of New York City, with concentrations of patients coming from the institution's 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 (PSA) of the hospital.

V. Selection of Public Health Priorities and Prevention Agenda

Responses to the surveys and community health indicator data were analyzed and submitted to hospital leadership for prioritization with the New York State Prevention Agenda 2013-2017 priorities in-mind. Particular attention was paid to those health needs that were most frequently noted in 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. These three health needs will be targeted while fulfilling the New York State Prevention Agenda 2013-2017 priorities for (1) preventing chronic diseases and (2) for preventing HIV/STDs, vaccine-preventable diseases, and healthcare-associated infections.

VI. Three Year Plan of Action

In order to satisfy priority one, which is the prevention of chronic diseases, the hospital will pursue two goals: (1) promote use of evidence-based care to

manage chronic diseases and (2) promote culturally relevant chronic disease self-management education. To satisfy priority two – which is to prevent HIV/STDs, vaccine-preventable diseases, and healthcare-associated infections – the hospital will pursue three goals: (1) educate all parents about the importance of immunizations (2) decrease the burden of influenza disease and (3) increase adult immunization rates.

VII. 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 the Greater New York metro area.

VIII. Dissemination of the CSPP to the Public

An important element of the NYEE Community Service and Prevention Plan is the dissemination of relevant information and availability of financial assistance to the public. This plan also includes key information regarding NYEE's public health programs including both New York State Prevention Agenda 2013-2017 priorities and New York City Department of Health and Mental Health Take Care New York 2016 priorities. This information is readily available on the hospital's website, www.nyee.edu.

IX. Process to Maintain Engagement with Local Community Partners

The hospital's Community Advisory Group will be convened on an annual basis. Information yielded from this outreach will be supplemented with data gathered from the latest hospital's Community Health Needs Assessment (CHNA) survey and data available from the State and City Departments of Health. This will allow hospital leadership to actively track progress, gauge effectiveness, and make mid-course corrections if necessary while administering this CSPP.

X. Appendix

Included is a complete summary of the data recorded in the health needs surveys distributed to (1) outpatients and (2) community organizations in the PSA.

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 Mount Sinai Health System and is located in the New York City borough of Manhattan on East 14th 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. NYEE’s full Mission, Vision, and Value Statements can be found on the hospital’s website, www.nyee.edu.

In 2012, the institution maintained a strong surgical volume with 31,129 cases – 30,433 ambulatory surgeries and 696 inpatient surgeries. If not for the impact of Hurricane Sandy in the fall of 2012, the record number of cases of 31,544 reached in 2011 would have been surpassed. NYEE also provided 126,202 total outpatient clinic visits, including a large number of underinsured from diverse communities across the city.

Category	Inpatient Discharges			Ambulatory Surgery			Outpatient Visits		
	2012	2011	% Change	2012	2011	% Change	2012	2011	% Change
Medicare	69	81	-15%	8041	8160	-1%	17826	18359	-3%
Medicare HMO	47	39	21%	4323	3868	12%	15448	13492	14%
Blue Cross	21	19	11%	657	549	20%	844	899	-6%
Medicaid	32	61	-48%	996	1165	-15%	12476	15873	-21%
Medicaid HMO	278	352	-21%	6538	6306	4%	52917	55632	-5%
Commercial	24	9	167%	747	618	21%	2216	2848	-22%
HMO and PPO	158	197	-20%	8692	9612	-10%	14753	15980	-8%
Self Pay/Free	67	65	3%	439	443	-1%	9722	10124	-4%
Total	696	823	-15%	30433	30721	-1%	126202	133207	-5%

Figure 1: NYEE Discharges by Financial Category (Source: NYEE Finance Department).

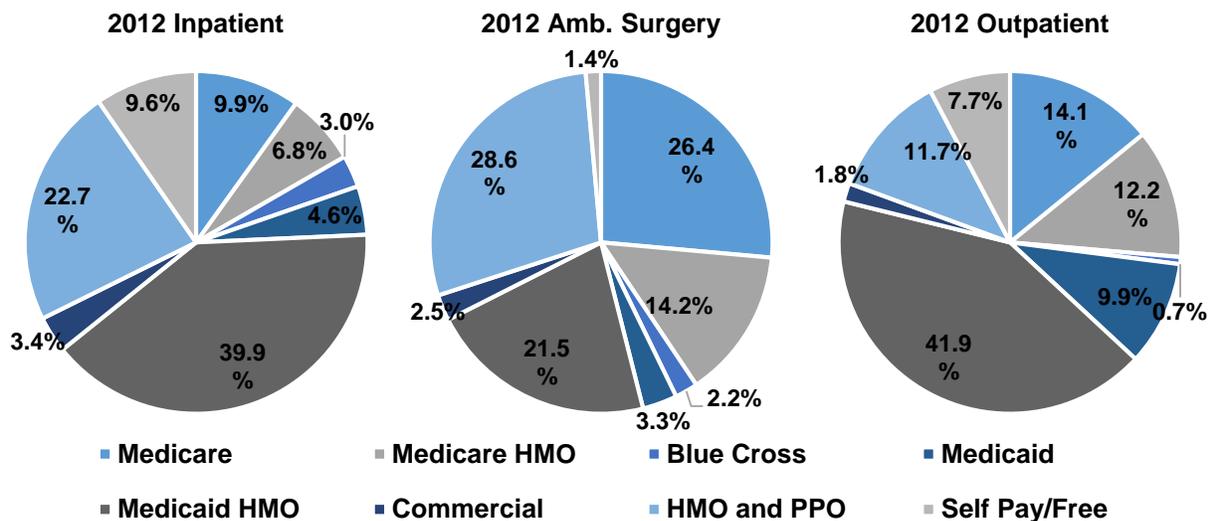


Figure 2: NYEE Payor Mix for 2012 by Service Type (Source: NYEE Finance Department).

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, tertiary, and inpatient care in these specialties for the five boroughs of New York City, with patients coming from the institution's 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).

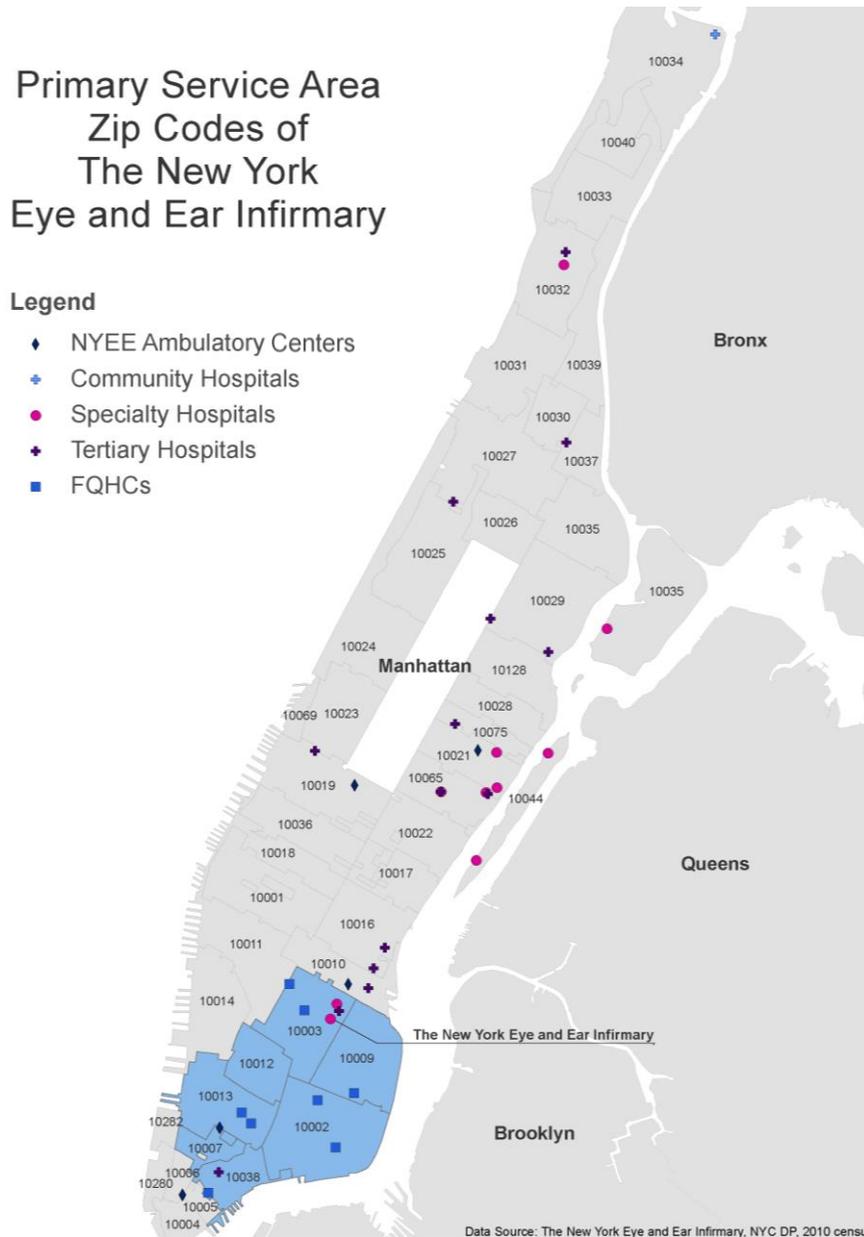


Figure 3: NYEE Primary Service Area and Major Local Providers (Sources: HRSA, NYEE Finance Department, New York City Department of City Planning).

Primary Service Area: The zip codes in the hospital's Primary Service Area (PSA) include 10002, 10003, 10007, 10009, 10012, 10013, and 10038. Within zip codes 10002 and 10009, 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 zip code 10002, 28.2% of residents live below the federal poverty level and for zip code 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.

Race/Ethnicity of NYEE Outpatients: In 2012, 55% of the outpatients were Hispanic, 22% black, 6% Asian and 17% other. 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 NYEE Outpatients

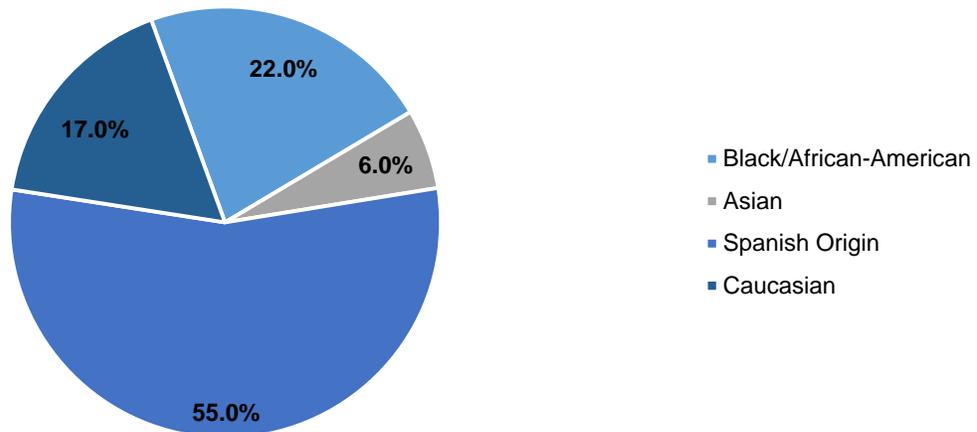


Figure 5: Race/Ethnicity Demographics of NYEE Outpatients (Source: NYEE Information Systems).

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, predominantly Asians and persons of Spanish origin, live in linguistically isolated households. This comprises 21.0% of the population in NYEE’s Primary Service Area. 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. The 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

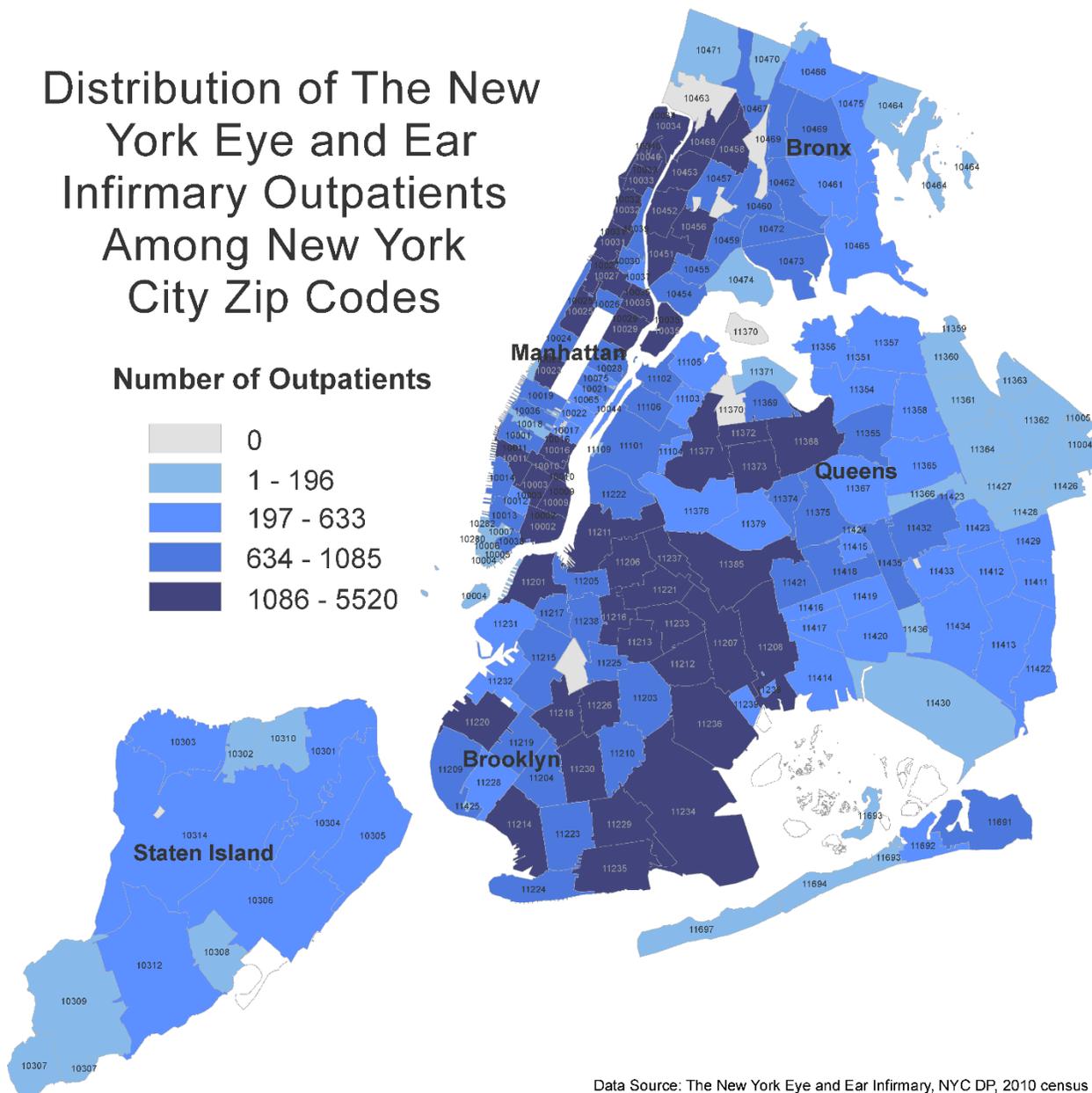


Figure 6: Zip code origin distribution of outpatients treated by The New York Eye and Ear Infirmary in 2012. Each non-gray color code includes 25% of the visit distribution (Sources: NYEE IT Department, NYC Department of City Planning, 2010 US Census).

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. NYEE solicits and receives feedback from approximately 6,000-8,500 individuals a year through mass media, the internet, and various direct response vehicles.

Need for a CSPP: 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 City or New York State. A community health needs assessment (CHNA) as part of the hospital’s Community Service and Prevention Plan 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 Section VI, the hospital’s Three Year Plan of Action. Both the CHNA and this CSPP report are made publically available as noted in Section VIII.

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 administered in three languages (English, Spanish, and Chinese). 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 health needs assessment. Following are the questions that were posed in both surveys:

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?

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. Selection of Public Health Priorities from Prevention Agenda

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 the prevailing illnesses indicated by the community organizations.

Identified Health Concerns/Prevailing Illnesses

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 (50.1%)
- High Blood Pressure (27.8%)
- Diabetes (22.4%)
- Allergies (10.6%)
- Hearing Loss (10.2%)
- Ear Aches (8.0%)
- Sleep Apnea (7.3%)
- Poor Balance (7.1%)
- Obesity (6.3%)
- Heart Disease (4.8%)

Community Organizations That Identified Health Concerns and Prevailing Illnesses

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 figure below illustrates the spatial distribution of outpatient survey responses by zip code. This geographic distribution closely aligns with the distribution of outpatient visits for the entire hospital (see Figure 6).

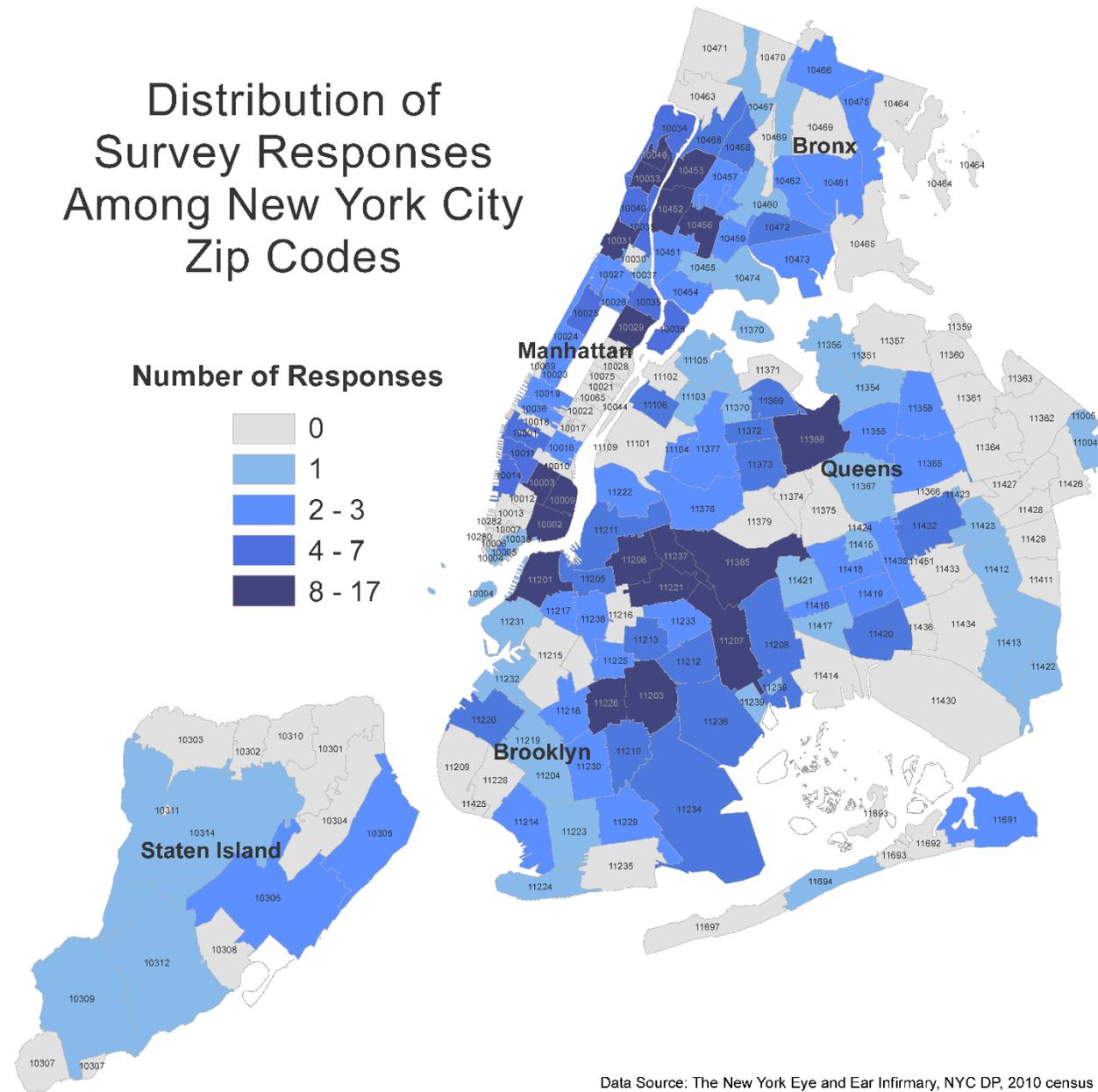


Figure 7: The spatial distribution of NYEE patient zip code of origin from the survey of patients' health needs (Source: The New York Eye and Ear Infirmary, 2010 US Census, NYC Department of City Planning).

Race/Ethnicity of Surveyed NYEE Outpatient Patients

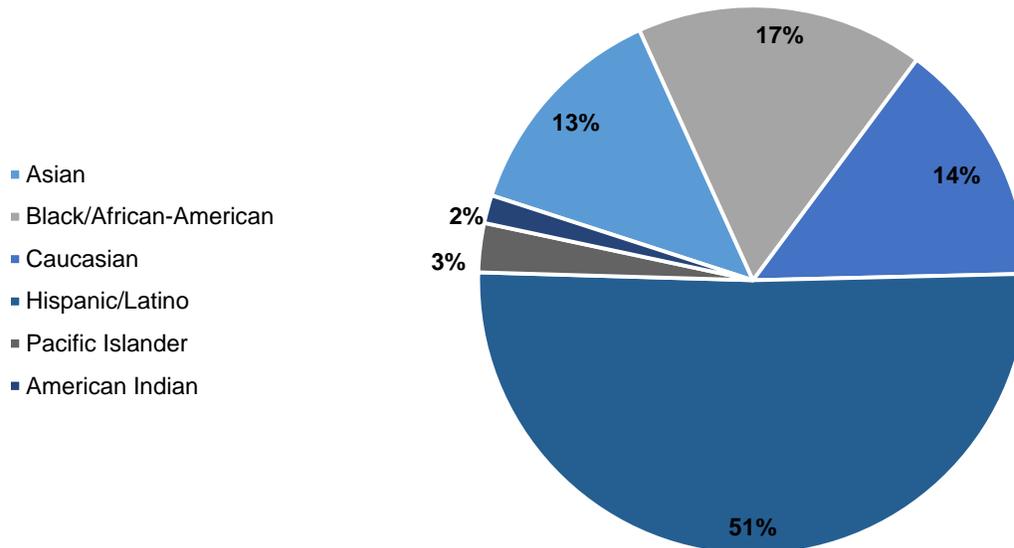


Figure 8: Ethnicity of Outpatient Patients Surveyed at NYEE (Source: The New York Eye and Ear Infirmary).

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 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 residents in the community that formerly utilized St. Vincent's for care (CB1 2014 Needs Assessment). A new outpatient care center is being built on the site of St. Vincent's Hospital; it is not clear what services will be provided by this facility – 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, in which NYEE is located, 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, evening/weekend hours, and targeted outreach/education efforts play a large role in improving access to healthcare services (CB3 2014 Needs Assessment).

Responses to the surveys and community health indicator data were analyzed and submitted to hospital leadership for prioritization with the New York State Prevention Agenda 2013-2017 priorities in-mind. Particular attention was paid to those health needs that were most frequently noted in 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. These three health needs will be targeted

while fulfilling the New York State Prevention Agenda 2013-2017 priorities for (1) preventing chronic diseases and (2) for preventing HIV/STDs, vaccine-preventable diseases, and healthcare-associated infections.

The New York State Prevention Agenda is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, ability, socioeconomic, and other groups who experience them. In addition to the two priorities identified by NYEE leadership above, the areas the Prevention Agenda covers include promotion of a healthy environments, promotion of healthy Women, Infants & Children (WIC) populations, and promotion of mental health (NYSDOH).

Specifically within the first identified priority – preventing chronic diseases – the hospital has decided to focus on area three which is to increase access to high quality chronic disease preventive care and management in both the clinical and community settings. Many New York State residents do not receive the recommended preventive care and management that include screening tests, counseling, immunizations or medications used to prevent disease, detect health problems early, and prevent disease progression and complications. For example, published data has shown that individuals with diabetes are not receiving recommended preventive care services. In 2007, only half of Medicaid managed care enrollees with diabetes (49%) received all four recommended clinical preventative care services (HbA1c test, lipid profile, nephropathy screening, and eye exam) based on national guidelines for diabetes management. Logistical, financial, cultural, and health literacy barriers to care must be mitigated and/or removed. Patients need to be supported by a multidisciplinary team of lifestyle, clinical, and behavioral experts to optimally help management their diseases and other conditions (NYSDOH).

NYCDOHMH-NYEE Partnership: In order to work towards the larger goal of preventing chronic diseases – the hospital has established a partnership with the New York City Department of Health and Mental Health through its Take Care New York 2016 initiative. This initiative was developed in the form of a strategic health agenda – focused in ten discrete areas – to help all New York City residents live healthier and longer lives by setting ambitious public health goals and making significant strides towards them. These areas include the promotion of tobacco-free living, healthy eating, active life styles, cardiac health, HIV prevention, mental health promotion, alcohol and substance abuse reduction, cancer prevention, increasing the quality of health indoor/outdoor air, and increasing access to quality preventive care (NYCDOHMH).

Given that NYEE is a specialty hospital, the leadership of the institution has decided that it is important to enhance the tracking and reporting the blood pressure of patients served in the ambulatory care setting in order to satisfy the requirements of the hospital's partnership with the NYCDOHMH. Eye and ear conditions including retinopathy can be caused by hypertension – high blood pressure (Ishihara et al, 1987). This will fulfill goal 3 (objective 2.4) of the New York State goal of promoting the use of evidence-based care to manage chronic diseases through the increase in percentage of

residents with hypertension who have controlled their blood pressure. This also leverages existing reporting mechanisms required by the hospital's meaningful use of electronic health records to look at blood pressure control by provider and by facility. NYEE will monitor and report this data using the National Quality Forum (NQF) and National Committee for Quality Assurance (NCQA) standards for hypertension diagnoses and blood pressure control – the percent of patients, ages 18-85, with blood pressure <140/90 (NYSDOH).

The aim of this effort is two-fold. The first is to observe the trends of blood pressure in the community over time. The second is to help gauge the effectiveness of both NYEE and the public health interventions implemented across the primary service area (PSA) to tackle this concern. Over 18,000 New York City residents pass away each year from heart disease and stroke. Many of these deaths can be prevented through better management of a range of risk factors including high blood pressure which observes a disparity across race and socioeconomic classifications (NYCDOHMH).

Another effort the hospital will continue to undertake is the promotion of culturally relevant chronic disease self-management education – goal 3 (objective 3) of the chronic disease prevention priority. NYEE has established several support groups to address conditions including diabetes, macular degeneration, and uveitis. These support groups foster collaboration among the diverse groups of clinical and non-clinical professionals to provide education to patients so that they can manage their conditions appropriately in the community (NYSDOH).

Within the second priority of New York State's Prevention Agenda – preventing HIV/STDs, vaccine-preventable diseases, and healthcare-associated infections – the hospital has decided to focus on area two which is to prevent vaccine-preventable diseases. Within this focus area, there are three goals the hospital seeks to fulfill. The first is to decrease the burden of influenza disease by increasing the number of doses of influenza vaccination distributed to healthcare personnel which satisfies both goals 4 and 6 (objective 1 for each). Doses will also be made available to members of community in an effort to educate all patients about the importance of immunizations. Identifying and reducing vaccine hesitancy in this manner will fulfill goal 2 (objective 1) – educating individuals in the community about the importance of immunizations (NYSDOH).

VI. Three Year Plan of Action

- **Priority One: Prevention of Chronic Diseases**
 - **Focus Area 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings**
 - Goal 2: Promote use of evidence-based care to manage chronic diseases.
 - Objective 3.2.4: Increase those with hypertension who have controlled their blood pressure (<140/90).
 - Improvement Strategies:
 - Utilize meaningful use initiative to track blood pressure for patients in the outpatient setting over time
 - Monitor how well patients are controlling blood pressure overall using the National Committee for Quality Assurance standards
 - Clinical staff will counsel patients with the strategies to control blood pressure with changes in diet, lifestyle, and medication as necessary
 - Performance Measurements, by 4th Quarter of 2015, we will have:
 - Implementation of these improvement strategies to track blood pressure
 - Issue quarterly and annual reports as required by the NYCDOHMH
 - Assisted in helping New York State achieve this goal of increasing those with hypertension who have controlled their blood pressure by 2017
 - Goal 3: Promote culturally relevant chronic disease self-management education.
 - Objective 3.3.1: Increase the number of adults with diabetes who have taken a course or class to learn how to manage their condition.
 - Improvement Strategies:
 - Increase advertisement and frequency of diabetes and other chronic disease support groups offered by NYEE
 - Diversifying topic and increasing depth of coverage of these topics by fostering collaboration amongst professional clinical and non-clinical staff who coordinate these groups

- Goal 6: Increase adult immunization rates.
 - Objective 6.2: Increase influenza immunization rates in adults, as in Objective 4.1
 - See Objective 4.1

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

Tertiary Care/Community Hospitals and Specialty Hospitals of Manhattan

Tertiary Care/Community Hospitals:

- Allen Hospital (NYP)
- Bellevue Hospital Center (HHC)
- Beth Israel Medical Center (MSH)
- Harlem Hospital Center (HHC)
- Lenox Hill Hospital (NSLIJ)
- Manhattan VA Hospital
- Metropolitan Hospital Center (HHC)
- Mount Sinai Hospital (MSH)
- 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 (MSH)

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 (MSH)
- *MSH: Mount Sinai Health System
 *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

FQHCs:	Address:	Zip Code
• Betances Health Center	280 Henry Street	10002
• Downtown Health Center	150 Essex Street	10002
• Institute for Urban Family Health	113 East 13 th Street	10003
• Institute for Urban Family Health	16 East 16 th Street	10003
• Nena Health Council	279 East 3 rd 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

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 the 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.

VIII. Dissemination of the CSPP to the Public

An important element of the NYEE Community Service Plan is the dissemination of relevant information and availability of financial assistance to the public. We have begun to distribute a summary of the CSP to the public in brochure form which includes and highlights pertinent financial data that demonstrates our past, current, and future commitment to public health programs and financial assistance. Members of the community may request this document to be mailed to them free-of-charge. It also includes key information regarding NYEE's public health programs including both New York State Prevention Agenda 2013-2017 priorities and New York City Department of Health and Mental Health Take Care New York 2016 priorities. This information is readily available on the hospital's website, www.nyee.edu.

IX. Process to Maintain Engagement with Local Community Partners

One guiding imperative for the NYEE Community Service and Prevention Plan is the need to develop a sustainable model to regularly engage local community partners. The hospital's Community Advisory Group will be convened on an annual basis with requested additional input through public notice in local periodicals. The information yielded from this outreach will be supplemented with data gathered from the latest hospital's Community Health Needs Assessment (CHNA) survey and the State and City Departments of Health. This will allow hospital leadership to actively track progress, gauge effectiveness, and make mid-course corrections if necessary while administering this CSPP.

X. Appendix

Included are NYEE's Mission, Vision, and Values Statements as well as a complete summary of the data recorded in the health needs surveys distributed to both outpatients and community organizations in the primary service area (PSA).

Mission , Vision & Values Statement

I. Mission Statement

The New York Eye and Ear Infirmary, was established in 1820 to meet the eye care needs of New Yorkers, especially the working poor. In keeping with its heritage, today's Infirmary, a member of the Mount Sinai Health System, is a voluntary, not-for-profit specialty hospital providing comprehensive outpatient and state-of-the-art medical/surgical care in the disciplines of Ophthalmology, Otolaryngology/Head & Neck Surgery and Plastic & Reconstructive Surgery. The Infirmary's outpatient ophthalmology and otolaryngology programs provide primary through tertiary care and treatment in those specialties for the five boroughs of New York City, with concentrations in the institution's historic Lower East Side patient base, Brooklyn, and Queens. The Infirmary serves the local, regional, national and international communities with tertiary medical/surgical specialty services in our fields of expertise.

II. Vision Statement

The New York Eye and Ear Infirmary will continue to be the preferred provider of safe patient-focused specialty services in the disciplines of Ophthalmology, Otolaryngology/Head & Neck Surgery, and Plastic & Reconstructive Surgery and will continue to be responsive to the needs of patients and physicians.

III. Value Statements

Patient Care

To 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 delivering patient care, the Infirmary will strive to provide an error-free environment.

Community Health

To serve as a community resource through an ongoing series of lectures, seminars, health screenings and dissemination of information to the public.

Medical Education

To develop highly qualified, well-trained physician/surgeons through programs of residency training, post-graduate fellowships and continuing medical education.

Scientific Research

To pursue programs of applied clinical and basic research which advance knowledge and treatment within our areas of specialty and to enhance patient care through that scientific advancement.

Staff

To value competence in the abilities of our physicians, employees and volunteers to serve those entrusted to our care and to provide a professional practice environment.

Fiscal Responsibility

To carry out these activities in a financially responsible manner to ensure the Infirmary's continued vitality and viability as a provider of specialty health care services while meeting the needs of the communities it serves.

The New York Eye and Ear Infirmary
 Community Health Needs Assessment
 Patient Survey Data Summary
 Total Responses: 541
 Average Age: 49.39 Years
 Gender Distribution: 59.81% Female, 40.19% Male

Health Challenge	Adult	Children
Allergies	10.61%	9.19%
Asthma	13.43%	13.12%
Blindness	2.79%	0.35%
Diabetes	22.35%	4.24%
Difficulty Swallowing	1.86%	0.71%
Dizziness	6.52%	1.06%
Ear Aches	8.01%	4.24%
Hearing Loss	10.24%	2.83%
Heart Disease	4.84%	1.06%
High BP	27.75%	3.53%
Mental Health Concerns	2.42%	1.41%
Nose Bleeds	1.86%	1.06%
Obesity	6.33%	4.59%
Other	7.26%	4.59%
Persistent Coughs	2.79%	0.35%
Poor Balance	7.08%	1.06%
Runny Nose	4.66%	2.83%
Sleep Apnea (Snoring)	7.26%	4.95%
Sore Throats	5.40%	4.59%
Stroke	2.61%	0.35%
Uncorrectable Vision Problems	4.47%	0.35%
Vision Problems	50.09%	19.43%

Note: Colored Cells are Top 5 Health Challenges

Support Groups	Rate
Would like Support Groups	60.86%
Glaucoma	16.33%
Hearing Loss	11.49%
Pediatric Eye Conditions	11.46%
Macular Degeneration	6.92%
Uveitis	6.92%
Head & Neck Cancer	6.59%
Other	6.34%
Balance	4.89%
Smoking	4.89%

Qualitative Feedback On Unmet Needs and How to Fulfill Them:

1. Long wait times.
2. Diabetes treatment and support.
3. Insurance and billing concerns.
4. Customer service concerns.
5. Placing smaller urgent care facilities in the outer boroughs catering to the need of ear, eyes, nose, and throat issues.

Preventative Services	Rate
Blood Pressure Check	55.60%
Blood Sugar Check	46.27%
Cardiovascular Screening	25.33%
Cholesterol Exam	46.37%
Dental Cleaning/X-Rays	55.68%
Flu Shot	42.99%
Hearing Screening	25.70%
Physical Exam	68.34%
Vision Screening	65.74%

Barriers	Rate
Cannot Afford Care	7.34%
Cannot Afford Co-Pay	3.15%
Cannot Take Time Off From Work	4.90%
Cannot Understand Doctor	1.40%
Healthcare Provider Does Not Accept Insurance	3.15%
Language Barriers	3.85%
No Appointment Available	8.74%
No Specialists Available in Community	3.85%
No Transportation	3.15%
Other	5.24%

Note: Colored Cells are Top 5 Health Challenges

Educational Attainment	Rate
Some High School	18.15%
High School Graduate	27.50%
Some College	17.51%
College Graduate	20.72%
Graduate/Professional Degree	11.11%

Insurance Coverage	Rate
Commercial Health Insurance	25.29%
Medicaid and HMO	50.57%
Medicare and HMO	26.62%
No Health Insurance Coverage	9.70%
Other	2.85%

Ethnicity	% of Total
Asian	11.88%
Black/African-American	18.58%
Caucasian	13.24%
Person of Spanish Origin	53.07%
Pacific Islander	2.49%
American Indian	1.34%

The New York Eye and Ear Infirmary
 Community Health Needs Assessment
 Community Organization Survey Data Summary
 Total Responses: 15
 Response Rate: 6.07%

Health Challenge	Adult*	Children*
Asthma	2.00	2.08
Blindness	0.93	0.54
Diabetes	2.14	0.62
Difficulty Swallowing	0.83	0.75
Dizziness	1.17	0.42
Ear Aches	1.08	1.17
Hearing Loss	1.36	0.69
Heart Disease	1.77	0.33
High Blood Pressure	2.15	0.25
Mental Health Concerns	1.79	1.08
Nose Bleeds	0.92	1.33
Obesity	2.00	1.58
Persistent Coughs	1.17	1.25
Poor Balance	1.08	0.42
Runny Nose	1.50	1.83
Sleep Apnea	1.50	0.67
Smoking	1.85	0.62
Sore Throats	1.42	1.50
Stroke	1.38	0.08
Uncorrectable Vision Problems	1.14	0.62
Vision Problems	1.71	1.38

Note: Colored Cells are Top 5 Health Challenges

Preventative Services	Rate
Blood Pressure Check	35.71%
Blood Sugar Check	28.57%
Cardiovascular Screening	28.57%
Cholesterol Exam	21.43%
Dental Cleaning/X-Rays	28.57%
Flu Shot	35.71%
Hearing Screening	35.71%
Physical Exam	28.57%
Vision Screening	42.86%

Barriers	Rate*
Cannot Afford Care	1.67
Cannot Take Time Off From Work	1.73
Cannot Understand Doctor	1.93
Healthcare Provider Does Not Accept Insurance	1.29
Language Barriers	1.93
No Appointment Available	1.40
No Specialists Available in Community	1.14
No Transportation	1.60
Other	0.43

*Prevalence Was Rated on a Scale of 0 to 3

Qualitative Feedback On Unmet Needs and How to Fulfill Them:

1. Walk-In Consultations Would Be Very Helpful
2. Provide free dilated eye exams/Provide free or highly subsidized
3. ADHD and LD; It would be excellent to receive results of tests and exams our patients receive at NYEE, no response to referrals is this rule.
4. Obesity