Gracie Square Hospital

Community Health Needs Assessment

2016

Community Health Needs Assessment (CHNA)
Gracie Square Hospital

Definition of the community served by the hospital facility:
Grace Square Hospital provides high quality inpatient psychiatric services to individuals in the Greater New York City (NYC) Area affected by mental health and substance use issues. As a member of the NewYork-Presbyterian Regional Hospital Network (NewYork-Presbyterian), we serve as a portal for our patients into this network of health care services, ensuring that those living with co-occurring health needs have access to the necessary health treatment and support. Our high quality psychiatric services combined with our affiliation with NewYork-Presbyterian, one of the nation's largest and most comprehensive health care delivery systems, guarantee that our patients receive the array of care options necessary for successful treatment and healthy recovery.

During 2016, Gracie Square Hospital's 157 psychiatric inpatient bed setting provided 32,639 days of inpatient care to the 1,804 patients. This care included that which was provided at no cost to the patient or at an amount below the Hospital's cost to provide such care (i.e., "charity care"). An estimate of $1.9 million in charity care was provided.

Our patients come from the greater Metropolitan area of NYC, with most coming from the five boroughs. The following charts detail the exact demographics of our patient mix:

Table 1: Boroughs from which our patients are drawn:

Neighborhood:	Bronx	Brooklyn	Manhattan	Queens	Staten Island	Other Areas*
% of Patients:	36.1%	14.8%	29.2%	11.6%	1.2%	7.0%

Table 2: Patient Race/Ethnicity:

Race/Ethnicity:	Caucasian	African American	Hispanic	Asian	American Indian/ Alaskan	Native Hawaiian/ Other
% of Patients:	28.9%	30.9%	33.3%	4.8%	1.9%	0.1%

Table 3: Patient Age:

Age Group:	17 and under	18-19	20-29	30-39	40-49	50-59	60 and over
% of Patients:	0%	2.8%	21.6%	21.1%	23.4%	20.9%	10.2%

Table 4: Primary Language Spoken:

Primary Language Spoken:	English	Other
% of Patients:	97.5 %	2.5%

Table 5: Patient Insurance Status:

Insurance Type:	Medicare	Medicaid/Medicaid Managed Care	Commercially Insured	Self-Pay
% of Patients:	26.4%	47.5%	26.1%	0.01%

Our 157-bed inpatient facility has seven specialized units geared towards special populations of which all patients in these programs are accepted via referrals from managed care providers, health maintenance organizations HMOs, medical hospitals, and community and private doctors. All treatment plans include family sessions and group therapy which are supported by appropriate outpatient follow-up and referrals to community resources.

Specialized Units

Our **Crisis Stabilization Program** provides short-term hospitalizations to acutely ill adult psychiatric patients in the New York Metropolitan Area. Our team quickly and effectively stabilizes acute symptoms, making it possible for patients to leave the hospital and continue treatment in an outpatient setting.

Our **Asian Psychiatry Program** is designed to meet the specific need of the diverse Asian population living in NYC. The program provides culturally sensitive and linguistically appropriate mental health services to individuals in Chinese, Korean, and Japanese communities within the Metropolitan Area.

Our **Older Adult Program** is designed to treat individuals, age 65 years and older, who have a primary psychiatric disorder that requires acute inpatient treatment. Our multidisciplinary team develops individualized plans of care that include treating the patient's acute problems and recommendations for services following discharge.

Our **Young Adult Program** is designed to treat young adults aged 18-25 through early and intensive intervention. The goal of this program is to support young adult patients in continuing to pursue their educational, vocational and social goals and to minimize the long-term psychosocial impact.

Our **Affective Disorders Program** is designed to treat adults with affective disorders using a combination of medication and psychotherapy. This program cares for individuals experiencing acute exacerbations of symptoms or adjustment to life stressors that require a brief inpatient stay.

Our **Psychotic Disorders Program** is designed to treat individuals with sudden worsening of schizophrenia, schizoaffective disorders, or bipolar disorder with psychotic features. Our multidisciplinary team manages acute symptoms, addresses stressors that lead to exacerbation, and provides group therapies that help patients understand warning signs and develop coping strategies to manage symptoms following discharge.
Finally, our **Dual Focus Program** is an inpatient treatment program for adults who suffer from two concurrent illness—addiction and mental illness. Our highly trained clinicians

and chemical dependency counselors combine psychiatric and substance abuse treatment models to provide a comprehensive approach that addresses both illnesses.

Demographics of Communities Served:

As demonstrated above, most of the individuals served by Gracie Square Hospital live in the five boroughs of NYC. Below is a look into the demographics of these communities.

Bronx: Over one-third (36.1%) of Gracie Square Hospital's patients live in the Bronx. The northernmost borough of NYC, the Bronx, houses 1,438,159 residents, and 7.7% of adult residents are currently unemployed. 31.5% of residents are living below the Federal Poverty Line (FPL). The median family income in the Bronx is $33,687, and 18.2% of residents do not currently have health insurance. 19.4% of Bronx residents do not have a regular health care provider. 18.5% reported having experienced poor mental health during 14 or more days of the past month. Premature deaths, defined as having passed away prior to the age of 75, occurred in 51.4% of all deaths in the Bronx between 2012 and 2014 (the highest of all the boroughs). The number of emergency department visits in the Bronx per 10,000 residents was 6,565.8, while the hospitalization rate was 1,539.3 per 10,000 residents.[i]

Brooklyn: 14.8% of those served by Gracie Square Hospital currently live in Brooklyn. As the largest and most populated borough, Brooklyn is home to 2,621,793 people. 5.9% of these individuals are currently unemployed. 23.4% of those living in Brooklyn live below FPL, and the median family income in this borough is $47,547. In Brooklyn, 15.6% of residents do not currently have health insurance, and 22.4% do not have a regular health care provider. 12.4% of Brooklyn residents self-reported having experienced 14 or more days of poor mental health in the last month. Premature death occurred in 45.8% of all deaths over in Brooklyn between 2012 and 2014. The rate of emergency room visits in Brooklyn was 4,352.1 per 10,000 residents, while the hospitalization rate was 1,239.5 per 10,000 residents.[ii]

Manhattan: Manhattan is home to the second largest proportion of Gracie Square Hospital's patients (behind the Bronx), in that 29.2% of our patients reside in Manhattan. Overall, 1,636,268 individuals currently live in Manhattan. 4.8% of Manhattan residents are currently unemployed, and 17.7% of those living in Manhattan live below FPL. The median family income is $75,459. 10.1% of residents living in Manhattan do not have insurance, and 25.6% do not have a regular health care provider. 10.6% of Manhattan residents reported having experienced 14 or more days during the past month of poor mental health. 39.9% of all deaths that occurred in Manhattan over the past three years were premature. The rate of emergency department visits per 10,000 Manhattan residents was 4,121.3, while the hospitalization rate was 1,086.6 per 10,000.[iii]

Queens: Queens is home to 11.6% of Gracie Square Hospital's patients. 2,321,580 people currently live in Queens. 5.0% are unemployed, and 15.4% of Queens residents live below FPL. The median family income is $56,866. 19.5% of residents living in Queens do not have health insurance, and 23.2% of residents do not have a regular health care provider. 8.9 % of Queens residents self-reported having poor mental health over 14 or more days during

the past month. 40.5% of all deaths that occurred in Queens over the past three years happened prior to age 75. The rate of emergency department visits per 10,000 Queens residents was 3,846.1, while the borough's hospitalization rate was 1,088.0 per 10,000 residents.[iv]

Staten Island: At the smallest of the boroughs in population, 473,279 individuals currently reside in Staten Island. 5.8% of these residents are unemployed. 14.5% of those living in Staten Island live below FPL, and the median family income is $70,299. 9.5% of residents living in Staten Island do not have health insurance, and 17.3% do not have a regular health care provider. 16.4% of Staten Island residents reported having poor mental health during 14 or more days over the past month. Staten Island has a premature death rate of 43.9%. The rate of emergency room visits in Staten Island was 4,147.3 per 10,000 residents, while the hospitalization rate was 1,327.3 per 10,000 residents.[v]I

Existing health care facilities and resources within the community that are available to respond to the health needs of the community:

With our 157-bed inpatient facility, Gracie Square Hospital is available to meet the behavioral health needs of adults in the Greater New York Metropolitan Area. As previously stated, Gracie Square Hospital is a member of the NewYork-Presbyterian Regional Hospital Network (NewYork-Presbyterian). This affiliation enables Gracie Square Hospital's behavioral health consumers to have access to a vast array of hospital and community-based medical services, including state of the art inpatient ambulatory and preventative care in all areas of medicine. NewYork-Presbyterian is one of the most comprehensive university hospitals in the world. Its six locations in New York City offer tristate residents, including those served by Gracie Square Hospital, convenient access to its dedicated staff, modern facilities, state of the art technology, and quality care for co-occurring medical conditions. In addition to meeting the co-occurring health needs of our patient population, the NewYork-Presbyterian affiliates refer community members to Gracie Square Hospital when an acute behavioral health need is identified. In this way, Gracie Square Hospital and its affiliates are able to collaboratively offer a full continuum of health and behavioral health needs to community members residing the in the New York Metropolitan Area.

Further, there are also a myriad of community based health and mental health centers that serve community residents, including patients of Gracie Square Hospital, when their needs are less acute and do not require an inpatient setting. As of August, 2013, there were 34 Federally Funded community based Health Centers in New York City operating out of more than 300 sites. Of these sites, about 100 provide primary care services to the general public. The others serve special populations (e.g., homeless), are located in specialized settings (e.g., schools), or provide limited, specialized services (e.g., dental only). Of sites serving the general public, the Bronx has the most locations (37) and Staten Island has the fewest (2). However, despite this variation in service and location type, all of the Federally Funded Community Health Centers must provide comprehensive primary care services either directly or by referral. On average, NYC community health centers directly provided medical services to 90% of their patients, dental services to 20% of their patients, mental health services to 8% of their patients, and substance abuse treatment to less than 1% of

their patients. Needs that cannot be met directly at the Health Center are provided through referral. In NYC, 53% of health center patients had Medicaid, and 23% were uninsured.[vi]

As a provider of inpatient acute care services, Gracie Square Hospital works with all existing mental health services, including outpatient clinics, partial hospitalization programs, Personalized Recovery Oriented Services (PROS) programs, Assertive Community Treatment Program (CT) teams, etc. In addition to referring patients for admission, these programs are often used as discharge options for many patients. As a critical component of the system of care for adults, it is important that Gracie Square Hospital has strong relationships with all of the existing mental health services in the communities it serves. Understanding the existing resources and the availability of all new community-based services (including Health Home Care Coordination and Home and Community-Based Services (HCBS) services for adults) is essential to providing comprehensive discharge plans to support long term goals.

How data was obtained:

Data was obtained through queries of public information via the New York City Department of Health and Mental Hygiene (DOHMH) and the New York State Department of Health (DOH). A full list of citations and sources is detailed in the footnotes of this Community Health Needs Assessment, beginning on page 12.

The health needs of the community, including primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups:

Gracie Square Hospital serves the New York City Metropolitan area. Below is a listing of the health needs and disparities faced by residents of this populated and diverse area:

Self-Rated Health: About one in five (19%) New York City adults rated their health as excellent, one in four (26%) reported very good health, one in three (34%) rated their health as good, while the remaining 22% considered themselves to be in fair or poor health. Older adults in New York City are more likely to report fair or poor health than younger adults: one in 10 (13%) of 18- to 44-year olds versus about three in 10 (32%) of adults aged 45 and older said that they had poor health. In addition to age, self-rated general health also varies by race/ethnicity in New York City. One in five (19%) African Americans and one in three Hispanics (34%) and Asians (31%) rated their health as fair or poor, while only one in 10 (12%) of white adults reported experiencing unfavorable general health. Further, adults in the highest poverty group were six times more likely to rate their health as fair or poor (36%) than those in the lowest poverty group (6%). United States-born New Yorkers were less likely to report fair or poor health than those born outside of the United States (17% vs. 29%). Furthermore, Manhattan and Staten Island residents were less likely to rate their health as fair or poor (16% and 13% respectively) than residents of the Bronx (26%), Brooklyn (26%), and Queens (22%).[vii]

Oral Health: Our Community Health Needs Assessment revealed that Many New Yorkers do not receive proper oral health care. Oral cancer screenings by a dentist or medical provider can detect tumors early, when treatment is most successful. However, more than one third

(38%) of third grade children living in New York City (NYC) have untreated cavities, and 25% of NYC adults ages 65 and older have had all of their permanent teeth extracted. Over half (59%) of adults living in NYC have one or more risk factors for oral health problems, including consuming one or more sugary drinks per day, being a current smoker, having diabetes, etc. More than 40% of adults in the city with one or more risk factors have not visited the dentist in the past year. Overall in New York City, about one in four (23%) children and more than one in three (37%) adults have not had a preventive dental visit in the past year. The likelihood of visiting a dentist varies for adults by race/ethnicity. Asians (54%), Hispanics (42%) and African Americans (42%) were more likely to have had no dental visit in the past year than white adults (33%). Uninsured adults (58%) and children (37%) were more likely to have no dental visit than were adults and children with Medicaid or another type of insurance coverage. Each year, about 800 New Yorkers are diagnosed with oral or throat cancer and 190 die from these conditions. Men had more than twice the rate of new oral and throat cancers as women (14 vs. 6 cases per 100,000 persons). Although, during preventive dental checkups dentists can screen for these types of issues, 70% of oral and throat tumors with a known stage were diagnosed late. Late diagnosis was more common among men (74%) than among women (59%).[viii] [ix]

Influenza and Pneumonia: Influenza and pneumonia together are the third leading cause of death in New York City. Overall, however, rates of pneumonia in NYC were slightly less than national rate estimates (12 out of 100,000 in New York City vs. 14 out of 100,000 in the United States). Rates of pneumonia are highest among New Yorkers 65 years and older and children younger than five years. In high-poverty New York City neighborhoods, pneumonia rates are more than twice as high as rates in very low-poverty neighborhoods.[x]

The percent of New Yorkers aged 65 years and older who reported receiving an influenza vaccination in the past year fell from 63% in 2002 to 53% in 2009. Fewer than two in five (35%) 50- to 64-year old New Yorkers reported a past year vaccination against. Amongst all ethnicities, White and Asian New Yorkers of all ages reported the highest influenza vaccination levels among adult New Yorkers. In comparison, fewer than half of African American New Yorkers aged 65 years or older (46%) reported receiving an influenza vaccination in the past year, compared to 60% of whites and 65% of Asians in that age group. Influenza vaccination levels vary significantly by neighborhood, ranging from 37% of adults aged 65 years and older in Flatbush, Brooklyn, to 67% of adults of the same age living on the Upper West Side of Manhattan and in Lower Manhattan. In addition to Flatbush, extremely low influenza vaccination levels are found in Inwood/Washington Heights in Manhattan, in Borough Park, Greenpoint, and Bedford-Stuyvesant/Crown Heights in Brooklyn, and in Jamaica and West Queens in Queens. New Yorkers aged 65 years of age and older with a personal health care provider and insurance are more than three times as likely to report past-year vaccination against influenza as those without either a regular health care provider or insurance (59% vs. 18%). Moreover, only 6 in 10 (59%) of Central Brooklyn residents surveyed say their doctors recommend influenza vaccination. Those whose doctors do recommend vaccination were three and a half times more likely to get vaccinated than those whose doctors did not.[xi]

Diabetes: Diabetes has increased significantly over the past two decades in New York City, more than doubling between the period of 1993-1995 and 2011. In addition to the 650,000

adult New Yorkers who reported having diabetes in 2011, an estimated 230,000 New Yorkers likely had the disease but were unaware of it. Black, Hispanic, and Asian New Yorkers were at least twice as likely to have diabetes as White New Yorkers. Moreover, Diabetes disproportionately affects high-poverty NYC communities. The neighborhoods with the highest prevalence of diabetes were Fordham-Bronx Park (14.6%), East New York (13.9%) and Williamsburg-Bushwick (13.9%) in Brooklyn, Northeast Bronx (13.9%) and the South Bronx (13.9%). Diabetes was nearly 70% more common in very high-poverty neighborhoods than in low-poverty neighborhoods (12.7% vs. 7.5%). New Yorkers with diabetes were more than twice as likely to report fair/poor health as those without (44.7% vs. 18.9%), and nearly one quarter (22.8%) of adults with diabetes had depression at some point in their lifetime, compared with 12.1% of those without the diagnosis.[xii]

In 2011, 5,695 deaths (11% of total deaths) in New York City were diabetes-related. Astoundingly, approximately one person dies of diabetes-related causes every 90 minutes in New York City. While the overall number of deaths in the city is declining today, deaths related specifically to diabetes are increasing. Non-Hispanic blacks had the highest diabetes-related mortality rate of any racial/ethnic group at 116 deaths per 100,000, followed by Hispanics (81/100,000), non-Hispanic Whites (45/100,000), and Asian/Pacific Islanders (41/100,000). Diabetes-related mortality rates were 2.7 times higher among individuals living in very high-poverty neighborhoods than among those in low poverty neighborhoods. In terms of gender disparities, the diabetes-related mortality rate was 1.4 times higher for males than for females.[xiii]

Cancer: Approximately one in four deaths in New York City (NYC) is due to cancer. Although cancer-related death rates in NYC fell by more than a quarter (29%) between 1994 and 2008 (214 vs. 152, per 100,000 NYC residents), income and racial/ethnic disparities in screening, incidence (new cases of cancer), and death still persist. Furthermore disparities by race/ethnicity and poverty exist for many modifiable risk factors in NYC, including smoking, obesity, and (lack of) condoms use. These risk factors may put some groups at a higher risk for diseases, including cancer.[xiv]

Viral Hepatitis (Hep B and C), Tuberculosis (TB), HIV, and other sexually transmitted diseases (STDs): More than one in 10 adults living in NYC with HIV had another STD between 2000 and 2010. People with syphilis are the most likely to have had another STD (64%), and people with hepatitis B are the least likely to have been diagnosed with another STD (11%). Injection drug use (IDU) is the most common risk factor for HIV/hepatitis C co-infection, and a history of incarceration is also common among people with HIV and hepatitis C. A larger proportion of those living in NYC co-infected with HIV and hepatitis C are Hispanic compared to those with only HIV (42% vs. 31%). A greater proportion of New Yorkers co-infected with HIV and hepatitis B are African American compared to those with only HIV (55% vs. 45%), and a smaller proportion are Hispanic (26% vs. 33%) or White (16% vs. 20%). About one in seven New Yorkers with TB also have an HIV diagnosis. A larger proportion of people with TB and HIV either engage in IDU (11% vs. 1%) or are homeless (18% vs. 4%), compared with those with only TB. Among New Yorkers with a TB diagnosis between 2000 and 2010, 6% were also diagnosed with hepatitis C, more than half of whom were African American (51%). A greater proportion of individuals with TB and hepatitis C engage in IDU and/or are homeless than those with only TB. Individuals who had diagnoses

of both TB and hepatitis B are primarily male (70%), and half (50%) were Asian/Pacific Islander. This population is also more likely to be homeless (11% vs. 6%) than those without hepatitis B. A majority of people with TB, and people with both TB and hepatitis B, are foreign-born. Among foreign-born New Yorkers with TB, China was the most common country of birth, and a greater proportion of individuals with TB and hepatitis B were born in China than those with only TB (42% vs. 14%). The rate of HIV and hepatitis C co-infection in the very high poverty neighborhoods of the city was about four times the rate in the low poverty neighborhoods. The rates of HIV and hepatitis B co-infection, and of persons with HIV and TB, also increases as the percentage of residents living in poverty in the neighborhood increases.[xv]

Ambulatory Care-Sensitive (ACS) Hospitalizations: ACS conditions are those for which good clinical preventive services could reduce the need for hospitalization. ACS conditions include diabetes, hypertension, congestive heart failure, and adult asthma. New York City's ACS hospitalization rate is higher than New York State's rate (1,828 vs. 1,563 per 100,000). Furthermore, the city's rates for certain ACS hospitalizations are markedly higher than the state's, including those for uncontrolled diabetes (58 vs. 34 per 100,000), hypertension (111 vs. 72 per 100,000), and asthma (275 vs. 176 per 100,000). Adults ages 65 years of age and older account for 40% of all hospitalizations, but 53% of ACS hospitalizations. Higher neighborhood poverty is associated with higher rates of ACS hospitalizations. ACS hospitalization rates in the three neighborhoods with the highest poverty levels (Highbridge-Morrisania, Hunts Point-Mott Haven, and Crotona-Tremont, all located in the Bronx) are more than four times higher than in the neighborhood with the lowest poverty level (Upper East Side in Manhattan).[xvi]

Hypertension Hospitalizations and Related Morbidity in New York City: An estimated 1.8 million adults in New York City are diagnosed with Hypertension (HTN), a leading risk factor for heart disease and stroke. In 2014, there were 97,927 hospitalizations for HTN, heart disease and stroke in NYC with a median length of stay (LOS) ranging from 3 to 5 days. However, with effective outpatient care, hospitalizations for HTN are largely avoidable. Hospitalizations for HTN were about equivalent for men and women at 125 and 113 per 100,000 individuals respectively; however men were hospitalized 1.5 times more frequently for heart disease and 1.3 times more frequently for stroke. This gender differential for hospitalizations is even more apparent in adults younger than 65 years (67% men vs. 49% women for HTN; 49% men vs. 32% women for heart disease; 45% men vs. 32% women for stroke). Hospitalization rates for HTN, heart disease and strokes are much more likely in high-poverty neighborhoods than low-poverty neighborhoods in New York City: 3.5 times more likely for HTN, 1.9 times more likely for heart disease and 1.7 times more likely for strokes.[xvii]

Adult Psychiatric Hospitalizations in New York City: A psychiatric hospitalization is defined as an overnight stay or longer in a psychiatric inpatient unit (excluding emergency room visits without an inpatient admission) for individuals with behaviors or symptoms that are likely to result in harm to themselves or others. In 2013, the psychiatric hospitalization rate for NYC adults was 676 per 100,000 adults; 31,400 individuals accounted for almost 45,000 psychiatric hospitalizations in acute care NYC hospitals with a median length of stay of 11 days. Schizophrenia was the most prevalent diagnosis (50.2%) among NYC adults

hospitalized for mental illness, followed by Bipolar (18.1%) and Major Depressive Disorder (13.7%). The rate of psychiatric hospitalization was highest among adults ages 45 to 54 (906 per 100,000) compared with other age groups. The psychiatric hospitalization rate was greater for men (822 per 100,000) than women (548 per 100,000). Psychiatric hospitalization rates differed by geographic area in NYC. The highest rates (more than 1,500 per 100,000 adults) were concentrated in East and Central Harlem, Chelsea, Gramercy Park, Queens Village, and Ocean Hill; the lowest rate (508 per 100,000 adults) was in Queens. In 2013, the rate of psychiatric hospitalization readmission within 30 days to any NYC hospital was 13% and within 90 days was 22%.[xviii]

Children and Adolescent Mental Health Disorders and Psychiatric Hospitalizations in New York City: Although the onset of most mental disorders usually occurs during adolescence, treatment is typically not initiated until many years later. There is increasing evidence that intervention during adolescence may help reduce the severity and/or persistence of the initial disorder, and prevent secondary disorders. A psychiatric hospitalization is defined as an overnight stay or longer in a psychiatric inpatient unit (excluding emergency room visits without an inpatient admission) for individuals with behaviors or symptoms that are likely to result in harm to themselves or others. In 2013, the psychiatric hospitalization rate in NYC was more than 4 times greater for adolescents aged 13-17 (662 per 100,000) than for children aged 3-12 (148 per 100,000). In 2013, there were 4,525 psychiatric hospitalizations in NYC hospitals with a median length of stay of 12 days. Depressive disorders were the most prevalent diagnoses (49.1%) among NYC children and adolescents hospitalized for mental illness, followed by Disruptive Behavior disorders (9.6%) and Bipolar disorder (9.6%). For children aged 3-12 years, the psychiatric hospitalization rate was greater for males (63%) than females (37%) in 2013; for adolescents aged 13-17 years, the psychiatric hospitalization rate was greater for females (62%) than males (38%) in 2013. Children/adolescents in NYC living in very high poverty neighborhoods were more than twice as likely to be hospitalized as children/adolescents living in low poverty neighborhoods (224 vs. 94 per 100,000).[xix]

Older Adults: "Older adults" is defined as those age 65 years of age and older, and the number of older adults living in NYC is increasing. In 2007, there were about 1,013,000 older New Yorkers, compared with 605,000 in 1950. The majority of older New Yorkers (61%) are women. The numbers of older New Yorkers varies by race/ethnicity, with 18% of white individuals, 11% of African American individuals, 9% of Asian residents, and 8% of Hispanic New Yorkers being age 65 years or older. More than one quarter (27%) of older New Yorkers live below 100% of the federal poverty line. While 44% of older New Yorkers are married or partnered, the rest (over half at 56%) are not. Overall, 31% of those over 65 living in NYC are widowed, 15% are divorced/separated, and 10% were never married. More than one half of older New Yorkers have high blood pressure (58%). High blood pressure is more common among older black (72%) and older Hispanic (63%) New Yorkers than older White New Yorkers (51%). The prevalence of diabetes is higher among older New Yorkers (23%) than older adults in the United States overall (20%). Further, diabetes, too, is more common among older African American and Hispanic New Yorkers than older White New Yorkers (34% and 31% respectively, vs. 17%). Older adults living in NYC are less likely to get vaccinated against the flu (55% vs. 70%) or pneumonia (48% vs. 65%) than older adults nationwide.[xx]

Among older adults (aged 65 years and older) who are living in New York City, falls are the leading cause of injury-related hospitalizations, leading to more hospitalizations than pneumonia, influenza, asthma, and bronchitis combined. Overall, hospitalizations for falls among older adults in NYC cost approximately $722 million each year, equating to $40,600 per fall-related hospitalization. Staten Island residents have the highest rate fall-related Emergency Department visits of all the boroughs, while Queens residents have the lowest rate (3,210 vs. 1,781 per 100,000). Each year, almost half of the fall hospitalizations amongst older New Yorkers are for fractures (48% or 8,528 hospitalizations). Of these fractures, 46% are to the hip. Fall related deaths increase as age increases overall for all racial/ethnic groups, but White adults are at greatest risk for fall-related deaths, while African American adults are at lowest risk. This pattern varies as age increases, with Asian/Pacific Islanders having the highest rates of fall related hospitalizations among the oldest adults.[xxi]

The subpopulation of older adults that lives in public housing is large and growing rapidly in the city. More than 61,500 New Yorkers aged 65 and older and 48,200 aged 55 to 64 live in New York City Housing Authority (NYCHA) developments. The majority of older NYCHA residents are African American and/or Hispanic women. About half live alone and nearly half live with income below Federal Poverty Level. 29% of older NYCHA residents reported limitations in their ability to perform basic activities of daily living. 37% of this population has been diagnosed with diabetes, and 15% are current smokers. 79% of older NYCHA residents reported having been diagnosed with two or more chronic conditions (including diabetes, hypertension, high cholesterol, arthritis, or osteoporosis). 11% of older NYCHA residents routinely utilize the emergency room as a source of care.[xxii]

Unintentional Drug Overdose Deaths: Approximately 11,500 New York City residents died of an unintentional drug overdose during the years of 2000-2015. In 2015, there were 937 unintentional drug overdose deaths in NYC compared with 800 unintentional drug overdose deaths in 2014. The rate of unintentional drug overdose deaths continues to increase. The rate has increased from 8.2 per 100,000 residents in 2010 to 13.6 per 100,000 residents in 2015. This marks a 66% increase. In 2015, nearly all (97%) of unintentional drug overdose deaths involved more than one substance, including alcohol, licit and illicit drugs. The drugs most commonly identified in these cases were heroin, cocaine, benzodiazepines, prescription opioid analgesics, and methadone. Eight in ten (80%) overdose deaths involved an opioid. Heroin was involved in 556 (59%) of all overdose deaths in NYC in 2015. It was the most common substance involved in overdose deaths. In 2015, heroin-involved overdose death rates increased in all boroughs except Staten Island. Bronx residents had the highest rate of heroin-involved overdose deaths, 13 per 100,000 residents in 2015. For 2015, the rate in Queens was 4.4 per 100,000; the rate in Manhattan was 5.8 per 100,000; and the rate in Staten Island was 10.7 per 100,000. The rate was highest among white New Yorkers. The rate increased 51% among Latino New Yorkers from 6.8 per 100,000 in 2014 to 10.3 per 100,000 in 2015. The rates of overdose death involving fentanyl and heroin were the highest among residents of very high poverty neighborhoods, 2.3 per 100,000. [xxiii]

Suicides: In 2015, 565 suicides were reported in NYC. The rate of suicide in NYC increased from 5.5 in 2000 to 6.3 per 100,000 people in 2014. Males continue to represent the majority of suicides, with 393 suicides by NYC males in 2014, compared to 172 suicides by females. Disparities in suicide trends in the city exist. Since 2000, suicide rates among females have increased by 56%, with an annual increase of 1.7% per year between 2000 and 2014. In 2012 to 2014, neighborhoods where 10-20% of residents had an income below the Federal Poverty Level had the highest rate of suicides, with 7.8 per 100,000 people. Suicide risk is closely tied to an individual's mental wellbeing. In the city, 64% of people who died because of suicide had a documented history of depression, 8% had a history of schizophrenia, and 5% had a history of anxiety. Of those with complete medical histories, 23% were known to have made a previous suicide attempt and 39% had received mental health treatment within a year of death. Among New York City teens, certain subgroups are also at greater risk for attempting suicide, including Hispanic female teens (15% of which reported attempting suicide in the past year) and Lesbian Gay Bi-sexual Transgender Questioning teens (27% of whom reported a suicide attempt in the past year).[xxiv]

The process for identifying and prioritizing community health needs and services to meet the community health needs:

As evidenced by the comprehensive catalog of needs found above, New York City residents face a myriad of health and behavioral health issues, and disparities based on race/ethnicity, income, insurance status, and age are quite prevalent. Through its culturally competent inpatient psychiatric care for adults in the Greater New York City Metropolitan Area, including those designed specifically for the special populations of older adults, those of Asian descent, and individuals with co-occurring mental health and substance use disorders, Gracie Square Hospital meets the acute behavioral health needs of the community it serves.

All of our patients are given a comprehensive medical and psychiatric assessment upon admission to our facility social services, and laboratory and other medical tests are given as indicated. To meet all of the co-occurring health and behavioral health needs of our population, we often refer and serve as the portal for access to quality inpatient, outpatient, and preventive medical care through our affiliation with the NewYork-Presbyterian Regional Hospital Network. Once a patient is stabilized and ready to re-enter the community, our multi-disciplinary team begins planning for discharge, a process that includes an assessment of both behavioral health and health needs, referrals for aftercare, and comprehensive information about appropriate community resources. Through our direct and affiliated involvements with partial hospitalization programs, intensive outpatient clinics, and individual providers, we are able to effect the most appropriate and timely referrals, as well as provide comprehensive information about available community resources. Further, throughout the process, we work closely with managed care companies to plan the aftercare treatment that will most effectively utilize available resources so that the patient can successfully transition to life after hospitalization.

LGBTQ:

In 2014, approximately 756,000 people in the New York metropolitan area identified as lesbian, gay, bisexual, transgender and/or queer (LGBTQ), with approximately 336,00 living in New York City. The percentage of New Yorkers identifying as LGBTQ (4% of the population) was slightly higher than the national average (3.6%).xxv It was estimated that approximately 0.5% of adults in New York State, or 78,600 individuals, identified as transgender, which is lower than the estimated national average of 0.6% of adults identifying as transgender.xxvi Compared to their heterosexual and cisgender peers, LGBTQ individuals experience far higher rates of attempted suicide, drug use, HIV/AIDS, barriers in access to care, and overall poor health outcomes:

Suicide- Since LGBTQ youth are more likely to face discrimination, rejection, and harassment than their heterosexual and cisgender peers, LGBTQ youth consistently demonstrate worse mental health outcomes and are at greater risk for suicide. The rate of attempted suicide among NYC youth who have been both bullied at school and identify as lesbian, gay, or bisexual is nearly four times (32%) higher than that of all NYC high school students (8.3%). This rate is even higher for transgender youths, with 40% reporting that they had attempted suicide.xxvii

Drug Abuse - In 2015, the prevalence of any prescription drug misuse was twice as high (16%) among LGB youth in NYC public schools compared to their heterosexual peers (8%). LGB youth were twice as likely to misuse opioid analgesics, compared to heterosexual youth, at rates of 12% and 6%, respectively. Transgender youth were at even greater risk; they were three times as likely as cisgender individuals to misuse opioid analgesics (21% vs 7%). LGB youth were twice as likely as heterosexual youths to misuse benzodiazepines or stimulants (10% vs 5%).Rates of any illicit drug use are also higher in LGB youth (16%) compared to heterosexual youth (8%).xxviii

Physical abuse- Dating violence, which occurs when an individual displays physical, emotional and or/verbal abuse to control a partner, is experienced by LGBTQ youth at higher rates than their heterosexual peers. In 2013, LGB students in NYC public high schools, along with students questioning their sexual orientations, were more than twice as likely to report experiencing dating violence victimization (specifically, physical abuse) when compared to heterosexual youth (at a rate of 18.3% vs 7.8%). Youth victims of dating violence are at a higher risk of developing poorer health outcomes later in life.xxix Nearly one third of transgender youth have experienced serious physical violence due to gender identity.

HIV/AIDS - In 2015, nearly 60% of the 2,394 new HIV diagnoses in NYC were categorized under the transmission risk category of "men who have sex with men" (MSM), and approximately 1.6% of new diagnoses were categorized under the risk category of “transgender people with sexual contact”. Although the number of new HIV diagnoses reported in NYC from 2001 to 2015 had seen significant declines in nearly all categories (gender, race/ethnicity other than Asian/Pacific Islanders, age group, borough of residence), the MSM group and transgender group were exceptions that did not see statistically significant declines. xxx

Access to Care - Although transgender individuals living in New York State in 2015 were actually more likely to have insurance than cisgender individuals (6.3% reporting no insurance vs 7.6%, respectively), transgender people were also more than three times as likely to report inadequate insurance coverage and insufficient care, with 61.3% stating that their insurance did not cover transition-related care. Transgender New Yorkers also cited a lack of personal financial resources and support groups preventing them from accessing care. xxxi

Overall Health Outcomes - Transgender New Yorkers who have incomes below the federal poverty level (FPL) are twice as likely to be in poor health as cisgender individuals living below the FPL. Although disparities in education and employment exacerbate poor health outcomes in the transgender population, even when age and education are controlled for, transgender individuals still report poorer health than their cisgender counterparts. For example, in 2015, transgender individuals in New York were 50% more likely to report fair or poor health and 50% more likely to be depressed compared to cisgender individuals. Transgender individuals typically face higher levels of harassment and physical harm which leads to worse mental health outcomes; in 2015, 41% of transgender individuals suffered from frequent mental distress compared to 24.4% of cisgender individuals in New York. xxxii

The process for consulting with persons representing the community's interests:

As part of our community benefit strategy, Gracie Square Hospital continuously strives to maintain and improve the quality of our services provided to our patients through quality improvement studies and patient satisfaction surveys. We view these tools as a way of truly hearing our patients' voices and their opinions about our services. The data gathered from surveys and more in depth studies is used to identify any areas of unmet need or ways to improve our services. We often also discover opportunities that we can improve the cultural competence of our services through these methods. Further, by ensuring that each of our consumers has the chance to share their thoughts and feelings about their experience with us, we help them to (re)gain a sense of empowerment and competency that is often compromised by the individual's struggle with his/her behavioral health issues.

Moreover, during the past year, Gracie Square Hospital has contributed to a variety of key stakeholders, networks and coalitions in the city, including the NY Coalition for Quality Assisted Living (we are a Gold Member), the Chinese American Fund, the Brooklyn Chinese American Fund, and Chinatown Health. Our connections with these groups help to ensure that our inpatient behavioral health services are tailored to meet the needs of these specialized communities, most notably those in our Asian and Geriatric Psychiatry Programs. Further, by collaborating with and contributing to these groups year after year, the community's awareness of Gracie Square Hospital and our services has increased, helping to facilitate the transition into our care during a crisis requiring acute psychiatric care.

Beyond the aforementioned specific networks, the Hospital also regularly outreaches to the NYC community at large in a variety of capacities. During the past year, Gracie Square Hospital provided free mental health and nutrition screenings, conducted community educational presentations, and provided free meeting space for several community-based groups. Specifically, Gracie Square Hospital participated in several community-based "special days," including National Depression Screening Day, National Nutrition Month, and the National Eating Disorder Week. In addition to identifying community members who may be at risk for a behavioral health episode/condition, our outreach efforts increase the community's awareness of issues related to behavioral health and decrease the stigma attached to mental illness. We also provided housing, clothing, and other assistance to our patients who were homeless prior to entering our care upon their discharge. We have found (both empirically and anecdotally) that such assistance significantly reduces the chances of re-hospitalization.

Information gaps that limit the hospital facility's ability to assess the community's health needs:

This is not applicable to Gracie Square Hospital due to the wealth of information that it has access to regarding community health needs through its affiliation with NewYork-Presbyterian Hospital and through public information provided by the New York City Department of Health and Mental Hygiene (DOHMH), the New York State Office of Mental Health (OMH), and the New York State Department of Health (DOH). In addition to our report, NewYork-Presbyterian develops a Community Service Plan Comprehensive Report each year based on its own Community Health Needs Assessment. Any member of the public can get a copy of these reports by visiting NewYork-Presbyterian's website www.nyp.org.

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