GRACIE SQUARE HOSPITAL

Community Health Needs Assessment

2022–2024

Affiliated with NewYork-Presbyterian

TABLE OF CONTENTS

INTRODUCTION

Gracie Square Hospital is deeply committed to providing the highest-quality care to patients and supporting the health and well-being of the communities it serves. Established in 1958, Gracie Square is a 140-bed hospital situated on the Upper East Side of Manhattan, affiliated with the NewYork-Presbyterian system. Gracie Square Hospital is the only freestanding inpatient behavioral healthcare institution in Manhattan and has developed tailored programs for specific age and cultural groups. In addition to mental health services and treatment, the hospital's care team provides addiction treatment for individuals living with substance use disorders.

The 2022–2024 Gracie Square Hospital Community Health Needs Assessment (CHNA) was conducted to gain an updated understanding of the needs, assets, and priorities of the communities the hospital serves and to inform a three-year Community Service Plan (CSP) consistent with the requirements of the Internal Revenue Service (IRS) and guidance provided by the New York State Department of Health. The CHNA is also critical to understanding disparities in health that must be addressed to achieve health justice.

In 2019, Gracie Square Hospital undertook an extensive Community Health Needs Assessment process. This involved identification of high-disparity communities in New York City. For New York City, a need score was calculated, which was a composite of 29 indicators representing five key domains: demographics, income, insurance, access to care, and New York State Department of Health Prevention Agenda priorities. For Westchester County, a zip code–level Community Need Index was used. A separate analysis of Gracie Square Hospital patient data identified communities with high use of hospital services. Based on findings from these two analyses (i.e., need and hospital use), Gracie Square Hospital focused its 2019 Community Service Plan on Washington Heights and the Lower East Side in Manhattan.

Given the commitment to communities identified in 2019, and the progress made with respect to programs included in the 2019–2022 Community Service Plan, the process for the 2022–2024 CHNA focused on confirming continuing overall need in the above-referenced neighborhoods, confirming need in specific Prevention Agenda priority areas, and recommending approaches to address those needs. The 2022–2024 CHNA methods included 680 community-member surveys in six languages, 42 focus groups in three languages, 25 key stakeholder interviews, and analysis of publicly available data on 70 health indicators. Analyses from these multiple sources reaffirmed Gracie Square Hospital's commitment to Washington Heights in Manhattan. The Lower East Side priority community, which was identified in 2019, has been expanded to include Chinatown, reflecting the needs of that community, which were exacerbated by the COVID-19 pandemic.

Back to TOC

DOCUMENT NAVIGATION

Community Health Needs Assessment (CHNA)

The CHNA document is organized to be consistent with instructions provided by the Internal Revenue Service (IRS) and the New York State Department of Health (DOH). It starts with a description of CHNA methods and a summary of key findings, followed by a description of the community assessed, including both sociodemographics and health status, with an emphasis on identifying issues related to health disparities and high-need neighborhoods. The second main section focuses on health challenges facing the service area and high-need neighborhoods, including the contributing causes of health challenges and the broad determinants of health, such as housing-related factors, poverty, discrimination, and the food environment. The third section focuses on the assets and resources that can be mobilized to address health issues identified, including community-based organizations (CBOs), governmental resources, and educational programs. Recommendations from community members and leaders elicited from focus groups and interviews are also presented.

The main sections of the report described above are broken out into smaller topic-specific subsections. These bring together information from the literature review and secondary data analysis, in addition to findings from the community survey, focus groups, and key stakeholder interviews. Information on assets and resources is also integrated into report sections describing health issues and their determinants, so readers can easily connect potential solutions to the problems they address.

Community Service Plan (CSP)

Building from the information gained through the CHNA, the CSP, which is also available on the Gracie Square Hospital website, describes a three-year plan for programs and activities to address health issues and their determinants, so as to improve health in the hospital service area and high-disparity communities. The first section of the CSP describes selected health priorities and the process for their identification. The second section describes goals and objectives; evidence-based interventions and activities that will be implemented as part of the plan; and process measures, timelines, and targets to track progress over the three-year period. The CSP includes a workplan that provides information on actions, geographic locations, roles, and resources of Gracie Square Hospital and collaborating organizations, and relevant activities to specific health disparities. The final sections of the CSP describe plans for maintaining engagement of local partners over the next three years, the process that will be used to track progress and make mid-course corrections, as well as plans for the dissemination of the Executive Summary and the CSP to the public, including websites where documents will be posted.

CHNA METHODS

The CHNA included multiple methods and data sources, as summarized below. A more detailed description of CHNA methods is provided in the Appendix, including copies of the English-language data-collection instruments and documents used. Translated versions of these documents are available from NewYork-Presbyterian Hospital at community@nyp.org.

Community Member Surveys

A community member survey was disseminated through CBOs working throughout the Gracie Square Hospital service area, including organizations that serve specific populations (e.g., LGBTQ+, older adults, immigrants) and through Craigslist, Facebook, and other social media forums. The survey was composed of 33 close-ended questions and was available in English, Spanish, simplified Chinese characters, Haitian Creole, Russian, and Korean.

It covered topics that included but were not limited to sociodemographics, individual and community health, healthcare access and use, and community resources.

The survey was accessible from May through July 2022. A total of 680 people in the Gracie Square Hospital service area completed it. Eighty-three percent completed the survey in English; 17% completed it in simplified Chinese, Haitian Creole, Korean, Russian, or Spanish.

Qualitative Data Collection

Focus groups: A total of 42 focus groups were conducted in the Gracie Square Hospital service area from May through July 2022: 32 groups were conducted in English, six were conducted in Spanish, and four were conducted in Mandarin. The majority of focus group participants were recruited through the community-member survey and by CBOs working throughout the Gracie Square Hospital service area. Groups were organized according to a range of criteria: geographic area, age (e.g., older adults, young adults), language, and other relevant characteristics (e.g., parents, LGBTQ+). Eight focus groups were composed of members of the Community Advisory Boards (CABs) for NewYork-Presbyterian campuses.

Focus groups were conducted using a written guide with 23 open-ended questions. The guide covered topics that included but were not limited to the greatest health issues in the community, impact and continuing needs related to COVID-19, social determinants of health, resources that promote or support good health, healthcare access and use, health disparities and health equity, and recommendations.

Each group had two trained facilitators: one to lead the discussion and one responsible for logistics and note-taking. Most of the groups were conducted and recorded using the Zoom online teleconferencing service; five groups were conducted in person, on the advice of the collaborating CBO. To encourage honest dialogue, hospital staff were not present at any of the groups.

Key stakeholder interviews: Interviews were conducted with 25 key stakeholders, primarily leaders of New York City and Westchester County–based CBOs. Interviews were also conducted with individuals in leadership roles at the New York City and Westchester County health departments.

CBO stakeholders were selected for their expertise relevant to priority communities and health issues. Their interviews covered topics that included but were not limited to impact and continuing needs related to the COVID-19 pandemic, significant health issues in the community, services and resources that promote or support good health, health disparities and health equity, healthcare access and use, and recommendations. Health department interviews, conducted after the completion of preliminary analysis, focused on a review of findings and consistency with their own agency results.

Back to TOC

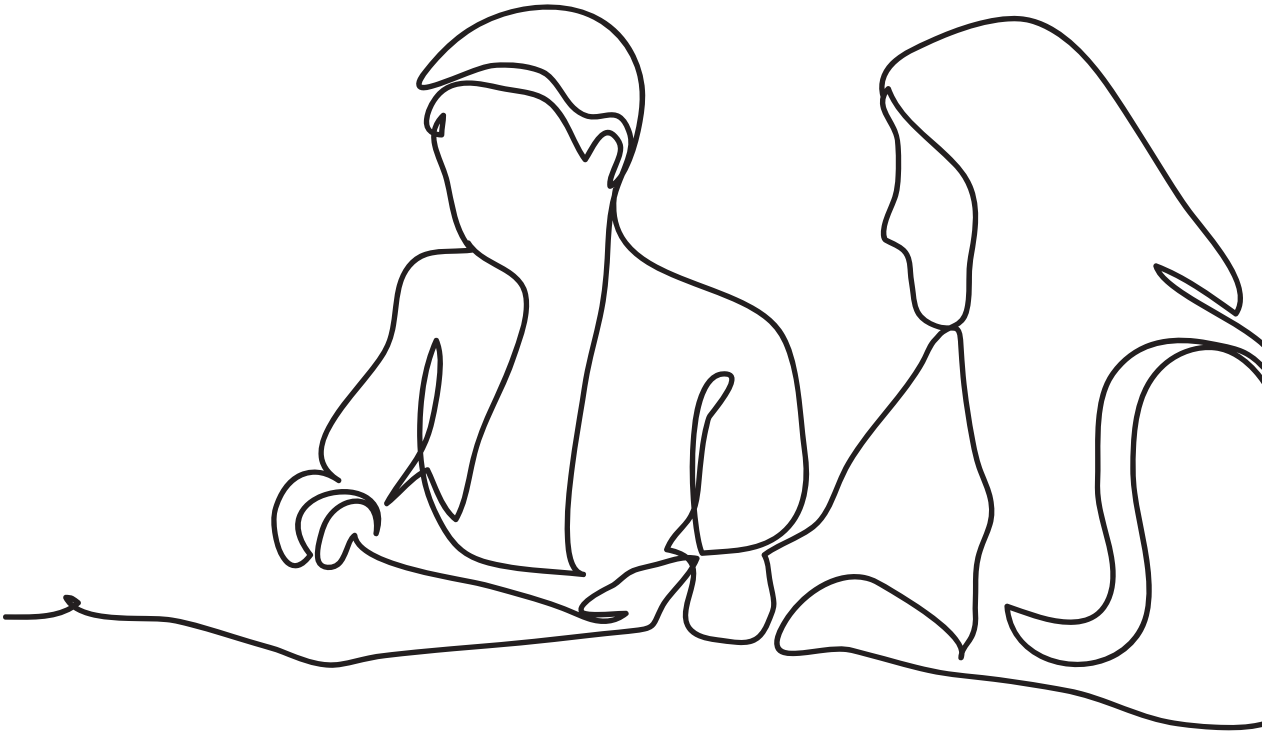
Secondary Data

Secondary data sources used in the CHNA included but were not limited to those listed below. These sources included raw data available for download, as well as websites, briefs, and comprehensive reports describing findings from completed analyses.

- Centers for Disease Control and Prevention, National Center for Health Statistics
- Data2go.NYC
- New York City Department of Health and Mental Hygiene
- New York City Open Data
- New York State Department of Health
- New York State Prevention Agenda Dashboard
- United States Census
- USDA Food Research Atlas
- Westchester Index

Reports from data sources listed above and others, including peer-reviewed journal articles, are shown in the citation list.

Maps included in the body of the report show Gracie Square Hospital's service area, which is based on zip codes in which 80% of Gracie Square patients reside. Zip codes not meeting the 80% threshold but within the broader geographical boundaries of the service area were also included for the purposes of map continuity.



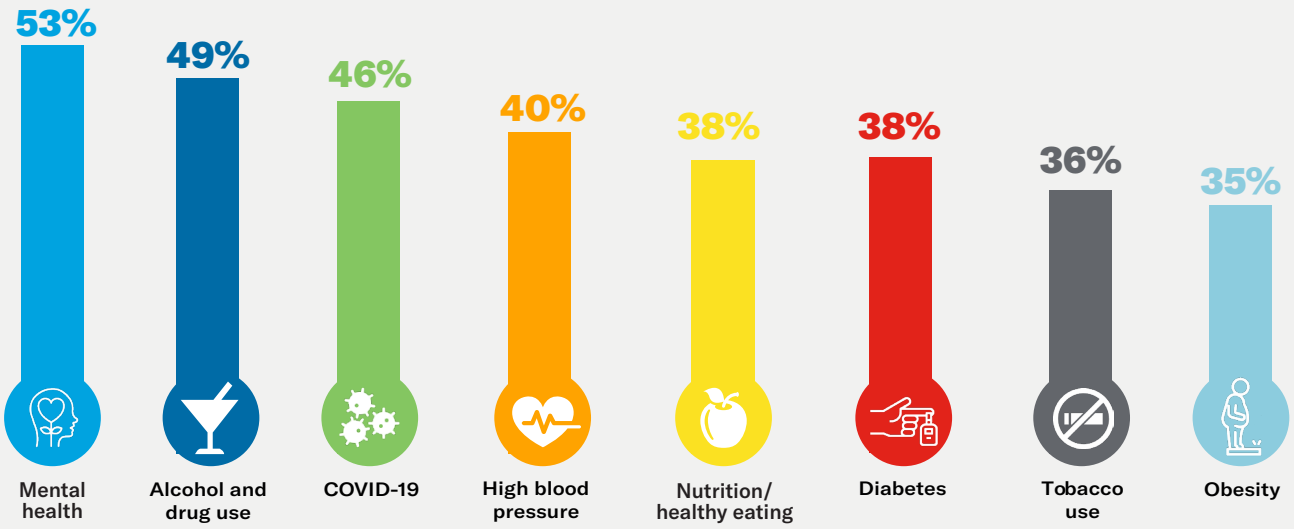
Back to TOC

KEY CHNA FINDINGS

The Gracie Square Hospital Community Health Needs Assessment (CHNA) engaged more than 700 community members from across New York City and Westchester County, asking them—in surveys, interviews, and focus groups—to describe the most pressing health issues and needs in their communities, as well as the assets and resources that support health and well-being. Their responses, together with information from a broad range of publicly available data sources (for example, the United States Census), are described throughout this report.

Findings across sources were largely consistent and show that many of the health issues and priorities identified in previous CHNAs remain the same: diabetes, high blood pressure, challenges related to diet and nutrition, poor mental health, and substance use. Health disparities, including in HIV rates and pregnancy-related outcomes, also remain. However, this CHNA comes on the heels of the global COVID-19 pandemic, which has had profound impacts that go beyond the direct implications of COVID-19 infection, including sustained social and emotional disruptions that continue to affect the daily lives of many people. This reality arose repeatedly in the CHNA process and provides essential context for the findings described here.

Greatest community health concerns[a]



Source: 2022 Gracie Square Hospital CHNA Survey.
[a] multiple response permitted

Health Conditions and Behaviors of Greatest Concern

The conditions of greatest concern to individuals who completed the CHNA survey are shown in the figure above.

> *"I would say not having resources for food or not having money, unemployment, those affect our health. I would say...nutrition and mental health, I would say those two factors are huge stress, things that cause a lot of stress in your life. Stress affects your physical health, as well."*
>
> *—Community focus group participant*

Starting in the next column, the concerns noted in the surveys are grouped into four categories and elaborated upon: (1) mental health and substance use (including tobacco); (2) COVID-19; (3) food security, healthy eating, and obesity; and (4) high blood pressure, diabetes, and other chronic diseases. We also include information on HIV and pregnancy and birth outcomes, given the continued disparities in those areas.

Mental Health and Substance Use

A growing mental health crisis is well documented in the literature,[1,2] and issues related to mental health and substance use consistently rose to the top in focus groups and interviews. Participants described mental health needs that had always existed and needs that had been exacerbated by the COVID-19 pandemic.

Participants also described significant and increasing gaps in mental health services, as well as some hesitancy to access the services that do exist. Increased use of alcohol, tobacco, and other drugs was partially attributed to untreated mental health issues. In addition, observing active drug use created a perception of an unsafe environment, which further exacerbated feelings of anxiety and depression.

> *"You might have a job, but it's not paying you enough. So, to dog the pain off all of that, you turn to drugs. Or you don't have a job. You're trying to get a job, but you're not getting it. So, let me dull the pain. I am lonely, so let me dull the pain. Let me drink or let me smoke."*
>
> *—Community focus group participant*

Back to TOC

COVID-19

New York City was an epicenter of the early and deadly COVID-19 surge that began in March 2020, prior to the development of vaccines or medications. By March 2022, there were 2.3 million confirmed COVID-19 cases in New York City, with 159,000 hospitalizations and 40,000 deaths.[3] In response to a surging caseload, Gracie Square Hospital opened the first unit in Manhattan dedicated to treating COVID-19 patients in acute psychiatric crisis.

In all focus group discussions and key stakeholder interviews, the health and societal impacts of the COVID-19 pandemic were highlighted, including illness and death, as well as trauma, anxiety, depression, and severe financial challenges—with continuing implications for health and well-being. The impacts were most pronounced for populations already facing health disparities.

"I just also want to underscore that poor communities, and communities that have been excluded from many things, suffer from everything worse than anybody else, and we saw that in the horrendous [COVID] numbers that came out—of people who were hospitalized and died, et cetera."

—Community focus group participant

Food Security, Healthy Eating, and Obesity

Many New York City and Westchester County residents faced job loss or reduced income as a result of the COVID-19 pandemic. Those most likely to be negatively impacted were those with the fewest economic resources to begin with.[4] The consequence of financial constraints most commonly discussed was food insecurity. Use of food pantries and other food-relief services increased dramatically during the COVID-19 pandemic, and many people participating in the CHNA reported that need is still high, despite improvements in the job market. Participants connected the high cost of food—and, in particular, the high cost of fruits and vegetables—to unhealthy food habits and obesity. Poor food environments, including limited access to healthy food and an abundance of unhealthy options, were also cited as an underlying reason for obesity and ill health.

Back to TOC

High Blood Pressure, Diabetes, and Other Chronic Diseases

Approximately 45% of the U.S. population[5] and 85% of older adults have at least one chronic condition; approximately 60% of older adults have two or more chronic conditions.[6] Survey and focus group participants emphasized the importance of addressing chronic disease, recognizing the high rates and the implications for those affected. They understood the links between dietary behavior, physical activity, environmental conditions, and chronic disease, as well as the challenges of maintaining good health with limited income and/or living in low-resource environments.

"[Diabetes], it's a killer definitely for this population. Going back to the lack of good food and the lack of accessible healthcare and all that contributes to all of that. That's a huge killer in our neighborhood."

—Key stakeholder interviewee

HIV

In 2014, the New York State Department of Health launched the "Ending the Epidemic" (ETE) initiative with an overarching goal of achieving the first-ever decrease in HIV prevalence in New York State by the end of 2020. Although notable progress has been made, including dramatic declines in HIV incidence, prevalence, and improved indicators of disease management,[7–9] the COVID-19 pandemic posed new challenges—including diversion of healthcare resources and reduced use of healthcare services—that prevented achievement of the ETE goals according to the initial timeline.[7]

Throughout New York State, low-income communities and communities of color bear a disproportionate burden of HIV infection[8] and gay, bisexual, and other men who have sex with men (MSM) continue to be most affected by the disease.[8] Focus group participants and key stakeholder interviewees recognized that HIV is better controlled than in the past and that HIV testing and prevention and health services are available in their communities, although not everyone is aware of their availability. Greater access to information on medications to prevent infection as well as services to address the complex social and medical needs of HIV-infected individuals were emphasized.

Pregnancy and Birth Outcomes

Over 100,000 babies are born in New York City and Westchester County each year.[10] Rates of adverse birth outcomes vary substantially by race, with Black communities consistently experiencing the largest inequities. In New York City, the infant mortality rate is over three times higher for babies born to Black parents than to White parents (7.4 infant deaths vs. 2.3 infant deaths per 1,000 live births). In Westchester County, the infant mortality rate is nearly twice as high for babies born to Black parents as for babies born to White parents (5.0 vs. 2.4 per 1,000 live births).[11] Focus group participants described substantial inequities in healthcare access and quality related to pregnancy and birth. A hesitancy to seek care among some pregnant patients was attributed to fear and distrust resulting from negative interactions with the healthcare system. While some focus group participants were aware of pregnancy-related supports and programs, many described a need for more information and resources geared toward pregnancy and childbirth.

"Just ensuring that information that might be really pressing to the current moment is being shared [would be helpful]. Especially as it concerns access to nutrition or materials that would help you to have a healthy baby."

—Community focus group participant

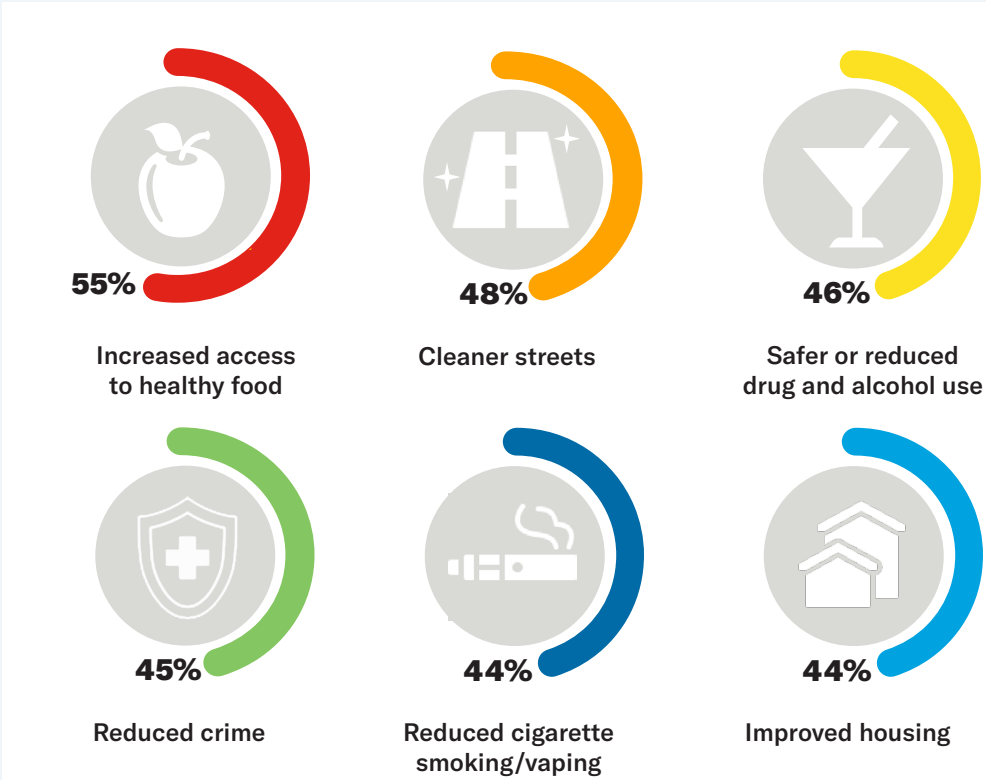
Recommendations From the Community

To improve health in their communities, CHNA survey participants most commonly recommended increased access to healthy food, reduced cigarette smoking/vaping, safer or reduced drug and alcohol use, cleaner streets, and reduced crime.

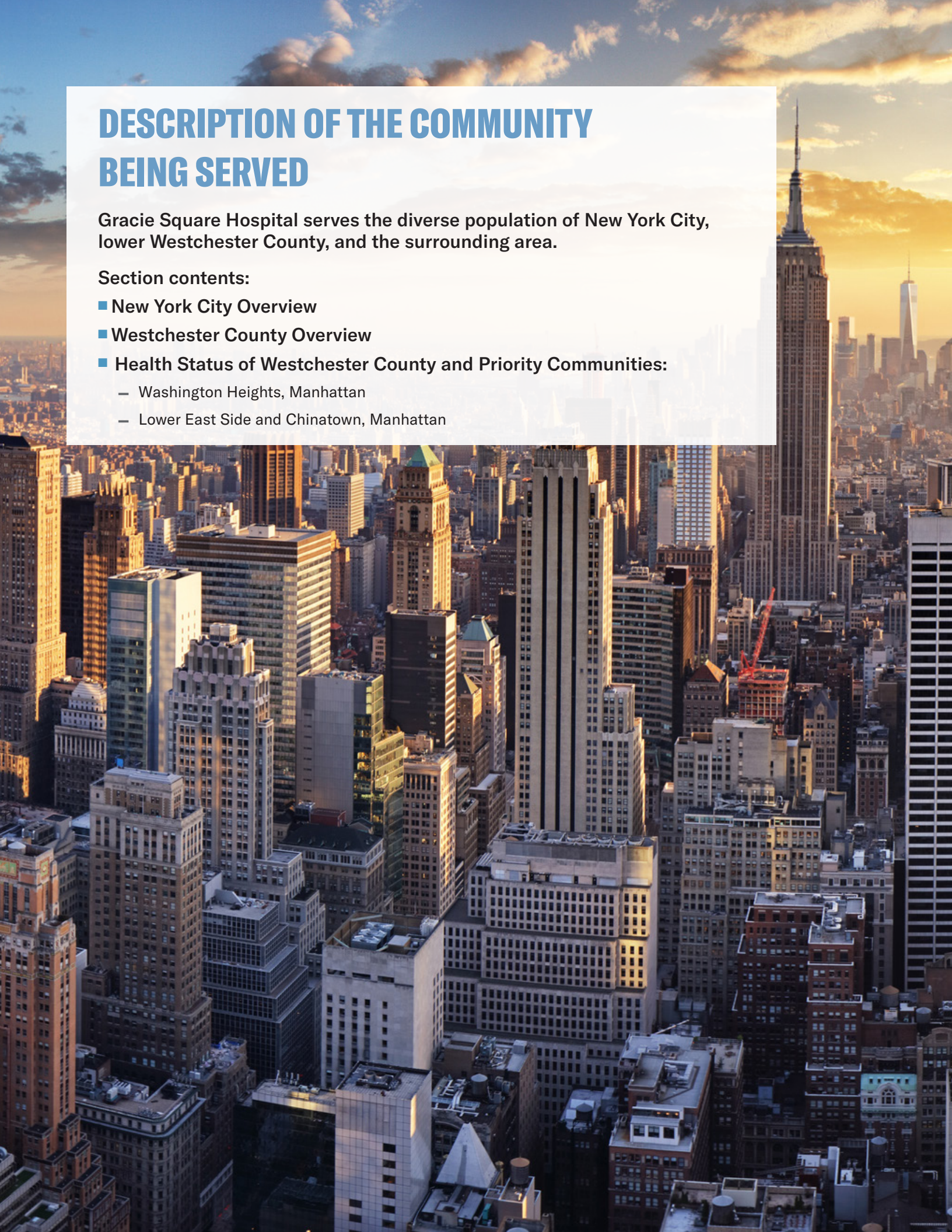
In focus groups and interviews, they offered other suggestions to improve health and healthcare delivery and to reduce disparities and inequities more generally.

These focus on:

- Cultural humility
- Expanded mental health services
- Advocacy
- Access and affordability
- Partnering with CBOs
- Outreach and education
- Coordination and support across provider organizations



Back to TOC



DESCRIPTION OF THE COMMUNITY BEING SERVED

Gracie Square Hospital serves the diverse population of New York City, lower Westchester County, and the surrounding area.

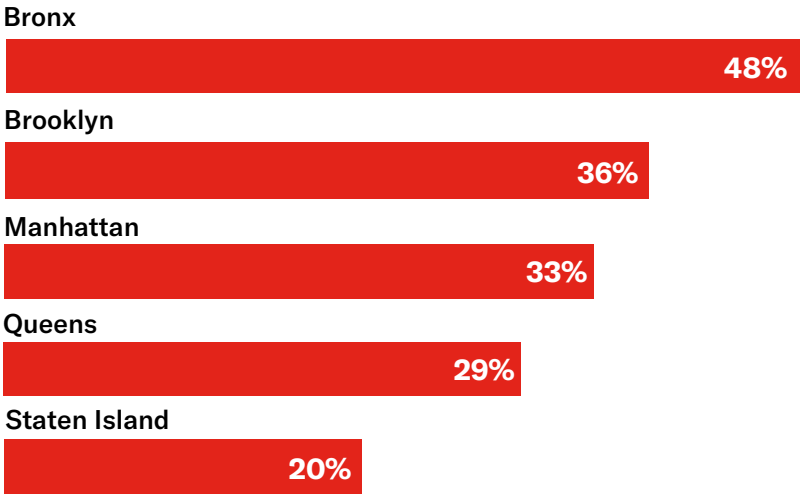
Section contents:

- **New York City Overview**
- **Westchester County Overview**
- **Health Status of Westchester County and Priority Communities:**
  - Washington Heights, Manhattan
  - Lower East Side and Chinatown, Manhattan

New York City Overview

According to the 2020 census, the population of New York City is more than 8.8 million, an increase of approximately 8% from 2010, and Brooklyn, New York City's largest borough, grew at the fastest rate (9% increase). The median age in New York City is 37.[12] Approximately 20% of the population is under age 18—a slight decline from 2010;[13] 15% are age 65 or older. Approximately 83% of New York City residents age 25 or older graduated from high school and 39% graduated from college.[14] Ninety-three percent of New York City residents have health insurance; 44% are covered by employee plans, 29% are covered by Medicaid, and 9% are covered by Medicare.[12]

Medicaid coverage in New York City
Percentage of adults

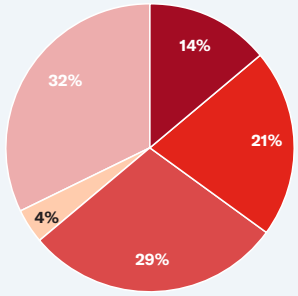


Source: U.S. Census. 2016–2020 estimates.
Note: Denominator is civilian, non-institutionalized population.

The population of New York City is racially and ethnically diverse: Approximately 30% of the residents are White, 20% Black, 28% Latino/a, and 16% Asian. Compared to 2010, there has been a decrease (-5%) in the Black population and a sizable increase in the Asian population (+34%). The Latino/a population increased by 7%.[13]

More than one-third of the population of New York City (~3 million people) were born outside the United States (U.S.); approximately 475,000 are undocumented. Just under half (48%) of New York City immigrants are limited English proficient (LEP). Overall, 22% of New York City residents are LEP—regardless of immigration status.[15] All New York City boroughs have large immigrant populations; Queens has proportionately the largest immigrant population: close to 50%.[12] The largest number of immigrants in New York City came from the Dominican Republic (13%) and China (12%), with smaller—but still sizable—populations from Jamaica, Mexico, Guyana, Ecuador, Bangladesh, Haiti, India, and Trinidad & Tobago.[16]

Race/ethnicity of New York City residents

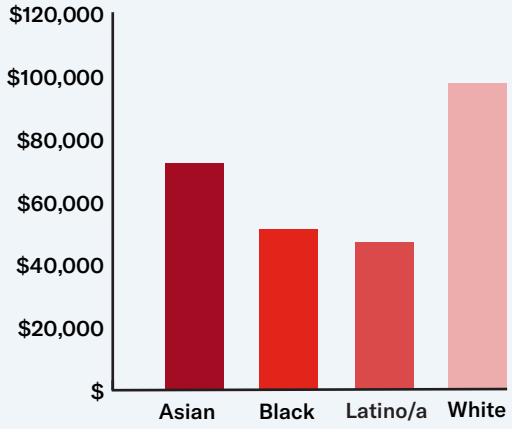


- 14% Asian/Pacific
- 21% Black
- 29% Latino/a
- 4% Other/multiple races
- 32% White

Source: U.S. Census 2016–2020 estimates.
Notes: All races (Asian/Pacific Islander, Black, White, Other/multiple races) are non-Latino/a; Other race includes American Indian due to small numbers.

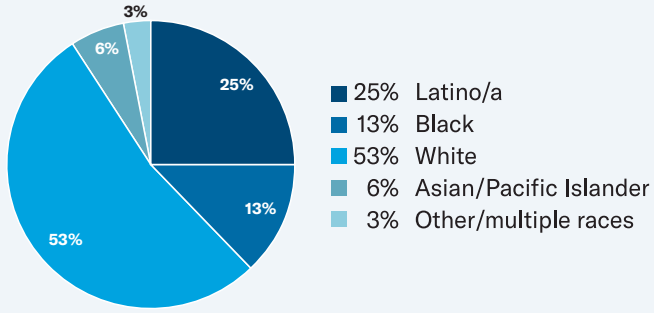
Back to TOC

Median income in New York City by race/ethnicity



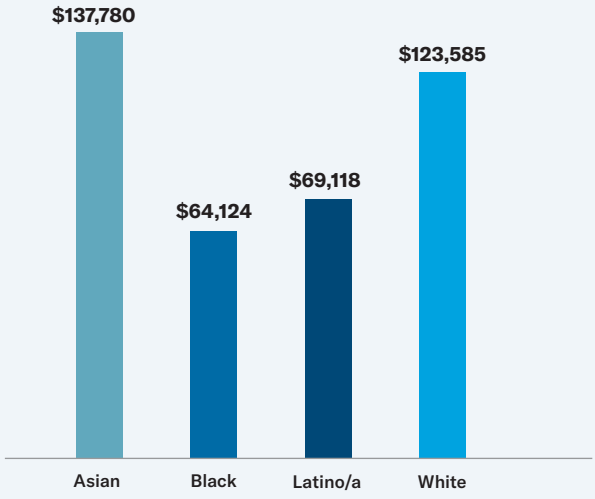
Source: U.S. Census. Median Income in the United States (in 2020 Inflation-Adjusted Dollars). New York City. S1903; 2020.
Note: All races (Asian, Black, White) are non-Latino/a.

Race/ethnicity of Westchester County residents



Source: U.S. Census 2016–2020 estimates.
Note: All races (Asian/Pacific Islander, Black, White, Other/multiple races) are non-Latino/a; Other race includes American Indian due to small numbers.

Median income by race/ethnicity in Westchester County



Source: U.S. Census. Median Income in the United States (in 2020 Inflatioin-Adjusted Dollars). New York City. S1903; 2020.
Note: All races (Asian, Black, White) are non-Latino/a.

New York City's median household income in 2020 was approximately $67,000.[14] Disparities in income in the City are striking: The median household income in Greenwich Village in 2019, for example, was approximately $162,000, compared to $24,000 in the East Tremont section of the Bronx.[17] Disparities by race and ethnicity are also striking, as shown in the accompanying figure. Approximately 17% of New York City residents have incomes below the poverty line.[14]

Westchester County Overview

The population of Westchester County is just under 1 million, an increase of approximately 50,000 or 5% from 2010. Approximately 21% of the population is under age 18 and 18% of the population is over age 65.[14] The median age is 41.[18] Close to 90% of Westchester County residents graduated from high school, and 50% have a college degree.[14] Ninety-five percent of Westchester County residents have health insurance; 56% are covered by employee plans, 14% are covered by Medicaid, and 13% are covered by Medicare.[18]

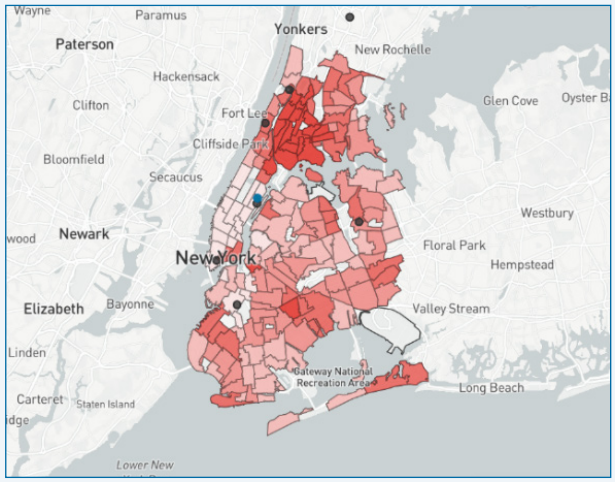
Just over half the population (53%) is White, 25% are Latino/a, 13% are Black, and 6% are Asian/Pacific Islander.[14] Approximately one-quarter of Westchester County residents were born outside the U.S.—a higher proportion than in New York State but lower than in New York City.[18]

In 2020, the median household income of Westchester County residents was just under $100,000. However, significant disparities exist. For example, the median household income in Scarsdale was more than $250,000, compared to $59,000 in Mount Vernon. Approximately 13% of Mount Vernon residents live below the poverty line, compared to 8% in Westchester County overall and 1% in Scarsdale.[14] Disparities by race and ethnicity are also notable, as shown on the left.

Health Status of New York City, Westchester County, and Priority Communities

The health status of New York City and Westchester County residents varies based on race and ethnicity[19,20] and the neighborhood in which the individuals reside.[21–23] Residents of neighborhoods with lower income and higher concentrations of Black and Latino/a residents have poorer health and higher rates of premature mortality, compared to higher-income neighborhoods and neighborhoods comprised of predominantly White residents.[23,24]

Fair or poor health in Gracie Square Hospital service area, New York City



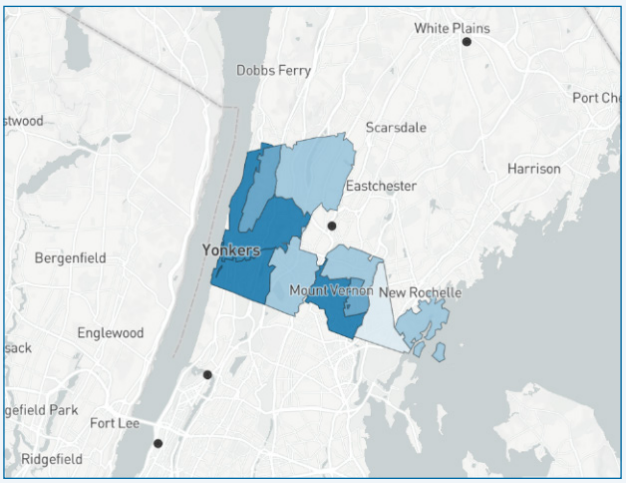
Percent of adults that rate their health as fair or poor

- 8%–<14%
- 14%–<20%
- 20%–<25%
- 25%–<31%
- 31%–38%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019. Available at: http://www.cdc.gov/places/index.html.

Fair or poor health in Westchester County



Percent of adults that rate their health as fair or poor

- 12%–<16%
- 16%–<21%
- 21%–<24%
- 24%–26%
- NewYork-Presbyterian Hospital locations*
- ZIP codes

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019. Available at: http://www.cdc.gov/places/index.html.

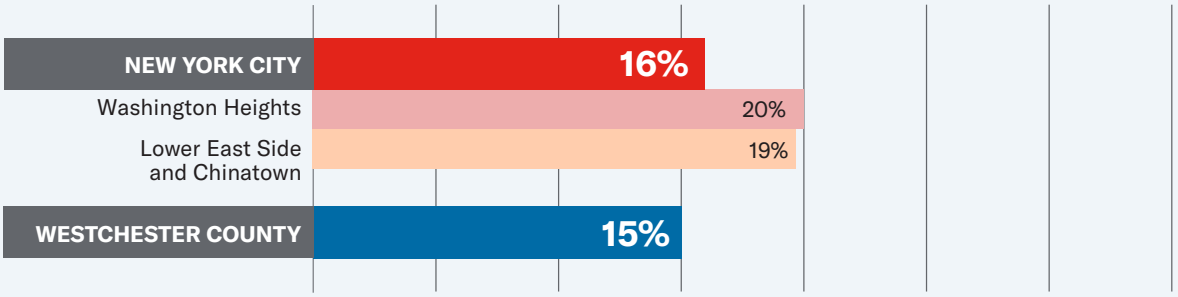
Across the regions served by Gracie Square Hospital, the most prevalent health conditions include high blood pressure (28% in New York City, 27% in Westchester County), obesity (26% in both New York City and Westchester County), and depression (16% in New York City and 15% in Westchester County).[25]

Most-Prevalent Health Conditions

HYPERTENSION (HIGH BLOOD PRESSURE)

OBESITY

DEPRESSION



Source: CDC PLACES. 2021 Data Release. www.cdc.gov/places/index/html.

Gracie Square Hospital dedicates specific health programming in communities with significant health disparities. As part of the 2019–2022 CHNA process, Gracie Square Hospital identified these priority communities using an in-depth process that analyzed needs across various indicators as well as hospital patient data. The 2022–2024 CHNA process confirmed continuing overall need in these neighborhoods and identified one additional neighborhood in need of focus. These neighborhoods are:

- Lower East Side in Manhattan
- Chinatown in Manhattan (new)
- Washington Heights in Manhattan

Socioeconomic status and selected health indicators of residents in priority communities are described immediately below. The health indicators presented are primarily summary indicators (e.g., avoidable hospitalizations) and indicators demonstrating disparities, as well as those highlighted by CHNA focus group participants and interviewees.

Although Gracie Square Hospital has a specific focus on these communities, the hospital is committed to serving all communities within its reach.

Washington Heights

Neighborhood Overview

Situated in northern Manhattan, Washington Heights is a neighborhood of more than 180,000 residents.[26] Originally home to wealthy New Yorkers and Jewish immigrants, the neighborhood transformed after World War II, in part due to a Supreme Court ruling outlawing racist restrictive covenants[27] that kept Black families from seeking homes there. Subsequently, Jewish families began migrating to the suburbs while Black families moved north from Harlem and immigrants from Puerto Rico, Cuba, and Greece came inbound. In the 1960s, immigrants from the Dominican Republic came in large numbers to Washington Heights.[28]

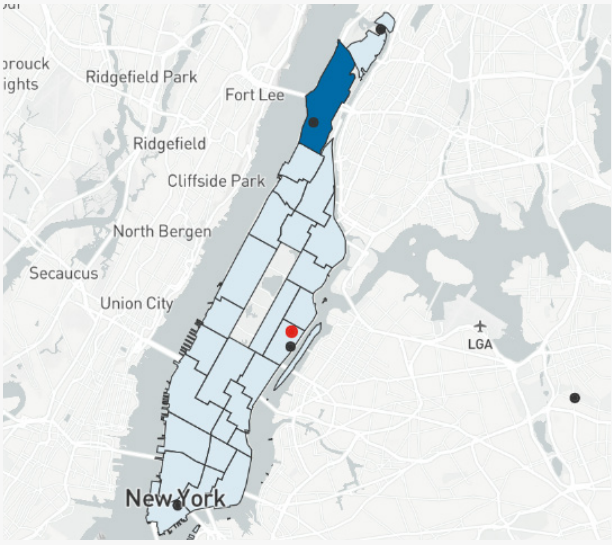
The 2020 census showed a reduced Latino/a population and growing White population in Washington Heights, prompting fears of increasing gentrification.[29,30] However—even prior to the COVID-19 pandemic—a high percentage of storefronts were vacant (18.5%), affecting economic development and job opportunities in the neighborhood.[31]

Demographics

Currently, the demographics of the neighborhood are:[26]

- Latino/a: 65%
- White: 21%
- Black: 7%
- Asian: 3%

Gracie Square Hospital priority community: Washington Heights



- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Washington Heights, Manhattan
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Back to TOC

Nearly half of residents (46%) of Washington Heights are foreign-born, 63% are Spanish-speaking, and more than 70% speak a language other than English at home. Thirty-eight percent of adult residents have a college diploma; 29% have not completed high school—compared to 19% that have not completed high school citywide. The median income in Washington Heights is $52,051, and one out of five residents lives below the poverty line.[26] The consequences of low income include food and housing insecurity, as described by CBO leaders participating in the CHNA.

Twenty-eight percent of residents report having high blood pressure, which is similar to the rate for New York City overall. The rate of new HIV diagnoses is 31 per 100,000 people, compared to 24 new cases for New York City. The rate for new hepatitis C reports is 60 per 100,000 people, which is lower than the citywide rate (72 per 100,000).[33] Cancer is the top cause of premature death in Washington Heights, though the rate of premature death from cancer (and for all causes) is lower than the rate for New York City overall.[33]

"If you want to look at the health disparities and how they have played out over time and historically, I mean the pandemic just kind of ripped the covers off the health disparities in the neighborhood. I mean, we were one of the most severe-hit populations or communities in terms of both death and hospitalization and so forth. And it just really showed the inequities that have been prevalent for a long time in the health field for our community."

—Key stakeholder interviewee

Community Health and Well-being

Nearly 17% of residents are considered food insecure and nearly one-third (32%) of households receive SNAP benefits. Nearly one-quarter of children in grades K–8 and 26% of adults are considered obese.[32] Two-thirds of apartments in the area have maintenance defects such as leaks, cracks and holes, inadequate heat, rodents, broken toilets, or peeling paint.[33]

On maternal health indicators, more than 7% of births to Washington Heights residents are preterm and 6% of pregnant mothers receive no or late prenatal care. The infant mortality rate for Washington Heights mirrors that of New York City but is slightly higher than Manhattan overall (4.4 deaths per 1,000 live births, compared with 3.4 deaths for Manhattan and 4.4 deaths for New York City).[33]

Washington Heights residents experience higher rates of avoidable hospitalizations compared to Manhattan and New York City residents overall, indicating potential access barriers to routine, quality primary care. The avoidable hospitalization rate for Washington Heights adults is 1,339 per 100,000, compared to 1,072 for Manhattan, and 1,033 for New York City. The avoidable hospitalization rate for Washington Heights children ages 4 and younger is 587 per 100,000, compared to 488 for Manhattan, and 623 for New York City.[33]

Washington Heights was severely impacted by COVID-19, with high rates of severe morbidity and mortality.[34] Individuals engaged in the CHNA attributed the disproportionate impact to a number of factors, including crowded housing, low vaccination rates, and healthcare-access issues.

A recent uptick in community violence and overall crime has affected Washington Heights. New York City Police Department data show a 16% increase in major felony offenses in the first half of 2022 compared with a similar period in 2020.[35] Hospitalization rates from nonfatal assaults (43 per 100,000 people) are, however, lower than borough and citywide rates.[33] Residents of Washington Heights have a higher incarceration rate than New York City overall (482 per 100,000 people among those ages 16 and older, compared with 407 for Manhattan and 425 for New York City).[33]

With regard to behavioral health, nearly one in four (24%) adult residents reports binge drinking. Washington Heights has a lower psychiatric hospitalization rate than Manhattan and New York City (565 per 100,000 residents, compared with 750 and 676 for Manhattan and New York City, respectively).[33] However, individuals engaged in the CHNA reported increased mental distress, increased homelessness, and a severe shortage of available services. Many emphasized that mental health was the greatest health issue for the community—across age groups.

Back to TOC

Community Resources
Organizations and institutions in and around Washington Heights include:

- Northern Manhattan Improvement Corporation (NMIC) is a nonprofit organization that provides no-cost services to residents of Upper Manhattan and the Bronx in the areas of housing, education and career services, benefits and finance, immigration, and social services.
- Community League of the Heights (CLOTH) is a multi-service community-development organization focused on supporting and empowering lower-income residents of Washington Heights, Hamilton Heights, and Inwood with services focused on adult and youth education, affordable housing, health and wellness, and small business development.
- Dominican Women's Development Center (DWDC) offers programming focused on college and career preparation, healthcare access and health promotion, perinatal support, and early Head Start.

Washington Heights has three farmers' markets, many community gardens, and 16 food pantries and soup kitchens.[32] There are three publicly funded shelters in Washington Heights for homeless and housing-unstable individuals.[36]

There are more than 20 public parks accessible to neighborhood residents. The neighborhood has two branches of the New York Public Library, many public schools, and three major subway lines. A main NewYork-Presbyterian hospital, Columbia University Irving Medical Center, is located in Washington Heights, as are various independent healthcare practices and private clinics, including many belonging to the NewYork-Presbyterian Hospital Ambulatory Care Network (ACN), which consists of 14 primary care sites, seven school-based health clinics, ten mental health school-based programs, and more than 35 specialty practices in New York City.

University campuses in Washington Heights include Columbia University Vagelos College of Physicians and Surgeons, Boricua College, and Yeshiva University. Several museums and landmarks that draw visitors from outside the neighborhood are also in the area, such as the Malcolm X & Dr. Betty Shabazz Memorial and Education Center and thewHispanic Society Museum & Library.

Lower East Side and Chinatown

Neighborhood overview

The Lower East Side and Chinatown have been home to diverse immigrant populations for more than two centuries. The Lower East Side, known as "Little Germany" in the mid-1800s and "the world's largest Jewish city" in the early 1900s, has also been home to the largest Puerto Rican community outside of Puerto Rico itself.[37]

Chinatown was first settled by Chinese immigrants in the 1870s and grew significantly after the Immigration and Nationality Act of 1965 overturned an existing quota system, allowing for significant growth in the number of immigrants from Asian countries. Chinatown is listed in the National Register of Historic Places.[38,39]

Demographics

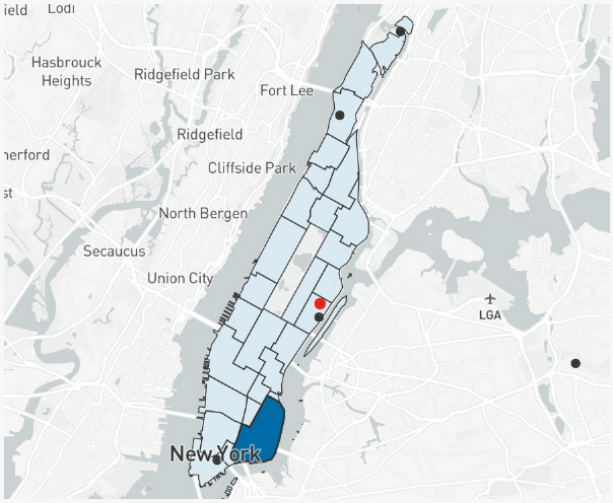
The Lower East Side/Chinatown neighborhoods have a combined population of approximately 167,000. Currently, the demographics of the neighborhoods are:

- 33% Asian
- 25% Latino/a
- 20% White
- 8% Black

More than one-third of residents were born outside the United States.[40] Twenty-eight percent are limited English proficient (LEP),[41] and almost half (47%) report speaking a language other than English at home.[42]

Approximately three-quarters of adults living in Lower East Side/Chinatown graduated from high school, and approximately half have a college degree.[41] The median household income in 2020 was approximately $46,000, which was less than one-third the median income in the nearby neighborhoods of Greenwich Village, Battery Park City, and SoHo (median household income of these three neighborhoods was approximately $154,000).[42] Approximately one-quarter (24%) of residents of the Lower East Side/Chinatown live below the poverty line, which is higher than the rate for Manhattan (14%) or New York City overall (16%). Among older adults, the poverty rate is 31%; for the population age 17 and younger, the poverty rate is 36%.[40] Approximately 18% of Lower East Side/Chinatown residents are food insecure and 26% receive SNAP benefits.[43]

Gracie Square Hospital priority community: Lower East Side and Chinatown



- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Chinatown and Lower East Side, Manhattan
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Community health and well-being

Many health indicators for the Lower East Side/Chinatown neighborhoods are similar to, or better than, New York City overall. This includes nonfatal assault hospitalizations, percent of homes without maintenance defects, rates of preterm birth, and avoidable hospitalizations. Rates of obesity and high blood pressure are also lower than rates in New York City or Manhattan overall. At 11%, the diabetes rate is similar to New York City's but higher than Manhattan's (8%).[41]

Disparities are evident in asthma and smoking rates:

- 297 asthma emergency-department visits per 10,000 children ages 5–17 for the Lower East Side/Chinatown, compared with 223 for New York City and 28 per 10,000 in the Financial District, a neighborhood that borders.
- 20% of adults are current smokers, compared to 8% in the nearby neighborhoods of Greenwich Village, SoHo, and the Financial District.

Cancer is the top cause of premature death in the Lower East Side/Chinatown.[41]

Back to TOC

New York City Police Department statistics show a 50% increase in 2022 year-to-date crime on the Lower East Side compared to the same period in 2021, including a 70% increase in robbery and a 57% increase in burglary.[44] Chinatown had a 56% year-to-date increase in crime from 2021, with an 88% increase in burglary and a 73% increase in grand larceny.[45]

In focus groups and interviews, participants expressed concerns regarding homelessness, mental health, and the isolation of older adults, all of which have been exacerbated by the COVID-19 pandemic. Residents—including members of the Chinese community—expressed fears in their community and on the subways, due to increasing numbers of people who are unhoused and exhibit signs of behavioral health issues.

"Very frequently, folks will come into our clinic with active psychiatric issues, but we see that they have very limited social supports for getting food, childcare, and so on, such that maybe some of those pressures added up to manifest in psychiatric conditions, right? And so, a lot of times while we're providing clinical treatment, we're also at the same time kind of either doing the case management ourselves or connecting folks with services in a way where you wonder if they had those services to begin with, maybe they wouldn't be in that position."

—Key stakeholder interviewee

Community resources

There are a number of CBOs in Lower East Side/Chinatown including:

- Chinese-American Planning Council (CPC) is the nation's largest Asian American social services organization. CPC offers 50 programs at sites in Manhattan, Brooklyn, and Queens, including adult literacy classes, early childhood services, school-based enrichment programs, services for older adults (e.g., Meals on Wheels), employment programs, and legal services.
- Hamilton-Madison House offers early childhood services, services for older adults, and behavioral healthcare, as well as English for Speakers of Other Languages (ESOL) classes, music lessons, and training in computer and career skills. The organization serves the Chinese and other Asian communities, as well as the population of the Lower East Side more generally.
- Henry Street Settlement provides a broad range of health and social services, focused on education, employment, sports and recreation, health and wellness (including primary care and mental health services), transitional and supportive housing, and visual and performing arts.

The Lower East Side/Chinatown has over 50 community, GreenThumb, and school-based vegetable gardens, as well as several farmers' markets. There are approximately 15 food pantries and soup kitchens housed in faith institutions, social service agencies, and immigrant-service organizations.[43]

There are a number of educational and cultural institutions in the area, including the Henry Street Settlement's Abrons Art Center (performing and visual arts), the Tenement Museum (focused on the immigrant history of the area), and the International Center of Photography. There are numerous parks and playgrounds, including Corlears Hook Park and the adjacent East River Park, which house playgrounds, baseball fields, tennis courts, skateboarding areas, and public performance spaces. Sara D. Roosevelt Park is the largest stretch of open space on the Lower East Side and is home to a senior center; a community garden; a soccer field; several playgrounds; basketball, handball, and volleyball courts; a vendors' market; and a roller-skating rink.

NewYork-Presbyterian Lower Manhattan Hospital, the only full-service hospital south of 14th Street, is in close proximity to the Lower East Side and Chinatown.

SOCIAL DETERMINANTS OF HEALTH

Income and Poverty

On average, people with low incomes die younger than people with higher incomes.[46] A number of factors contribute to this disparity, including the numerous health risks associated with poverty, such as chronic health conditions (e.g., diabetes, heart disease), communicable diseases (e.g., HIV, hepatitis C), maternal and infant morbidity and mortality, and poor mental health.[47,48] There are multiple reasons that these health risks are associated with poverty, including but not limited to:

- Insufficient access to resources that promote well-being, such as healthy food, quality housing, transportation, leisure time, and safe places for physical activity
- Unhealthy living environments, including homes with persistent maintenance issues and neighborhoods with toxic exposures
- Limited access to quality healthcare, costly medications, and other necessities for the treatment and management of heath conditions, and
- Higher levels of chronic stress[46]

> *"The most pressing problems, as you say, unfortunately, are always the economy, health, and housing. These are the three most pressing problems that currently exist, because if you don't work you can't have a house and you can't eat. So, those are the problems that everyone can have. And health: If we don't have health, we can't do anything."*
>
> *—Community focus group participant*

In 2020, 1.4 million New York City residents were living below the poverty line; nearly 30% of those in poverty were children under 18.[49] In Westchester County, nearly 80,000 residents were living below the poverty line during the same period, 25% of whom were children.[49] Children who grow up in poverty experience more physical health problems, are more likely to exhibit social and behavioral problems, and have lower levels of educational attainment than their higher-income peers.[50] Poverty is concentrated in particular neighborhoods as indicated in the maps on the following page.

Racial and Ethnic Disparities

Black, Latino/a, and Asian populations in New York City and Westchester County have higher rates of poverty than White populations. Discrimination in employment, education, and other wealth-building opportunities, as well as disinvestment and neglect of Black and Latino/a neighborhoods, have contributed to these disparities.[51]"

In New York City, approximately 24% of Latino/a residents, 21% of Black residents, 16% of Asian residents, and 11% of White residents live in poverty.[52] White households in New York City have a median income of $97,841, compared with $51,171 for Black households, $46,896 for Latino/a households, and $72,181 for Asian households.[53]

In Westchester County, nearly one in seven Black and Latino/a residents and one in 20 White residents lives in poverty. White and Asian households in Westchester County have median incomes that are about twice as high as Black and Latino/a households ($137,780 and $123,585 compared with $64,124 and $69,118 respectively).[53]

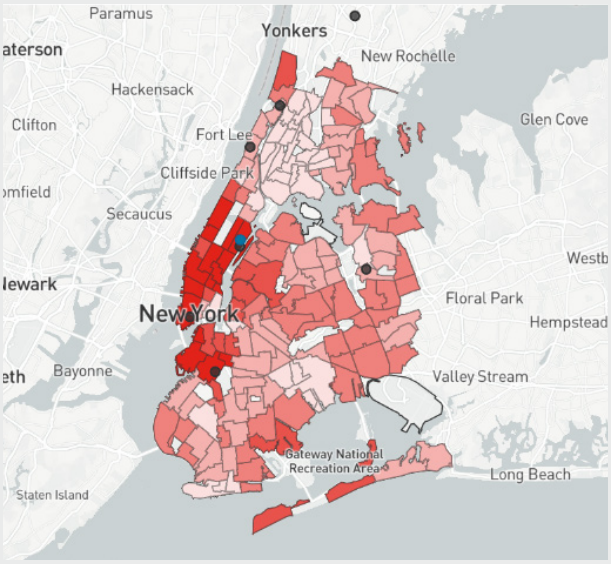
Resources and Initiatives

Together, government agencies and CBOs provide assistance to alleviate poverty and support individuals and families with low incomes, including employment support, emergency rental assistance, and eviction prevention, as well as support for enrollment in benefit programs. For example:

- The New York City Human Resources Administration/ Department of Social Services (HRA) operates a number of major support centers across New York City:
  - 14 SNAP enrollment centers in addition to numerous CBOs that deploy SNAP enrollers at hospitals, community centers, and other locations throughout the City
  - 18 job centers that provide support and training to assist with job placement
  - 11 Medicaid enrollment centers
- There are 95 enrollment and service sites for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in New York City.
- The New York City Department of Consumer and Worker Protection offers 110 Volunteer Income Tax Assistance (VITA) locations that provide tax return support, including filing for Earned Income and Child Tax Credits.

Back to TOC

Median income in Gracie Square Hospital service area, New York City



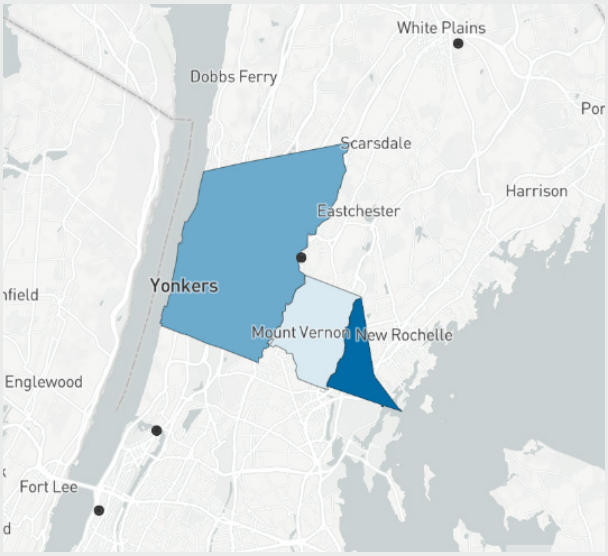
Median household income

- $29,348–<$50,451
- $50,451–<$70,973
- $70,973–<$96,737
- $96,737–<$128,677
- $128,677–$174,598
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Sources: U.S. Census ACS 5-year 2016–2020.

Median income in Gracie Square Hospital service area, Westchester County



Median household income

- $59,291–<$69,825
- $69,825–<$168,071
- $168,071
- NewYork-Presbyterian Hospital locations*

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Sources: U.S. Census ACS 5-year 2016–2020.

Westchester County government has four district offices that facilitate enrollment in SNAP, Temporary Assistance for Needy Families (TANF), and Medicaid programs, along with employment training, and placement and support for TANF participants. In addition, there are nine WIC enrollment and service sites throughout the County.

Back to TOC

FROM THE COMMUNITY

- **32% felt angry, sad, or frustrated as a result of how they were treated based on economic status.**
  - More people cited poor treatment due to economic status than any other factor.

Focus group and interview participants reported that...

Economic and financial well-being have a substantial impact on access to the resources needed to live a healthy life.

- Income affects access to healthy food and quality housing, which community members linked directly to health.
- Income and employment unfairly affect access to healthcare, meaning that services are not available to all who need them.

"And then another thing is, a lot of our clients aren't eligible for any type of insurance. They can't even apply to that. So, then there's that additional cost on top of that, where they have to pay out-of-pocket for all of these services. So, it's like, 'Am I gonna pay my rent? Or am I gonna pay a psychologist?'"

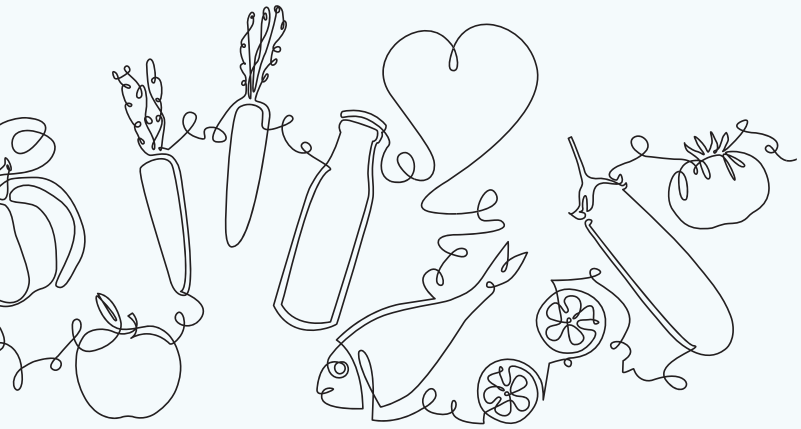
—Community focus group participant

Economic challenges lead to high levels of chronic stress, which harms mental health, as well as community well-being.

- Depression, anxiety, and substance use were linked to chronic stress resulting from job loss, poverty, and the high cost of living.
- Residents attributed visible increases in illicit drug use and community violence to economic challenges caused by the pandemic.

"Not having resources for food or not having money, unemployment, those affect our health. I would say... nutrition, but as well as mental health, I would say those two factors are huge stress, things that cause a lot of stress in your life. Stress affects your physical health, as well. It's like a really large thing that affects your physical health. I believe it's directly correlated."

—Community focus group participant



"But when the COVID hit, it really affected my neighborhood. Barely enough to eat every day, and we could not afford money for transportation. We could not even go anywhere to do our jobs, to get pay, to eat better food. Me and my family, we were really struggling during those periods because I was no more working. And my wife was not working also...This also was a factor for people in my community, financial difficulty prevented getting mental healthcare."

—Community focus group participant

Back to TOC

FROM THE COMMUNITY

Economic challenges have been growing due to the pandemic, exacerbating stress and health consequences related to it.

- Many residents experienced job loss and unemployment due to the pandemic.
- More recently, rapid inflation has made daily life difficult for many communities.

Many services to support low-income populations are fractured and underresourced.

"We may do housing work, but if we don't have the funds to support a case manager who can then help that family deal with other issues, we're just putting a Band-Aid on certain—on many—issues that we deal with. You know, we don't have enough resources to truly serve our community and we're suffering from decades of disinvestment of the nonprofit sector, which has led to us providing fractured services."

—Community focus group participant

Food Security and Nutrition

Food insecurity is defined by the United States Department of Agriculture (USDA) as "the disruption of food intake or eating patterns because of lack of money and other resources."[54] People who are food insecure struggle to afford nutritious meals and are often forced to skip meals or rely on less expensive and less nutritious foods.[55] Food insecurity contributes to chronic diseases including diabetes, high blood pressure, and heart disease, as well as to poor mental health.[56,57]

Hunger Free America estimated that one in seven New York City residents (14%) were food insecure between 2018 and 2020.[58] In Westchester County, one in 12 people (8%) were food insecure in 2019.[24]

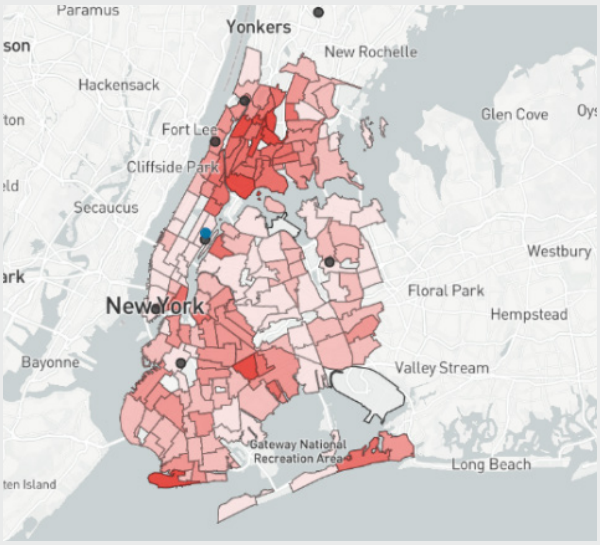
"A lot of people's health has taken a hit, especially with the pandemic, due to fundings. A lot of people didn't have the money to eat properly. That causes a lot of the issues."

—Community focus group participant

For Black and Latino/a New Yorkers, discrimination in access to education, employment, and wealth-building opportunities has resulted in lower incomes and less money to buy food.[59] Furthermore, a history of disinvestment in many low-income communities and communities of color has resulted in lower-quality food environments including fewer places to buy healthy and affordable food.[60]

Communities with unhealthy food environments are often referred to as "food deserts" due to the lack of healthy food availability[60] or as "food swamps"[61] due to an excess of unhealthy food (e.g., fast food). Residents of food deserts and food swamps have higher rates of obesity and chronic disease.[62]

Food insecurity in Gracie Square Hospital service area, New York City



Source: NYAM analysis of 2014–2018 Feeding America food insecurity measure via DATA2GO.NYC 5th Edition. Available at www.measureofamerica.org.

Percent of residents that are food insecure

- 5%–<11%
- 11%–<16%
- 16%–<20%
- 20%–<25%
- 25%–31%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

"If I go to any of the grocery stores that are in a five-block radius of where I live, any of the greens or vegetables that I'm gonna get are gonna spoil in, like, three or four days. Because they're just already old on the shelves at the grocery store."

—Community focus group participant

The COVID-19 pandemic exacerbated food insecurity in multiple ways. Most notably, many people lost their jobs or their income declined, so they had limited funds to purchase food. In addition, travel to grocery stores became difficult, and grocery stores closed, reduced their hours, and/or increased prices.[59]

Responding to the obvious need, New York City established temporary programs to address increased food insecurity. These included:

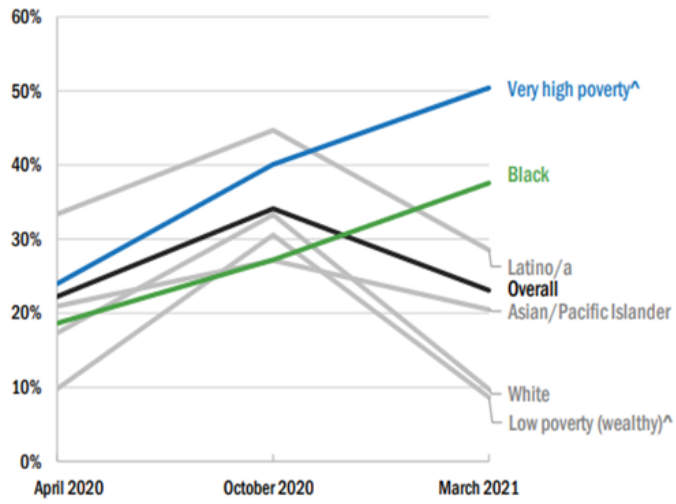
- Emergency Home Food Delivery program that hired taxi drivers to deliver meals to residents unable to leave their homes to purchase food and who could not afford private food-delivery services
- Food distribution sites at schools, offering free, grab-'n'-go breakfast and lunch to anyone who needed it
- Additional funding to emergency food pantries that faced dramatically increased demand and new challenges in operating and distributing food due to the pandemic[63]

Use of emergency food services increased for all New Yorkers during the initial stages of the pandemic: Approximately 28% of New York City residents used food pantries in 2020, compared to approximately 12% in preceding years, a 124% increase.[64] Use declined after October 2020, although it continued to increase for older adults, people who were not working, Black New Yorkers, and those living in very high-poverty neighborhoods—pointing to structural inequities in the economic recovery from the pandemic.[59]

Community members and other key stakeholders noted the increased importance—and use—of community and institution-based food pantries during the pandemic. Participants in New York City also described the ways that community members came together, such as to stock pop-up food pantries and community refrigerators that provided free food to residents in need (see *Assets and Resources* for more information).

> *"Make the Road has always distributed; I live nearby, on 92, they have always distributed food there. I know they distribute food on scheduled dates. Many people go to take that food because they give out good food; they also helped a lot during the pandemic."*
>
> *—Community focus group participant*

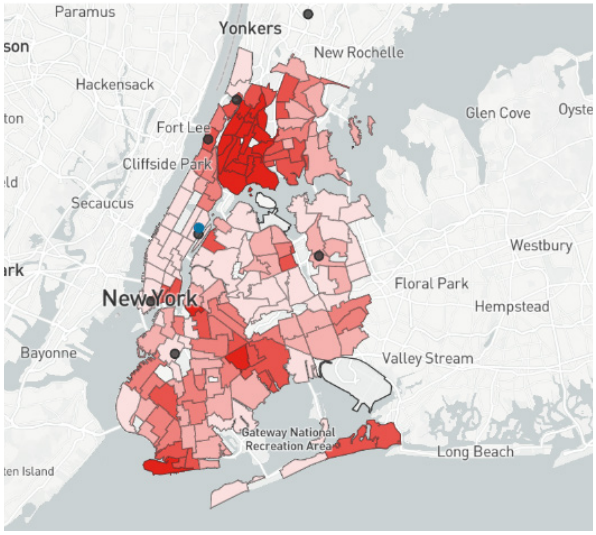
Percentage of New Yorkers who sometimes or often used emergency food services in the last 30 days



Percentage who sometimes or often used emergency food services in the last 30 days.
Race/ethnicity: White, Black, Asian/Pacific Islander race categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race.
^Neighborhood poverty (based on ZIP code) = percentage of the population living below the Federal Poverty Line (FPL) based on the American Community Survey (2013-2017). Low poverty= <10% of the population living below the FPL; Very high poverty= ≥30% below FPL.
Source: New York City Health Opinion Poll, April 16th to 23rd, October 3-14, 2020; March 10-28, 2021

Back to TOC

Households receiving SNAP (food stamps) in Gracie Square Hospital service area, New York City



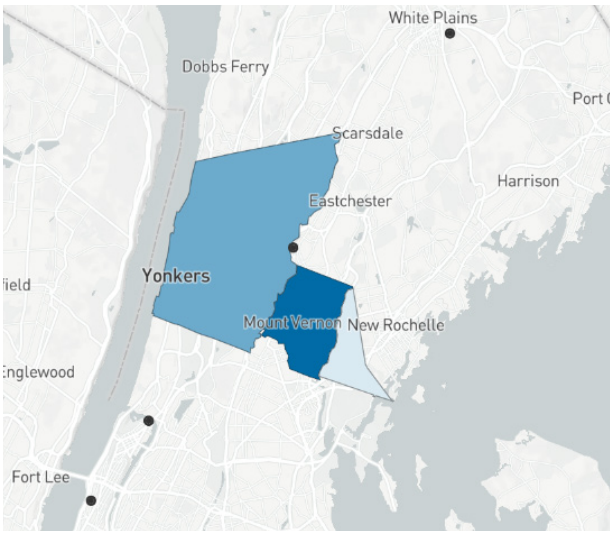
Source: U.S. Census. 2016–2020 estimates.

Percent of households receiving SNAP in New York City

- 1%–<12%
- 12%–<20%
- 20%–<30%
- 30%–<42%
- 42%–56%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Households receiving SNAP (food stamps) in Westchester County



Source: U.S. Census Bureau 2016–2020 estimates.

Percent of households receiving SNAP in Westchester County

- 2%–<16%
- 16%–<17%
- 17%
- NewYork-Presbyterian Hospital locations*

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

"I think the Y, as well, stepped up into this food pantry, distributing food space, because it's such an overwhelming problem. Again, scratching the surface. Not getting to the depth of the issue. We're distributing shelf-stable food once a month for the poor, we're distributing food through City Harvest every week. But it just doesn't cover enough of the spectrum."

—Community focus group participant

Back to TOC

Resources and Initiatives

In addition to federally funded programs to address food insecurity (e.g., SNAP, WIC), local initiatives aim to increase access to healthy food and reduce food insecurity in New York City. For example, the New York City Department of Health and Mental Hygiene (DOHMH) initiatives to improve nutrition and food security include:

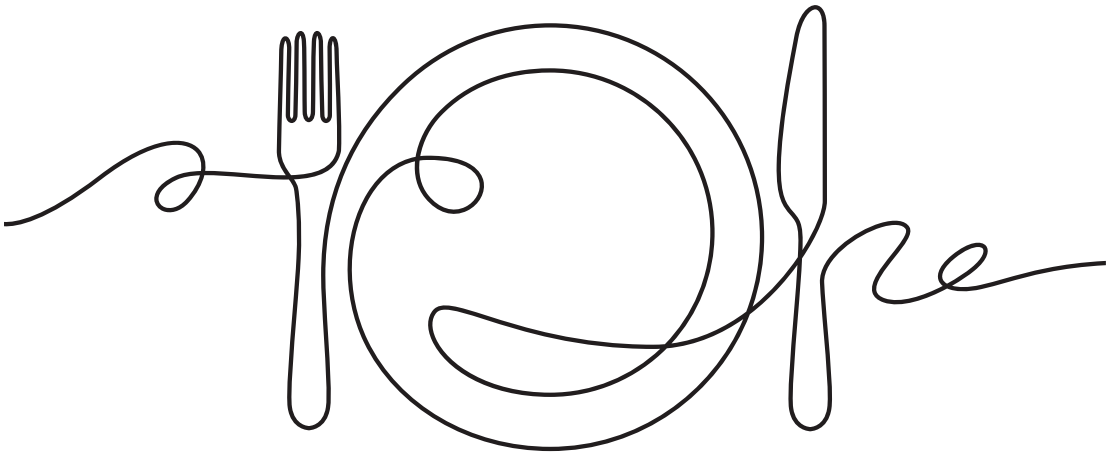
- Health Bucks are vouchers, distributed by a range of organizations (e.g., community- and faith-based organizations, healthcare institutions, pharmacies), for the purchase of healthy foods at farmers' markets throughout New York City.
- Green Carts provides special permits to mobile food vendors that sell fresh produce, nuts, and water in communities that have been traditionally underserved by the existing healthy food retail market. The Food Retail Expansion to Support Health (FRESH) Incentive Program, created through the New York City Economic Development Corporation, offers tax incentives to create spaces for supermarkets in neighborhoods that currently lack access.[63]

While fewer initiatives exist in Westchester County, Feeding Westchester lists 25 sites that offer meal programs and food pantries to those in need. Westchester County has a food program for residents age 60 and older, which includes congregate dining centers and home delivery. Municipal governments also oversee food distribution programs. WIC has been available to eligible Westchester County residents since 1979 and serves approximately 8,000 participants annually. In partnership with the Department of Social Services, the Cornell Cooperative Extension of Westchester County provides nutrition classes to SNAP participants in the County.

> *"I noticed that there's a lot of fruit stands and vegetable stands in the neighborhood, which offer fresh fruit and vegetables at low, low prices compared to the grocery store. So, I think that's a big thing that helps the neighborhood."*
>
> *—Community focus group participant*

NewYork-Presbyterian supports food security and nutrition through programs such as:

- Choosing Healthy & Active Lifestyles for Kids (CHALK) aims to lower the prevalence of obesity among children and teens by reducing food insecurity and creating environments where all families adopt healthy lifestyles. As part of CHALK, patients at selected healthcare sites who are facing food insecurity receive referrals to the Food FARMacia, which offers healthy groceries from West Side Campaign Against Hunger and Feeding Westchester, at no cost to recipients.
- Since the start of the COVID-19 pandemic, NewYork-Presbyterian Hospital has provided $15 million to food pantries in New York City and Westchester County, allowing for the distribution of 3 million pounds of healthy food, including fresh fruits and vegetables, and reaching some 10,000 households.
- Health 4 Life (H4L) is a family-centered lifestyle intervention program for overweight children and adolescents and their families. It includes physical activity and nutrition-education support groups.



FROM THE COMMUNITY

Of those surveyed...

- **38% felt that food security and nutrition were among the biggest concerns in the community.**
- **53% reported that increased access to healthy food would improve the health of residents.**

Focus group and interview participants reported ...

High levels of food insecurity in their communities, which they readily connected to physical and mental health.

- Community members readily linked poor access to sufficient healthy and affordable food to the prevalence of chronic health conditions such as high blood pressure and diabetes.
- The relationship between food insecurity, stress, and poor mental health was emphasized by both community members and other key stakeholders.

Variation across communities in terms of access to high-quality, affordable, and healthy food options.

- In many communities the cost of healthy food remains high, which makes it difficult to afford.
- Many communities lack convenient access to stores that sell high-quality, affordable, healthy food. However, in New York City, small fruit-and-vegetable carts and markets offer an affordable and often higher-quality alternative in some neighborhoods.
- High costs are particularly challenging in rapidly gentrifying New York City communities, where longtime residents with limited incomes struggle to afford food sold at stores and restaurants that now cater to wealthier residents.

"I think the main problem is the availability of affordable fresh fruits and vegetables. And that affects your health. If you don't eat properly, then it leads to a lot of health issues. Diabetes, hypertension, and being overweight."

—Community focus group participant

"I think so many health problems that I feel like me or my neighbors would have is like, 'Okay, we're just eating [expletive] food. And that's the only thing that we have access to.' And if you go into [Manhattan], there's like, a Trader Joe's every five blocks. And it's super easy to get your groceries, and just eat very cheaply, and cook at home in an economical, healthy way. But if I'm in this same area, if I'm like, in Crown Heights, then I'm spending the same amount of money; I'm just getting much worse quality."

—Community focus group participant

"And, if anybody has been to the supermarket, I think that problem is going to get worse because the prices in the normal supermarkets are through the sky already. And we were talking about it today, of how does a family—a family, especially, with two, three, four children—how can they afford the cost of food and feeding their family healthy?"

—Community focus group participant

Back to TOC

FROM THE COMMUNITY

The COVID-19 pandemic and its economic impact have exacerbated problems related to food access.

- Job loss and economic instability reduced household incomes and resources available to buy food.
- Inflation, and the rising cost of food, has made it more difficult for some families to access food, especially more costly healthy options.

Unhealthy dietary behaviors have multiple causes.

- Unhealthy diets result from access issues, as well as from stress and inadequate knowledge regarding healthy foods and how to prepare them.

Services and programs that provide food-related supports are available in New York City and in Westchester County.

- Participants reported use of emergency food services or established food programs such as SNAP.
- Barriers to accessing services include lack of awareness of available resources, complicated processes for accessing government benefits, and stigma related to relying on government programs.
- Pandemic-related food-access programs, such as food delivery for older adults, emergency food pantries and distribution sites, and community fridges, were valued by community members.
- There is continued need for food-related services, despite a perceived decline in availability of and support for these services as the effects of the pandemic persist.

"What we're seeing now—which is food prices. So, when we talk about food insecurity, right? We see lines and lines of people waiting at all these food pantries and we thought that things got better, but now, with inflation, people with limited means, they're gonna have a hard time again."

—Community focus group participant

"People eat wrong. It's something we know occurs. Some people just decide to eat wrong because of the stress that they are going through, especially teenagers, which could result to other health issues."

—Community focus group participant

"People need education on how to prepare food. Because it's easier to have a lot of processed food if you don't know how to prepare the fresh food."

—Community focus group participant

"There are some measures, marshaled out by the government to help people, to cushion the effect of the pandemic, or COVID-19. There are also some food banks, and...this new program is where they're giving out food to people who live in the neighborhood. And they actually try to use it to cushion the effect of the pandemic."

—Community focus group participant

Back to TOC

Housing

There is a well-documented shortage of affordable housing in New York City.[65] Consequently, a large number of New York City residents struggle with the high costs of their homes, live in poorly maintained housing, or experience homelessness. Furthermore, homeownership is out of reach for many who lack inherited wealth that can be used for required down payments.[66]

In 2021, 53% of New York City renters were "rent burdened," meaning they spent more than 30% of their income on rent; 32% were "severely rent burdened," paying more than 50% of their income on rent.[66] Approximately 50% of renters in Westchester County are rent burdened.[24] Recent reports (Spring 2022) indicate that rents across New York City have now exceeded their pre-pandemic peak.[3,67] Similarly, the cost of housing in Westchester County skyrocketed during the COVID-19 pandemic, in part because New York City residents sought to relocate to spaces more conducive to COVID-19 restrictions.[68]

High housing costs are linked to poorer health for low-income populations because of the behaviors and living circumstances they necessitate, which may include:

- Working long hours or multiple jobs, while cutting down on expenditures for other basic necessities, including healthy food, education, and healthcare
- Moving to a less expensive community, possibly leaving behind social support networks that are protective for both mental and physical health
- Remaining in substandard housing with maintenance issues that present health hazards, such as pests, mold, and peeling paint
- Sharing housing ("doubling up") with family members, friends, or others—despite the negative impacts of crowded living conditions, or
- When other options are exhausted, becoming homeless.[66,69]

Nearly one in ten households in New York City and one in 25 households in Westchester County are considered overcrowded.[49] Not only does overcrowding create stress and health risks, particularly for children, it also accelerated the spread of COVID-19, particularly in immigrant communities and communities of color.[70]

Housing Conditions

Exposure to poor housing conditions—often a consequence of landlord neglect or harassment—is associated with increased risk for a range of health issues, such as asthma and other respiratory problems, falls and injuries, and exposure to toxins (e.g., lead paint) that can cause developmental problems in children.[71] Maintenance deficiencies range from broken elevators that discourage travel outside the home to mold, pests, and peeling paint.[72]

In New York City, 11% of households report three or more maintenance deficiencies, though substantial variation exists across boroughs and neighborhoods. In the Bronx, 21% of households report three or more maintenance deficiencies, compared to 4% in Staten Island. In 2021, 20% of Black and Latino/a households across New York City reported experiencing three or more maintenance issues, compared to just 7% of White households.[66]

Hazardous conditions and maintenance problems are particularly common in New York City Housing Authority (NYCHA) buildings, which are home to nearly one in 15 New York City residents.[73] Poor maintenance of NYCHA buildings is the result of severe budget shortages and decades of disinvestment[74] and neglect by the federal government.[66] However, new initiatives are aiming to improve conditions. These include Work Order Reform, a New York City initiative to improve efficiency and expedite repairs in NYCHA apartments, and Mold Busters, a NYCHA initiative focused on the elimination of mold that causes allergic reactions or triggers asthma attacks.

[a]Overcrowding is defined as more than one person per room living in the residence.
[b]Maintenance deficiencies refer to: heating equipment breakdown/supplemental heat required; rodent infestation; cracks/holes in the walls, ceilings, or floors; large sections of broken plaster/peeling paint; toilet breakdowns; or water leaks from outside the unit.

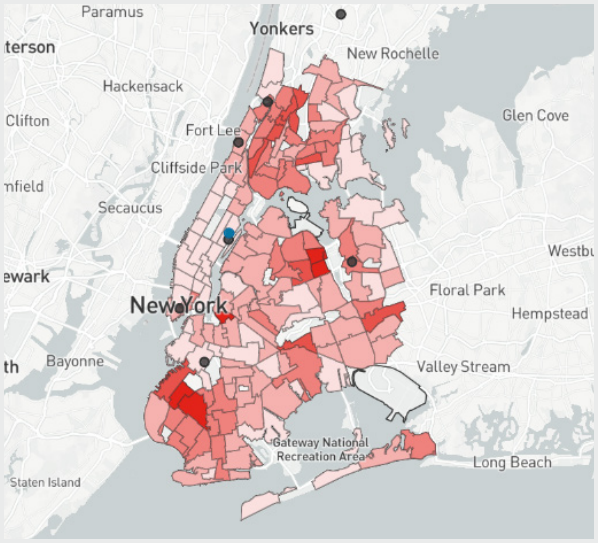
In Westchester County, nearly one in four households (23%) report severe housing problems, defined as experiencing at least one of the following: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.[75]

Housing Stability and Homelessness

A high rent burden increases the risk of falling into arrears and facing eviction. In 2018, 19,970 households were evicted in New York City. One-third of all evictions in the City occurred in the Bronx, despite its being the second-smallest borough in terms of population size (only Staten Island has fewer people).[76] Evictions decreased substantially in 2020 and 2021 due to pandemic-related eviction moratoriums, which helped approximately 184,000 families avoid eviction in 2021 alone.[77,78] However, when the moratoriums were lifted, evictions steadily increased,[79] especially in low-income and rapidly gentrifying neighborhoods in Brooklyn and Manhattan (e.g., East New York, Flatbush, Harlem, and Inwood).[3,80]

In New York City, families with children have made up 70–80% of the shelter population throughout the last two decades.[77] Ninety-four percent of families with children in shelters in New York City are Black or Latino/a, despite the fact that they make up only 50% of the population of New York City.[66] In fiscal year 2021, the average length of a shelter stay for families with children was 520 days.[81]

Overcrowded housing in Gracie Square Hospital serivce area, New York City



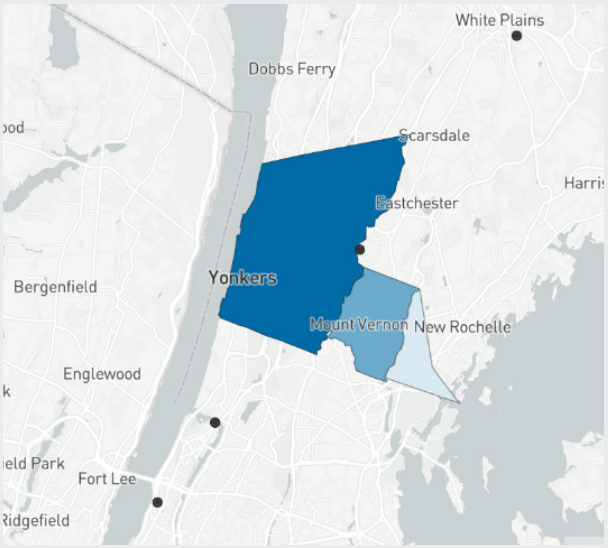
Overcrowded housing units per occupied housing uniit

- 1%–<6%
- 6%–<12%
- 12%–<17%
- 17%–24%
- 24%–32%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016–2020

Overcrowded housing in Gracie Square Hospital serivce area, Westchester County

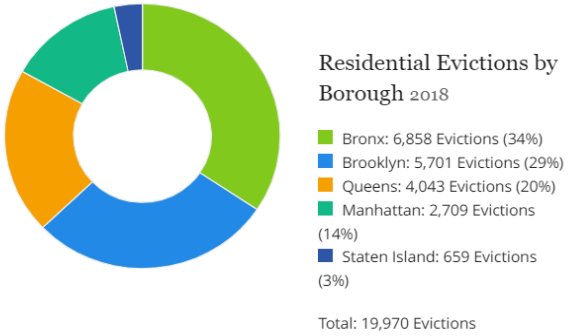


Overcrowded housing units per occupied housing unit

- 2%–<5%
- 5%–<6%
- 6%
- NewYork-Presbyterian Hospital locations*

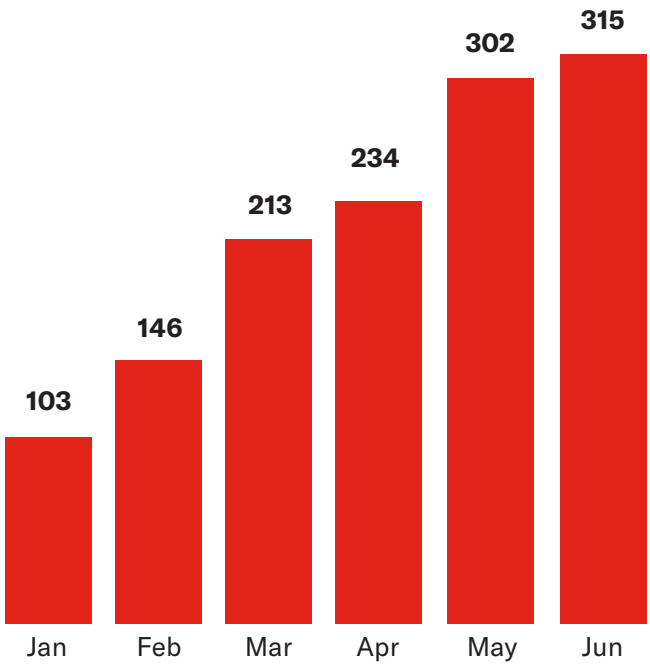
*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016–2020.



NYC Council: Evictions. https://council.nyc.gov/data/evictions

New York City Residential Evictions in 2022



The number of evictions executed by city marshals, as reported by the Department of Investigation. A statewide ban on most evictions expired on January 15, 2022.

Source: Brand, D. (2022). NYC Evictions Have Increased Every Month This Year. ***City Limits.*** Published July 26, 2022. Available at: https://citylimits.org/2022/07/26/nyc-evictions-have-increased-every-month-this-year/?mc_cid=d5c05aa649&mc_eid=54aa344fed.

"To be a resident, a [Department of Social Services] client in a homeless shelter in Westchester County, you have to pay basically 90% of your income. So, if somebody has disability income, it gets paid to the County, and that person keeps $45 a month, or if somebody's working at Home Depot, the same kind of thing... We're trying to advocate on that issue because the County could ask for a waiver from the State. We could also develop some type of savings-plan program, so that the money would go into a fund for each individual client, so when they did get their own apartment, they have some funds to start up."

—Community focus group participant

Disparities are similarly evident in Westchester County, where 21 out of 10,000 Black residents are homeless, compared to 6, 4, and fewer than 1 per 10,000, among Latino/a, White, and Asian residents, respectively.[24] Homelessness among students more than doubled between 2007 and 2017, the most recent year for which data are available.[82] Nearly 94% of homeless families in Westchester County are from the five largest cities—Mount Vernon, New Rochelle, Peekskill, White Plains, and Yonkers—though only 46% of the population of the County lives in those communities.[82] As explained in a key stakeholder interview, in Westchester County individuals living in homeless shelters are required to pay a portion of their income, which makes saving money for permanent housing difficult.

"I find it very disconcerting to see all of the homeless on the streets. Some of them are mentally ill. Some of them have fallen upon bad times. And some of them are plain bad. And as an older person, especially if you're slow-moving or you have devices to help you with mobility, I'm kind of frightened sometimes. I feel like I'm ripe to be assaulted. The homeless issue is dreadful and it's all over the City."

—Community focus group participant

Vouchers and supportive housing programs (e.g., Section 8) help some homeless individuals access stable housing; however, wait lists are long and supply is insufficient to meet need. Furthermore, although discrimination is illegal, landlords often avoid renting apartments to those with vouchers, further limiting options.[66,83]

Homelessness is associated with a range of poor health outcomes, including higher rates of mental illness, communicable disease,[77] chronic disease, and premature mortality.[77] For children, homelessness leads to social, emotional, behavioral,[69,84] and educational challenges.[66] The presence of large numbers of unhoused people affects the wider community as well: Many people engaged in the CHNA process expressed concern regarding the increasing number of people living on the streets. Although they were sympathetic to the behavioral health and economic issues faced by homeless populations, they expressed increasing fear and described changes to their own behavior to ensure their personal safety.

Homeownership

Homeownership confers a variety of benefits on owners, including greater access to financial resources (e.g., credit, home equity), residential stability, and the accumulation of wealth, which are associated with positive child-development outcomes as well as reduced disability and mortality, independent of household income. [46,69,85,86] Homeownership rates are also linked to health-promoting neighborhood conditions, including safety and social cohesion.[87] The homeownership rate in Westchester County (61%) is close to the national rate (64%), whereas the rate in New York City (33%) is about half, with substantial variation across boroughs. For example, the homeownership rate in Staten Island (69%) is more than three times higher than that in the Bronx (20%).[14,88]

Racial inequities in wealth accumulation can be traced, in part, to historical housing policies that explicitly barred Black families from accessing mortgages and purchasing homes in the first half of the 20th century, as well as more recent discriminatory practices such as predatory lending.[85] The result is limited access to inherited wealth that can be leveraged for large expenditures in Black communities, and consequently, lower present-day homeownership rates. In 2020, White borrowers accounted for 44% of new mortgage loans for owner-occupied small properties in New York City, compared to 11%, each, for Black and Latino/a borrowers. Since 2005, the number of Black homeowner households in New York City has declined by more than 10%.[66] Racial disparities in homeownership rates are also clear in Westchester County, where 73% of White residents own their home, compared to 64% of Asian residents, 37% of Black residents, and 35% of Latino/a residents.[24]

Resources and Initiatives

Housing-related resources in New York City that address access, housing stability, landlord harassment, and housing maintenance include:

- Right to Counsel guarantees free legal services, including representation in court, provided by the City for all New York City residents facing eviction. As of November 2021, 84% of residents represented by a Right to Counsel lawyer were able to remain in their home.
- Homebase is a suite of eviction-prevention services offered to New York City residents at risk of homelessness, such as financial counseling, arrears assistance, landlord mediation, and support securing employment, housing, and public benefits such as SNAP.
- NYC Healthy Neighborhoods Program includes free assessments, advocacy, and support related to addressing home-based asthma triggers and risk factors (e.g., rodents, cockroaches, mold) for children or adults diagnosed with asthma.

In Westchester County resources include:

- Legal Services of the Hudson Valley is a nonprofit legal services organization with a housing unit that provides information, support, and representation related to eviction prevention, tenant harassment and neglect, housing discrimination, foreclosure, and issues related to public housing.
- Hudson Valley Justice Center, a nonprofit legal services organization, provides free legal counsel across a range of topics, including eviction prevention and landlord–tenant disputes. Over the course of the pandemic, they have also provided support with applications for the New York State Emergency Rental Assistance Program, which provided temporary rental assistance to eligible New York State residents facing rental or utility arrears.

FROM THE COMMUNITY

Of those surveyed...

- **40% felt that better housing would improve the health of residents in their community.**
- **42% reported that reduced homelessness would improve the health of residents.**

Focus group and interview participants reported ...

Housing—and lack thereof—is one of the most common and pressing challenges faced by New Yorkers.

- Housing costs consume family budgets and make it difficult to afford other basic necessities.
- There are few options for those seeking affordable housing, and need exceeds supply.
- Housing costs are rising, especially in certain Brooklyn communities, exacerbating existing housing issues.

Homelessness has been increasing and is concerning to community members.

- Participants described homelessness, including among youth, as a visible problem in their communities, and some prioritized it as an issue to address.

Stressors and challenges related to finding and keeping housing have a substantial impact on health and well-being.

- Housing costs are seen as one of the most common and intractable sources of stress for New Yorkers.
- Overcrowding and lack of space in New York City apartments affect mental health.

"It's so difficult when someone comes in and their major need is housing. You can spend hours on the phone. Your community health workers can spend hours on the phone, trying to assist. But there's just—there aren't any housing [resources] in New York City for folks. So, you know, while you can say I'm helping and I offer housing assistance—you do, but it's just we have a major, major problem throughout New York City as regards to finding available housing for folks."

—Community focus group participant

"We also saw that a lot of people were losing their homes. We're starting to see more people who were homeless come up to our food pantry...they couldn't pay rent."

—Key stakeholder interviewee

"It's like some people lying on the streets somewhere. But we don't know how to explain the reason behind this situation. For example, a person will lie in the place the older adults often go, and he will sleep the day or night. And the news will report about shootings and robberies, and this makes you feel more of a psychological imbalance."

—Community focus group participant

Back to TOC

FROM THE COMMUNITY

Pandemic-related challenges, including limited income and the need to social distance, exacerbated both housing and health issues.

- Overcrowding and lack of space were particularly problematic during the COVID-19 lockdown, when people spent more time indoors.
- Health challenges brought on by the pandemic affected housing, including accessibility and affordability.

Resources to link people to affordable housing are limited.

- The systems that exist to address housing issues are complex, difficult to navigate, and insufficient to meet demand.

"The City has what they call Housing Connect Low Income, and later when you start to see—I've been helping some friends with that—when you start to see the minimum income is $60,000 or $50,000, that's not low income, that's never going to be low income."

—Community focus group participant

"The main thing, at least at the tippy-top of Manhattan, is the homelessness and the housing insecurity, because Manhattan, especially, is getting less and less affordable for the regular Joe Schmo. And it's like, how on earth can you focus on your health when you have to worry about keeping a roof over your head?"

—Community focus group participant

"We're just seeing an influx of people that are looking for support. And a lot of times, financial-related because if someone had COVID and now has long COVID and they can't manage their three-story walk-up anymore and now they need housing, or they had a spouse pass away and they can't afford their mortgage anymore—or there are just so many different stories out there."

—Community focus group participant

Education and Educational Attainment

Higher educational attainment is linked to greater economic stability, which affords people more opportunities to access quality resources, such as healthcare and housing, that can positively influence health and well-being. It is also linked to health literacy and the likelihood of adopting healthy behaviors, such as exercise and healthy eating. As a result, those with higher educational attainment generally have better health and health outcomes and a longer life expectancy than those with lower educational attainment.[89,90]

The protective effect of education on health varies by place of birth (i.e., U.S.–born vs. foreign-born), race, and ethnicity. For example, maternal educational attainment is most closely associated with positive birth outcomes for non-Latino/a White populations. There is less benefit for other racial/ethnic groups, with the association being the weakest for the non-Latino/a Black population.[91,92] Research suggests that this difference in educational benefit is due to differences in exposure to toxic stress—persistent psychosocial stressors that lead to physiological changes over time. Black parents with a college degree experience toxic stressors at a level similar to those experienced by White parents without a high school degree.[92]

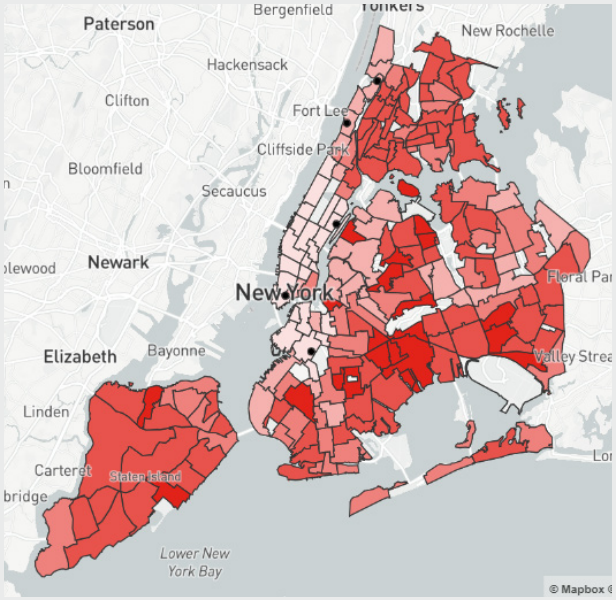
A number of factors affect educational attainment, including family income, parental educational attainment, and community characteristics.[93,94] Access to quality preschool is associated with higher educational attainment, higher future earnings, and better long-term health outcome.[95–97] School segregation also affects access to quality education and academic outcomes.[98,99] Overall, the inequities inherent in access to a quality early education, along with numerous barriers to entry to college (e.g., high cost, racially biased standardized tests, complicated application processes) exacerbate educational inequities across racial and ethnic lines.[100,101]

In New York City, 17% of adults over age 25 do not have a high school diploma; 39% are college graduates. As shown in the map above, educational attainment varies by geography: 27% of Bronx residents do not have a high school diploma, compared to just 12% of Manhattan and Staten Island residents. Twenty percent of Bronx residents graduated from college, compared to 62% of Manhattan residents.

"I also do think that we can talk about kid systems for a minute and just disparities in the educational system, depending on where you live, your access to quality education. You can look at just by address, you know, which schools are the better ones. And so, I do think that that's something that affects health and well-being and economic mobility and access to other resources that impact health."

—Community focus group participant

Educational attainment in New York City



Source: U.S. Census. ACS 5-year 2016–2020.

Percent of population 25 and over whose highest level of education is a high school degree

- 5%–13%
- 13%–21%
- 21%–27%
- 27%–33%
- 33%–46%
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

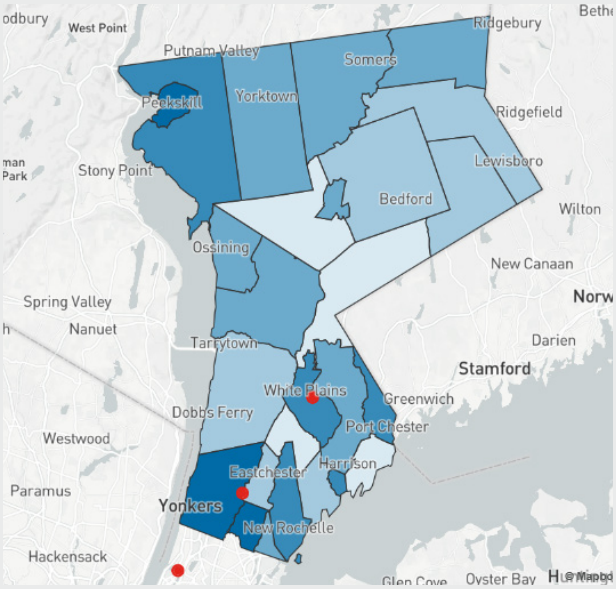
*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Back to TOC

There is variability in educational attainment by race and ethnicity in New York City: 10% of White residents did not graduate from high school, compared to 16% of Black residents, 23% of Asian residents, and 30% of Latino/a residents.[49]

In Westchester County, 8% of residents did not graduate from high school and 28% have a bachelor's degree. Disparities by race and ethnicity are more pronounced in Westchester County than in New York City. Less than 15% of White, Black, and Asian residents did not graduate from high school, compared with 28% of Latino/a residents. While close to three-quarters (72%) of Asian residents graduated from college, college graduation rates are lower among all other groups: 57% of White residents, 35% of Black residents, and 24% of Latino/a residents.[24,49]

Educational attainment in Westchester County



Source: U.S. Census Bureau ACS 5-year 2016–2020

Percent of population 25 and over whose highest level of education is a high school degree

- 4%–10%
- 10%–5%
- 15%–20%
- 20%–25%
- 25%–26%

NewYork-Presbyterian Hospital locations*

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Schools As a Community Resource

In addition to providing education, schools serve as a space for social development, exercise, connections to peers and supportive adults—and, hopefully, a place of safety for those that might feel unsafe at home.[1,90] Given this context and the amount of time that young people normally spend at school, they have also provided a locus to promote well-being in more inclusive ways[96,102] including improved nutrition, prevention and control of chronic and communicable disease,[103] comprehensive health services through school-based clinics,[104] and linkages to external medical and social services.[105] Young people participating in focus groups noted important health-related resources offered when they were in school, including sex education, referrals to mental health services, and support groups.

School-based programs to promote mental and behavioral health are relatively common; it has been recommended that they be coupled with training and support of school staff,[105] to ensure that the school environment and culture support mental health more generally.[106] Early in the pandemic, during the lockdown, New York City schools also served as distribution sites for free meals and the technology required for remote learning.

Resources and Initiatives

Schools house a broad range of health-promoting initiatives. These include:

- In New York City, 387 schools contain school-based health centers (SBHCs), which provide free primary care to students on-site, regardless of immigration or insurance status. SBHCs are run by local hospitals, health centers, or CBOs and are overseen by the New York State or New York City departments of health.
- Local health centers and community organizations also operate SBHCs in Westchester County. For example, the Mount Vernon Community Health Center, Open Door, and Saint Joseph's Medical Center operate health centers at neighborhood schools with higher proportions of low-income students in Mount Vernon, Port Chester, Yonkers, and elsewhere.[107]

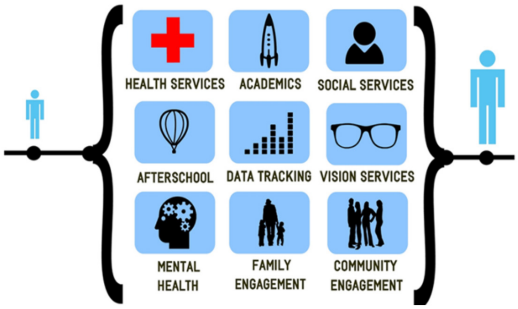
Back to TOC

- Community schools are an evidence-based strategy for improving school performance and school climate.[108] Through partnerships with local organizations, community schools operate as hubs that provide a range of social and supportive services to community members related to health and wellness, youth development, adult education and supportive services, and family engagement. [109] There are over 250 community schools in New York City. [110]

New-York Presbyterian Hospital operates seven school-based health centers, which serve over 20 public schools in Harlem, Washington Heights, Inwood, and the Bronx. These centers provide students with a range of clinical services such as physical exams, preventative care (including immunizations), dental care, laboratory tests, nutrition counseling, first aid, and health education. Mental health services include crisis intervention, case management, counseling, and psychiatric services. Sites also offer educational workshops for teachers and parents, schoolwide health-promotion initiatives, and connections to external community-based resources.

New-York Presbyterian Hospital also operates ten school-based mental health clinics, which provide psychological evaluation, treatment, consultation, and workshops to children, families, and school staff.

Community School Initiative



Source: What is a Community School? Available at: https://www1.nyc.gov/site/communityschools/about/about.page

Discrimination, Racism, and Chronic Stress

The freedom to live without the experience or the fear of discrimination is increasingly highlighted as a key health determinant.[111] Regularly experiencing discrimination—often related to race, ethnicity, sexual orientation, gender identity, age, social class, and health-related conditions (e.g., disability, mental illness)—leads to psychosocial and physiological stressors that harm mental and physical health.[112–114] Frequent exposure to discrimination and the chronic stress associated with it leads to higher rates of depression, anxiety, and other forms of mental illness[114] as well as chronic disease[115,116] and premature aging.[117] Premature aging increases risk of poor health outcomes[113,118] and mortality.[119] People who experience discrimination are less likely to participate in healthy behaviors (e.g., physical activity, sleep) and are more likely to participate in unhealthy behaviors (e.g., problematic substance use).[114] Discrimination at the individual level affects education and employment opportunities and, consequently, access to financial resources, which also has substantial effects on food and housing security, access to healthcare, premature death, and more.[120–122] (see *Healthcare Access and Quality* for more information).

Structural Racism

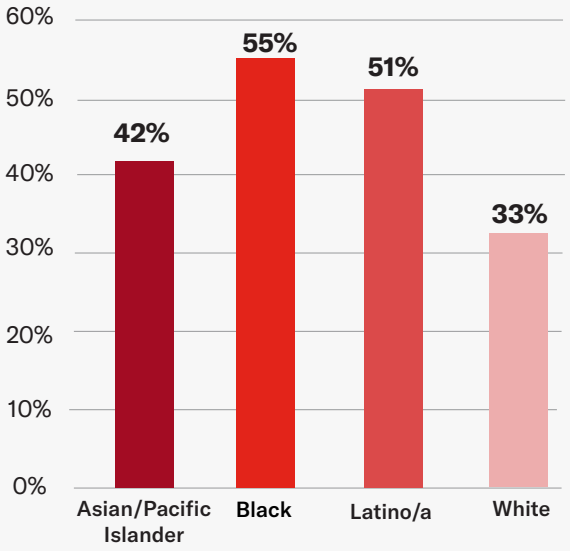
Racial discrimination leads to stark inequities in access to health-promoting resources and health outcomes in Black and Latino/a communities.[114,123] For example, past and present forms of housing discrimination based on race have created segregated communities that continue to affect access to resources and health outcomes in many communities of color.[124,125]

- Research shows that across New York City, neighborhoods in which the majority of residents are Black or Latino/a are more likely to have a deteriorating housing stock,[126] a higher prevalence of fast-food restaurants,[127] poorer air quality,[128] and fewer healthcare facilities.[126]

Furthermore, Black and Latino/a communities experience inordinate amounts of criminal justice[129] and child welfare system involvement, [130,131] exposing families to trauma, stress, and financial pressures at rates higher than that experienced by other racial groups. Racial profiling, discrimination, and the criminalization of poverty (e.g., criminal justice repercussions for inability to pay a fine)

Back to TOC

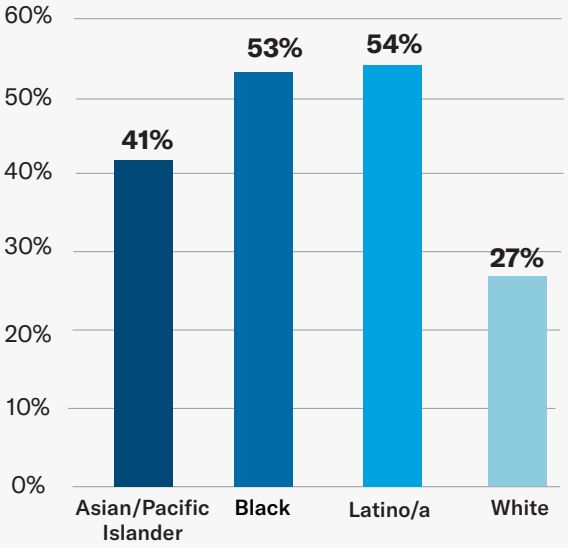
Percentage of premature deaths* by race/ethnicity in New York City



Source: New York State Department of Health. County Health Indiicators by Race/Ethnicity (CHIRE). 2017–2019. Available at: https://www.health.ny.gov/statistics/community/minority/county/index.htm.

*Premature death is death that occurs before age of 75

Percentage of premature deaths* by race/ethnicity in Westchester County



Source: New York State Department of Health. County Health Indiicators by Race/Ethnicity (CHIRE). 2017–2019. Available at: https://www.health.ny.gov/statistics/community/minority/county/index.htm.

*Premature death is death that occurs before age of 75

all contribute to the disproportionate involvement of Black and Latino/a individuals in these systems.[132,133] People who experience incarceration and foster-care involvement are at greater risk of poor mental health.[134,135] Furthermore, a growing body of literature shows the impact of these systems on overall community health across New York City neighborhoods and throughout the U.S.[137]

- The incarceration rate in New York City is 425 per 100,000 people. In Brownsville, Brooklyn, where 76% of the population is Black and 20% is Latino/a, the incarceration rate is 1,698 per 100,000 residents. This is over 15 times higher than on the Upper East Side of Manhattan, which has an incarceration rate of 71 per 100,000 residents and a population that is 3% Black and 7% Latino/a.[23]
- In Westchester County, a Black resident is nearly eight times more likely to be arrested than a White resident.[24]

> *"Because like I was saying earlier that even just because you have somebody who's wearing a trans-friendly pin doesn't necessarily mean that every level of staff is armed—not armed but equipped to treat trans people with kindness."*
>
> *—Community focus group participant*

Resources and Initiatives

There are a number of resources in New York that address racism and discrimination:

- The New York Civil Liberties Union promotes the rights outlined in the Bill of Rights, the U.S. Constitution, and the New York Constitution with particular attention to the pervasive and persistent harms of racism.
- Vera Institute of Justice was founded in 1961 to promote alternatives to money bail in New York City and now works nationally to reform the criminal legal and immigration systems.
- In 2020, NewYork-Presbyterian Hospital formed the Dalio Center for Health Justice to address racism and discrimination and to advance health justice. The work of the Center focuses on improving race and ethnicity documentation in healthcare, funding community and clinical programs, vaccine equity, and other activities that improve health outcomes for all.

Back to TOC

FROM THE COMMUNITY

Of those surveyed...

- 44% of Black respondents, 29% of Asian respondents, and 20% of Latino/a respondents felt angry, sad, or frustrated about the way they were treated as a result of their race, ethnicity, or nationality.

Focus group and interview participants reported ...

Discrimination is prevalent and causes stress in daily life.

- Community members described instances and experiences of discrimination related to race, class, country of origin, immigration status, language, gender, gender identity, disability, and age.

> *"We experience more stress and trauma than the people [that] are not the minority...We experience racism and discrimination in every place, not just school, not just at work...*
> *We have stress."*
>
> *—Community focus group participant*

Discriminatory experiences are related to healthcare access and healthcare quality.

- Community members described lower-quality care or disrespectful care for Black, LGBTQ+, women, and older patients and discrimination based on language, culture, or perceived immigration status.
- Providers were perceived as ill-equipped or untrained to work with specific populations, namely Black, trans, and/or patients with limited English language skills.
- Some participants felt training would be valuable in reducing biases and promoting cultural humility among providers.

> *"And Black trans, Black queer, queer health in general is egregiously ignored. With doctors who are untrained, which I don't understand because—I don't get it. They're untrained and unequipped to provide care for Black patients and/or patients of color. And so, their solutions aren't real solutions to our problems. They're more like, 'Oh, do this and then you'll get over it,' when we really require more help than actually they're providing for us."*
>
> *—Community focus group participant*

Asian and Asian American community members reported feeling targeted and unsafe, and changing their behavior accordingly, because of the rise in anti-Asian violence stemming from the COVID-19 pandemic.

- Older adults in particular expressed fear related to walking alone and taking the subway.

> *The elder usually will have some trouble with walking more or less. And shooting incidents happen on the subway recently, and there are racism cases, so our Chinese American try not to take subways, since we are frightened.*
>
> *—Community focus group participant*

COVID-19 and the Increase in Anti-Asian Violence

While Asians and Asian Americans have faced discrimination in the U.S. since the 1800s, prejudices and biases related to the COVID-19 pandemic led to a dramatic increase in racially motivated violence against individuals of Asian descent. The New York City Commission on Human Rights has reported a seven-fold increase in reports of anti-Asian harassment, discrimination, and violence since February 2020.[329]

> *"But racism started because of [the pandemic] and the discrimination we have is getting more serious now. The face of an Asian almost has become a kind of symbol. They think it's Asian, we have brought the virus in, and they keep thinking like this and this concept can't be changed as I see."*
>
> —Community focus group participant

In the CHNA, participating community members of various races and ethnicities reported a noticeable increase in discrimination and harassment of Asian Americans. Chinese focus group participants and other key stakeholders working within the Chinese community also described firsthand experience with harassment and abuse from strangers and widespread behavior changes in response to fear, including avoiding the subway, or being out at night, and—particularly for older people—walking alone.

> *"I've seen many cases in which people—or many people—have started to have a bad relationship with people who came from China. They blame the Chinese very much for the virus, and they have pushed them aside. They've pushed them aside. People don't even want to socialize with them, blaming them that that's why everything started...I've seen it at train stations. I've seen it at parks. I've heard it when I'm walking, I've heard people mention it a lot."*
>
> —Community focus group participant

> *"People just don't want to go out, go into the subway or commute, and they change which supermarkets they shop at, and you can really feel that it creeps into people's lives and affects how they see the world and their own safety and things like that. Unfortunately, I think most folks don't talk about it on that level, on that psychological level, for a variety of reasons."*
>
> *—Key stakeholder interviewee*

To combat stigma, reduce bias, and to educate the public about their rights when faced with discrimination, harassment, and/or violence, the New York City Commission on Human Rights launched a number of multilingual public awareness campaigns and offered a variety of trainings.[329]

Back to TOC

HEALTH AND HEALTHCARE

Healthcare Access, Use, and Quality

Access to quality healthcare is considered to be a key determinant of health.[138] There are a large number of factors that affect an individual's access to quality healthcare, including—but not limited to—number and type of providers within a community, finance and payment issues, geography and transportation, and languages spoken.[139]

Available Services

According to the New York State DOH, New York City is home to 62 hospitals.[140] The City has an expansive system of safety-net providers, which includes New York City Health + Hospitals, the largest public healthcare system in the U.S.[141] There are 16 hospitals in Westchester County.[142]

> *"They use a lot of the smaller private clinics that are in the area; they use a lot of those. And again, if you're able to communicate with the clinic that's on your block, that looks like you, speaks to you in your language, you will choose to do that. Right? Rather than going into an institution that you don't believe is friendly to you anyway."*
>
> *—Community focus group participant*

Hospitals in New York City provide a range of clinical services, including primary, specialty, and emergency care. In addition to serving their local communities and the broader New York City metropolitan area, City hospitals offer specialized care that draws patients from across the country and around the world. In both New York City and Westchester County there are many hospital-affiliated and private practices, federally qualified health centers,[143] independent multispecialty practices, and urgent care centers.

Among community members participating in the CHNA survey, approximately 46% "most often" visited a doctor or other healthcare provider's office for care, 19% used a hospital-based practice, and 18% used a community health center.

CHNA Community Survey Results		
Location Most Often Visited for Healthcare	**n**	**%**
Doctor or other healthcare professional office	312	46%
Hospital-based practice	129	19%
Community health center	124	18%

A substantial portion (28%) of survey participants reported needing healthcare in the past year and not receiving it. Although approximately one-third of these avoided healthcare for fear of COVID-19 infection, the most commonly cited reason for not getting care was appointment scheduling (over 40%).

Patient Experience

Patient experience and perceptions of care are important components of healthcare quality. Perceptions of care are affected by health outcomes (in other words, "feeling better") and by the extent to which providers and staff listen, respond to what they hear, and treat patients with dignity and in a way that builds trust and is responsive to individual and social identities—as well as the practicalities of day-to-day life, including time constraints, financial constraints, and competing priorities.[144–147] Positive patient experience is associated with important healthcare processes and outcomes, including adherence to medical recommendations.[148]

> *"Such a caring team of people who—and they're really good at explaining...This was very foreign to me and my family. So, they were super patient and empathetic. Which was really helpful dealing with this completely foreign situation."*
>
> *—Community focus group participant*

Back to TOC

At a population level, structural racism embedded into the healthcare system significantly impacts healthcare access and quality for communities of color, resulting in substantial disparities in health outcomes.[51,123,149–151] For example, low Medicaid-reimbursement rates[150] may discourage some healthcare providers from accepting Medicaid patients; inadequate provider participation in Medicaid limits access to care for many people of color who face social and structural barriers to employment[121,122] and are therefore disproportionately covered by Medicaid.[150]

Furthermore, discrimination is well-documented and has been pervasive within healthcare. Exploitation of communities of color—including medical experiments that exposed Black patients, in particular, to grave harms—as well as ongoing inequitable treatment fueled by racism, transphobia, and other forms of prejudice, break trust and increase discomfort within healthcare settings, often leading to avoidance of care.[51,114,123,152] Community members participating in focus groups for the CHNA emphasized the importance of equitable care but cautioned that in redressing those harms, patients must be seen as individuals rather than merely as members of a particular group.

"There are systems in America that are set up to make sure that certain people in America don't get certain privileges, and rights, and equity. It's not evenly distributed in America. Therefore, it is more difficult for certain people to receive the proper healthcare—that others are privileged within their everyday life. So, when I say, 'What's the health problem,' it's not necessarily there's cancer that's killing us. It's that when poor people get cancer, they have no resources for the care, or the medication, or for the things they need to survive cancer."

—Community focus group participant

"Whatever it is that everybody is bringing in, you shouldn't be classified or judged. Yes, it's beautiful for them to recognize that this particular complication [poor birth outcomes] happens to Black women. But I am here. I am just another person. I'm an individual. Check me as an individual without preconceived notions that it happens to Black women."

—Community focus group participant

Healthcare Costs

Health insurance is the principal way that people pay for healthcare so it is closely tied to access issues. Most New York City and Westchester County residents have health insurance:

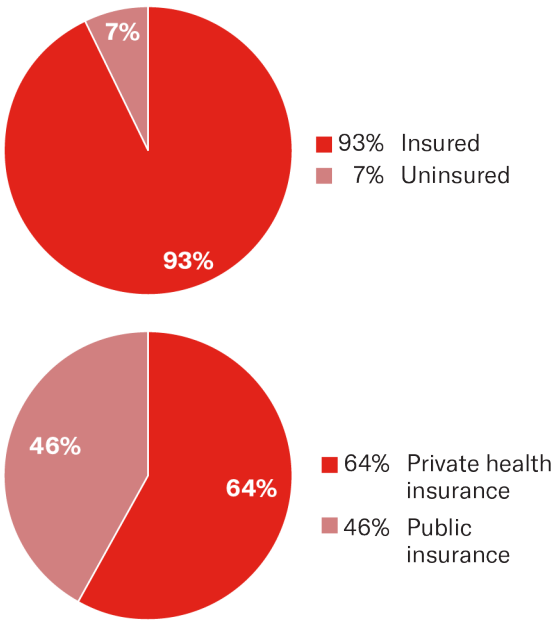
- 2.9 million are covered by Medicaid.
- 5.6 million are covered through private or commercial plans, including many that are employer based.
- Over 630,000 are uninsured.

For those without insurance, including many low-income undocumented immigrants, concerns about payment are particularly urgent.[15] Even among the insured, however, high healthcare costs and surprise medical bills were described as significant concerns by community members and other key stakeholders. Of survey respondents who needed healthcare in the past year and did not get it, 33% cited the high cost of care as a reason. In addition, insured patients often do not fully understand what is covered, and may have little information or choice regarding decisions made by their doctors.[153] Focus group participants reported that there were inadequate services to address payment issues in advance—meaning that patients started the reconciliation process only after receiving a bill.

Inadequate coverage for all needed services was also a concern. For example, gaps in Medicare coverage related to common health needs, including hearing aids and dental care, were problematic for older adults (see *Oral Health and Dental Care* for more information).

> *"There are no clear rules; sometimes they say, 'You're not going to pay anything.' I'll give an example, I've gone to get the COVID test, and all of a sudden they give me a bill that I have to pay for that COVID test. So, they say the service is free but they sent me a bill, so I'm afraid to go and they send me bills. So, what is the truth?"*
>
> *—Community focus group participant*

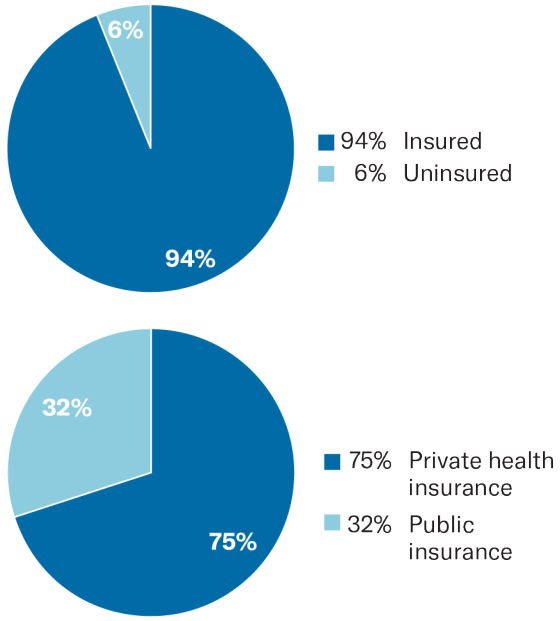
Health insurance coverage in New York City*



*Total is greater than 100% as some people have both public and private insurance.

Source: U.S. Census. 2016–2020 estimates.
Note: Denominators include the civilian, non-institutionalized population.

Health insurance coverage in Westchester*



*Total is greater than 100% as some people have both public and private insurance.

Source: U.S. Census. 2016–2020 estimates.
Note: Denominators include the civilian, non-institutionalized population.

Back to TOC

Digital Access, Inclusion, and Telemedicine

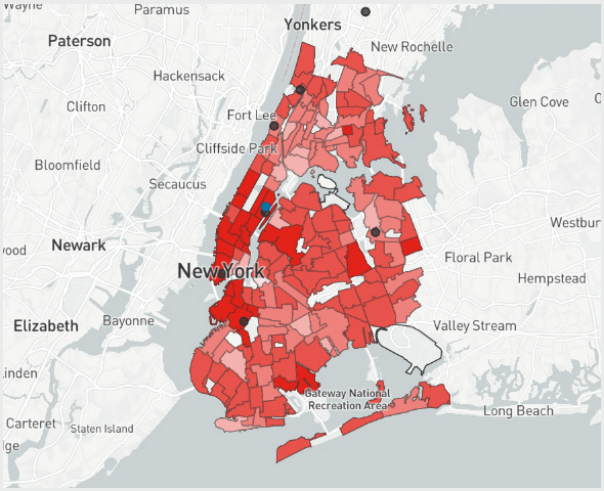
The COVID-19 pandemic accelerated the development of, and reliance on, digital healthcare tools.[154] These changes, which were supported in New York City by efforts to improve internet access[155,156] and provide computers and tablets to those without,[157] resulted in increased use of digital technologies and brought multiple advantages to those with access, including increased efficiency, convenience,[158] and reduced risk of COVID-19 infection.[159]

Research suggests potential benefits of telemedicine, as well as treatment outcomes that are similar to in-person care.[160–162] However, as a growing number of services and systems require digital access, digital divides have become more pronounced and problematic. Those who do not use digital technologies face expanding barriers to healthcare, health information, and related services. Increasingly, digital access is seen as a social determinant of health.[156]

Populations experiencing disparities in access to, and effective use of, digital tools are largely the same populations that experience inequities in health and healthcare more generally.[16] These include Black, Latino/a, and immigrant populations;[154,163] older adults;[163] and individuals with low incomes and low educational attainment.[164] Orthodox Jewish communities in New York City, including in Borough Park and Williamsburg, Brooklyn, also have low rates of internet access and digital device usage.[165]

> *"So, it was easier—rather than going to the hospital and spending a lot of money to get the answers—without the cost of getting there, waiting, and stuff like that. It's just easy for me to book a time with [my doctor] and to talk about things that concern my health. It was easy. It was less costly. And it was convenient for me."*
>
> *—Community focus group participant*

Household internet access in Gracie Square Hospital service area, New York City



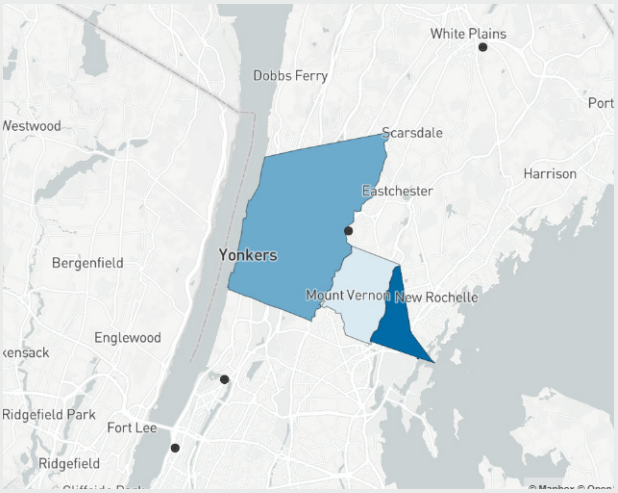
Percent of households with internet access

- 38%–<61%
- 61%–<79%
- 79%–<86%
- 86%–<91%
- 91%–98%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census Bureau ACS 5-year 2016–2020.

Household internet access in Gracie Square Hospital service area, Westchester County



Percent of households with internet access

- 86%–<87%
- 87%–<93%
- 93%
- NewYork-Presbyterian Hospital locations*

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census Bureau ACS 5-year 2016–2020.

Back to TOC

Disparities in access have multiple causes, including—at the individual level—device cost, internet subscription costs, and charges for data, all of which discourage use for those with limited financial resources. Community level factors, including provider capacity[162] and discrimination by internet service providers—or "digital redlining"—also affect access.[164] According to research published in 2021, nearly one-third of New York City households lack a home internet subscription.[156] In Westchester County, over 12% of residents lack internet access.[14]

Community members and key stakeholders had varying attitudes and experience with telehealth.

- 59% of survey respondents reported having a telehealth visit in the last year.
- The most common reasons given for not having a telehealth visit included no need (59%), preferred an in-person visit (27%), did not know how to use the telehealth services (13%), provider did not offer telehealth (12%), and did not have access to device, internet, data and/or needed minutes (8%).

> *"I see my therapist [via telehealth]. It's more convenient, because I'm at home and I'm more comfortable. And I feel like I'm in my safe haven where I can express more. I don't have to get up, and get dressed, and travel 100 miles just to go see that person."*
>
> *—Community focus group participant*

Focus group participants commonly distinguished visits that were appropriate for remote care (e.g., follow-up on test results, medication renewals) from those that were not (e.g., visits that required physical exams). For visits that were suitable for telehealth, participants appreciated the convenience and relative safety of remote visits, particularly during the height of the COVID-19 pandemic. For those with concerns regarding frequency of visits, as well as provider prejudice or stigmatization, telehealth visits were also seen as a good option.

> *"I can't talk to my doctor and tell him things I really want to tell him, because I'm in the house with my kids, right? Most of them is probably right next to me, sitting on the bed."*
>
> *—Community focus group participant*

A number of focus group participants were hesitant about telehealth, valuing in-person interactions. Older adults were described as less likely to have the resources or the skills for telehealth visits. Latino/a participants were more likely to prefer in-person visits, because of both the comfort level and the expectation of a physical examination. For low-income and immigrant populations, concerns were also raised about access to appropriate devices, privacy within crowded homes, and access to interpreters. Inability to fully articulate health concerns was raised as an issue for patients with behavioral health and/or cognitive issues.

Remote technologies have also been increasingly used for health education and other types of supportive services. Consistent with reports regarding telehealth, there are likely significant portions of the population that cannot access these services. However, in terms of absolute numbers, many organizations report substantially increased engagement.

Focus group and interview participants described a number of ways—beyond medical visits—that digital access and comfortability affect access to healthcare and other services that support health and well-being. Multiple participants expressed frustration about hospital reliance on digital systems for scheduling, registration, and communication with providers—preferring traditional telephone access. A number of participants reported that they saw independent community doctors, in part, because they were less likely to rely on computerized systems for communications and scheduling.

"During the pandemic I was in several organizations trying to help us—women who are [HIV] positive—with different activities....We would tell them, "There will be this, I'm going to send you the flyer to your email, and if you attend they send you a card to your email. Take the survey." They can't. They can't open the link, they're not used to it. They get frustrated and irritated. Some try, some just say, "You know what? I'm busy with the house and the kids, I don't have time." They just don't know how to use it. It's frustrating and sad....There have been resources to help the community and they didn't know how to....We had to go to their house or talk to them on the phone, meet in various places to give them the information."

—Community focus group participant

Resources and Initiatives

Programs and services that support healthcare access, including use of technology, include:

- New York City's Human Resources Administration offers assistance with Medicaid enrollment and applications for health insurance offered through New York State's Health Plan Marketplace (New York State of Health).
- Older Adults Technology Services (OATS), an affiliate of AARP, helps older adults use technology to support health and wellness, social engagement, financial security, civic participation, and creative expression.

Gracie Square Hospital's affiliate, NewYork-Presbyterian Hospital, addresses healthcare access through programs such as:

- Ambulatory Care Network-Outreach Program offers accessible educational and screening activities supporting prevention and early detection of disease and the promotion of good health among populations with high risks and limited access to care.
- The Center for Community Health Navigation (CCHN) supports the health and well-being of patients through the delivery of culturally sensitive, peer-based support in the emergency department, inpatient, outpatient, and community settings. CCHN aims to promote healthcare self-management, connect patients with care, and decrease preventable system utilization.
- Digital Health Services include over 80 services, such as virtual urgent care, video visits, mobile stroke treatment units, online second opinions, and interhospital consults.

Back to TOC

FROM THE COMMUNITY

Of those surveyed...

- 28% reported that they needed care in the past year but did not receive it.
  - The most common reasons were inability to get an appointment (or an appointment at the right time), fear of COVID-19 infection, and the high cost of care.
- More than one-third of survey respondents reported that they had an emergency-department visit in the past year; 13% had two or more visits.
- The most commonly cited reasons for using the emergency department rather than other sources of care were the perceived severity of the problem (39%) and "doctor or clinic wasn't open" (27%).

Focus group and interview participants reported that...

Positive healthcare experiences focused on health outcomes (e.g., recovery), respect for the patient's time, lack of perceived bias, communication skills, empathy, basic competence, and greater diversity of providers, among other factors.

- In several focus groups, participants noted improvements in services for diverse patients in recent years, increased diversity of staff, and proactive outreach into communities.

There are obvious inequities in healthcare access according to neighborhood composition, with more resources (e.g., outpatient practices affiliated with major health systems) available in higher-income communities.

- Inequitable access causes resentment among those in lower-resourced neighborhoods.

"So, he gave me his number. He said, "If you have any questions, let me know." And I was able to talk to my dentist directly. And that felt so much better than me having issues at home and having to go to Google."

—Community focus group participant

"Oh, yeah. All the nice stuff are all in the gentrified parts of the borough...Good healthcare centers are in downtown Brooklyn, Brooklyn Heights. Wherever it's as close as you can get to Manhattan as possible, is where you'll find great services. But not places like here. Or, like, Bed-Stuy. Like, not down the block."

—Community focus group participant

"People who are uninsured have certain access, people who are on Medicaid get certain access, people with private insurance get certain access... I was uninsured for many years and the front desk [at the health center] applauded when I was able to come in with insurance, and they're like, "And it's private!"

—Community focus group participant

Back to TOC

Inequities are also based on insurance status, in terms of access to and quality of care.

- Participants noted that finding providers and affording necessary care is difficult for individuals who are uninsured or are Medicaid beneficiaries.

Reports of provider ignorance and discrimination against Black patients, trans patients, and patients who are immigrants were most common; however, provider biases against women, older adults, people with low incomes, and those with disabilities were also reported.

"[The healthcare providers were] mocking in just a racist way of how some African patients are having difficulty pronouncing some of the scientific and the medical terms. I found it very inappropriate, and people asking, "Where are you from?" "Do you wear this outfits?" "Do you eat this in your country?" "Do people look like this in your country?" ...So, I would just suggest training nurses, and frontline staff, and hospital staff implicit bias."

—Community focus group participant

Payment policies and out-of-pocket costs were significant concerns among the insured and uninsured alike.

- High costs and fear of high medical bills caused participants to delay care, or to avoid it altogether.

"I had to do a procedure, which I thought was covered by my insurance. I had a procedure done. And then, like in a few months, I got this huge bill that nobody can explain to me why. It was a colonoscopy. And I stayed after that. I stayed in the hospital for like, half an hour, just to recover. And then the bill they sent was for $4,000, just for that half an hour, in addition to other costs. My insurance won't pay. Because it's not—it's too much. And then I'm stuck with the bill. And there's nobody I can call up and explain to me why it was so much."

—Community focus group participant

Access to care is complicated by technology, particularly for older adults and others with restricted access to computers and smartphones.

- Immigrants faced unique healthcare access issues, primarily related to language and insurance status.
  - Independent community physicians were considered most accessible.

"Primary care providers in the community, in this specific kind of Asian American, immigrant community, I think are really important just because they're really frontline. People have less reservations about going to see them. They're really the point of access for a lot of folks, I would say."

—Key stakeholder interviewee

"The technology just keeps getting more and more upgraded. So, for instance, if you have an appointment, you're encouraged to sign in on your smartphone and do all kinds of things that way...but it trips up a lot of older people, who may not be familiar with these venues and with this technology...I remember discussing with the lab technician and she said a lot of older people, they're saying they're not coming back because they can't deal with a lot of the technology."

—Community focus group participant

Back to TOC

Chronic Disease

Chronic diseases are conditions that persist over time. They include asthma, diabetes, and heart disease, which are leading causes of disability and death in New York State[166] and in the U.S. more generally.[167] Approximately 45% of the U.S. population[5] and 85% of older adults have at least one chronic condition; approximately 60% of older adults have two or more chronic conditions.[6]

Many chronic diseases are considered preventable. Limiting alcohol and tobacco use, consuming a healthy diet, and engaging in physical activity are examples of behaviors that can help protect against and reduce the incidence of chronic diseases.[167] Asthma may be prevented or controlled through elimination of triggers, including cockroaches, rodents, and other pests; mold and excessive moisture; and tobacco smoke and other air pollutants.[168,169]

Communities of color and individuals with low incomes often bear disproportionate burdens of chronic diseases, as many live in neighborhoods that have been denied resources and opportunities that promote well-being, including nutritious and affordable food, safe places to exercise, and healthy housing.[170,171] These neighborhoods are also more likely to contain environmental hazards, including excessive traffic, businesses that produce toxic waste, and high vulnerability to excessive heat.[170–172] Additionally, these communities often have limited access to healthcare services that support prevention and management of chronic diseases.[170,171]

> *"I would say diabetes [is a concern], because a lot of people are not making enough money to buy the proper food. We can't afford the food that we need to buy to make a proper dinner...High blood pressure, the stress is number one for a lot of people, I think, for me, too."*
>
> *—Community focus group participant*

Furthermore, conditions and affronts often experienced by communities of color and low-income communities, such as exposure to violence or threats of violence, housing and food insecurity, and discrimination and racism, can create persistent psychosocial stressors. These can lead to physiological changes which, in turn, increase the risk of various chronic diseases, including heart disease and asthma.[173–175]

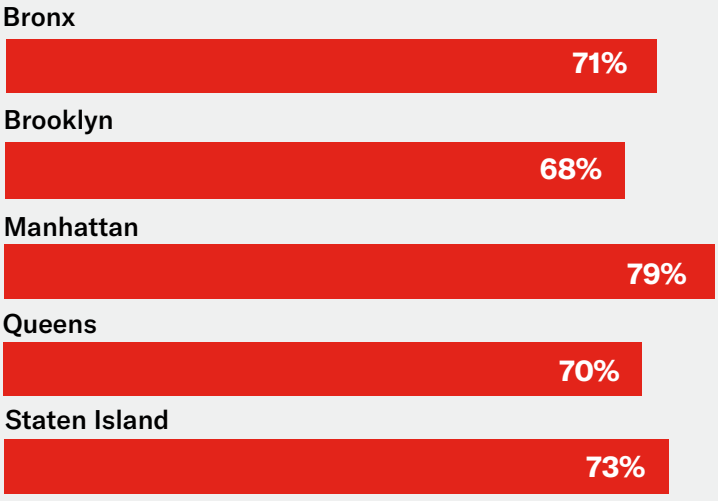
Health Behaviors

The prevalence of behaviors associated with chronic disease varies across New York City. For example, one in three adults in the Bronx consumes one or more sugary drinks per day, compared to fewer than one in five adults in Manhattan. In Brooklyn, nearly one in three adults did not engage in any physical activity or exercise in the past month, compared to approximately one in five in Manhattan.[176] In Westchester County, about one in four adults does not engage in leisure-time physical activity.[10]

> *"I feel like educating not only the adult population but also kids on their nutrition and how to avoid certain diseases coming about, it definitely fills that gap of growing up and eating whatever. "As long as I'm full, I'm good." That's how things start to pile up. You grow up and you think to yourself, "How did this happen?" I've always ate, and I've always been good. All of a sudden I have issues, like [another participant] said, like diabetes or high blood pressure, cholesterol that come to be an issue long term, because we don't realize the effect that certain foods or certain eating habits have on our bodies."*
>
> *—Community focus group participant*

Rates of physical activity/exercise in New York City

Estimated percentage of adults participating in any physical activites/excersie in the past 30 days



Source: New York City (NYC) Community Health Survey (CHS) 2020, via NYC Environment & Health Data Portal. NYC Department of Health & Mental Hygiene. Availalbe at: https://a816-dohbesp.nyc.gov/IndicatorPublic/PublicTracking.aspx.

Back to TOC

Chronic Disease and COVID-19

Preexisting chronic health conditions, such as heart disease, diabetes, and cancer, significantly increase risk of hospitalization and death related to COVID-19. In addition, the pandemic increased concerns regarding safe access to healthcare, and vulnerable individuals avoided seeking care due to fear of contracting the virus.[171]

Chronic Disease Management

Disease management is important for individuals with chronic disease.[177] Disease management commonly includes changes to behavior,[178] including healthy eating, increased physical activity, and avoidance of triggers. Medical management of chronic disease is also important[178,179] to avoid the risk of complications, more severe illness, and premature death. Medical management includes monitoring (e.g., blood pressure, glucose and A1c levels), as well as proper use of medications. An individual's ability to sufficiently engage with the medical management of disease may vary according to access and quality of healthcare, patient comprehension and understanding of medical instructions, conflicting needs and priorities of patients, out-of-pocket costs, and other factors.[178,180]

Asthma

Asthma is a chronic disease of the airways that can cause wheezing, difficulty breathing, chest tightness, and coughing.[170] Asthma is associated with substantial morbidity, missed school, and high levels of emergency healthcare use and hospitalizations.[181] There are significant disparities in rates of asthma across New York City, with the highest rates in neighborhoods with high poverty, poorly maintained housing, environmental hazards (e.g., air pollution, neighborhood-level social stressors), and inadequate access to quality primary care that support appropriate disease management.[170] For example:

- In Crown Heights and Prospect Heights, Brooklyn, the emergency-department visit rate for children with asthma is 342 per 10,000, compared to 28 per 10,000 in Manhattan's Financial District.[182] In Washington Heights, the emergency-department visit rate is 226 per 10,000.[33]

Asthma indicators also vary substantially by race and ethnicity:

- Across New York City, the asthma hospital rate for White children was 6 per 10,000, compared to 12 per 10,000 for Asian and Pacific Islander children, 30 per 10,000 for Latino/a children, and 50 per 10,000 for Black children.[19]
- In Westchester County, the asthma hospitalization rate for Black children was 35 per 10,000, compared to 6 per 10,000 for White and Latino/a children, and 5 per 10,000 for Asian children.[20]
  - The rate of asthma-related emergency-department visits (all ages) was 150 per 10,000 in Mount Vernon, compared to 58 per 10,000 in Westchester County as a whole.[22]

"Asthma has affected our kids and they're in corridors where there is a lot of air pollution. I would say that access to clean air and access to green spaces is not the best for the community that we serve in East Harlem and parts of the South Bronx."

—Community focus group participant

Diabetes

Approximately one in ten people in the United States have diabetes, and one in three have prediabetes, meaning they are at increased risk for type 2 diabetes, heart disease, and stroke. Diabetes is the leading cause of kidney failure, lower-limb amputations, and adult blindness in the U.S.; it is the seventh-leading cause of death. Most people in the U.S. with diabetes have type 2 diabetes, which can often be prevented or delayed by lifestyle changes, including weight loss, increased physical activity, and a healthy diet.[183]

- Diabetes rates for adults in New York City vary by borough: 14% of adults in the Bronx, 12% in Queens, 11% in Brooklyn, 10% in Staten Island, and 9% in Manhattan have diabetes.[25]
- In New York City, the age-adjusted mortality rate for diabetes is 11 per 100,000 for the White population, 12 per 100,000 for the Asian and Pacific Islander population, 21 per 100,000 for the Latino/a population, and 34 per 100,000 for the Black population.[184]

- Approximately 9% of the adult population in Westchester County has diabetes.[185] Diabetes mortality in the county varies by race and ethnicity. For White, and Asian and Pacific Islander residents, the age-adjusted mortality rate was approximately 9 per 100,000. For Latino/a residents, it was approximately 13 per 100,000, and for Black residents, it was approximately 24 per 100,000. [25]

"[Diabetes], it's a killer, definitely, for this population. Going back to the lack of good food and the lack of accessible healthcare and all that contributes to all of that. That's a huge killer in our neighborhood."

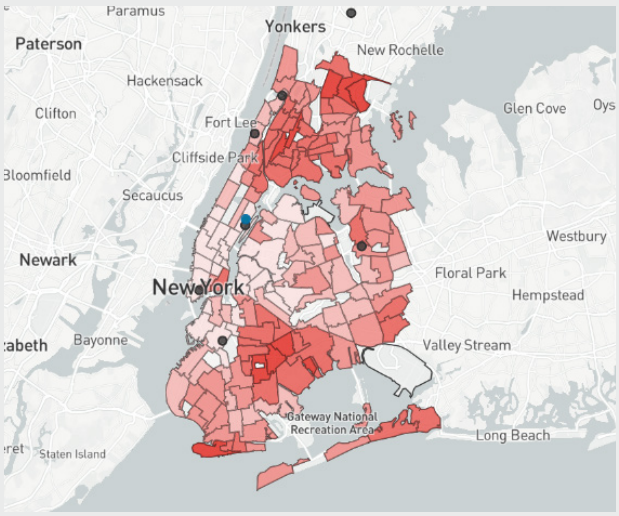
—Key stakeholder interviewee

High Blood Pressure

High blood pressure, also known as hypertension, increases risk for heart disease, heart attacks, and stroke. One in five premature adult deaths in New York City are attributed to heart disease or stroke.[180] Diabetes and obesity increase risk for high blood pressure,[186] as do poor diet (e.g., high sodium intake, low consumption of fruit and vegetables), excessive alcohol, and inadequate physical activity. Risk also increases with age.[180]

- Approximately 25% of adults living in New York City[180] and 29% of adults in Westchester County have high blood pressure.[187] These rates are lower than the New York State hypertension rate, which is close to 32%.[188]
  - Within New York City, Queens has the largest percentage of adults with high blood pressure (33%), followed by the Bronx (32%), Brooklyn (31%), and Staten Island (31%). Manhattan has the lowest rate of high blood pressure in New York City (21%) and in New York State.[188]
- There are differences in rates of high blood pressure by race and ethnicity.[116] For example:
  - The prevalence of high blood pressure was 1.5 times higher among Black New York City residents than for White residents and 1.6 times higher than for Asian residents.[116]

Hypertension (high blood pressure) in Gracie Square Hospital service area, New York City



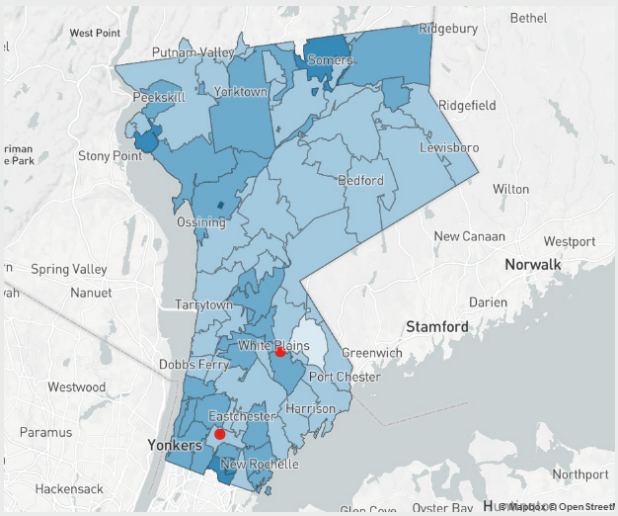
Percent of adults with high blood pressure

- 14%–<23%
- 23%–<28%
- 28%–<32%
- 32%–<36%
- 36%–41%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Hypertension (high blood pressure) in Westchester County



Percent of adults with high blood pressure

- 13%–<22%
- 22%–<26%
- 26%–<33%
- 33%–<51%
- 51%
- NewYork-Presbyterian Hospital locations*
- Zip codes

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Back to TOC

Focus-group and interview participants emphasized the need for more education on high blood pressure, including information on nutrition, individual risk, and disease management.

Resources and Initiatives

There are many resources in New York City and Westchester County to support the prevention and management of chronic disease. These include:

- Shape Up NYC, which offers free group exercise and fitness classes ranging from hip-hop dance classes to walking groups, offered through the New York City Department of Parks in locations that span all five boroughs.
- National Diabetes Prevention Program (NDPP), an evidence-based lifestyle-change program focused on reducing the risk of type 2 diabetes. The NDPP is offered to City employees through WorkWell NYC and through the NYC DOHMH as well as many CBOs and healthcare providers.
- NYC Parks, which facilitates physical activity among residents, operating nearly 300 playgrounds and more than 1,000 athletic facilities including baseball and soccer fields; basketball, tennis, volleyball, and handball courts; and jogging paths. New York City Parks Department recreation centers have indoor swimming pools, weight rooms, basketball courts, dance studios, art studios, game rooms, and libraries. Membership is free for City residents ages 24 and under. An annual membership for adults 65 and older is just $25.
- Westchester County Parks have 18,000 acres of parkland and 50 facilities, including parks, pools and beaches, trailways, nature centers, golf courses, an amusement park, a working farm, historic sites, and an arboretum.

> *"I won't need medication [for high blood pressure] if, probably, I exercise. If I probably de-stress, do something for relaxation. So, address these issues. But it seems to me, sometimes the emphasis is just on giving you medicine. Okay, 'Take this pill and then…' But I don't want to take this pill for the rest of my life. What can I do? Let me know what I can do."*
>
> *—Community focus group participant*

Gracie Square Hospital's affiliate, NewYork-Presbyterian Hospital, addresses chronic disease through programs such as those listed below:

- Ambulatory Care Network Outreach Program offers accessible educational and screening activities supporting prevention and early detection of disease and the promotion of good health among populations with high risks and limited access to care.
- The Center for Community Health Navigation (CCHN) supports the health and well-being of patients through the delivery of culturally sensitive, peer-based support in the emergency-department, inpatient, outpatient, and community settings. CCHN aims to promote healthcare self-management, connect patients with care, and decrease preventable system utilization.

FROM THE COMMUNITY

Of those surveyed...

- Participants reported having chronic diseases such as high blood pressure (26%) and high cholesterol (21%), asthma (16%), and diabetes (12%).
- Chronic diseases, including high blood pressure (40%), diabetes (38%), heart disease (29%), and asthma (26%) were commonly considered top health concerns in respondents' communities.
- Factors associated with chronic disease were also top health concerns, including nutrition/healthy eating (38%), tobacco use (36%), and physical activity (25%).

Focus group and interview participants reported that...

Many people experience chronic disease in their communities.

- CHNA participants specifically named diabetes, high blood pressure, obesity, and asthma, among others.
- The difficulties and risks of living with chronic disease were well-known and frequently discussed, including the challenges of disease management.

Maintaining good health is difficult on a limited income, due to the high cost of healthy food and healthcare.

- Other social, cultural, and environmental factors such as lack of culturally appropriate information, life stress, and pollution also contribute to chronic health problems.

Working with community members to prevent the onset and advancement of chronic disease through screening, education, and improved access to, and quality of, care is particularly important.

- Many explained that information regarding chronic disease prevention and management is not readily available in their communities.

"I think diabetes is a huge problem. Heart disease. Nutrition and exercise is a huge, huge problem in my community."

—Community focus group participant

"Unfortunately, there are very few or no entities and organizations; someone to tell how to prevent diabetes, cholesterol, etc...Only in some television media there are advertisements, they offer you some kind of prevention, but no more. There is no information; for example, here in my neighborhood nobody says anything, there are no such programs."

—Community focus group participant

"We can't afford the food that we need to buy to make a proper dinner. And we need more nutritionist referrals, nutritionist help, and letting people know how to eat and what to eat. And that's, one, for diabetes. As for high blood pressure, the stress is number one for a lot of people—I think, for me, too. Worrying doesn't help at all. It just brings on more stress."

—Community focus group participant

"I think [preventing chronic disease], it's equally as important...Personally, my relationship with food, as I grew older, within my culture, I feel like it's very—especially with low-income communities, it's kind of like you get what you get and you eat it and you don't complain about it or you don't ask about it, however that comes to be."

—Community focus group participant

Back to TOC

Cancer

Cancer is a group of more than 100 different diseases that begin when abnormal cells in the body grow out of control. One in two men and one in three women in New York State will be diagnosed with cancer at some point in their lives.[189] In New York City, cancer is the second most common cause of death (after heart disease) and the most common cause of death for those under age 65.[190]

Cancer becomes more prevalent as people age, so as the population ages, cancer rates increase.[191] Cancers have many different causes, including genetic predisposition, viruses, and repeated exposures to carcinogens, such as tobacco; ultraviolet radiation (including from the sun); and toxins in the air, water, and food.[191] Risk can be reduced by abstinence from tobacco use, a healthy diet, moderation in alcohol consumption, limitation of sun exposure, physical activity, and human papillomavirus (HPV) vaccination.[192] Adherence to recommendations regarding cancer screening (e.g., for cervical cancer, colon cancer) facilitates early detection, when treatment is most likely to be effective.[193]

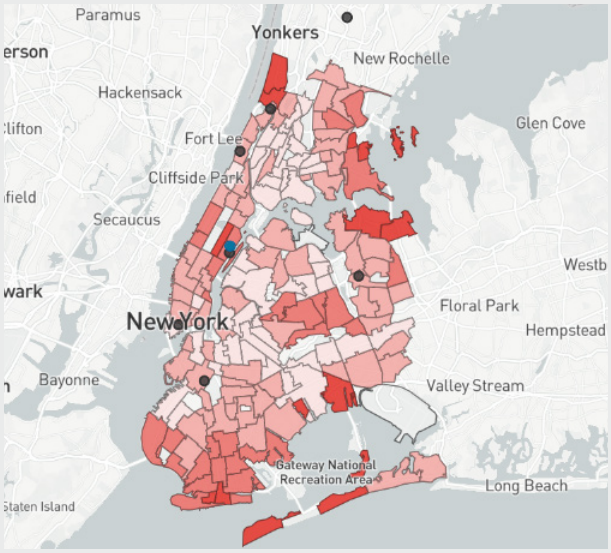
The New York City DOHMH reports that there are approximately 11,700 cancer deaths in the City each year. Between 2014 and 2018, Black adults had higher age-adjusted death rates from cancer (148 deaths per 100,000) than White (127 per 100,000), Latino/a (103 per 100,000), and Asian and Pacific Islander adults (93 per 100,000).[194]

Many people now live with cancer for extended periods of time, and cancer is now considered a chronic disease. Certain types of cancers, including ovarian cancer, some forms of lymphoma, and leukemia tend to be chronic. Cancers that spread to or return in different parts of the body may also become chronic.[195] The number of people with cancer varies slightly by neighborhood and demographic characteristics. Within New York City, Staten Island has the highest percentage of adults living with cancer (7%) and the Bronx has the lowest percentage (5%). In Westchester County, 7% of adults have cancer.[25]

- 22% of survey respondents reported that cancer was among the biggest health concerns in their community.

Focus group participants emphasized challenges related to the cost of cancer and the portion that must be paid out-of-pocket for various reasons. Like others with chronic conditions and compromised immune systems, people with cancer were particularly hard hit by COVID-19.

Adults with cancer in Gracie Square Hospital service area, New York City



Percent of adults ever diagnosed with cancer (excluding skin cancer)

- 2%–<5%
- 5%–<6%
- 6%–<8%
- 8%–11%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Back to TOC

Resources and Initiatives

Cancer-related services focus on prevention, screening, and supports for people living with cancer. Examples are listed below:

- God's Love We Deliver provides nutritious, high-quality meals to individuals living with HIV/AIDS, cancer, and other serious illnesses who, because of their illness, are unable to provide or prepare meals for themselves. The program also provides illness-specific nutrition education and counseling to clients, families, care providers and other service organizations.
- New York State Smokers' Quitline is a service of the New York State Department of Health Tobacco Control Program. It is a free and confidential program providing evidence-based services to New York State residents who want to stop vaping, smoking, or using other forms of tobacco.

In Westchester County, available cancer resources include:

- Support Connection, a nonprofit providing emotional, social, and educational support to people affected by breast, ovarian, or gynecological cancers.
- Cancer Support Team, an organization that provides in-home services to cancer patients and their families living in southern Westchester, including social work, case management, and nursing support. Services are free of charge.

Gracie Square Hospital's affiliate, NewYork-Presbyterian Hospital, provides cancer services including:

- The Manhattan Cancer Services Program provides education, no-cost screening and diagnostic services, case management, referrals to treatment, and navigation services for patients with limited access to healthcare services, including individuals without insurance.

FROM THE COMMUNITY

Of those surveyed...

- **22% indicated cancer is among the biggest health concerns in their community.**

Focus group and interview participants reported that...

Supports were needed for full access to cancer care.

- The COVID-19 pandemic exacerbated challenges faced by people with cancer.
- Concerns are focused on payment and information regarding services.

"We have, and this is anecdotal, seen a far larger number of people with stage 4 cancer this year than in years past. And, again, anecdotal evidence suggests that it is because they did not get testing done or were frightened of going to have a diagnosis, etc. [due to the COVID-19 pandemic]... Many cancer patients, if not most, were not able to continue to work given the COVID scenario. Therefore, they had cancer, a lot of out-of-pocket costs, and no income."

—Community focus group participant

"I think you have to add the area of cancer, the treatments, right? They are very expensive treatments, I know. The community also lacks information about cancer, in which hospitals it can be treated, and the benefits that there may be for the patient who is treated for cancer."

—Community focus group participant

HIV and Hepatitis C

Communicable—or infectious—diseases are those caused by organisms such as bacteria, fungi, viruses, or parasites. They can be contracted in various ways—for example, from an infected person, from animals, and by consuming contaminated water or food.[196] COVID-19 is a communicable disease, as are influenza, measles, sexually transmitted diseases (STDs), HIV/AIDS, and hepatitis C. Transmission of infectious diseases can be reduced by measures that include vaccination, frequent and thorough hand-washing, safe sex, and staying home from school or work when ill.[196]

Throughout New York State, low-income communities and communities of color often bear a disproportionate burden of communicable diseases like HIV/AIDS[8] and hepatitis C.[197] Certain subpopulations within these groups are also disproportionately affected—for example, gay, bisexual, and other men who have sex with men (MSM) are the groups most affected by HIV/AIDS.[8] Racism and discrimination, as well as inequitable access to healthcare, education, housing, employment, and other wealth-building opportunities have placed these communities at greater risk of infection and poor health outcomes from these diseases.[198,199]

The COVID-19 pandemic exacerbated health risks for individuals with communicable diseases such as HIV/AIDS and hepatitis C. Data show that those with HIV/AIDS are at increased risk of severe COVID-19 illness.[200] Additionally, diversion and disruptions in healthcare services, including testing, prevention, and care services, may have increased health risks for people living with these diseases.[7,197]

HIV

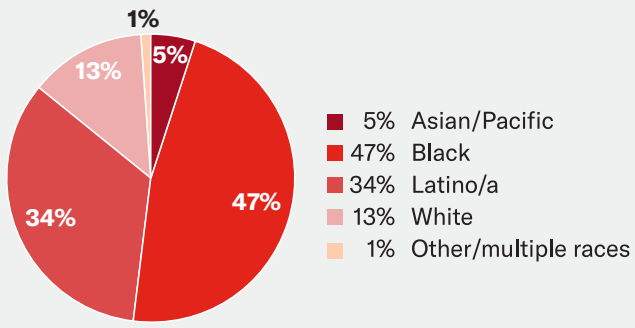
HIV (human immunodeficiency virus) attacks the body's immune system and, if untreated, often leads to AIDS (acquired immunodeficiency syndrome). HIV can be transmitted through sexual contact, shared needles during injection, drug use, and from parent to baby during pregnancy, birth, or breastfeeding.[201] Pre-Exposure Prophylaxis (PrEP), a multi-pronged intervention for people who are HIV-negative, is highly effective in preventing HIV infection for those at high risk.[202]

> *"Support groups, the scientific discoveries, anything that helps to improve the quality of life of a person with HIV is welcome."*
>
> *—Community focus group participant*

In 2014, the New York State DOH launched the "Ending the Epidemic" (ETE) initiative with an overarching goal of achieving the first-ever decrease in HIV prevalence in New York State by the end of 2020. This was to be done by identifying individuals with HIV who remain undiagnosed, linking and retaining individuals diagnosed with HIV in healthcare, and facilitating access to PrEP for high-risk individuals to keep them HIV negative. Notable progress has been made in New York State and New York City, including dramatic declines in HIV incidence, prevalence, and improved indicators of disease management.[7–9] However, the COVID-19 pandemic posed new challenges—including diversion of healthcare resources and reduced use of healthcare services—that prevented achievement of these goals according to the initial timeline (2020). As such, the New York State DOH has revised its timelines and now aims to reach its ETE goals by the end of 2024.[7]

According to the New York City DOHMH's *HIV Surveillance 2020 Annual Report*, Brooklyn had the highest number of HIV diagnoses of all five boroughs in 2020, while the Bronx had the largest percentage of deaths of people living with HIV/AIDS (of any cause).

HIV/AIDS diagnoses by race/ethnicity in New York City



Source: HIV Epidemiology Program. *HIV Surveillance Annual Report*, 2020. New York City Department of Health and Mental Hygiene: New York, NY. December 2021.

After Brooklyn and the Bronx, Manhattan had the third-highest percent of new HIV diagnoses (20.2 %) in 2020 and Queens had the fourth- (19.8%). In New York City, nearly half of all new HIV diagnoses in 2020 were among people who identified as Black (47.3%) and approximately one-third were among people who identified as Latino/a. Most new diagnoses were among people ages 20 through 39. [9]

In 2020, Westchester County had the largest number of people living with diagnosed HIV and AIDS in all of New York outside of New York City.[203]

Hepatitis C

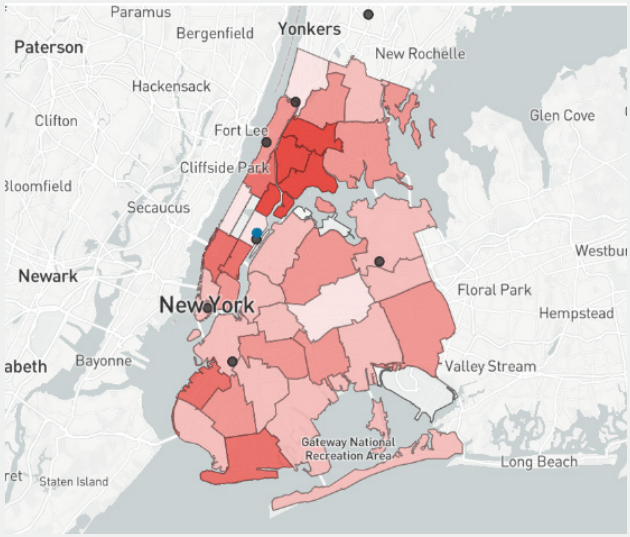
Hepatitis C is a liver infection that is spread from person to person, mainly through contact with blood that is contaminated with the hepatitis C virus. Over half of those who become infected with the hepatitis C virus develop a long-term chronic infection, which can result in cirrhosis and liver cancer.[204]

In New York City, hepatitis C disproportionately affects populations that use drugs and/or have a history of involvement with the criminal justice system. Populations with high rates of hepatitis C tend to be low income and face a number of social and economic challenges, including housing and food insecurity.[197] They also face barriers to healthcare, including stigmatization and high rates of uninsurance.[205] Hepatitis C can be cured, which eliminates the potential for transmission; however, the New York City DOHMH estimates that 40% of people with hepatitis C are undiagnosed, and of those who are diagnosed, 40% are not receiving treatment.[205]

In 2020 and 2021, the New York City DOHMH convened stakeholders to develop the *Plan to Eliminate Viral Hepatitis as a Major Public Health Threat in New York City* by 2030 (Viral Hepatitis Elimination [VHE] Plan). This plan aims to reduce the number of new hepatitis C infections; reduce premature deaths among those with hepatitis B and C and improve the health of these individuals; and reduce health inequities related to viral hepatitis infection.[197]

According to the New York City DOHMH, approximately 91,000 people in the City are living with chronic hepatitis C. In 2020, the Bronx had the highest rate of infection. More than 60% of those infected identified as male, and the majority were between the ages of 30 and 69.

Hepatitis C rates in Gracie Square Hospital service area, New York City



Age-adjusted rate of hepatitis C per 100,000 population

- 11.9%–21.7%
- 21.7%–29.7%
- 29.7%–42.2%
- 42.2%–56.7%
- 56.7%–74.6%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- United Hospital Fund (UHF) neighborhood

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Sources: NYC Department of Health and Mental Hygiene. Communicable Disease Surveillance Data. 2020. Available at: https://aa816-health.nyc.gov/hdi/epiquery/

Back to TOC

Neighborhoods with medium and high poverty had the highest number of newly reported chronic hepatitis C cases, and Latino/a and Black people accounted for the largest number of deaths with hepatitis C listed as the underlying or contributing cause.[205]

In 2019, the New York State DOH reported that Westchester County was among five counties with the highest hepatitis C case counts outside of New York City.[206]

Resources and Initiatives

There are a number of resources available to support people living with HIV/AIDS and hepatitis C and to prevent disease transmission. Examples include:

- CAMBA, a nonprofit agency located in Brooklyn that provides services to connect people with opportunities to enhance their quality of life, with specific programming to serve people living with HIV/AIDS.
- Latino Commission on AIDS (LCOA), a nonprofit with global reach, is an LGBTQ+ center providing HIV and AIDS–related social programs, health education, testing, and support services.
- The New York City DOHMH offers free and low-cost hepatitis C testing and treatment, as well as patient navigators who provide support throughout the process. The DOHMH also provides information and low- or no-cost services for prevention and management of HIV.

Gracie Square Hospital's affiliate, NewYork-Presbyterian Hospital, provides services for HIV/AIDS and hepatitis C that include:

- The Ambulatory Care Network's Center for Special Studies: David E. Rogers Unit and the Comprehensive Health Program Adult Services.
- Project STAY, administered jointly by NewYork-Presbyterian and the Harlem Health Promotion Center within the Columbia University Mailman School of Public Health, conducts community outreach, screening, and linkage to care for young people who are HIV+ or are engaging in risk-taking behaviors. Project STAY includes a youth-friendly primary care clinic that provides medical and mental health services.

FROM THE COMMUNITY

Of those surveyed...

- 6% percent reported having been diagnosed with HIV or AIDS.
  - 21% percent said HIV/AIDS was among the biggest health concerns in their community.
- 3% reported having been diagnosed with hepatitis C.
  - 7% said hepatitis C was among the biggest concerns.

Focus group and interview participants reported ...

HIV/AIDS is better controlled now than in the past.

- HIV testing and prevention and health services are available in their communities, although not everyone is aware that they are available.

"I think there's more resources today to address the HIV epidemic. I think we know how to address it versus 20 to 30 years ago. People are actively using drugs, sharing needles. Potentially, that could lead to a spread of HIV. But I think today, it's more manageable. There is medication, different resources to provide the individual to live a healthy, productive life. There's more education around HIV today than there was 20 to 30 years ago."

—Community focus group participant

LGBTQ+ community members and leaders stated that HIV is widely addressed in the LGBTQ+ community.

- There was some concern that HIV is addressed to the exclusion of other health challenges.
- Some participants across groups also said that more information and access to resources would be helpful, especially for PrEP—to prevent infection.

There is less attention and fewer resources are focused on HIV/AIDS now compared to earlier in the AIDS epidemic.

- Reduced focus was attributed to the improvement in HIV and AIDS treatments and to other urgent health issues.
- There was some concern that certain needs—across the age spectrum—are going unmet.

In several focus groups, people living with HIV and AIDS (PLWHA) described the importance of accessing high-quality HIV care and reported that the quality of available services is variable.

"I was going to say something that could prevent chronic diseases is more education about PrEP, like Truvada for the LGBTQ+ community, particularly trans men and trans-masculine folks. I see that there has been some rise in that in being diagnosed with HIV among that population. So, I would say definitely more education about PrEP and Truvada."

—Community focus group participant

"They should create specific and without-discrimination support groups for people with HIV over 40...As the years go by and you get older, complications arise, I mean, HIV with cancer, HIV with diabetes, HIV with blood pressure; how can you take care of your cholesterol? That's what happens, you are not going to talk about cholesterol to a 20- or 30-year-old, because they are not interested. I have seen that many of the support groups that exist today are for people between 18 and 35 years old."

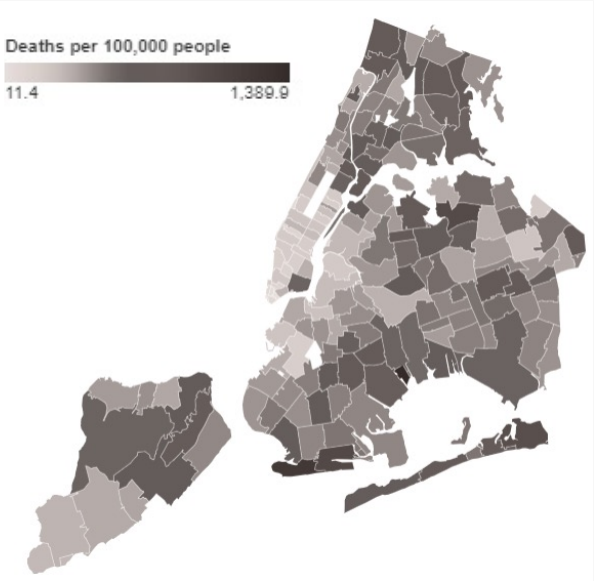
—Community focus group participant

"As a same-gender-loving Black man who's living with HIV for, like, 35 years...I've been hospitalized several times...But it's been very, very unparalleled in terms of my experience at NewYork-Presbyterian Weil Cornell in that the level of service, the level of their clinicians' knowledge and clinicians' approaches, it's just phenomenal. It's really, really great there...And I've been to other hospitals, and I've visited other people at other hospitals, and it's light years ahead of many of these other institutions that I've witnessed and have experienced."

—Community focus group participant

Back to TOC

Cumulative COVID-19 deaths per 100,000 people by zip code, New York City



Source: New York City Department of Health and Mental Hygiene. Data current as of June 14, 2022.

Available at: https://www.nyc.gov/site/doh/covid/covid-19-data-totals.page

"I just also want to underscore that poor communities, and communities that have been excluded from many things, suffer from everything worse than anybody else, and we saw that in the horrendous [COVID] numbers that came out—of people who were hospitalized and died, etc. But also, this has been so powerful, that all parts of the community have suffered tremendously, from parents who had to juggle taking care of children and trying to get them through school for a year or for two years of school closures. So, it really has rippled through all classes... and racial and ethnic groups."

—Community focus group participant

COVID-19

New York City was an epicenter of the early and deadly COVID-19 surge that began in March 2020 prior to the development of vaccines or medications. The New York PAUSE executive order, signed on March 20, 2020, shut down in-person operations at all nonessential businesses statewide, as hospitalizations and deaths related to the novel coronavirus were rising.[207]

Between March and May 2020, there were 203,000 confirmed COVID-19 cases in New York City. During this period, the death rate was 9% for all cases, and 32% for hospitalized patients.[208] Rates in New York City for new COVID-19 cases, hospitalizations, and mortality were highest among Black and Latino/a residents, as well as those living in neighborhoods with high poverty, aged ≥75 years, and with underlying medical conditions. As of March 2022, there were 2.3 million confirmed COVID-19 cases in New York City, with 159,000 hospitalizations and 40,000 deaths.[3] In response to the emergency, Gracie Square Hospital opened the first unit in Manhattan dedicated to treating COVID-19 patients in acute psychiatric crisis.

Black and Latino/a New Yorkers were twice as likely to die from the virus as White New Yorkers during the Spring 2020 surge.[209] During the Omicron wave of late 2021 and early 2022, Black New Yorkers were more than twice as likely to be hospitalized as White New Yorkers.[210] High rates of severe illness and death from COVID-19 in these communities are a consequence of social and structural inequities that result in high rates of overcrowded living conditions; more limited access to healthcare; over-representation of workers in low-paying, face-to-face, and essential industries; and a high prevalence of preexisting chronic health conditions.[210]

In Westchester County, approximately 304,300 COVID-19 cases were reported as of September 2022, with 34,000 of those in the first three months of the pandemic. Cumulatively, there have been 2,819 COVID-19-related deaths among Westchester County residents.[211]

"It was hard for the Harlem community...So, we're seeing all these forms of suppression, what famous hospitals have done to people of color, so we're scared. Here you come with COVID. So, we waited until the last minute [to be vaccinated]."

—Community focus group participant

COVID-19 Vaccination

A COVID-19 vaccine was first authorized for emergency use on December 11, 2020, and vaccines became more readily available in Spring 2021. Several barriers slowed vaccine uptake, including a complicated registration process that required comfort and skill with technology, lack of confidence in the safety of the vaccine, and distrust in medical and government institutions, more generally.[212,213]

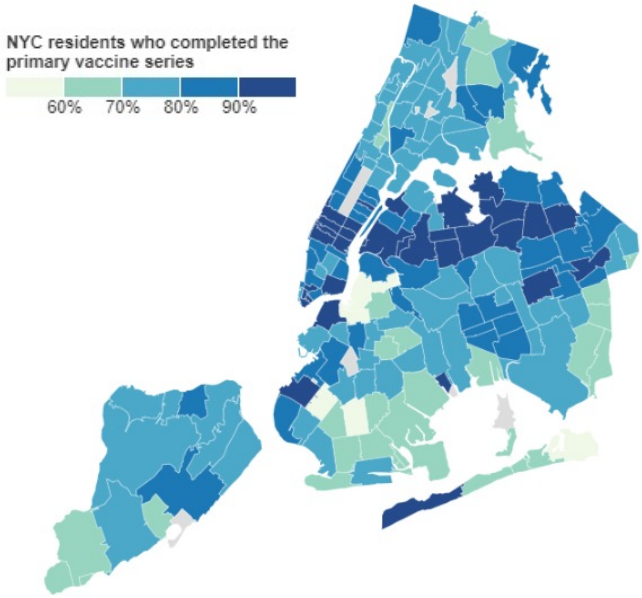
New York City ultimately improved vaccine uptake[214] through expanded access and community outreach using a variety of strategies, including engagement and outreach through CBOs and other trusted institutions in high-disparity neighborhoods.[215] Among residents of New York City of all ages, 89% received at least one dose, 79% completed a primary vaccination series, and 40% had at least one booster. Among adults, 98% received at least one dose, 89% completed a primary vaccination series, and 47% had at least one booster.[214] In Westchester County, 90% received a first dose, 81% completed the primary vaccination series, and 58% of those eligible received a booster.[216] Differences in vaccination uptake by race/ethnicity persist, however.

Percent of Residents Who Completed a Primary Vaccination Series in New York City

- Latino/a: 74%
- White: 63%
- Black: 61%
- Asian and Pacific Islander: 98%[214]

Vaccines have substantially reduced severity of illness and risk of death from COVID-19, However, New York City—like the rest of the world—has experienced multiple COVID-19 waves, and New York City residents report that the pandemic continues to have a substantial impact on their health and well-being.

Vaccinations by zip code



Source: New York City Department of Health and Mental Hygiene. Data current as of June 14, 2022. Available at: https://www1.nyc.gov/site/doh/covid/covid-19-data-vaccines.page.

"In the East Flatbush community, it's been devastating, even beginning with access and trying to get those who are interested in getting a vaccine, the access was just not there...So, I was lucky to get some funding from the Mayor's Office of Immigrant Affairs, and to date we have reached over 30,000 people to share that information, getting people vaccinated. We are...especially hanging out right now with PTAs to get moms to know that we have approval for vaccines."

—Community focus group participant

Back to TOC

Societal Impact

As noted above, populations living below the poverty line were more likely to become severely ill and die from COVID-19. In addition, people in low-wage industries sustained the majority of job losses during the pandemic, representing 60% of all jobs lost from February 2020 to October 2021.[4] And, despite improvements,[217] unemployment in New York City remains above pre-pandemic levels (6.2% as of June 2022).[218] In Westchester County, unemployment rates have dropped from 5.7% at the end of 2020 to 3.2% in June 2022.[219,220]

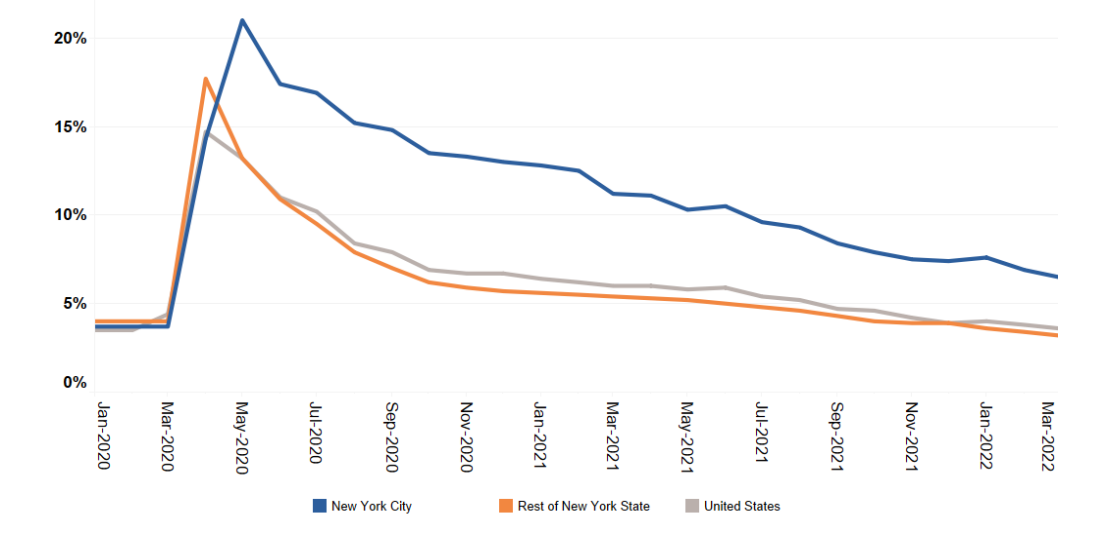
In addition to job loss and other economic repercussions, the COVID-19 pandemic resulted in school closures and wide disruption to the education system. Research suggests that, on average, K–12 students were four to five months behind in mathematics and reading by the end of the 2020–2021 school year. However, not all students were impacted equally. Students in majority-Black schools and low-income students, for example, were farther behind than other students at the end of the school year.[221] These differences stem from factors including disparities in the quantity and quality of remote schooling, as well as disparities in access to technology needed to participate effectively in remote schooling (e.g., digital devices, internet).[222]

"It's a big stress for the community not knowing how to deal with it. For instance, I'll go to the supermarket, and everything that I buy, I still wash them before I put them in my refrigerator, or I put them on the shelves. I still clean my doorknobs. It's just a lot of stress. It's still dealing with pain, shortness of breath, short-term memory, a lot of different stuff. And you wonder where this is coming from. Right away, you put it on COVID-19, whether it is or is not."

—Community focus group participant

Since the pandemic started, students have become more likely to drop out of high school; high school seniors, particularly those from low-income families, are now less likely to go on to postsecondary education.[221]

Unemployment rates: New York City, rest of New York State, and nation, January 2020 to March 2022



Source: DiNapoli TP. New York City's Uneven Recovery: An Analysis of Labor Force Trends; Office of the New York State Comptroller. May 2022. https://www.osc.state.ny.us/reports/osdc/new-york-citys-uneven-recovery-analysis-labor-force-trends.

FROM THE COMMUNITY

Among those surveyed...

- **46% percent identified COVID-19 as the top health concern in their community.**
- **12% had contracted COVID-19.**
- **33% of those with COVID-19 reported experiencing symptoms for four weeks or more (long COVID).**

Focus group participants and community leaders reported ...

COVID-19 has had a lasting impact on mental health.

- The pandemic led to high rates of anxiety and stress, particularly among older and younger adults.
- Unemployment due to the pandemic led to stress, anxiety, depression, and substance use.
- Trauma and grief related to loss of loved ones were persistent.
- Isolation resulting from social-distancing requirements negatively impacted individuals' mental health and community cohesion.
- Access to mental health services remains limited for many.

Beyond the acute illness experienced after contracting the virus, COVID-19 impacted and continues to impact the physical well-being of community members.

- Community members avoided or delayed preventative or needed healthcare because of facility closures and fear of contracting the virus.
- Pandemic-related shutdowns and fear of infection led to more sedentary, home-based lifestyles and decreased physical activity for some.
- Long COVID continues to affect some community members who experience symptoms that may include fatigue, headaches, and "brain fog," which can be difficult to manage on a daily basis.
- Several participants mentioned an increase in domestic violence during the pandemic.
- Safety within the community has been a concern due to an increase in crime in New York City.

"I know many seniors [in my housing complex] who were so afraid of getting out during COVID that they became isolated. And when you become isolated and you don't stay in touch with people, Zooming—and some seniors don't know how to use Zoom. Unless they talk on the phone, they ended up not realizing that they were, quote, more than sad, but depressed. And since they don't necessarily know who to reach out to, or where to go or how to get help, I think some of them, and I'm probably overgeneralizing, but they just, if you go into a deeper abyss then how do you get out of it?"

—Community focus group participant

"I used to be very active and walk a lot. Then I had an accident in the supermarket, and I was afraid to go to physical therapy, because it was right in the middle of the pandemic. And so, I do go to physical therapy now, but I am not able to do what I used to do. It's very limiting. I find it upsetting because walking is a great way to just get out and breathe the air and not be so isolated."

—Community focus group participant

Back to TOC

FROM THE COMMUNITY

Economic challenges related to COVID-19 have been severe and continue to have a substantial impact on mental health, well-being, and quality of life.

- Job loss and related financial challenges are common and remain problems for many community members, who struggle to afford food and housing.
- Increasing homelessness was evident in many communities.
- Food insecurity increased during the pandemic and has been exacerbated by inflation.
- Many of the financial support programs created earlier in the pandemic have ended, creating new economic challenges.

While most of the consequences of the COVID-19 pandemic have been negative, some community members noted "lessons learned" and some positive adaptations, such as:

- Increased knowledge regarding the spread of infectious disease and how to reduce the risk.
- Improved access to certain resources through use of technology (though disparities may have been exacerbated).
- A sense that the community comes together to help one another—practically and emotionally—in times of crisis.
- An increased understanding of health disparities, social determinants of health, and a need for a variety of resources at the community level.
- Organizations identifying innovative ways to serve their communities while navigating COVID-19 protocols.

"Some families couldn't afford three square meals, only one meal a day. That leads to depression because at a point, as a family [of] many, you have some kids, responsibility to take care of them, you couldn't afford them. It leads to depression at a point you are actually resorting to alcoholism."

—Community focus group participant

"We've tried to help with resources that people weren't getting because of the chain of events with COVID—through food security and making sure that people that are disabled in the community and couldn't get out or were sick with COVID were able to attain those services, as well by doing food deliveries to them. So, those are just some of the things..that we've done in our community and continue to do."

—Community focus group participant

Back to TOC

Pregnancy and Birth Outcomes

In New York City, more than 100,000 babies are born annually; 8.3% of births are preterm. The maternal mortality rate is 19.8 per 100,000 live births, and the infant mortality rate is 4.0 per 1,000 live births. Of the five boroughs, Brooklyn has the highest maternal mortality rate (25.3 per 100,000 live births),[10] and the Bronx has the highest infant mortality rate (5.4 per 1,000 live births).[11] In Westchester County, approximately 10,000 babies are born annually; 9.3% are preterm. The maternal mortality rate in Westchester County is 6.6 per 100,000 live births; the infant mortality rate is 3.8 per 1,000 live births.[10]

Rates of adverse birth outcomes vary substantially by race, and Black communities consistently experience the largest inequities.

- In New York City, the infant mortality rate is over three times higher for babies born to Black parents than to White parents (7.4 infant deaths vs. 2.3 infant deaths per 1,000 live births). In Westchester County, the infant mortality rate is nearly twice as high for babies born to Black parents as for babies born to White parents (5.0 vs. 2.4 per 1,000 live births).[11]
- In New York State, the maternal mortality rate is more than five times greater among Black New Yorkers than among White New Yorkers, a gap that has been increasing since 2011 and which was likely exacerbated by the COVID-19 pandemic.[10]

Disparities in morbidity and mortality related to pregnancy and birth outcomes are a consequence of limited access to social and economic resources, which contributes to poor overall health during and after pregnancy, especially in Black communities. These disparities persist even after controlling for individual factors that are often seen as protective, such as higher educational attainment and higher income. Experience of discrimination, along with the consequences of structural racism, are chronic stressors that lead to physiological changes associated with premature aging ("weathering"), which affects overall health and is specifically linked to health risks during pregnancy.[173–175,223]

> *"You know the Black pregnant women do tend not to visit the hospital. Not because they don't want to, but when they get there, the kind of attention given to them are not like the same given to the White. When they get there, some would like to see a doctor, and for them to get a scheduled appointment with their doctor, it takes like two to three days, unlike the White folks, and these are pregnant women. So, they resort to being at home, tend to themselves."*
>
> *—Community focus group participant*

Access to Care and Pregnancy

Prenatal care is important to a healthy pregnancy and birth; lack of healthcare utilization in pregnancy is associated with increased risk of preterm labor, low birthweight, and infant mortality.[224,225] Rates of prenatal care use vary widely by neighborhood and by race and ethnicity in New York City.

- Thirteen percent of pregnant residents of Brownsville have late or no prenatal care, compared to one percent of pregnant residents of the Financial District (1%).[226]
- Across New York City, Black pregnant residents are more than twice as likely to give birth after receiving late or no prenatal care as White residents (10.1% vs. 4.9%).[227] Although rates of prenatal care use are better in Westchester County, disparities remain (5.7% without prenatal care among Black residents vs. 3.1% for White residents).[227]

According to the literature, barriers to prenatal care include transportation challenges, lack of insurance, cost of care, and lack of time due to work or childcare issues.[228–230] Focus group participants described similar barriers to prenatal care specifically, as well as barriers to healthcare in general, such as language issues, poor prior healthcare experiences, and fear and distrust of healthcare systems and providers. COVID-19 exacerbated challenges related to prenatal care: Access to care has been limited at various points during the pandemic because of shutdowns, fears related to contracting the virus during pregnancy, and differential access to and comfort with telehealth visits.

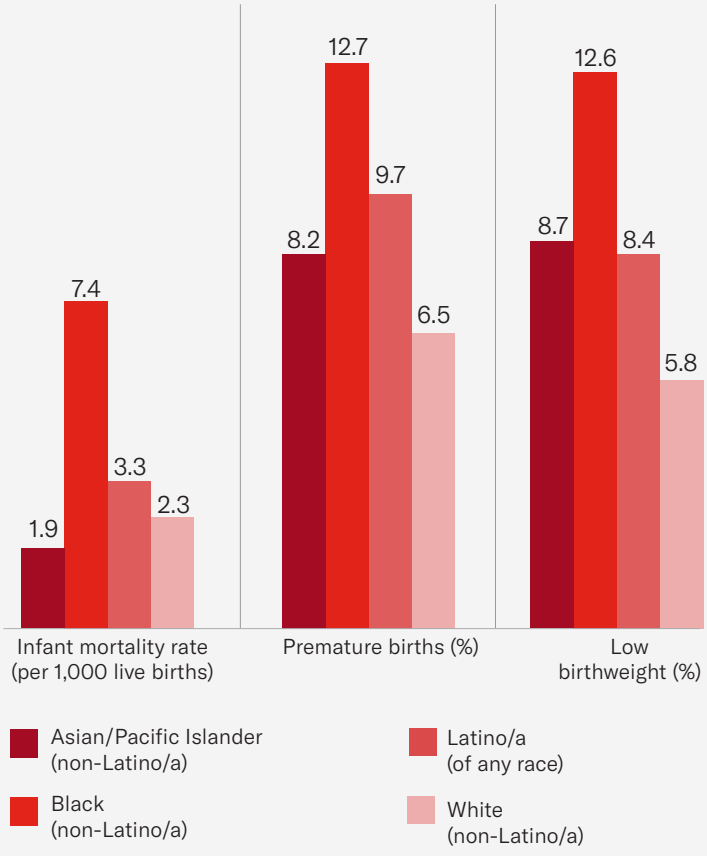
"I think they should focus on women of color; I think they should focus on our voices being heard. Like if you're expressing—I think it should be like an advocate or something. Sometimes, I feel like we're not heard. Like we're giving birth and you say you can't breathe, [but] you're not being heard. It's like, 'Oh, don't worry.' I had experienced that, like I couldn't breathe and she didn't put a mask... she didn't try to help me or anything like that. And thanks to the doctor, I didn't die. I'm alive. But I wasn't heard...I guess having an advocate or midwife or something there [might be helpful] because I feel like even as a woman you're not heard. You're taken as just, like, a joke."

—Community focus group participant

"[For prenatal care appointments] there's this particular date, this particular time you have to be there, then you get delayed. You stay in. There's some times while you're pregnant, on that day you don't even feel like stepping out anywhere. You can think about stress you're still going to be going through when you go to the doctor's office...I believe a woman understands how important it is not to miss the appointment and take all prescriptions given by the doctor to have a healthy baby. But then the conditions surrounding is what maybe we could work on, specifically for an environment like ours, not like the very relaxed environment. How can we get to the doctor's office, and when do you get attended to, and not just have to take the whole day off because we need to see the doctor?"

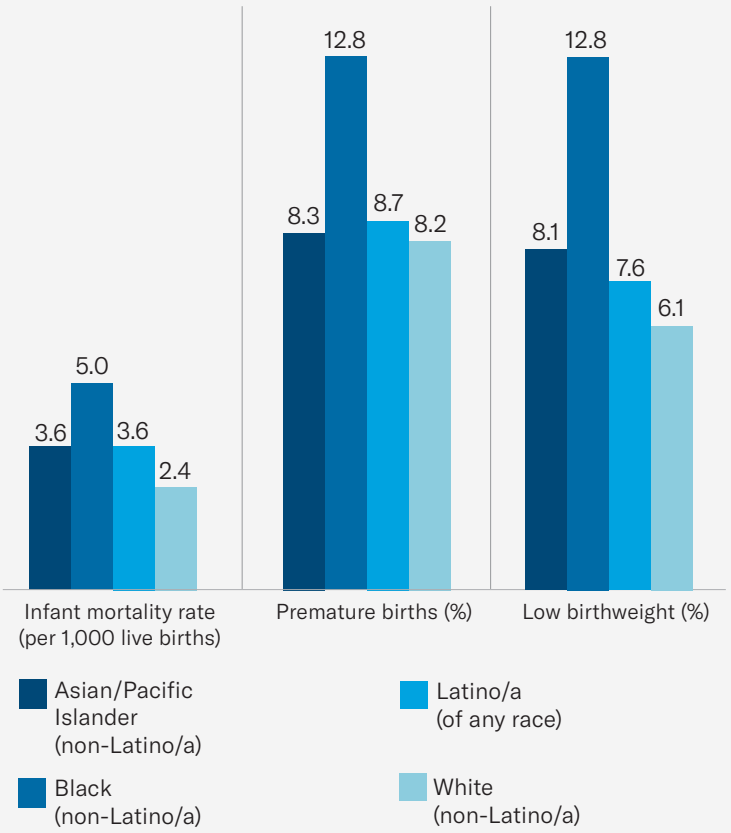
—Community focus group participant

Rates of adverse birth outcomes in New York City by race/ethnicity



Source: New York State Department of Health. County Health Indicators by Race/Ethnicity (CHIRE). 2017–2019.
Available at: https://www.health.ny.gov/statistics/community/minority/county/index.htm.

Rates of adverse birth outcomes in Westchester County by race/ethnicity



Source: New York State Department of Health. County Health Indicators by Race/Ethnicity (CHIRE). 2017–2019.
Available at: https://www.health.ny.gov/statistics/community/minority/county/index.htm.

Breastfeeding and Infant Nutrition

Evidence suggests that breastfeeding is associated with improved nutrition, fewer and less severe respiratory and gastrointestinal illnesses, lower levels of healthcare use, and reduced risk of mortality within the first year of life.[231] Some evidence also suggests positive associations between breastfeeding and childhood obesity and asthma, but many of these studies are unable to account for confounding social factors.[231] Breastfeeding rates are affected by a variety of factors, including socioeconomic status, maternal education, the health of the baby and birthing parent, parental self-efficacy, perception of adequate milk supply, parental leave policies, availability of partner and professional support, and cultural acceptance and practices.[231]

- In New York City, 44% of babies born in 2019 were exclusively breastfed in the hospital; in Westchester, 51% were exclusively breastfed in the hospital. Rates were lower among Black (35.8% in New York City, 40% in Westchester County) and Latino/a (36% in New York City, 40.6% in Westchester County) families.[10]

Resources and Initiatives

The New York City DOHMH has implemented multiple programs that provide support to new and growing families.

- Healthy Start is a federally funded initiative to improve pregnancy-related and infant health outcomes and to address racial disparities in infant and maternal mortality. New York City has a Healthy Start program operating in each borough, with services that include childbirth education, new parent supports, child safety and parenting skills workshops, and mental health support.
- The Nurse-Family Partnership program, a national, evidence-based nurse home-visiting program for low-income, first-time parents, operates in New York City. Participation in the program is associated with increased rates of breastfeeding, safe sleep, and use of preventative care services.[232]
- New Family Home Visits, a recently launched program, focuses on providing support to new parents who live in public housing, are engaged with the child welfare system, or who live in neighborhoods with the most significant health inequities. It offers comprehensive support services, ranging from breastfeeding support and child safety to mental health and chronic disease screenings for new parents.[232]

Gracie Square Hospital's affiliate, NewYork-Presbyterian Hospital, provides various services for new and expectant parents.

- EMBRACE is a program to support new mothers, especially during the six-week postpartum period, and is carried out in collaboration with the Northern Manhattan Perinatal Partnership and Caribbean Women's Health Association.
- HealthySteps is an evidence-based prevention model, aimed to build a foundation of health and strong social-emotional development beginning in early childhood. NewYork-Presbyterian Hospital has expanded this model to begin in the prenatal period, offering behavioral health support within both the obstetric and pediatric care environment.

In Westchester County, local community health centers and hospitals often offer supportive services to pregnant people, such as midwife and doula care and breastfeeding support.[233,234] Similar to in New York City, the Nurse-Family Partnership operates in the city of Yonkers, in Westchester County.[235] Additionally, the Lower Hudson Valley Perinatal Network offers programming that promotes wellness, with a focus on improving pregnancy and birth outcomes. Specifically, the network offers maternal and home-visiting services to Yonkers residents, including prenatal, postpartum, and parenting support, child development information, and other social services. Additionally, in September 2021, the Westchester County Executive announced a new program in partnership with the organization to increase access to doula services for low-income families in the County, though additional information is still forthcoming.[236]

Doulas

A variety of New York City initiatives to increase access to doulas—who provide education, physical, and emotional support to pregnant people before, during, and after labor—are underway. Working with a doula is associated with reduced risk of Cesarean delivery, postpartum depression, preterm birth, and having a low-birthweight baby.[330] Initiatives have aimed to increase access to doula care in communities with the highest maternal mortality rates. Examples of doula programs in New York City include:

- The Citywide Doula Initiative provides free doula care to low-income residents of neighborhoods most heavily affected by COVID-19 through partnerships with local organizations, such as the Caribbean Women's Health Association, Hope and Healing Family Center, Ancient Song, and others.
- Healthy Women, Healthy Futures (HWHF), funded by the New York City Council, trains community members to become doulas and provides doula care for pregnant New York City residents, prioritizing those most at risk of negative health outcomes based on the neighborhood of residents, social and economic factors, or health risks. In 2020, HWHF trained 110 doulas and provided doula support to 473 City residents.
- The By My Side Doula Program, launched as part of Healthy Start Brooklyn, provides free doulas to all residents of Central and Eastern Brooklyn. In 2020, By My Side doulas served 205 pregnant clients (86% Black, 11% Latino/a) and attended 104 births.

FROM THE COMMUNITY

Focus group participants and community leaders reported ...

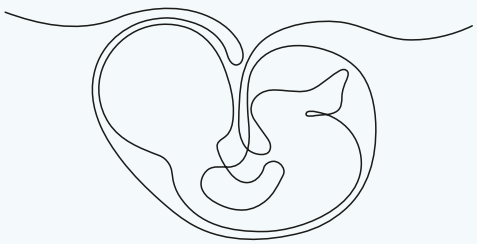
Resources should be focused on pregnancy and childbirth.

- Some participants linked well-being during pregnancy to overall well-being, noting that a multifaceted approach is needed.

Substantial inequities exist in healthcare access and quality of care related to pregnancy and birth, especially among Black patients.

- Community members described specific examples of poor-quality care and unequal treatment received by Black pregnant patients and patients with limited English-language skills.
- A hesitancy to seek care among some pregnant patients was attributed to fear and distrust resulting from negative interactions with the healthcare system.

> *"Some of those other chronic conditions or child and maternal well-being, I think that would be important not to completely silo them, is what I would ask. It's to see how those intersectional conditions, the intersectionality of those conditions, may require a certain type of care or type of expertise, and/or understanding."*
>
> *—Community focus group participant*



FROM THE COMMUNITY continued

While some focus group participants were aware of pregnancy-related supports and programs, many described a need for more information and resources geared toward pregnancy and childbirth, including:

- Greater availability of services to reduce wait times and improve convenience.
- More education and information related to reproductive health, pregnancy, childbirth, and infants.
- Support groups or other means for expectant and new parents to meet with one another to exchange information and share experiences.

A growing interest in, awareness of, and utilization of doulas.

- Some questioned the availability of services to people with low incomes.

Variation in whether pregnant people prioritize convenience or perceived care quality.

- When it comes to prenatal care, some people are willing to travel for care perceived as higher quality, while others prioritize convenience.

"But you know, I think the inroad here is gonna be maternal health. Mothers wanna have a safe place to have a baby, and because through all our education in prenatal, they're hearing about Black maternal health. You're more likely to die if you're Black, six times more than a White woman—the Spanish woman and White woman...for maternal health, I think they'll go anywhere."

—Key stakeholder interviewee

"One thing that I can say is I see that for women of color, when we are giving birth, and if we say something feels wrong, most of the time, they do kind of make it seem like we're overexaggerating, when we're not. I know when I was giving birth to my daughter, I actually knew that. I actually felt something was wrong, and I told them, and I was ignored. And I ended up getting an infection because they ignored what I said to them."

—Community focus group participant

"I think that a lot of people think that trans people don't have babies, but actually they do. And it is common in the community. It's just not in the forefront as much as other things are. But I think if it existed—as far as they know, it never comes up. There's no program for trans parenting, or trans pregnancy, or any of those kinds of scenarios. I've never heard of anything like that."

—Community focus group participant

"I feel like I have seen an uptick in doulas and people in my communities becoming doulas and finding out about things like that. But as far as I know...I'm not aware of doulas accessible for free to people. So, I guess that like...I thought it was like an additional kind of a cost thing."

—Community focus group participant

"Just ensuring that information that might be really pressing to the current moment is being shared [would be helpful]. Especially as it concerns access to nutrition or materials that would help you to have a healthy baby."

—Community focus group participant

Back to TOC

Mental Health and Substance Use

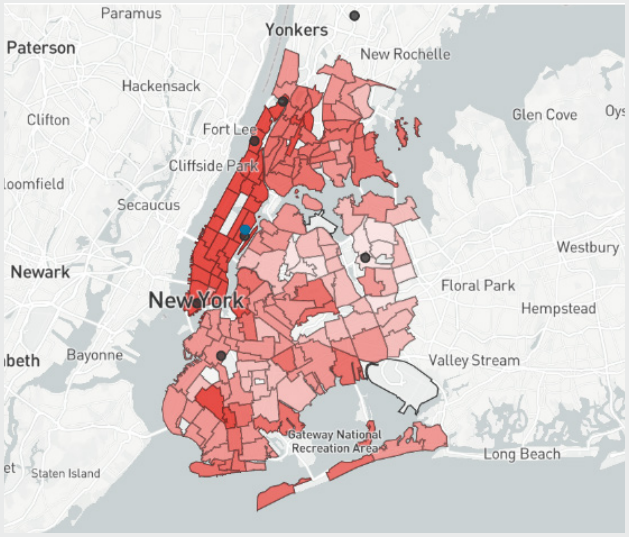
According to the New York State Department of Health, each year more than one in five State residents has symptoms of mental health issues and one in ten experiences mental health challenges serious enough to affect functioning at work, school, or with family.[237] Mental health issues that appear at a young age and go untreated are associated with disability, problems in school, risky behaviors, instability in adulthood, violence, and suicide.[102,238–240]

Although depression rates in New York were high in 2019 *(see figure)*, many community members participating in the CHNA reported that the frequency and severity of mental health issues had increased substantially due to the COVID-19 pandemic: widespread loss of life, loss of a job, stress, social isolation, reduced access to services, reduced income, generalized fear, and overall uncertainty all contributed to poor mental health.

The literature also describes an increase in poor mental health resulting from the pandemic. According to a report by the New York Health Foundation, rates of self-reported poor mental health were over 30% in 2020, with higher rates for Black and Latino/a New Yorkers (39% and 42%, respectively), compared with White New Yorkers.[241] The New York City DOHMH New York City Health Opinion Poll reported higher levels of anxiety (25%) and depression (18%) among adults in 2021 than in pre-pandemic years. The same poll found that, compared to White New Yorkers, people of color in New York City were more likely to experience risk factors for poor mental health, including the death of someone close to them or high financial stress.[242]

> *"Personally, I have a lot more anxiety [due to the pandemic]. Maybe just besides the isolation of it but just the fear we experienced throughout that time."*
>
> *—Community focus group participant*

Depression among adults in Gracie Square Hospital service area, New York City



Percent of adults with depression

- 11%–13%
- 13%–15%
- 15%–17%
- 17%–19%
- 19%–24%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC Places. 2021 data release. Data are for 2019.

Independent of the pandemic, there is a growing body of research that shows a significant impact of discrimination and racism on mental health across age groups and populations.[243–245] Specifically, the impact of discriminatory and aggressive policing, mass incarceration, and the cumulative experiences of racial affronts have been correlated with higher risk of mental illnesses and poor outcomes[246] (see *Discrimination, Racism, and Chronic Stress* for more information).

Back to TOC

"Very frequently, folks will come into our clinic with active psychiatric issues, but we see that they have very limited social supports for getting food, childcare, and so on, such that maybe some of those pressures added up to manifest in psychiatric conditions, right? And so, a lot of times while we're providing clinical treatment, we're also at the same time kind of either doing the case management ourselves or connecting folks with services in a way where you wonder if they had those services to begin with, maybe they wouldn't be in that position."

—Key stakeholder interviewee

The stresses associated with poverty, including food insecurity and housing disadvantage (e.g., housing insecurity, crowding, poor housing maintenance), also have a significant impact on the mental health of children and adults.[46,56,247,248] Poor mental health in turn impacts employability and earnings,[249] potentially creating a downward spiral. According to analysis from New York City DOHMH, the prevalence of serious psychological distress was more than three times greater among adults living in very high-poverty neighborhoods compared with those living in low-poverty neighborhoods as of 2015.[247]

"Because now there are so many places you can't go to have healthy fun, because you don't know if there's someone with mental problems and there's this problem of shootings, and where do you run to? You don't know where to run to. So, sometimes you say, 'Am I going to go or not?' That's what happens sometimes, and it hurts your mental health, being at home."

—Community focus group participant

Violence in communities also affects feelings of safety, mental health, and physical well-being. This impact is felt not only by victims of violence, but also by those who commit violent acts and residents of the communities in which violence takes place. Studies show that both experienced and witnessed violence can lead to increases in depression, anxiety, post-traumatic stress disorder, and suicide.[250]

In New York City, felonies rose in six out of seven major categories from 2020 to 2021.[251] A review of year-to-date data in 2022 shows increases in 15 out of 18 categories of offenses, compared with the same period in 2021.[35] Hate crimes have also increased. From 2019 to 2020, the Federal Bureau of Investigation (FBI) reported a 77% increase in hate crimes against Asian people, and a 49% increase in hate crimes against Black people in the United States.[252]

In contrast, crime rates have decreased in Westchester County. Between 2017 and 2021, rates of violent crime decreased by approximately 28% and rates of property crime decreased by approximately 26%.[253] However, disparities persist: In Mount Vernon, the rate of serious crime in 2020 was 171 per 10,000 residents compared to a County rate of 103 per 10,000 residents. Similarly, the number of reported victims of domestic violence per 10,000 residents in Mount Vernon was 73, compared to 17 for Westchester County.[24]

Mental Healthcare

Healthcare systems and the general public are increasingly recognizing the need for and importance of mental health services. Although there are reported declines in stigma related to mental health and seeking related care, the issue remains and was described by multiple community members.

Gaps in services are widespread in New York City, with communities of color and low-income communities experiencing the most limited access. A recent study by RAND found that only 58% of New York City residents experiencing serious psychological distress received behavioral healthcare; White New Yorkers were more

"Having the need for [mental] healthcare is kind of taboo in a lot of the parts of the community, particularly after COVID-19 with like—to whatever extent people are struggling or anything, it's like, it's almost always seemingly often connotation to kind of save face. To perform, to be present, to not show how traumatized you might be for whatever reason or throwing reasons out the window or whatever. And that makes it difficult to access any kind of sympathy or empathy or, in some cases, resources maybe. If people aren't comfortable expressing that they have needs or are undergoing certain situations, then it's a barrier."

—Community focus group participant

than twice as likely to use mental health services as Black New Yorkers.[254] Concerns about long wait lists and quality, as well as language and cultural issues, were raised by key stakeholders and community members participating in the CHNA. High out-of-pocket cost of care, given that many mental health providers do not accept insurance,[255] was also raised repeatedly.

In Westchester County, key stakeholders participating in a focus group discussion reported that gaps in mental health services result in unnecessary engagement by the police. Although community members, social services providers, and police officers recognize that criminal justice involvement is not an optimal solution, they noted that they often have few options. Reflecting this concern, in May of 2022 Westchester County and Mental Health Associates of Westchester created seven mobile crisis response teams, co-located with local police departments, with responsibility for providing 24-hour mobile behavioral health crisis support in response to emergencies.[256]

"A lot of people did not feel comfortable walking into a [behavioral health] clinic, either because they thought there was a stigma there, they didn't want to be seen, they didn't wanna see who was in the waiting room, or the clinician might know them, whatever. But they can do it much more anonymously, the way we're talking now [online]. Which again, has been a help in getting people to a comfort level and coming forward."

—Community focus group participant

"There's just not enough culturally competent, language-abled therapists and providers in the City. And so, many times [in my agency] we're doing everything we can to retain folks and recruit folks, but oftentimes the caseloads fill up and leave people having to wait longer, or in 2021 when it was very severe, we had to close intakes for a little bit."

—Key stakeholder interviewee

"From the police standpoint, we're always concerned about the mental health issue. The co-occurring disorders, the homelessness, and the effects that COVID-19 has put a lot more people, it seems, on the street—or at least not in touch with services and help. We are seeing increasing numbers of people in crisis that are calling for the police, at a time when we're all trying to figure out a way not to have the police go there."

—Community focus group participant

Many mental health services shifted to remote delivery because of the COVID-19 pandemic. For those without technology access, this transition created additional barriers. However, many reported that remote access facilitated expanded use of mental health services due to the added privacy it afforded.

Substance Use

Substance use is associated with a broad range of health issues[257] and risks, including communicable disease transmission (e.g., HIV, hepatitis C);[204,205] chronic disease;[258] poor mental health;[254] and trouble accessing basic needs, like food and housing.[259] Despite the clear health impact, identification of substance use issues has often been ignored, hidden, or siloed within traditional healthcare settings.[260]

It is widely accepted that addiction is a complex brain disorder and is treatable.[261] Failure to screen, address, and refer those in need of treatment often reflects provider prejudice and lack of training, as well as substance users' aversion to settings where their behavior may be stigmatized or criminalized.[262] As a result of this disconnection from care, many people with problematic drug use are most likely to be seen in emergency departments.[258]

As noted above, many community members engaged in the CHNA process were concerned about use and misuse of both licit and illicit drugs, including tobacco (smoking and vaping), alcohol, cannabis, cocaine, and opioids. Many attributed problematic use to the pervasive mental health challenges described previously.

> *"Now, cannabis is approved for those over 21 to consume it. But I see that the young ones at schools are consuming it. So, I don't know how they acquire the drug if they're under 21. And you're on the street, and you're in the train, and oh my God, Lord, Father, you have to use like three masks because if not, you'll come out dizzy off the train. And they're young."*
>
> *—Community focus group participant*

Reference was made to the physical hazards of substances (e.g., dangers of smoking or secondhand smoke, drunk driving) and what were perceived as problematic behaviors—impacting the user and the community at large, especially children. Community members frequently expressed concerns related to increased (or more obvious) cannabis use since legalization by New York State.[263]

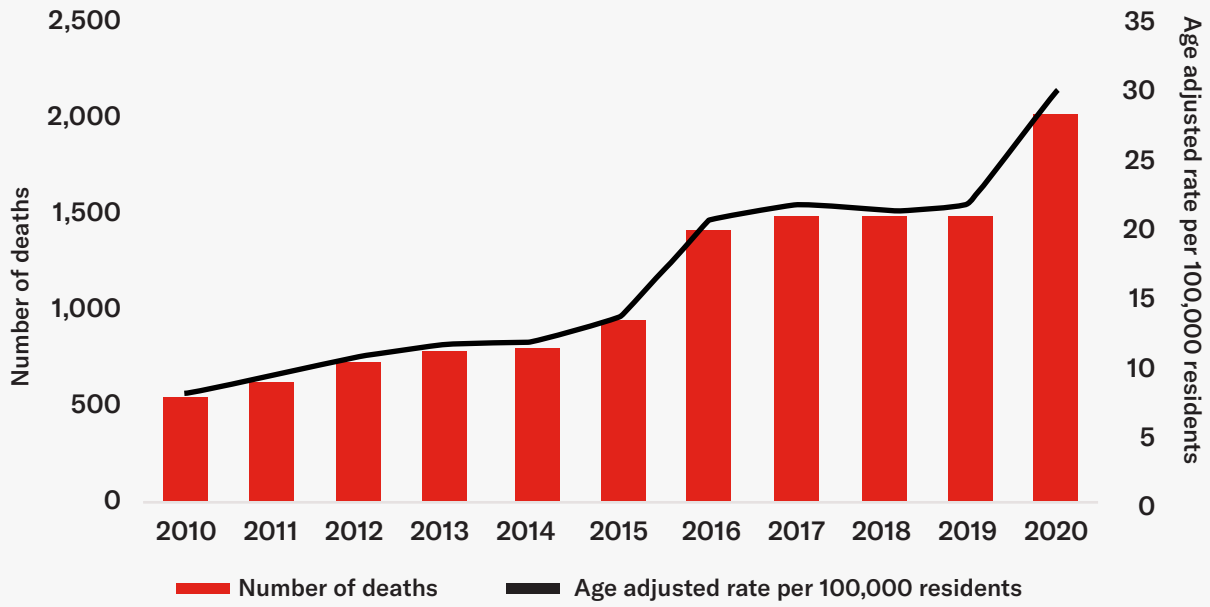
> *"You might have a job, but it's not paying you enough. So, to dog the pain off all of that, you turn to drugs. Or you don't have a job. You're trying to get a job, but you're not getting it. So, let me dull the pain. I am lonely, so let me dull the pain. Let me drink or let me smoke."*
>
> *—Community focus group participant*

Tobacco use in New York City has been declining over the last two decades.[264] In 2020, in the most recent data from the New York City DOHMH, 11% of adults in New York City smoked tobacco.[265] In general, men, those with less than a high school degree, and those experiencing mental health challenges are more likely to smoke cigarettes.[264]

The prevalence of problematic substance use (other than tobacco) is difficult to assess; however, certain indicators—including overdose and overdose deaths—have shown disturbing trends. In 2020, New York City experienced the highest number of overdose deaths since reporting began, in 2000—a number (2,062) significantly higher than the previous year (1,497) *(left axis of chart below)*. The overdose death rate per 100,000 residents *(right axis of chart)* rose from 21.9 to 30.5 per 100,000 New York City residents during the same period. Black New Yorkers had the highest overdose death rate in 2020 (38.2 per 100,000 residents) and the largest rate increase from the previous year (+14.2 per 100,000). Fentanyl, a powerful synthetic opioid often combined with heroin, is responsible for nearly 80% of overdoses in New York City.[266] It is estimated that every four hours a New York City resident dies of an opioid overdose.[267]

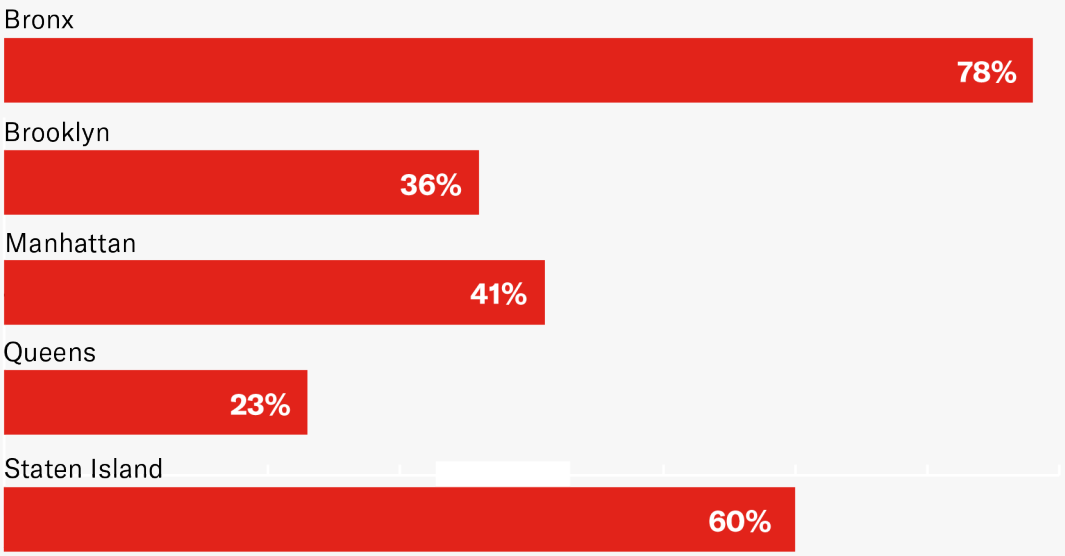
Substance use indicators are better for Westchester County than New York State as a whole. The opioid "burden" rate, which includes emergency-department visits and hospital discharges for opioid abuse and dependence as well as fatal and nonfatal opioid overdoses, was 234 per 100,000 population in Westchester County compared to 293 for New York State.[22]

Drug overdose deaths in New York City



Source: Nolan ML, Jordan A, Bauman M, Askari M, Harocopos A. Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2020. New York City Department of Health and Mental Hygiene: Epi Data Brief (129); 2021. Available at: https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief129.pdf.

Percentage of emergency-department visits involving opioid overdoses in New York City



Source: New York State Prevention Agenda Dashboard, 2019-2024. New York State Department of Health. Available at: https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/.

Resources and Initiatives

There are many resources and initiatives in New York City and New York State to address mental health and substance use issues and reduce risks. These include:

- NYC Well, New York City's free, confidential support, crisis intervention, and information and referral service for anyone seeking help for mental health and/or substance use concerns. The service is available 24 hours a day, seven days a week, 365 days a year
- Access to naloxone, which reverses overdoses from opioids, through pharmacies, opioid overdose programs, and health departments.[268] Naloxone is available without a prescription and with State coverage for co-payments
- Medication-assisted treatments for dependence on and disorders related to alcohol, opioids, and tobacco; and
- Medicaid coverage for harm reduction services offered by syringe exchange programs, including counseling, peer support, medication management, and adherence counseling.

Gracie Square Hospital, and its affiliate, NewYork-Presbyterian Hospital, provide substance use and mental health resources through programs that include:

- Turn 2 Us Program (T2U) promotes mental health and academic success and works to raise awareness of the importance of mental health and to decrease mental health–related stigma.
- Mental Health First Aid is a skills-based training course that teaches participants how to identify, understand, and respond to signs of mental illness and substance use disorders.
- The Uptown Youth Hub is a space for young people, ages 14-24, in Washington Heights and Inwood to act, create, and inspire growth within themselves and their communities. By promoting positive and healthy futures, The Uptown Hub empowers members to develop self-advocacy skills and pursue their dreams by connecting with holistic and culturally affirming services and resources. The Hub was established in 2017 by NewYork-Presbyterian and Columbia University Irving Medical Center with a grant from the Manhattan District Attorney's Office Criminal Justice Investment Initiative.
- The Family PEACE Trauma Treatment Center (FPTTC) is dedicated to improving the safety and well-being of children and families exposed to violence and abuse and to breaking the intergenerational transmission of trauma through early identification and treatment.
- Through the Substance Use Disorder Program (SUD), peer navigators are embedded in NewYork-Presbyterian Hospital emergency departments and work remotely to identify and engage patients who have opioid, alcohol, and other substance-related conditions and connect them with behavioral health services.

FROM THE COMMUNITY

Of those surveyed...

- 53% responded that mental health is one of the biggest health concerns in their community.
- 49% responded that alcohol and drug use is one of the biggest health concerns in their community.
- 46% responded that safer or reduced drug and alcohol use would improve health in their community.
- 45% responded that reduced crime would improve the health of their community.
- 44% responded that reduced cigarette smoking/vaping would improve the health of their community.

Focus group participants and community leaders reported ...

High prevalence of mental health issues, including stress, anxiety, and depression.

- Concerns around mental health arose across neighborhoods and among a variety of populations, including LGBTQ+, youth, older adults, and immigrants.

"I believe a whole lot of people in New York as a whole deal with a whole lot of mental stress. So, most of the illnesses in New York are more mental than physical."

—Community focus group participant

Widespread and visible substance use in many communities, which was considered problematic.

- Many described the smell of cigarette and marijuana smoke, and exposure to secondhand smoke, as both a nuisance and a health issue.
- Use of opioids and other drugs were also described as an issue in some communities.
- Community members were particularly concerned about the impact of exposure to drug use, including cannabis, on children and adolescents.

"I mean, if you wanna [use substances], can you do it in the privacy of your— where you live, I'm okay. But when it's affecting my health, my children, and my quality of life, it is a problem."

—Community focus group participant

Many community members attributed mental health and substance use issues to stressors in daily life.

- Although present across communities, stressors including poverty, discrimination, and fear were common in low-income communities and communities of color.

"And then individuals in my community, they look to drugs to kind of help them forget about the stressors and the depression and the mental disorders that they might have, but not realizing that it's just adding to it rather than taking from it."

—Community focus group participant

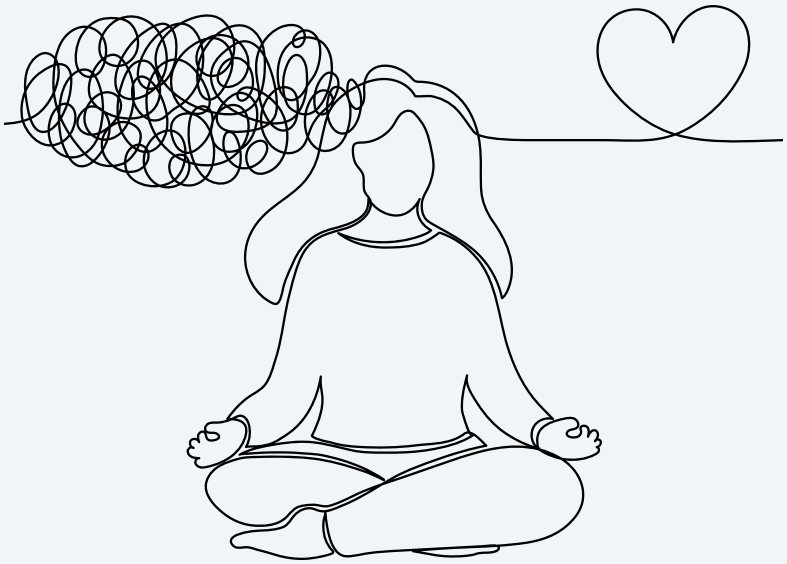
Back to TOC

FROM THE COMMUNITY

A noticeable increase in mental health and substance use issues due to the pandemic.

- Many community members attributed the prevalence and severity of mental health challenges and substance use to pandemic-related difficulties, such as loss of loved ones, job loss, economic challenges, social isolation, and fear of infection.

Cultural and community stigma related to accessing mental health treatment, along with a shortage of behavioral healthcare providers, were cited as significant barriers to access.



"As far as drugs and alcohol use, I haven't looked at statistics but I'm pretty sure it's gotten worse throughout the pandemic just because of, it's a mass disabling event, a massively traumatizing event for so many people. I was actually—during the pandemic, I was a part of a...coalition and we did a survey on queer youth throughout the boroughs and how they were impacted during the pandemic. And the main point of suffering for almost all of them was just straight-up isolation and struggling with mental health issues. And it's like when you have mental health issues increasing because of isolation and lack of support, people are going to turn to drugs and alcohol because what are humans supposed to do to cope."

—Community focus group participant

"Well, generally, in the lower-income communities, mental health is never really addressed. People have the opinion that they can just pray it away. They just can pretend it's not there, and that it will go away by itself. But it doesn't. It gets worse and worse. And it comes out in other ways. Acting out, shutting down. People think, 'Oh, they're gonna think I'm crazy if I go. I don't want to open up. I don't want to tell people my business.' So, it's just not really addressed. And then with COVID and all these other issues, you're locked away, you can't see your friends. So, it really made it worse. And it is still not addressed. Because I'm like, 'I don't want to go to this stranger and tell them all the issues I'm facing.' Although it would help me, and it would help my family."

—Community focus group participant

Back to TOC

Oral Health and Dental Care

Oral health is important for general health and well-being. Oral conditions, such as cavities, gum diseases, oral cancer, and loss of teeth can cause pain, infections, and disability and can elevate the risk for developing chronic conditions such as diabetes and heart disease.[269,270] Oral health conditions can also affect eating, speaking, and learning, impacting school and work attendance and performance.[269] In the U.S., an estimated 34 million school hours are lost each year because of unplanned emergency dental care and more than $45 billion in productivity is lost due to untreated dental disease.[269]

According to the New York City DOHMH, more than one in three third-grade students have untreated tooth decay, nearly half of adults have gum disease, and one in four adults age 65 and older have lost all of their teeth.[271]

People of color and those of lower socioeconomic status have worse oral health than other groups.[272,273] This is due to multiple reasons, including:

- Unhealthy food environments and dietary behaviors (e.g., high sugar consumption) that are associated with poor oral health[272,273]
- A limited safety-net system for oral healthcare, with limited appointment availability outside regular working hours[274]
- Inability to get time off from work—or paid time off—or to make childcare arrangements to seek dental care.[270,272,273]

"I know that oral health is interrelated, as an indicator of just general well-being, too. So, I would say that people, we're not seeing kids going [to the dentist] every year."

—Community focus group participant

"Our dental care has been separated. But I think it's a part of the American approach to medicine in general that, when we were young, even then, we had a separate dentist. But we had a family doctor who knew the whole body. And now, everything's been broken down by specialty. So, even though dentistry was always separate, it seems even further afield now."

—Community focus group participant

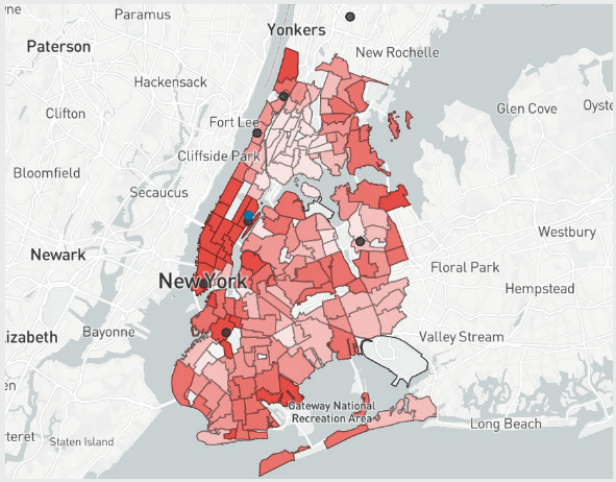
Additional barriers to dental care and good oral health include the structural divide between general healthcare and oral health services, making the latter particularly difficult to navigate and potentially limiting referrals between the two systems.[273] Additionally, people often lack awareness of available dental benefits (e.g., sealants), have poor oral health literacy, and/or perceive that oral health is not as important as general health and, thus, does not need to be prioritized.[270,274] Across New York City, there are disparities surrounding access to dental care. In Manhattan, 71% of adults had a dental visit in the past year; 67% in Staten Island; 63% in Brooklyn; 62% in Queens; and 56% in the Bronx. In Westchester County, 69% had a dental visit in the past year.[25]

Payment for dental care is also problematic across income groups.[273] Following the passage of the Affordable Care Act, pediatric oral healthcare became an essential health benefit for all qualified health plans.[274] In New York State, Medicaid covers oral healthcare for both children and adults, although there are restrictions.[274] Employment-based dental coverage commonly has restrictions, as well as high out-of-pocket costs. Medicare does not include dental benefits, meaning retirees have no dental coverage unless they purchase a supplemental plan.[273] In the U.S., older adults experience poor oral health at higher rates than the general population.[272]

Dental Care and COVID-19

The COVID-19 pandemic disrupted the delivery of and access to dental-care services.[275] Dental practices were closed or had reduced hours (except for emergency and urgent services) and the closure of schools resulted in the suspension of school-based oral health programs that are sometimes the sole source of preventative oral healthcare for children.[275] According to a national poll from the University of Michigan, a third of parents report that the COVID-19 pandemic made it difficult to get dental care for their children, because of long wait times for appointments and a reduced number of available appointments for non-urgent patients, among other reasons.[276] Consistent with the literature, focus group participants described long wait times, high costs, and an inability to get dental appointments for themselves and their children as a result of the pandemic.

Dental visits among adults in Gracie Square Hospital service area, New York City



Percent of adults with a dental visit in the past year

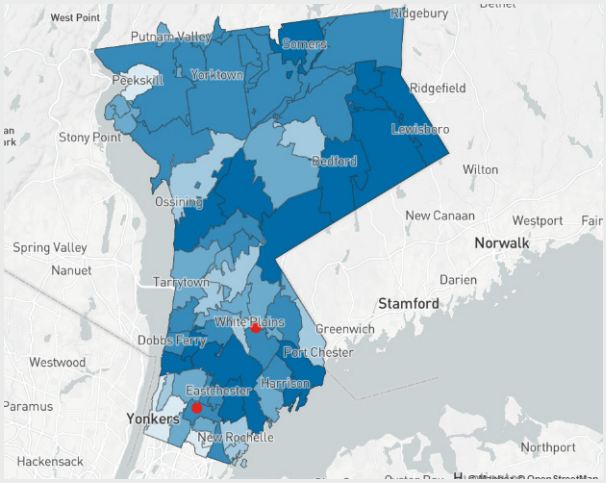
- 42%–<53%
- 53%–<59%
- 59%–<66%
- 66%–<74%
- 74%–84%

- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019. Available at: http://www.cdc.gov/places/index.html.

Dental visits among adults in Westchester County



Percent of adults with a dental visit in the past year

- 54%–<62%
- 62%–<68%
- 68%–<73%
- 73%–<78%
- 78%–81%

- NewYork-Presbyterian Hospital locations*
- Zip codes

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019. Available at: http://www.cdc.gov/places/index.html.

Back to TOC

FROM THE COMMUNITY

Of those surveyed...

- 53% reported current dental issues.

Focus group and interview participants reported that...

Many people don't have routine dental check-ups.

- Participants often seek dental care if they feel there is a problem.

> *"Most times, it's when there is just a problem. I know I'm supposed to go [to the dentist] regularly, but I'm like, what's the need? If there's a problem, go."*
>
> *—Community focus group participant*

Affordability of dental care is a barrier to regular use of dental services and good oral health.

- High out-of-pocket costs put needed dental care out of reach for many, especially low-income individuals and older adults.

> *"Very little [dental care] is covered on Medicare plans or even private ones. And the older you get, the more likely you're going to have complicated dental situations. And I do find people are telling me that they're spending upwards of $20,000 a year just to create new structures within their mouth that will last them the rest of their lives."*
>
> *—Community focus group participant*

Limited availability of providers—including providers who accept Medicaid—creates substantial barriers to accessing dental-care services.

> *"I was going to a clinic and...there was just no appointments available. I had to wait months. So then, and then in some places, they don't take your insurance. That too. So, you have to find something that accepts your insurance. So, this situation, I had to wait, like she said, six months. So, it's, like, you kind of lose hope."*
>
> *—Community focus group participant*

LGBTQ+ individuals may face additional barriers to dental care such as lack of access to culturally sensitive and gender-affirming providers.

> *"The most trans-incompetent experience I've had has always been through dental care. Every dentist I've ever had since coming out as a trans person has been horrific about it, and I've tried multiple. And finding a dentist that takes your insurance is hard enough and then you have to find a dentist that won't treat you like [expletive]. I don't know why it's this thing with dentists. Maybe I'm just unlucky, but literally every time I've been asked about my genitals and very, very bad stuff."*
>
> *—Community focus group participant*

Back to TOC

SPECIAL POPULATIONS

Adolescents and Young Adults

The ages from 10 to 24, comprising adolescence and early adulthood, are unique with respect to physical and psychosocial changes and development. Young people in this age group experience many issues that may affect optimal health: These include physical and hormonal changes, peer pressure, initiation of sexual activity, and formation of gender and/or sexual identity—all while navigating school and entry into the workplace.[277,278] These changes and responsibilities leave young people open to vulnerabilities related to physical and mental health.

- Poor mental health in adolescence can interfere with emotional and social development, and can lead to high-risk behaviors, including substance use, poor academic performance, and leaving school early.[102,238,239] In the long term, poor mental health during these years can have implications for employment and income into adulthood.[239,279]
- The social environment and neighborhoods that young people grow up in have an important impact on their mental health and well-being. Research shows that growing up in a low-resource neighborhood often has a negative impact on the behavioral health of youth, although the mechanisms underlying the connection (e.g., which features of neighborhoods matter for whom) are not clear.[280]
- Children and youth who witness or experience violence are more likely to endure mental health sequelae including depression, suicidal ideation, post-traumatic stress disorder, and aggressive behavior disorders.[281,282]
- Young people are more likely to contract sexually transmitted diseases (STDs) than people in other age groups. In 2018, teens and young adults ages 15 to 24 made up almost half of all new STD infections in the United States.[283]

According to the CDC's 2019 New York City Youth Risk Behavior Survey (YRBS) of high school students:

- 17% experienced bullying at school
- 36% reported feeling sad
- 21% drank alcohol
  - 9% reported binge drinking
- 6% used heroin
- 12% used prescription pain medication without having a prescription
- 45% of those who were sexually active did not use a condom the last time they had sexual intercourse.[284]

> *"People eat wrong. It's something we know occurs. Some people just decide to eat wrong because of the stress that they are going through, especially teenagers, which could result to other health issues."*
>
> *—Community focus group participant*

The COVID-19 pandemic has had a significant impact on mental health and social development of adolescents due to forced social isolation, disruptions in school and learning, breaks in healthcare access, missed—or delayed—rites of passage (e.g., graduation ceremonies), and perceived loss of security and safety.[285] One meta-analysis of 29 studies of children and youth around the world found that levels of depression and anxiety during the pandemic doubled, compared with pre-pandemic levels.[285] According to the CDC, in 2021, 37% of high school students in the U.S. reported poor mental health during the pandemic and 44% report persistent feelings of sadness or hopelessness. More than one-quarter (29%) reported that a parent or other adult in their home lost a job.[1]

"We work with young people in the community, and mental health, anxiety, and depression is something that we have seen much earlier hitting our participants. So, it's something that I've seen—just a very big issue. And there's no place where they can go."

—Community focus group participant

Resources and Initiatives

Gracie Square Hospital's affiliate, NewYork-Presbyterian Hospital, provides several services for youth through its community programs:

- The Uptown Youth Hub is a space for young people, ages 14-24, in Washington Heights and Inwood to act, create, and inspire growth within themselves and their communities. By promoting positive and healthy futures, the Uptown Hub empowers members to develop self-advocacy skills and pursue their dreams by connecting with holistic and culturally affirming services and resources. The Hub was established in 2017 by NewYork-Presbyterian and Columbia University Irving Medical Center with a grant from the Manhattan District Attorney's Office Criminal Justice Investment Initiative.
- Lang Youth Medical Program is a six-year science enrichment program to inspire and prepare students in the Washington Heights and Inwood school district to gain acceptance into college, explore careers in healthcare, and become future leaders who give back to their communities.
- Project STAY, administered jointly by NewYork-Presbyterian and the Harlem Health Promotion Center within the Columbia University Mailman School of Public Health, conducts community outreach, screening, and linkage to care for young people who are HIV+ or are engaging in risk-taking behaviors. Project STAY includes a youth-friendly primary care clinic that provides medical and mental health services.

FROM THE COMMUNITY

Of those surveyed...

- 32% reported that an increased number of places where adolescents can socialize would improve the health of the community.
- 21% reported that adolescent health was among the biggest health concerns in the community.
- 13% reported that teen pregnancy was among the biggest health concerns in the community.

Focus group participants and community leaders reported ...

Levels of stress, poor dietary behavior, and lack of physical activity among young people were considered problematic.

- The normal challenges of adolescence and young adulthood were exacerbated by the COVID-19 pandemic.

"They lost their jobs. For instance, my father used to work during the day and night, but now, he has one job. But prior to COVID-19, he had three jobs, and he lost all of them at once. It made me feel so bad."

—Community focus group participant

Substance use among young people was a particular concern for many, especially with the legalization of cannabis.

"I think definitely drug and alcohol use impacts them most times. I'm seeing that from my perspective as a teenager too, because I witness my friends use drugs, whether for recreational purposes or just for the fun of it. I think they are doing themselves more harm than good when they use it."

—Community focus group participant

Supports and services for young people experiencing issues with mental health were described as inadequate.

- Systems are difficult to navigate and often required engagement from already overburdened parents.
- Young people may not trust that providers will understand them and the issues they face.

"I feel like the young people in New York have no one to talk to. Most of them, when they are experiencing mental health issues, they tend to talk to their friends, and those with boyfriends or girlfriends, they share with them, but mostly, the young are afraid of sharing with the older adults because of the generation gap, and they may feel that older people won't understand them. So, according to me, the youth in New York don't have no one to talk to, and there needs to be a program that caters for that and addresses the youth directly with people they can relate with—fellow young people who are doing well, who can help the young through their mental health issues."

—Community focus group participant

Back to TOC

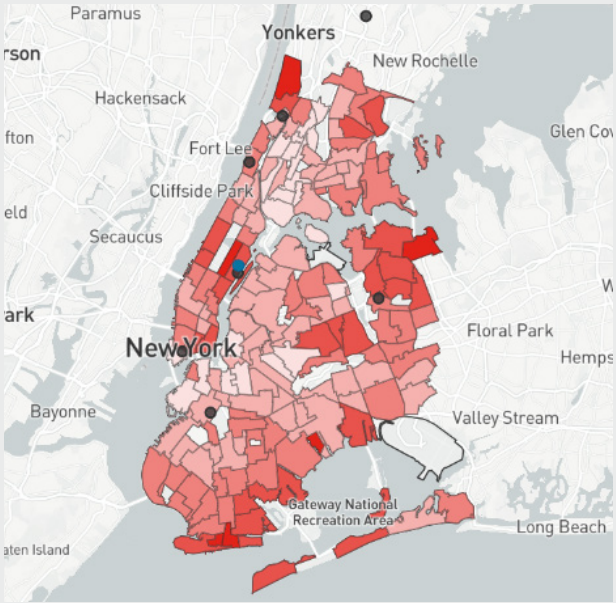
"A few days ago, I joined to help others to apply for cash assistance. And the community people I've met are those struggling for life and especially need help. The majority of them have lost their jobs or they can't find a suitable job as they are old. Though they said a bunch of worker positions were opened, they had rare chances to find one due to their senior ages."

—Community focus group participant

Older Adults

In 2019, 16% of the U.S. population was age 65 or older.[286] New York City and Westchester County had similar proportions of older adults, 15% and 18%, respectively,[14] although proportion by neighborhood varies, as shown below. Older adults in New York are increasingly diverse: Nearly 50% of older adults living in New York City[287] and 29% of older adults in Westchester County were born outside of the United States;[288] U.S.–born older adults across New York State are also increasingly likely to be Black, Latino/a, or of Asian descent.[288]

Older adult population in Gracie Square Hospital service area, New York City



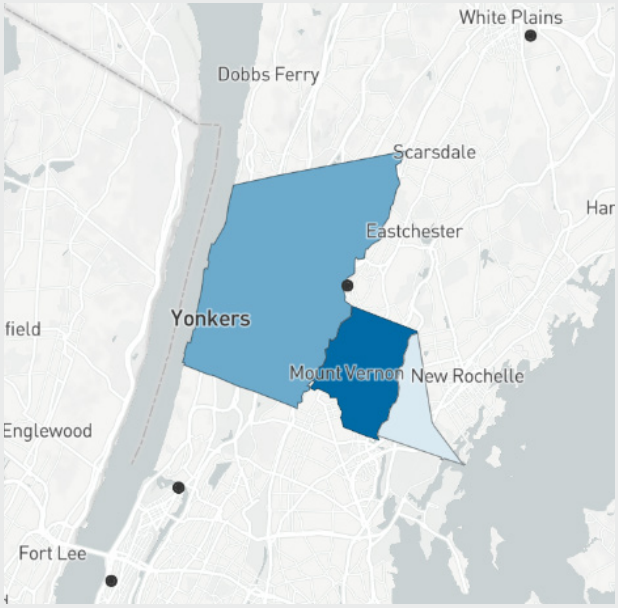
Percent of population ages 65 and older

- 1%–<10%
- 10%–<14%
- 14%–<19%
- 19%–27%
- 27%–40%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year. 2016–2020.

Older adult population in Gracie Square Hospital service area, Westchester County



Percent of population ages 65 and older

- 13%–<17%
- 16%–19%
- 26%–27%
- NewYork-Presbyterian Hospital locations*

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year. 2016–2020.

Back to TOC

One in five older adults in New York City and New York State live in poverty, higher than for the general population of the City and the State.[288] In Westchester County, 11% of older adults live in poverty,[288] which is also higher than the poverty rate for the general population of the County.[14] Poverty among some populations of older adults reflects immigration patterns, as well as differential access to education, well-paying jobs, and opportunities to build wealth;[287] these factors may be compounded for older adults by age discrimination in employment practices.[289,290]

Approximately one in three older adults in New York City lives alone, with the highest proportions among White and Black populations.[287] A similar proportion of older adults (one in three) lives in a multigenerational household. Multigenerational households are most common among those of Asian and Pacific Islander descent (50%), and individuals who are Black (44%) or Latino/a (43%).[287] Throughout the COVID-19 epidemic, living alone and living in multigenerational households brought benefits and hazards—a trade-off between the risk of COVID-19 infection and the negative mental health consequences of social isolation.[291]

Many older adults have caregiving responsibilities. For example, there are nearly 60,000 households in New York City that are headed by grandparents raising grandchildren.[292] Approximately 17% of older adults report being a caregiver for someone with a health problem, a long-term illness, or a disability.[287] Caregiving is commonly stressful and affects the mental and physical health of the caregiver, including higher risks of depression, heart disease, and obesity.[293] Caregiving also has economic implications. For example, caregiving responsibilities may interfere with job requirements, with the result that many caregivers must reduce their hours of paid work or leave their work entirely.[293]

Health and Healthcare

Nationally, approximately 85% of older adults have at least one chronic condition and 60% have more than two;[294] it is estimated that 40% of older adults take five or more prescribed medications.[295] Older adults—particularly those age 85 and older—are also more likely than younger people to have some degree of vision loss, hearing loss, and mobility impairments.[287]

> *"Older people need specialized attention, which would come from educating doctors better. So, what we haven't talked about is the word ageism, which does not necessarily mean that someone has a malignant or a negative feeling towards old people. But if you're not educated enough, I find very often the medical community makes assumptions about older people, which are incorrect because they're looking at, again, a 60-year-old the same as a 100-year-old. They're lumping them all together."*
>
> *—Community focus group participant*

In New York City, one in three older adults living in the community report some level of disability. Of these individuals:

- 26% have a physical disability
- 18% have a condition that restricts their ability to leave their home
- 10% have a mental, cognitive, or emotional condition that affects their memory or ability to concentrate
- 11% have difficulty performing self-care activities, such as bathing or dressing
- 9% reported hearing disabilities
- 6% reported vision disabilities.

Older adults use healthcare more frequently than younger populations.[296] Individuals engaged in the CHNA reported high satisfaction with a number of health services but reported complaints about the increasing depersonalization of medicine and reliance on technology for healthcare access and information. Participants also recommended provider training to improve communication skills with respect to older patients and enhance understanding of older adult capacities and needs. Supportive services and care needs at critical moments, including discharge from the hospital, were emphasized.

Although Medicare coverage provides security that employment-sponsored insurance lacks, the fact that multiple needed services—including dental care and hearing devices—are not covered severely limited access to care that is essential to the health and wellness of many older adults. According to the New York City DOHMH, over one-third of older adults living in New York City do not have dental insurance[287] (see *Oral Health and Dental Care* for more information).

> *"But my parents didn't know where to get the vaccine, didn't know where to get any information from. They relied on me. And my parents are 60-plus. They're old school. So, all this stuff that we do nowadays with the apps, I had to help them out with that thing."*
>
> *—Community focus group participant*

Older Adults and COVID-19

Older Adults and COVID-19

Older adults have been at a significantly higher risk for severe illness, hospitalization, and death from COVID-19. In New York City, nearly one in 25 people over the age of 75 has died from COVID-19 since the beginning of the pandemic.[297] Fear of infection and social-distancing measures—including suspension of in-person community programming—amplified the negative consequences of the social isolation already experienced by many older adults, which in turn resulted in other health issues, including but not limited to anxiety and depression.[298] The accelerated adoption of digital technologies to meet New Yorkers' everyday needs also had varied implications for older adults. Virtual programming helped some remain connected to their networks and access healthcare. However, many older adults lack the resources for digital connections: At least 100,000 older New Yorkers live in households without an internet subscription[299] (see *Digital Access, Inclusion, and Telemedicine* for more information).

> *"High anxiety, high depression. Post-COVID-19 it's been off the wall. And not that it didn't exist before. We had an unaddressed older adult mental health issue...But it is way worse post-COVID-19 than it ever was. There's also increased physical frailty and mental frailty among the older adults. So, from day one of returning to the senior centers, we saw more mobility impairment, we saw more memory loss, trouble orienting themselves, and that has improved, but extremely slowly."*
>
> *—Community focus group participant*

Resources and Initiatives

Older adults participating in the CHNA referred to a range of dedicated programming and resources (e.g., walkability, food programs, medical care access, community access) that they appreciated in their community. Most frequently, they described the value of senior centers, including the programming they offer, the camaraderie and socialization opportunities they provide, and the connections to other helpful community resources. Although senior centers reduced services due to the COVID-19 pandemic, they are now providing in-person services again, which CHNA participants appreciated.

New York City and Westchester County have developed initiatives to support older residents and help them remain in their homes and communities as they age.

- Age-Friendly NYC, launched in 2007, builds on the World Health Organization's Global Age-friendly Cities initiative and includes multisectoral programming including, but not limited to, health, housing, transportation, safety, and civic engagement.
- Westchester County's Livable Communities Initiative: A Vision for All Ages – Bringing People and Places Together aims to help older adults remain in their homes as they grow older with independence, dignity, and civic engagement. The initiative promotes a wide range of recreational, social, and cultural activities, educational programs, quality healthcare, and adequate and easily accessible public transportation and walkable streets.

> *"The things that [senior centers] offer—exercise classes, writing classes, almost anything—the food; they have meals—have just been invaluable to me. Also, the idea of being in the room before COVID-19, of course, when we could all be together and socialize—celebrated holidays and all kinds of wonderful things. So, that has been invaluable."*
>
> *—Community focus group participant*

Back to TOC

Focus group participants and community leaders reported...

The COVID-19 pandemic has taken a particularly severe toll on older adults' mental health.

- Older adults have experienced heightened levels of fear and anxiety related to contracting the virus, as their age makes them more vulnerable to severe diseases if infected.
- Social distancing and other protective measures have exacerbated social isolation, which is linked to higher levels of depression and other negative health consequences.

Many older adults lack access to or are uncomfortable using technology, limiting access to information and resources.

- Technology limitations have been particularly challenging during the COVID-19 pandemic because many programs and services moved online and people relied on videoconferencing for social interaction.
- Low use of technology also affects access to and comfort with healthcare, as many health services now rely on smartphone applications, online appointment systems, and videoconferencing.

Certain essential health services are not covered by Medicare, which limits access.

Older adults described a range of conveniences, services, and programs that they found enriching, helpful, and highly valuable.

- Senior centers, in particular, were frequently mentioned as an important community resource for older adults.
- Walkability and convenient access to essential medical, social, and supportive services was seen as a unique benefit of living in New York City.

"Not being with friends, which is so important. Not being able to see family members, also very important, or going to religious services. Any of the things that used to bring a sense of well-being through being with other people. I think the fact that it has gone on for so long has been very dismaying for people. And unless people are able to be resilient and adapt and just take baby steps outside, I think there is a certain amount of bleakness in their outlook that life, at this age where we thought things were going to be easier or more enjoyable because we have the time, I think some of us feel kind of robbed."

—Community focus group participant

"I've seen older adults like the sidewalk testing sites. Some of them want to get tested but they don't have a cell phone and they're just turned away. Because that's the only way that they can receive the information. They want you to scan a QR code and register and all of that."

—Community focus group participant

"Seniors don't seem to get [dental coverage] unless you have very limited income. If you worked all your life and you got a decent pension, ain't nothing helping you pay $10,000 for some dentures."

—Community focus group participant

"So, folks, since the last couple of months, can come into the Harlem SAGE Center and see one another. Like, many of us hug each other because we haven't seen each other in about two years and have a fellowship with one another. So, for me, I appreciate not only having the Harlem SAGE organization but just Goddard-Riverside Senior Center. There's a whole plethora of organizations that are available—particularly for me, getting me out of my isolation and loneliness because I'm not partnered."

—Community focus group participant

Back to TOC

Immigrants

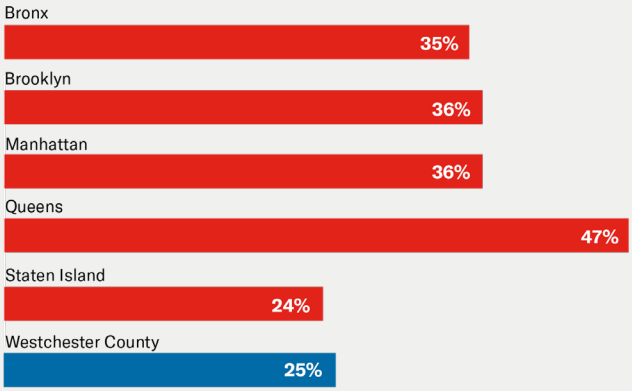
New York City is home to 3 million immigrants, comprising about 36% of the population. The largest number of immigrants in New York City are from the Dominican Republic (13% of all foreign-born residents), China (12%), Jamaica (6%), and Mexico (5%). Approximately 476,000 New York City residents are undocumented, representing about 16% of the immigrant population.[16] Almost half (48%) of New York City immigrants are Limited English Proficient (LEP); approximately 60% of undocumented immigrants are LEP.[15]

One-quarter of Westchester County residents are immigrants;[14] an estimated 6% of residents are undocumented. The largest numbers of immigrants in Westchester County come from Mexico, Jamaica, the Dominican Republic, and Ecuador.[300] An estimated 34% of Westchester residents speak a language other than English at home; in Peekskill an estimated 42% of residents speak a language other than English at home.[24]

New York City's immigrant populations face many challenges that affect their health and well-being:

- 24% of immigrants have not completed high school compared to 9% of U.S.–born residents.
  - 31% of undocumented immigrants have not completed high school.
- 21% of immigrants live in overcrowded households and 49% are rent-burdened.
  - A third (33%) of undocumented immigrants live in overcrowded households.
- Immigrants' median earnings ($38,200) are significantly lower than those of U.S.–born residents ($52,500).
  - Undocumented immigrants' median earnings are $33,300.
- 12% of immigrants are uninsured compared to 4% of U.S.–born residents.
  - 46% of undocumented immigrants are uninsured.[16]

Population born outside the U.S. in New York City and Westchester County



Source: New York State Prevention Agenda Dashboard, 2019-2024. New York State Department of Health.

Back to TOC

Health Status

In general, immigrants tend to be healthier than United States–born residents despite higher rates of poverty, lower levels of educational attainment, and poorer access to healthcare. There are a variety of explanations for this "healthy immigrant paradox," which include healthier behaviors (e.g., more nutritious diets, more physical activity),[301] as well as greater familial and community support.[151,302] There is, however, a substantial body of literature showing that the relative good health of immigrants declines over time,[303] and that the children of immigrants do not necessarily share their parents' health benefits. These declines have been attributed to changes in health-promoting behaviors (e.g., less likely to eat a nutritious diet), as well as the long-term health impacts of persistent exposure to discrimination, exploitation, social exclusion, and other hardships.[151,304,305]

Consistent with physical health status, research suggests that immigrants generally have better mental health than U.S.–born populations.[306] However, the stresses of immigration, including discrimination, long work hours, pressures related to acculturation, traumatic events, and often extended periods of time with precarious legal status have consequences for mental health, including depression, distress, and substance use.[244,245,306] Stigma related to mental health challenges acts as a barrier to seeking help.

"Particularly for me the triggers for depression and anxiety are, for example, immigration status, because I am an asylum seeker. That point leads to many other things; I mean, the lack of stability, not knowing if in three or four years I am going to be in the same place, so I cannot make a living…So, it is like a chain of situations. I think the main point is mental health."

—Community focus group participant

Immigrants and COVID-19

New York City immigrants were disproportionately impacted by COVID-19. As frontline workers in healthcare and other essential service industries, immigrants in New York City were more likely than United States–born residents to have continued working in public settings during the pandemic, thereby risking their health and safety.[16]

While many immigrant workers continued to work in person, others worked in industries that experienced the greatest losses in revenue during the pandemic (e.g., restaurant and hospitality); therefore, immigrant workers have also suffered greatly from loss of employment. It is estimated that 60% of undocumented workers lost their jobs or were at risk of losing their jobs during the pandemic, compared to 36% of all workers. Further impacting their livelihoods and economic stability, undocumented immigrants were largely excluded from unemployment insurance benefits and cash assistance programs that were introduced during the pandemic.[16]

"We've lost over 100 of our community members due to COVID. Lots of our members were getting sick, the health disparities we know have always existed were really very much exacerbated…I think our members are the people who are either still doing the essential work, still at the forefront doing all of the work in person while everyone else was able to adjust. And so, we're getting sick at higher rates. [They] didn't have the PPE they needed, didn't have the equipment, didn't get the days off they needed, all that. Or were losing their jobs at very rapid rates and [because they were undocumented] not eligible for a lot of the government assistance that others are eligible for, right?"

—Key stakeholder interviewee

Healthcare Access and Use

As alluded to above, immigrants in the U.S. are less likely to access healthcare than American-born populations. Suboptimal access is due to myriad reasons, which may include language barriers, lack of familiarity with—and difficulty navigating—the healthcare system, stigma, and fear of repercussions.[151,307] Notably, immigrants have more limited access to health insurance than other populations.[307]

- With few exceptions, undocumented immigrants are not eligible for public insurance, including Medicaid, CHIP, Medicare, and ACA marketplace plans.
- Many immigrants work in low-wage jobs that are less likely to offer health insurance or which make premiums unaffordable.
- Eligible immigrants may remain uninsured due to fear, uncertainty regarding eligibility, difficulty navigating the enrollment process, and language issues.[307]

"Remember, we're also very scared to go to doctors or do any business, because we don't have our green card. So, one of the things, you have to make sure no one is asking that question about anything to do with documentation...because, "You wanna know if I have a green card?" I'm never coming back to you."

—Key stakeholder interviewee

Resources and Initiatives

New York City government and many City institutions are supportive of immigrant populations and have developed multiple programs and services that facilitate improved well-being for immigrants, regardless of documentation status. Comprehensive information on City services is available from the Mayor's Office of Immigrant Affairs. Examples of immigrant-focused resources include:

- Healthcare access: New Yorkers who cannot afford or do not qualify for health insurance can receive free or low-cost healthcare through the NYC Care program, regardless of immigration status or ability to pay. Administered by New York City Health + Hospitals, the program provides participants with free or low-cost primary care, mental and behavioral healthcare, preventative care, medications, and more.
- Language access: Recognizing the importance of language in the promotion of equity in health, education, economic opportunity, and civic participation, New York City's Local Law 30 requires that City agencies that provide direct public or emergency services appoint language access coordinators, translate commonly distributed documents into ten designated languages, provide telephone interpretation in at least 100 languages, and develop and implement language-access implementation plans.

Westchester County has fewer resources for immigrant and undocumented residents, though local federally qualified health centers, including Sun River, Open Door, and Mount Vernon Neighborhood Health Center make an effort to meet the needs of immigrant communities, including those who are undocumented. In addition, SUNY Westchester Community College, local libraries, and several CBOs provide services, including English as a Second Language, for immigrant populations.

Additional nonprofit organizations supporting immigrant health and well-being in New York City and Westchester County include:

- The New York Immigration Coalition, an organization that advocates for laws and policies that improve the lives of immigrants and all New Yorkers.
- Make the Road New York (MRNY), which builds the power of immigrant and working-class communities to achieve dignity and justice through legal and survival services and advocacy. MRNY primarily serves a Spanish-speaking population in Brooklyn, Queens, Staten Island, Long Island, and Westchester County.
- Caribbean Women's Health Association (CWHA), whose mission is to provide high-quality, comprehensive, culturally appropriate health, immigration, and social support services to its diverse constituency. The organization focuses on women's health, HIV/AIDS, immigration, SNAP, Medicaid/health insurance, and domestic violence.
- El Centro Hispano is a Westchester County–based organization that supports, assists, and strengthens Hispanic families, helping them to become self-sufficient and to ease the transition to a new culture and community while maintaining and enriching their own.

FROM THE COMMUNITY

Focus group participants and community leaders reported...

Immigration status is often a barrier to healthcare.

- Fear of immigration authorities and deportation deters many immigrants from seeking needed care.
- Many immigrants are not eligible for public health insurance and are uninsured. As a result, many immigrants avoid care due to the fear of medical bills that they cannot afford to pay.

"Sometimes [immigrant populations are] worried about being deported, or they're worried about being able to pay for it. But they don't even go in time, or when they do go, it's already too late for them."

—Community focus group participant

Immigrating to the United States is stressful, and for some, traumatic, which contributes to poor mental health.

- Stigma prevents people from discussing mental health challenges and seeking mental healthcare.

"Many of the immigrants, and even more in this time, where many people are coming here leaving their families behind, is something that affects them very much because...they don't speak English, they're mistreated, or they get frustrated because they don't understand what the others tell them...There are a lot of people— I have a lot of friends, I work with a group of people who come from Ecuador, who came in through Mexico. And you can notice just by looking at them their sadness, their boredom, and that they've given up with the situation."

—Community focus group participant

Inadequate language services are a challenge for immigrants who do seek healthcare and whose primary language is not English.

- Translation services are often limited or imprecise, a concern when dealing with sensitive and detailed health information.
- Perceived discrimination in healthcare settings is often linked to language.

Immigration status limits access to employment opportunities as well as to public benefit and safety-net programs, making economic downturns—such as the economic fallout from the COVID-19 pandemic—particularly challenging.

"But sometimes the limitation that migrants have is their immigration status because maybe they know English, they know the area, but because they don't have immigration status they can't work."

—Community focus group participant

"I think another problem that the hospital is having—and I guess any hospital—you have a lot of new immigrants coming into the community. Possibly, their inability to understand—you're dealing with translators, but somehow, the translation gets lost in the translation, and what's normal in their culture is not normal in our culture, and I think that is a big major thing that really needs to be overcome."

—Community focus group participant

Back to TOC

LGBTQ+: An abbreviation for lesbian, gay, bisexual, transgender (or trans), and queer or questioning. The + indicates an inclusive view of gender and sexual identity, beyond the terms specifically noted in the abbreviation.

LGBTQ+

LGBTQ+ individuals are more likely to report poor health than other populations[308] and to experience a number of health issues, including poor mental health, problematic alcohol and drug use,[309,310] and communicable and chronic diseases.[308] The root causes of relatively poor health include stigma, discrimination, microaggressions, and victimization and violence—including sexual violence,[308,311] with the greatest impacts on individuals who are transgender, younger, disabled, and/or individuals of color. Transgender and gender nonconforming individuals are also more likely than non-transgender people to have low incomes and to face multiple systemic and structural barriers to wellness, including homelessness and criminalization.[7]

In a 2020 national survey of over 1,500 adults who self-identified as LGBTQ+:

- Over one-third reported some form of discrimination in the prior year, including 62% of transgender respondents, 69% of nonbinary respondents, and 57% of "Generation Z" (born 1997 or later).
- 15% report avoiding medical care due to discrimination, including close to 30% of transgender individuals.
- One in three transgender respondents reported having to teach their doctors about transgender individuals in order to receive appropriate care.[312]

> *"Just because you have somebody who's wearing a trans-friendly pin doesn't necessarily mean that every level of staff is armed—not armed but equipped—to treat trans people with kindness. Because I've heard of trans people going to the ER with a broken bone, and all of a sudden, it's about what's in their pants and this, that, and the other. And as a trans person, when I have a cold, I don't have a trans cold, I have a cold."*
>
> *—Community focus group participant*

Men that are gay or bisexual, and other men who have sex with men (MSM), continue to be at a higher risk for sexually transmitted infections, including HPV and HIV, than other populations.[308] MSM who are Black or Latino/a account for approximately two-thirds of new HIV infections in the U.S. each year—though they represent only 2% of the population.[199] Access to and use of care that may improve health and reduce the risk of HIV transmission is inconsistent due to social and structural factors, including high rates of poverty, homelessness, incarceration, and discrimination.[7]

LGBTQ+ individuals report mental health challenges at higher rates than the general population in New York State; individuals who are lesbian, gay, bisexual, or another non-heterosexual sexual orientation are twice as likely to report frequent mental distress, and the rate is higher among transgender adults. LGBTQ+ adults are also more likely to have been diagnosed with a depressive disorder.[310]

Substance use is higher among LGBTQ+ individuals than heterosexuals nationally. In New York City specifically, illicit drug use and prescription drug misuse has been reported as twice as high among LGBTQ+ youth compared to heterosexual youth.[313,314] Given reported issues with healthcare delivery, members of the LGBTQ+ community tend to rely on one another for information and support.[315]

Resources and initiatives

Available services for LGBTQ+ individuals include:

- Brooklyn Community Pride Center, which was incorporated in 2008 to provide services and support to the borough's LGBTQ+ community through original programming and partnerships with other organizations.
- Harlem Pride, which empowers "Harlem's Same Gender Loving (SGL)/LGBTQ+ community to improve its physical, mental, and economic health and wellness," and focuses on providing services as well as increasing the visibility of and advocating for the Harlem SGL/LGBTQ+ community.
- The Loft Community Center, an organization that provides services to LGBTQ+ individuals, including support groups, social activities, advocacy, educational support, and health and wellness programs.

Gracie Square Hospital's affiliate, NewYork-Presbyterian Hospital, provides services for LGBTQ+ individuals that include:

- The Compass Program provides services to transgender and gender-diverse children and adolescents including individualized needs assessments, mental health counseling, family support (including links to community resources), and gender-affirming hormone treatment.
- Project STAY, administered jointly by NewYork-Presbyterian and the Harlem Health Promotion Center within the Columbia University Mailman School of Public Health, conducts community outreach, screening, and linkage to care for young people who are HIV+ or are engaging in risk-taking behaviors. Project STAY includes a youth-friendly primary care clinic that provides medical and mental health services.

Back to TOC

FROM THE COMMUNITY

Focus group participants and community leaders reported ...

HIV remains an important health issue in the LGBTQ+ community.

- However, the emphasis within the healthcare system on HIV and AIDS can eclipse needed services related to other health issues.

> *"My experience was, they just kept asking if I'd had AIDS. Like it seems like there's this thing where it's like, queer healthcare is just, "Do you have AIDS?" If so, we'll help you. Otherwise, we don't give a [expletive]. Which like...it's good. If you have HIV, you better get the care you need, that's important. But there is a certain weird sense that it's this fixation, that it's the only care that can be provided to people like us."*
>
> *—Community focus group participant*

Access to quality care can be difficult, particularly for trans and nonbinary members of the LGBTQ+ community.

- The lack of cultural humility training for providers and other healthcare staff can mean that people are treated poorly by those who are meant to help them.
- Individuals may be misgendered by staff or forced to go by a name they no longer use in order to prevent problems related to insurance and billing.

> *"I'm trans and it's impossible to find a place to go where I'm going to find trans-affirming healthcare. I'm at the tippy-top of Manhattan. For all of my medical care, I have to go all the way down to 14th Street to Callen-Lorde Community Health Center. I cannot trust my own neighborhood to have healthcare accessible to me that I can trust."*
>
> *—Community focus group participant*

> *"I stopped going by my real name in medical settings because I just don't want them to [expletive] it up on my insurance. Because I've wasted way too much time trying to be like, "I am the same person, you know?" And I just...it's not worth it to me, you know. And it sucks that that's the situation."*
>
> *—Community focus group participant*

Members of the LGBTQ+ community have been significantly affected by the COVID-19 pandemic because of the social and emotional challenges they already face.

- Many work in service-sector frontline jobs and, as a result, have been exposed to COVID-19.

> *"I know [the pandemic] impacts a lot of people, especially people in the trans community because we couldn't get our hormones at that time. We had to be at home. We couldn't get our surgeries either. So, I went through depression, too, because I couldn't get my top surgery. So, I'm like, I can't do what I want to do and all that."*
>
> *—Community focus group participant*

> *"I think a lot of people in my local queer community are working nightlife or other frontline jobs. And so, and a lot of people don't have health insurance or not good health insurance, or unstable employment, and I think that just puts a lot of queer people and poor people at higher risk for getting COVID multiple times. I know that I got it really early on and I've had long COVID for two years and it's impacted everything about my life."*
>
> *—Community focus group participant*

Back to TOC

IMPROVING HEALTH AND REDUCING INEQUITIES: RECOMMENDATIONS FROM THE COMMUNITY

As part of the CHNA process, recommendations were solicited from community members. Community member surveys included a question on changes that would improve the health of the community. Focus group participants and interviewees were asked for recommendations generally; they were also asked about specific health priority areas and for recommendations related to health equity and reducing disparities (see the *Appendix* for survey and focus group materials).

Community Member Survey

Survey respondents reported changes that would most improve health in their communities. As shown in the table below, the most common responses were increased access to healthy food (53%), reduced cigarette smoking/vaping (46%), cleaner streets (45%), safer or reduced drug and alcohol use (45%), and reduced crime (44%).

Changes that would improve the health of the community[a] (n=680)		
Recommended Change	n	%
Increased access to healthy food	377	55%
Cleaner streets	328	48%
Safer or reduced drug and alcohol use	314	46%
Reduced crime	308	45%
Reduced cigarette smoking/vaping	301	44%
Improved housing	301	44%
Reduced homelessness	283	42%
Improved street safety and neighborhood walkability	281	41%
Reduced air pollution	274	40%
Increased # of places where older adults can live and socialize	237	35%
Reduced noise	227	33%
Increased # of places where adolescents can socialize	220	32%
More parks and recreation centers	219	32%
Improved public transportation	216	32%
Better local jobs	209	31%
Other	13	2%

[a] multiple responses permitted

Focus Groups and Key Stakeholder Interviews

In focus groups and interviews, community members and key stakeholders offered a number of recommendations for improving health and reducing inequities. In general, these recommendations were less specific to program content (e.g., food, smoking cessation) and more focused on processes and structure. In making recommendations, participants noted the expertise, size, and influence of the NewYork-Presbyterian system and its affiliates—and considered ways that institutional skills and resources could be leveraged for greatest impact. However, the recommendations went beyond a single hospital or network of hospitals and included more general recommendations for healthcare systems, government, and communities.

Cultural Humility

Many participants noted and appreciated improved access to language services in healthcare institutions, as well as some diversification of staff. However, *"seeing staff and providers who look like me"* remained a common theme among racial and ethnic groups, as well as among LGBTQ+ populations. Participants felt that staff that share language and background characteristics provide more competent care and offer a sense of comfort. Hiring diverse staff also demonstrates a commitment to the economic well-being of diverse communities.

> *"I think it's important for any healthcare organization to make sure they're hiring the community they're serving, and they want to serve...When you have a very different population serving the people who are being served, there's going to be a disconnect."*
>
> *—Community focus group participant*

Provider training was recommended to support cultural humility and comfort. This included (1) training providers regarding the needs, priorities, and other considerations of specific populations, including populations that face stigma within the healthcare system and other barriers to care; and (2) training individuals from diverse backgrounds for expanded roles in healthcare delivery. A place to go with complaints, and knowledge regarding repercussions for care that lacked cultural humility, were also recommended.

> *"Paying for trans-competency training and people to oversee trans-competency in areas of healthcare that aren't just for trans people...And it's because if I have a broken bone or some other health problem that isn't related to me being trans, that doctor may have zero trans-competency training and who knows what conservative nonsense they believe and are gonna inject into their medical expertise instead of actually giving the care I need."*
>
> *—Community focus group participant*

Access and Affordability

Individuals who are uninsured or underinsured, including undocumented immigrants, fear medical debt. Many people forgo needed care for fear of high costs. To meet institutional goals regarding health equity and health justice, offering care regardless of ability to pay was considered necessary.

> *"I would love to see a way that they are proactively reaching out and bringing in undocumented and immigrant populations to receive regular care and addressing the payment issue up front. I think they get a lot of charity-care money in the back end. Then it's the burden of the patient to try to get those bills lowered after."*
>
> *—Key stakeholder interviewee*

Expanded Mental Health Services

Community members additionally called out the need for increased access to mental health services. Multiple modalities were recommended, including remote service and integrated behavioral and primary care.

> *"The main thing that should be done is to incorporate mental health services into primary healthcare. So, not making them as separate by integrating them. Making sure that people are receiving mental health services as part of regular medical care as well."*
>
> *—Community focus group participant*

"So, I was saying that [the hospital should] go inside the community. They should not wait for people to come to the hospital."

—Community focus group participant

"So, whether it's like, there's a van—like a grocery store that's taking a van out to the community. Or people who are like, even the mobile testing that's happened with COVID. And I think that that could be a helpful way to reach, to do outreach in communities. Particularly communities where it's maybe not the first reaction to go online and do something. And whereas these communities that you're seeing are more vulnerable for certain things. That could be a way of engaging those populations a little bit more."

—Community focus group participant

Outreach and Information

Community members reported that they need assistance learning about hospital services. Specifically, they recommended providing health advocates for navigation of clinical services, particularly for older adults who were less likely to successfully navigate internet sites.

Community members also recommended mobile services to reach populations that may be disconnected from care. Mobile COVID-19-related services offered examples and lessons learned for such services.

Partnering With Community-based Organizations

Key stakeholders and focus group members representing CBOs recommended continued and expanded hospital collaborations, extending over longer periods of time. They emphasized their frontline presence, which facilitates a more comprehensive knowledge of community needs and priorities; the trust they have engendered; and their skill and experience serving as liaisons between community members and the healthcare system. In addition, the comprehensive services many CBOs offer free of charge (e.g., legal services, facilitated enrollment into entitlement programs, English for Speakers of Other Languages (ESOL) classes) allow them to address social determinants of health and healthcare use for populations facing the greatest inequities.

"If we can have access to some experts for consultation, if there can be some relationship in that regard, if they can provide certain types of training for us...that actually would be really helpful, in that our staff coming through are maybe not as specifically trained in certain modalities, right? They know an overview, they know ideas, but if somebody from Columbia can run a 12-week for our therapists on [cognitive behavioral therapy] for a certain condition, I think that would be super helpful, or if there can be regular kind of consultations, I think that would be really helpful."

—Key stakeholder interviewee

"If we are trying to achieve equality in health, we should achieve it first in all the sectors, not just health."

—Community focus group participant

Coordination and Support Across Provider Organizations

Key stakeholders noted the complex service-delivery system within New York City and the need to better navigate, share information, and leverage skills across institutions. Specific recommendations focused on better information exchange and cross-training, as well as supports that help providers focusing on individual care to understand population health factors. Community members also noted that despite an abundance of services, training across institutions would result in better care and more options.

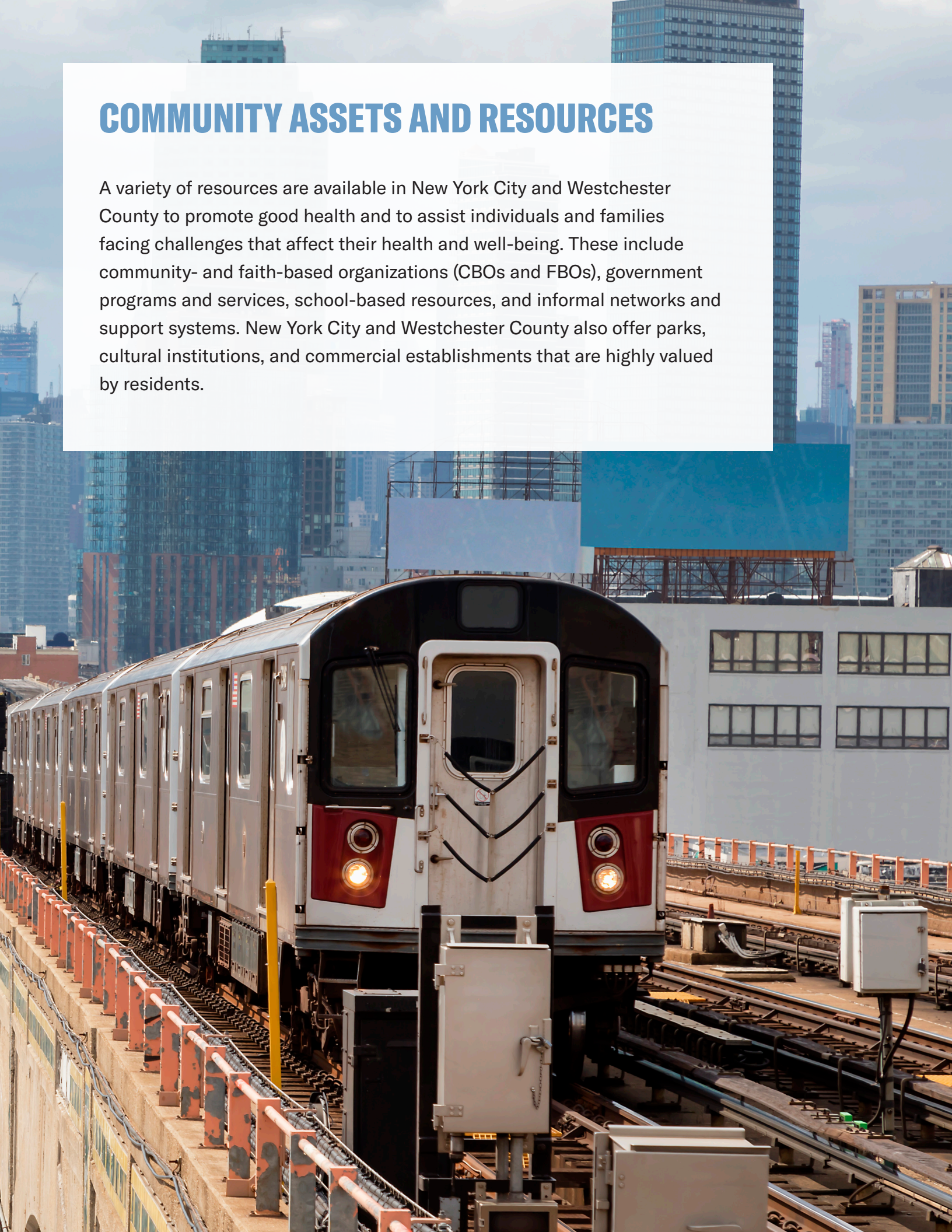
Advocacy

Community members and key stakeholders recommended supporting advocacy efforts to improve structural determinants of health and to truly promote health equity. Multiple stakeholders noted the relative power of hospitals and hospital systems compared to CBOs. Specific issues mentioned focused on health-insurance access, funding for community services that address root causes of poverty and poor health, policies that better respond to the economic constraints of undocumented immigrants and homeless populations, and individual rights that are increasingly under threat.

Back to TOC

COMMUNITY ASSETS AND RESOURCES

A variety of resources are available in New York City and Westchester County to promote good health and to assist individuals and families facing challenges that affect their health and well-being. These include community- and faith-based organizations (CBOs and FBOs), government programs and services, school-based resources, and informal networks and support systems. New York City and Westchester County also offer parks, cultural institutions, and commercial establishments that are highly valued by residents.



Community-based Organizations

CBOs and FBOs often serve as trusted sources of support, information, and camaraderie. Their services are generally relatively easy to access, because they are neighborhood based and often offered free of charge. Many employ staff that speak the same language and have a similar background or ethnicity to the people served. They generally offer or refer to an array of services that address the social determinants of health, helping people address their needs in a coordinated fashion.

CBOs sometimes employ community health workers (CHWs) or caseworkers to assist clients or members to navigate and access governmental programs, including SNAP and public insurance, to provide health education and support disease management,[316] and to serve as liaisons to healthcare systems. CHWs, who typically share characteristics with the community they work in (e.g., language, ethnicity, neighborhood of residence), can serve as more accessible sources of information in communities that are less comfortable in or are underserved by larger institutions,[316,317] facilitating improved health outcomes.[318]

Many CBOs that engaged in the CHNA process represent important assets for the community. These include but are not limited to:

- ARC A. Philip Randolph Senior Center, part of a network of senior centers in Manhattan, aims to support older people to remain in their communities, and to live with dignity, self-sufficiency, and a sense of well-being. The program provides support for older adults related to housing, food insecurity, finances, and health and transportation, among other areas.
- Brooklyn Community Pride Center, which provides services and support to the borough's LGBTQ+ community through original programming and partnerships with other organizations.
- Brooklyn-wide Interagency Council on Aging (BWICA) serves as the umbrella organization for Brooklyn's 17 interagency councils for the aging. BWICA provides education and leadership training to Brooklyn's seniors and their families on issues such as healthcare, financial security, patient rights, and older-adult services.
- Community Healthcare Network (CHN) is a not-for-profit organization providing more than 80,000 New Yorkers with primary and behavioral healthcare, dental, nutrition, wellness, and other needed support services. The CHN network is made up of 14 federally qualified health centers located in Brooklyn, the Bronx, Queens, and Manhattan, along with mobile vans that bring health services to underserved communities throughout New York City.
- The Community League of the Heights (CLOTH) is a multi-service community development organization that works to address poverty and disinvestment in Washington Heights. Their work includes advocacy, organizing, and providing services related to housing, education, health, youth services, and neighborhood improvement.

"I think the pandemic, again, really revealed the importance of on-the-ground not-for-profit organizations. Because they were frontline. They were the entities that people in the community went to. They were the ones that they relied on to save them, really, in a way."

—Community focus group

"I see how the community health workers do these really intimate direct interventions with families, with people in the community. And they have these conversations, reminding them of their appointments. And I know that, for instance, with many of the community health workers, the idea is to keep people more connected to their health providers, in ways that are more efficient, so that, "Don't skip appointments, follow up, checkup." And that decreases the amount of instances that people have to go to the emergency room, or that people end up going to the doctor when it's too late."

—Key stakeholder

Back to TOC

- CAMBA is a nonprofit agency that provides services to connect people with opportunities to enhance their quality of life. CAMBA provides over 160 programs, laying the groundwork for economic stability, educational fulfillment, strong families, and a healthy life.
- Caribbean Women's Health Association (CWHA)'s mission is to provide high-quality, comprehensive, culturally appropriate health, immigration, and social support services to its diverse constituency. The organization focuses on women's health, HIV/AIDS, immigration, SNAP, Medicaid/health insurance, and domestic violence.
- Feeding Westchester, in collaboration with 225 community partners and meal programs, accesses and distributes food and other resources to communities across Westchester County, helping to reduce hunger.
- Hamilton-Madison House is a voluntary, nonprofit settlement house dedicated to improving the quality of life of its community, primarily those in the Two Bridges/Chinatown area of Manhattan's Lower East Side. The neighborhood is a federally designated poverty area with a large immigrant population.
- Harlem Pride, which was established in 2010 to "empower Harlem's Same Gender Loving (SGL)/ LGBTQ+ community to improve its physical, mental, and economic health and wellness," focuses on providing services as well as increasing the visibility of and advocating for the Harlem SGL/LGBTQ+ community.
- Latino Commission on AIDS (LCOA), a nonprofit with global reach, is an LGBTQ+ center providing HIV- and AIDS-related social programs, health education, testing, and support services.
- Healthy Start:
  - Bronx Healthy Start Partnership (BxHSP): Led by the Albert Einstein College of Medicine in collaboration with community healthcare partners, BxHSP supports expecting and postpartum parents with babies up to the age of 2 to ensure they are healthy, safe, and thriving. BxHSP provides case management services, resources, and referrals for families.
  - Queens Healthy Start: Led by Public Health Solutions, this partnership supports prenatal and postpartum families in Queens by providing home-visiting services as well as outreach and referrals.
- Make the Road New York (MRNY) builds the power of immigrant and working-class communities through legal and survival services to tackle discrimination, abuse, and poverty; education to develop community members' abilities to lead; community organizing; and policy innovation. MRNY primarily serves a Spanish-speaking population in Brooklyn, Queens, Staten Island, Long Island, and Westchester County.
- Mount Vernon Neighborhood Health Center (MVNHC) is a federally qualified health center with eight locations and a mobile health unit, including two Mount Vernon schools and two area homeless shelters. MVNHC provides services to over 105,000 patients in and around Westchester County.
- Sun River Health has more than 40 health centers in New York City, the Hudson Valley, and Long Island, and it provides comprehensive healthcare, regardless of insurance status and ability to pay. Services include primary care, dental care, behavioral/mental health, women's health/ob-gyn, pediatrics, podiatry, substance use treatment, HIV prevention and care, urgent care, and nutritional services.
- Union Settlement was established in 1895 and serves 10,000 individuals each year at over a dozen East Harlem locations through a variety of programs, including early childhood education, youth programs, college readiness, adult education, work readiness, senior programs, mental health counseling and small business development.

Gracie Square Hospital also offers resources and collaborates with CBOs to ensure community members are aware of and can access the hospital's behavioral health services. For example:

- The Asian Psychiatry Program offers multilingual education and prevention programs through the NewYork-Presbyterian hospital system, as well as with partnered community organizations. Services include clearer access points for mental health services for Asian residents; information sharing regarding mental health stigma and available behavioral health services; and stress management and development of coping skills.
- Gracie Square Hospital partners with a community liaison/emergency medical technician from New York City's Orthodox Jewish community and a Resource Specialist from the You Care L'Kasher Agency. The community liaison has also provided consultation and guidance on developing the Gracie Square Hospital Orthodox Focus Program.
- Gracie Square Hospital leads one of the first naloxone opioid overdose prevention programs in New York State. The hospital team holds NARCAN training and distribution events in to engage the public and increase awareness of overdose deaths and provide NARCAN kits to those who are interested. To date, the hospital has provided 82 Narcan nasal spray rescue kits to community members and Gracie Square Hospital employees who participated in a training. In addition to community events, clinical nurses offer and provide NARCAN nasal spray kits and patient education to appropriate patients at discharge. From January 2022 to October 2022, Gracie Square Hospital provided 540 kits to patients on discharge.
- In addition to the above, Gracie Square Hospital partners with the following organizations on education, outreach, and engagement related to behavioral health: Pathway Home, Hamilton-Madison House, The Bridge, Charles B. Wang Community Health Center and The Realization Center.

Gracie Square Hospital's affiliate, NewYork-Presbyterian Hospital, also offers numerous resources to support community health and well-being, many of which are described in the sections above. These programs are led out of various departments in the hospital, including:

- The Dalio Center for Health Justice works to address racism and discrimination and to advance health justice. The Center focuses on improving race and ethnicity documentation in healthcare, funding community and clinical programs, vaccine equity, and other activities that improve health outcomes for all.
- The NewYork-Presbyterian Government & Community Relations Team convenes Community Advisory Boards at each of the hospitals campuses, supports local communities through grant funding and other support, and works with local, state, and federal officials to support the health and safety of patients and communities.
- The Division of Community and Population Health connects community residents with medical and behavioral healthcare through a wide range of community health programs for children, adolescents, and adults that connect NewYork-Presbyterian's expertise and programs with schools, faith-based organizations, and community organizations.

Healthcare and Hospitals

There are 62 hospitals in New York City and 16 hospitals in Westchester County.[319] In addition, there are hospital-affiliated and private practices, federally qualified health centers, independent multispecialty practices, and urgent care centers. New York City is also home to a large system of safety-net providers including New York City Health + Hospitals, the largest public healthcare system in the U.S.

Hospitals in the area provide a range of clinical services that include primary and specialty care as well as emergency and urgent care services. New York City and Westchester County hospitals, including those in the NewYork-Presbyterian system, also offer a range of community health services that include but are not limited to chronic-disease and other health-related education, food access programs, tobacco cessation, mental health promotion, and parenting support.[320] New York hospitals also partner with local CBOs to increase access to services and improve health more broadly within the communities they serve.[321]

"I tried to apply for SNAP at one point, it was such a barrier and so confusing that I was rejected, and I was confused, and I had to prove that I wasn't paying rent. And I was staying at a family's place at that time...And I'm like, how am I gonna prove that I'm not paying rent?"

—Community focus group participant

"Because we are undocumented, we are not allowed to have health insurance like a person with papers. But as undocumented people, there is NYC Care. That also helps us pay a little bit, for example, if we need help for an emergency."

—Community focus group participant

Government Programs and Services

Public Benefit Programs

Government-funded public benefit programs, such as SNAP, WIC, and Medicaid provide eligible residents with essential support related to food, healthcare, and economic security. In addition to agency-specific offices, enrollment support for these programs is often embedded into community settings such as hospitals, libraries, health centers, and CBOs. Eligibility for these programs is based on income, household composition, and immigration status, meaning that many low-income, foreign-born New Yorkers are not eligible. In addition, stigma, the enrollment process, and the benefit level may serve as barriers to access for some people.

Government Agency Services

To serve the needs of more than 8 million residents, the New York City government provides many services to residents, and has innovated over the years to improve the breadth and accessibility of support available. Examples of health-promoting programs and services include:

- Free tobacco and vaping cessation services (in-person and via phone-based apps) to assist those looking to quit or reduce smoking.
- Behavioral health supports including NYC Well, which offers a 24-hour hotline, mobile crisis teams, and training of mental health first aid responders to be embedded in primary care and community settings.
- A vast shelter system, a multi-year, citywide initiative to connect individuals who are living on the street with services, and many agencies that help place people into temporary and permanent housing.
- The deployment of hundreds of VITA volunteers who help residents file their taxes, including Earned Income and Child Tax Credit forms.
- NYC Care, which provides access to low- or no-cost healthcare for New Yorkers, including primary, preventative, and mental healthcare, and prescription medications, regardless of immigration status or ability to pay.

Many New York City initiatives are explicitly geared toward children and young people, although their impact may be broader. These include:

- Free breakfast and lunch for all students free of charge, which not only reduces food insecurity for families, but also improves behavioral and educational outcomes.
- Universal Pre-Kindergarten for 4-year-olds (and in the future, for 3-year-olds), which is associated with positive long-term educational outcomes and also reduces childcare costs for parents, freeing up funds for other necessities.
- The Summer Youth Employment Program (SYEP) offers young people between the ages of 14 and 24 career-exploration opportunities and paid work experience that foster workplace, social, and civic skill development. SYEP provides opportunities to young people who often face barriers to employment, including—but not limited to—homeless or runaway youth, justice-involved youth, youth in foster care, and youth in select public housing developments.

Back to TOC

"Our neighborhood had a lot of mutual aid groups that assembled. And I started to see this, like a little bit more New York... The pandemic definitely emphasized some of these social inequities that were already there. And I appreciated that people really tried to come together to help other members of their community, whether they were trying to access a vaccine appointment, or they needed to set up a place to get...there would be like a free store in our neighborhood, where people could leave their clothes, or their books, or their cooking supplies. And the community fridge initiative, which I just thought was awesome."

—Community focus group participant

Westchester County—and its cities, towns, and villages—provides an array of services and supports to residents, which may include free or low-cost after-school and summer programs for youth; recreational programs for children, older adults, and the general community; community fairs and other public events; job opportunities for teens; and linkages to community-based, County, and State services. There are 20 post-secondary schools with campuses in Westchester County, including SUNY Purchase College and Sarah Lawrence College. SUNY Westchester Community College (WCC) offers more than 50 associate and certificate degrees. The Continuing Education Division of WCC is the largest unit in the state university system. It offers courses for people considering career choices or changes; customized training for businesses; programming for older adults; and an arts and culture series open to the public.

Neighbors Helping Neighbors

New York City and Westchester County residents—whether they are family members, neighbors, members of the same faith institution, or compatriots—have always assisted and supported one another. During the peak of the COVID-19 pandemic, the willingness of New Yorkers to help and promote one another was apparent—as were the many creative ways that help was provided. For example, essential workers were celebrated each evening from windows and balconies in New York City; informal mutual aid efforts expanded; and refrigerators were placed on city streets providing a means for free food distribution. In Westchester County, community members organized to make and distribute 36,000 masks and coverings to over 160 hospitals, shelters, schools, and organizations across the State and nation.

Back to TOC

"I live by Van Cortlandt Park. So, I feel that's been helpful for people. I feel like a lot of people have been going for walks or riding their bike or even just sitting down and looking at the ducks and different animals in there."

—Community focus group participant

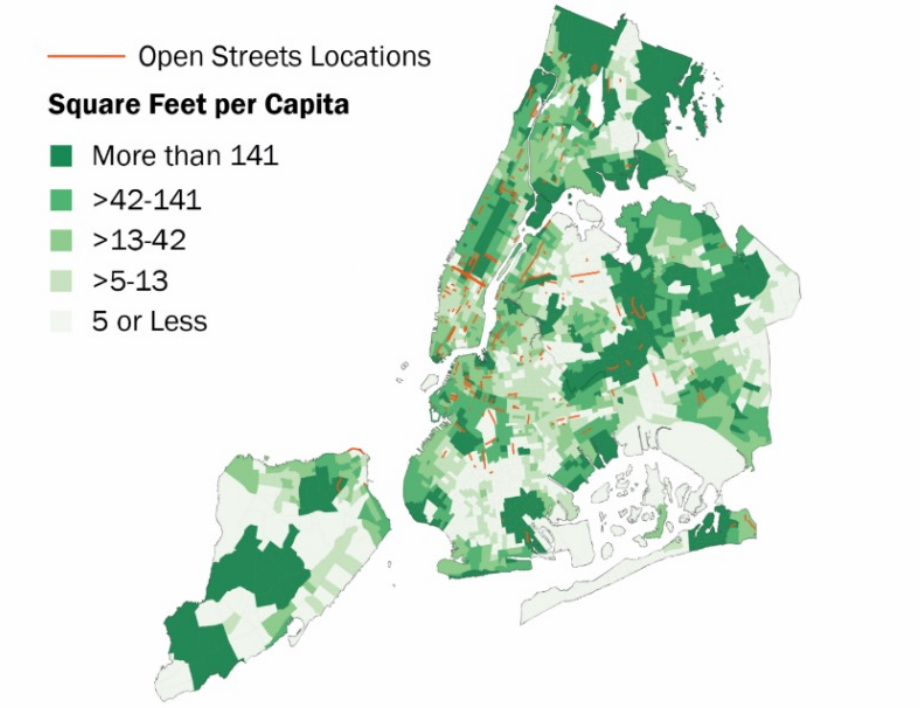
Parks and Green Space

Proximity to green space and dedicated spaces for safe walking, biking, and running promotes physical activity, mental and physical health, and social connectedness.[322–326] Across New York City and Westchester County, access to parks varies by neighborhood. In New York City, nearby park space per resident ranges from as little as two square feet to more than 140 square feet.[327]

The COVID-19 pandemic highlighted the importance of access to green, open, and outdoor space in urban communities, offering a refuge from the mental stress of confinement at home, as well as a relatively safe alternative for socializing and exercising. To increase access during the pandemic, New York City created Open Streets, which blocked off roadways and offered residents in all five boroughs traffic-free outdoor space. In 2020, 83 miles of roads were designated Open Streets by New York City, many of which were in neighborhoods with insufficient park access, such as Brownsville, Brooklyn, and Jackson Heights, Queens.[327]

In Westchester County, there are more than 18,000 acres of parkland, which include pools, beaches, trailways, nature centers, an amusement park, a working farm, historic sites, and an arboretum. In the decades since remediation began on the Hudson River, there has been notable improvement in water quality[328] and conversion of waterfront land for community and recreational use.

Some Areas of New York City Have More Access to Nearby Park Space and Open Streets Than Others



NOTE: Ranges are quintiles of city park space per capita.

Back to TOC

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APPENDIX I

CHNA METHODS

Community Member Surveys

A community member survey was disseminated through community-based organizations (CBOs) working throughout the Gracie Square Hospital services area, including organizations that serve specific populations (e.g., LGBTQ+, older adults, immigrants) and through Craigslist, Facebook, and other social media forums. The survey was composed of 33 close-ended questions and was available in English, Spanish, simplified Chinese characters, Haitian Creole, Russian, and Korean.

It covered topics that included but were not limited to:

- Sociodemographics (e.g., age, gender, race and ethnicity, housing location and type, employment);
- Individual and community health, health concerns, and recommended responses to health concerns;
- Healthcare access and use, including telehealth visits;
- Use of community services and programs; and
- Sources of health information.

The survey was accessible from May through July 2022. Participants received a $15 gift card for completion of the survey.

The survey was hosted on Qualtrics, a web-based data collection platform. New responses were downloaded and reviewed at least weekly to assess validity and to track demographic characteristics and zip codes of respondents, so as to promote engagement of a diverse sample from across the Gracie Square Hospital service area, including communities facing health inequities. Data were cleaned, managed, and analyzed using Stata version 15 SE analytic software. Means, frequencies, and percentages—overall and according to key individual and community characteristics—were generated.

A total of 680 people in the Gracie Square Hospital catchment area completed the survey. Approximately 83% completed the survey in English; 17% completed it in simplified Chinese, Haitian Creole, Korean, Russian or Spanish.

Qualitative Data Collection

Focus groups: A total of 42 focus groups were conducted in and around the Gracie Square Hospital service area in May through July 2022 (*n*=309 participants): 32 groups were conducted in English (*n*=236), 6 were conducted in Spanish (*n*=41), and 4 were conducted in Mandarin (*n*=32). The majority of focus group participants were recruited through the community member survey and by CBOs working throughout the Gracie Square service area. Groups were organized according to a range of criteria: geographic area, age (i.e., older adults, young adults), language, and other relevant characteristics (e.g., parents, LGBTQ+). Eight focus groups were composed of members of the Community Advisory Boards (CABs) for NewYork-Presbyterian campuses (*n*=91).

Most focus groups were 90 minutes to two hours in length, and all non-CAB participants received a $50 gift card following the group. Focus groups were conducted using a written guide with 23 open-ended questions. The guide covered the following topics:

- Greatest health issues in the community, including physical and mental health;
- Impact and continuing needs related to the COVID-19 pandemic;
- Social determinants of health;
- Services and resources that promote or support good health;
- Healthcare access and use, including telehealth visits and dental care;
- Health disparities and health equity, and how they should be addressed; and
- General recommendations and recommendations regarding health priorities.

Each group had two trained facilitators: one to lead the discussion and one responsible for logistics and note taking. Prior to the group, participants received an information sheet describing the purpose and procedures for the group, the voluntary nature of participation, and that results will be reported without names or identifying characteristics. Most of the groups were conducted and recorded using Zoom online teleconferencing service; five groups were conducted in-person, on the advice of the collaborating CBO. To encourage honest dialogue, NewYork-Presbyterian Hospital staff were not present at any of the groups.

Key stakeholder interviews: Interviews were conducted with 25 key stakeholders, primarily leaders of New York City and Westchester-based CBOs. Interviews were also conducted with individuals in leadership roles at the New York City and Westchester Health Departments. Stakeholders were selected for their expertise relevant to priority communities and health issues. Several key stakeholders represented organizations that partner with NewYork-Presbyterian.

Interviews were conducted via zoom using a written guide with 18 open-ended questions. They were approximately one hour, audio recorded, and covered the following topics:

- Organizational background (e.g., major program areas, partnerships with NewYork-Presbyterian);
- Community characteristics;
- Impact and continuing needs related to the COVID-19 pandemic;
- Significant health issues in the community, including physical and mental health;
- Services and resources that promote or support good health;
- Health disparities and health equity, and how they should be addressed;
- Healthcare access and use, including telehealth visits; and
- General recommendations and recommendations regarding health priorities.

Health Department interviews, conducted after the completion of preliminary analysis, focused on a review of findings and consistency with their own agency results.

Management and analysis of qualitative data: As noted above, all interviews and most focus groups were conducted and audio recorded using Zoom. The in-person focus groups were digitally recorded using a portable recorder. All recordings were sent to a professional company for translation (if needed) and transcription. Translated transcripts from focus groups in languages other than English were reviewed for accuracy by the group facilitator. All transcripts were managed and coded using Nvivo, a software package for management and analysis of qualitative data.

Interview and focus group data were analyzed using similar processes: codebooks were developed for each, which included pre-identified themes (e.g., important health issues) and themes emerging from the data themselves. Most codes were included in both codebooks; the interview codebook had a small number of additional codes focused on organizational information and collaboration with NewYork-Presbyterian Hospital and Gracie Square Hospital.

The codebooks were tested by multiple coders on two transcripts each. Coders then met to discuss questions or challenges they faced, to ensure codes were appropriate, parsimonious, and were being uniformly applied. The codebooks were revised at that point, and code definitions were added. The remaining transcripts were then coded using the revised codebooks. Coders communicated regularly with one another and other members of the research team to address coding questions and to resolve inconsistencies.

Codes were used to systematically and efficiently organize data, to facilitate data analysis and reduce bias. Analysis involved repeated reviews of coded extracts from the transcripts by multiple members of the research team, as well as reviews of the transcripts themselves.

Secondary Data

Secondary data sources used in the CHNA included but were not limited to those listed below. These sources included raw data, available for download, as well as websites, briefs, and comprehensive reports describing findings from analyses they had completed.

- AIDSVu, Emory University's Rollins School of Public Health
- Centers for Disease Control and Prevention, National Center for Health Statistics
- Data2go.NYC
  - NYCHA residents
  - Feeding America
- NYC Department of Health and Mental Hygiene
  - Epi Data Briefs
  - NYC Community Health Survey
  - Surveillance data
  - Vital Statistics

- NYC Open Data
  - Maintenance Code Defects
- NYS Cancer Registry
- NYS DOH Health Equity Reports
- NYS Prevention Agenda Dashboard
- PLACES: Local Data for Better Health
- U.S. Census
  - American Community Survey
- USDA Food Research Atlas
- Westchester Index

Raw data sets were compiled and cleaned in Stata and Excel.

For New York City, where possible, census tract level measures were aggregated to the Neighborhood Tabulation Area (NTA) level. When NTA level estimates were not available, estimates were generated for the neighborhood unit available in the dataset (e.g., community district, United Hospital Fund neighborhood) or for the county/borough.

For Westchester County, where possible, census tract level measures were apportioned to the county subdivision level within the MySidewalk online platform, which includes census county divisions, census subareas, minor civil divisions (MCDs) and other unincorporated areas. Where county subdivision level data were not available, county-level estimates are reported.

Charts were produced using Excel, and maps were produced using the MySidewalk platform. Descriptive statistics were generated, and comparative analysis were conducted across geographies.

Reports from data sources listed above and others, including peer-reviewed journal articles, are listed in the bibliography.

COLLABORATING ORGANIZATIONS

ARC A. Philip Randolph Senior Center
Armour Villa Neighborhood Association
Boys & Girls Club of Mount Vernon
Bronx Healthy Start
Bronxville Chamber of Commerce
Bronxville Senior Citizens
Bronxville Union Free School District
Brooklyn Borough President's Office
Brooklyn Chinese-American Association
Brooklyn Community Pride Center
Brooklyn-wide Interagency Council on Aging
Business Council of Westchester/MADD
CAMBA
Cancer Support Team
Caribbean Women's Health Association
Caring for the Hungry & Homeless of Peekskill
Chinese American Planning Council-Queens
Community Healthcare Network
Community League of the Heights
Eastchester Community Action Partnership
El Centro Hispano
Feeding Westchester
First Baptist Church Bronxville
Fresh Youth Initiatives
Hamilton-Madison House
Harlem Pride
Hope Community Services of New Rochelle
Korean Community Services
Latino Commission on AIDS
Make the Road New York
Mount Vernon City School District
Mount Vernon Neighborhood Health Center
New Rochelle Cares
New Rochelle Community Action Program
New Rochelle NAACP
New York City Department of Health and Mental Hygiene
New York Hall of Science
Northeast STEM Starter Academy at Mount Vernon
Northern Manhattan Perinatal Partnership
OM Jam, Inc.
Ossining Children's Center
Public Health Solutions/Queens Healthy Start
Sarah Lawrence College
Scarsdale Union Free Public Schools
Sun River Health
The Community Fund of Bronxville, Eastchester and Tuckahoe
The LOFT: LGBTQ+ Community Center
The Reformed Church of Bronxville
The Yonkers Family YMCA
Thomas H. Slater Center
Transportation Resources Access
Union Settlement
Van Alen Institute
Village Lutheran Church
Voces Latinas
Westchester Community Opportunity Program
Westchester County Department of Health
Westchester Department of Health
Westchester Jewish Community Services
Westside Campaign Against Hunger
White Plains Fire Department
White Plains Police Department
White Plains Public Library
White Plains Youth Bureau
YMCA of Central & Northern Westchester
Yonkers City School District
Yonkers Office for the Aging
Yonkers Partners in Education
Yonkers Public Library System
YWCA of White Plains and Central Westchester

Back to TOC

COMMUNITY HEALTH NEEDS SURVEY

2022 NewYork-Presbyterian
Community Health Needs Survey

Thank you for participating in this survey, conducted as part of a community health needs assessment for NewYork-Presbyterian (NYP), a network of hospitals and providers based in New York City and Westchester. The purpose of this survey, which is being conducted by The New York Academy of Medicine, is to identify health issues and solutions that are important in your community. The information that you provide will help NYP to deliver health services and programs and better serve the community.

This survey will take about 5-10 minutes. It is voluntary, you can skip individual questions and any information you provide will remain confidential. We will not include anything that could be used to identify you in any of our reports to the NYP.

In appreciation of your time and effort, you will receive a $15 gift card after completion of the survey.

There will be an opportunity to tell us whether you'd like to participate in a focus group related to this work at the end of the survey. If chosen to participate, you will receive an additional $50 gift certificate.

Please complete this survey only once, repeat responses will be disqualified for incentives, thank you.

If you have any questions or concerns about the survey, please contact:

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Center for Evaluation & Applied Research
The New York Academy of Medicine
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Chair, Institutional Review Board
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1216 Fifth Avenue, New York, NY 10029
212-822-7287, ell23@columbia.ed

Please select 'Continue' to take the survey.

Eligibility

1. **How old are you?** ____(in years)
   [If respondent is 17 or younger] **:** Thank you for your response, unfortunately you're not eligible to complete this survey.

2. **Where do you live?**
   - ☐ Bronx
   - ☐ Brooklyn
   - ☐ Manhattan
   - ☐ Queens
   - ☐ Staten Island
   - ☐ Westchester County
   - ☐ Other, please specify:_____

3. **What is your zip code?** _____

4. How did you hear about this survey? (Provide dropdown list)

- ☐ Asian Americans for Equality (AAE)
- ☐ CPC-Queens
- ☐ Elmcor Youth and Adult Activities
- ☐ Elmhurst Corona Recovery Collaborative
- ☐ Korean Community Services (KCS)
- ☐ Make the Road New York (MRNY)
- ☐ Public Health Solutions (PHS)
- ☐ South Asian Council for Social Services
- ☐ Battery Park Seniors
- ☐ Bronxville Senior Citizens, Inc.
- ☐ Carter Burden Network
- ☐ Church of the Epiphany
- ☐ Community League of the Heights
- ☐ Dominican Women's Development Center
- ☐ Eastchester Community Action Partnership
- ☐ Hamilton-Madison House
- ☐ Harlem Pride
- ☐ Henry Street Settlement
- ☐ HOPE Community Services
- ☐ Marble Hill Resident Council
- ☐ Northern Manhattan Coalition for Immigrant Rights
- ☐ People's Theatre Project
- ☐ White Plains Library
- ☐ Caring for the Hungry and Homeless of Peekskill (CHHOP)
- ☐ Hudson Valley Gateway Chamber of Commerce
- ☐ Neighbors Link
- ☐ Sun River Health (previously Hudson River Healthcare)
- ☐ The Field Library in Peekskill
- ☐ Yorktown Chamber of Commerce
- ☐ Yorktown Seniors Advisory Committee
- ☐ Brooklyn Chinese American Association
- ☐ Brooklyn Community Pride Center (Brooklyn Community Pride)
- ☐ CAMBA, Inc.
- ☐ Caribbean Women's Health Association (CWHA)
- ☐ Downtown Brooklyn Neighborhood Alliance (DBNA)
- ☐ The Shorefront YM-YWHA (Shorefront Y)
- ☐ Other, please specify_____

Health issues in your community

5. Overall, how would you rate the health of the people in the community where you live?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

6. What do you think are the biggest health concerns in your community? (Check all that apply)

- ❑ Adolescent and child health
- ❑ Alcohol and drug use
- ❑ Asthma
- ❑ Cancer
- ❑ COVID-19
- ❑ Diabetes
- ❑ Exercise/physical activity
- ❑ Falls among older adults
- ❑ Heart disease
- ❑ Hepatitis C
- ❑ High blood pressure
- ❑ HIV/AIDS
- ❑ Healthy pregnancy and babies
- ❑ Men's health
- ❑ Mental health (e.g., depression, stress)
- ❑ Nutrition/healthy eating
- ❑ Obesity
- ❑ Oral health
- ❑ Sexually transmitted infections
- ❑ Sickle cell anemia
- ❑ Teen pregnancy
- ❑ Tobacco use
- ❑ Vaccines
- ❑ Violence
- ❑ Women's health
- ❑ Other, please specify:_____

7. Many things outside of medical care can impact health where you live. What changes would most improve the health of the residents of your community? (Check all that apply)

- ☐ Cleaner streets
- ☐ Improved housing
- ☐ Increased number of places where adolescents can socialize
- ☐ Increased number of places where older adults can live and socialize
- ☐ Improved public transportation
- ☐ Improved street safety and neighborhood walkability
- ☐ Increased access to healthy food
- ☐ Better local jobs
- ☐ Reduced air pollution
- ☐ Reduced crime
- ☐ Reduced cigarette smoking /vaping
- ☐ More parks and recreation centers
- ☐ Reduced noise
- ☐ Reduced homelessness
- ☐ Safer or reduced drug and alcohol use
- ☐ Other, please specify: _____

Personal health and health care use

8. In general, would you say your health is…?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

9. Has a doctor or other medical professional ever told you that you have any of the following . . .?

	Yes	No
a. Arthritis	☐	☐
b. Asthma	☐	☐
c. Cancer (including skin cancer)	☐	☐
d. Chronic pain	☐	☐
e. COPD, emphysema, or chronic bronchitis	☐	☐
f. Depression or anxiety	☐	☐
g. Diabetes	☐	☐
h. Drug or alcohol addiction	☐	☐
i. Heart disease	☐	☐
j. Hepatitis C	☐	☐
k. High blood pressure	☐	☐
l. High cholesterol	☐	☐
m. HIV/AIDS	☐	☐
n. Kidney disease	☐	☐
o. Obesity	☐	☐
p. Osteoporosis	☐	☐
q. Sickle cell anemia	☐	☐
r. Other, please specify: _____	☐	☐

10. Have you ever had COVID-19?

- ☐ Yes
- ☐ No (Skip to Q11)
- ☐ Don't know

10a. Have you had COVID symptoms that lasted more than four weeks, known as long-COVID?

- ☐ Yes
- ☐ No
- ☐ Don't know

11. Do you currently have any dental issues? (e.g., unfilled cavities, gum disease, broken tooth, etc.)

- ☐ Yes
- ☐ No
- ☐ Don't know

12. Do you currently have health insurance?

- ☐ Yes
- ☐ No (Skip to Q13)
- ☐ Don't know (Skip to Q13)

12a. What type of insurance do you have? (Check all that apply)

- ☐ Medicaid
- ☐ Medicare
- ☐ Private/commercial
- ☐ VA
- ☐ Not sure what kind

13. Where do you most often go for health care? (Check ONE)

- ☐ Alternative care (e.g., herbalist, acupuncturist)
- ☐ Community health center
- ☐ Doctor or other healthcare provider office
- ☐ Emergency room
- ☐ Hospital-based practice or clinic
- ☐ Pharmacy
- ☐ Spiritual healer or leader
- ☐ Urgent care
- ☐ Other, please specify:_____
- ☐ I don't go anywhere (skip to Q14)

13a. Is the place you most often go to part of NewYork-Presbyterian?

- ☐ Yes
- ☐ No
- ☐ Don't know

14. Was there a time in the past 12 months when you needed health care or health services but did not get it?

- ☐ Yes
- ☐ No (Skip to Q15)
- ☐ Don't know (Skip to Q15)

14a. Why didn't you get care? (Check all that apply)

- ☐ Concerned about language or translation issues
- ☐ Couldn't get an appointment
- ☐ Couldn't get an appointment at the right time
- ☐ Didn't have transportation
- ☐ Didn't know where to go
- ☐ Didn't realize I needed to see a doctor
- ☐ Don't have a doctor
- ☐ Don't like to go
- ☐ Goes against my religious/cultural beliefs
- ☐ Had other responsibilities (e.g., work, childcare)
- ☐ Worried about catching COVID-19
- ☐ High cost of care (e.g., co-pay, deductible)
- ☐ I thought I wouldn't get good care
- ☐ Not insured
- ☐ Couldn't or didn't want to do a telehealth visit
- ☐ Other, please specify:_____

15. Have you had any telehealth visits in the past 12 months?

- ☐ Yes (Skip to Q16)
- ☐ No
- ☐ Don't know (Skip to Q16)

15a. Why didn't you have a telehealth visit? (Check all that apply)

- ☐ No need for telehealth visit
- ☐ Doctor didn't offer telehealth
- ☐ Don't have a computer, phone, or other device for the visit
- ☐ Don't have access to the internet
- ☐ Don't know how to use telehealth services
- ☐ Don't have enough data or minutes on my plan
- ☐ Cost of data is too high
- ☐ Did not have a private place to take the call
- ☐ Preferred an in person visit

16. During the past 12 months, how many times have you gotten care in a hospital emergency room (ER)?

- ☐ None (Skip to Q17)
- ☐ 1 time
- ☐ 2 or more times
- ☐ Don't know

16a. Why did you choose to go to the ER? (Check all that apply)

- ☐ Didn't have insurance
- ☐ Didn't have transportation to doctor's office or clinic
- ☐ Doctor's office or clinic wasn't open
- ☐ Couldn't get an appointment with my doctor
- ☐ Doctor told me to go to the ER
- ☐ Get most of my care at the ER
- ☐ Problem too serious for a doctor's office or clinic
- ☐ Other, please specify:_____
- ☐ Don't know

Hospital Services

17. Have you received medical care at any of the following NYP hospitals in the last 12 months? (Check all that apply)

- ☐ Gracie Square Hospital
- ☐ NYP Allen Hospital (220th Street)
- ☐ NYP Brooklyn Methodist Hospital
- ☐ NYP Columbia University Medical Center (168th St.)
- ☐ NYP David H. Koch Center (York Avenue)
- ☐ NYP Hudson Valley Hospital
- ☐ NYP Komansky Children's Hospital (68th Street)
- ☐ NYP Lawrence Hospital (Bronxville)
- ☐ NYP Lower Manhattan Hospital (William St.)
- ☐ NYP Morgan Stanley Children's Hospital (165th St)
- ☐ NYP Och Spine Hospital
- ☐ NYP Queens
- ☐ NYP Weill Cornell Medical Center (68th St)
- ☐ NYP Westchester Division (White Plains)
- ☐ Other, please specify:_____
- ☐ No (Skip to Q17)

17a. Which services did you use? (Check all that apply)

- ☐ Adolescent health
- ☐ Birthing/Maternity
- ☐ Dental care
- ☐ Emergency department
- ☐ Heart/Cardiology care
- ☐ Mental or behavioral health
- ☐ Pediatrics care
- ☐ Primary care (e.g., internal medicine)
- ☐ Radiology/Imaging
- ☐ Surgery
- ☐ Women's health
- ☐ Other, please specify:_____

Community Services

18. Below is a list of programs and services. For each, indicate if you have participated in the last 12 months or would like to participate in the future?

	Yes, I participated and found it useful	Yes, I participated and did not find it useful	No, I haven't participated, but I am interested
i. Nutrition programs (e.g., healthy eating and cooking programs)			
ii. Exercise programs			
iii. Health education events and lectures			
iv. Community health screening (e.g., blood pressure, diabetes)			
v. Programs to prevent and manage disease			
vi. Support groups			
vii. LGBTQ services			
viii. Mental health or counseling services			
ix. Mental health first aid training			
x. Parenting programs			
xi. Quit smoking programs			
xii. Other, please specify:_____			

Information and Activities

19. Where do you get most of your health information? (Check all that apply)

- ☐ Books
- ☐ Community based organization
- ☐ Doctor or health care provider
- ☐ Family or friends
- ☐ Health department
- ☐ Health fairs
- ☐ Health insurance plan
- ☐ Internet
- ☐ Library
- ☐ Newspapers or magazines
- ☐ Radio
- ☐ Religious organizations (e.g., church, temple)
- ☐ School
- ☐ Social media (e.g., Facebook, Instagram, TikTok, YouTube etc.)
- ☐ Television
- ☐ Workplace
- ☐ Other, please specify: _____
- ☐ Don't know

20. Which of the following do you use to communicate with your healthcare provider? (Check all that apply)

- ☐ Email
- ☐ In-person
- ☐ Online provider portal (e.g., MyChart)
- ☐ Telephone
- ☐ Text messaging
- ☐ Video conferencing (e.g., FaceTime, Zoom)
- ☐ Other, please specify: _____

Demographics

21. What is your gender?

- ☐ Woman
- ☐ Man
- ☐ Prefer to self-describe:_____
- ☐ Transgender man
- ☐ Transgender woman
- ☐ Genderqueer/Gender nonconforming
- ☐ Prefer not to answer

22. What is your sexual orientation?

- ☐ Asexual
- ☐ Gay, or lesbian
- ☐ Queer
- ☐ Bisexual
- ☐ Heterosexual or straight
- ☐ Prefer to self-describe:_____

23. What is your ethnicity?

- ☐ Hispanic or Latino or Spanish origin
- ☐ Not Hispanic or Latino or Spanish origin
- ☐ Prefer not to answer

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

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ I prefer to self-describe: _____
- ☐ Prefer not to answer

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

- ☐ Yes
- ☐ No (Skip to Q26)

25a. In what country were you born? _____

25.b How many years have you lived in the US? _____(in years)

26. What is the primary language you speak at home? (Select ONE) [*provide dropdown list*]**?**

- ☐ Albanian
- ☐ Arabic
- ☐ Bangla
- ☐ Chinese (Mandarin, Cantonese, or other)
- ☐ English
- ☐ French
- ☐ Greek
- ☐ Haitian Creole
- ☐ Hebrew
- ☐ Hindi
- ☐ Italian
- ☐ Korean
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish
- ☐ Swahili
- ☐ Tagalog
- ☐ Urdu
- ☐ Yiddish
- ☐ Other, please specify: _____

27. How well do you speak English?

☐ Very well ☐ Well ☐ Not well ☐ Not at all

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

☐ Yes ☐ No (skip to Q29)

28a. Which language? [*provide dropdown list, same as Q26*]

29. Where do you currently live or stay?

☐ Assisted living
☐ Group home
☐ Living in a shelter
☐ Living on the street
☐ Nursing/long term care
☐ Own an apartment/house
☐ Rent an apartment/house
☐ Living with friends/family
☐ Three-quarter housing/Halfway hou
☐ Other, please specify:_____

30. Which of the following describes your education as of now? (Check ONE)

☐ Did not attend high school
☐ Some high school, but did not graduate
☐ High school graduate or GED
☐ Technical or vocational training
☐ Some college but no degree
☐ Two-year degree (i.e., Associate Degree)
☐ Bachelor's degree
☐ Graduate Degree or above (i.e., MD, MSc, PhD)
☐ Other, please specify: _____
☐ Prefer not to answer

31. What is your current employment status (Check all that apply)?

☐ Employed full-time
☐ Employed part-time
☐ Student
☐ Volunteer
☐ Unemployed
☐ Receiving disability
☐ Retired
☐ Homemaker/Caregiver
☐ Other (please specify) _____
☐ Prefer not to answer

32. How many people are part of your household, including yourself, children, and adults? _____

33. During the past 30 days, have you felt angry, sad, or frustrated as a result of how you were treated based on any of the following? (Check all that apply)

☐ Age
☐ Disability
☐ Economic status
☐ Ethnicity
☐ English language skills
☐ Gender
☐ Perceived immigration status
☐ Race
☐ Nationality
☐ Religion
☐ Sexual orientation
☐ Other, please specify: _____
☐ No, I have not felt angry, sad or frustrated as a result of how I was treated

34. Thank you for completing the survey. Please provide the email address where we should send your $15 e-gift card incentive for survey completion:

_____

Gift cards are processed in batches and will be sent to your email address within 2 weeks.

35. Would you be interested in participating in a virtual focus group for this study? We would provide an additional incentive of $50.

- ☐ Yes, I am interested in participating in a focus group.
- ☐ No, I am not interested in a focus group. (Skip to end of survey)

35a. Please provide your contact information below. We will contact you if you are selected to participate.

Name: _____
Email: _____
Phone Number: _____

Thank you for helping us better understand the health needs of your community!

We thank you for your time taking this survey.
Your response has been recorded.

2022 Community Health Needs Assessment: NewYork-Presbyterian:

Focus Group Topic Guide

Thank you for taking the time to meet with us today. We are with the New York Academy of Medicine and are conducting this focus group as part of a community health needs assessment, which is a study to understand the health-related needs of people in specific communities. Hospitals in New York State must do a community health needs assessment every three years and make the results available to the public. We are conducting the needs assessment on behalf of NewYork-Presbyterian, a network of hospitals and providers across New York City and parts of Westchester, and we will report back to them on the information we get from this and other groups. They will use the information to identify ways that their hospitals and providers can better serve your community and other communities, including things they can do outside their walls.

We want to talk to you today about the most pressing health-related issues your community faces and how those issues might be addressed. As a reminder, noted in the information sheet we emailed you, everything you say today will be kept confidential and, in our report, no one will be able to connect you with the comments you make. You do not have to be part of the focus group, and you can skip particular questions. That said, you were invited here today because we want to understand your experience and perspective. With that in mind, we expect to hear from everyone in the group. If that does not feel comfortable and/or you would no longer like to participate, that is OK. Please let us know by messaging us in the chat located at the bottom of the Zoom screen.

I also want to provide some guidelines for our discussion. Information shared during this focus group should be treated as confidential by everyone present today. However, we can't control what people say later, so if you are worried that someone may repeat what you say, you do not need to say it. Also, it's okay to ask each other questions. If people disagree, we ask you to be respectful and try to understand each other's point of view. Please also speak only one person at a time. We will be recording the discussion and sending the recording to a professional transcriber. We want to make sure everyone can be heard clearly and when multiple people speak, we lose your comments on the audio. The facilitators will lead the discussion to make sure all topics are covered—and that we hear from everyone.

And lastly, a brief orientation to Zoom. It is important we minimize background noise as much as possible. If you are not speaking, please mute yourself by clicking the microphone icon on the bottom left-hand side of your Zoom window; you will see a red line through the microphone when you are muted. If you wish to speak, please unmute yourself by clicking the microphone icon again. To help create a sense of cohesion for our time together, it is important that we keep our cameras on as much as possible. To turn your camera on/off, click the video camera icon on the bottom left-hand side of the Zoom window. To see all our faces together as a group, you will see 3x3 dot grid and "View" on the top right side of the Zoom window. Click "View" and select "Gallery." So that we know how to "call" on folks, when it looks like they have something to share, you can change the name listed in your Zoom box by clicking on "Participants" at the bottom of your screen. You'll see a new box with the list of participant names. Go to your name as its currently listed, clicking "More" and "Rename" to type in your first name. If you'd like, you can include your preferred pronouns next to your name. Lastly, there are a few different ways to engage during this conversation. If you would like to raise your hand, you can do so by physically raising your hand, or by clicking on the "reactions" tab at the bottom of your Zoom window and click "raise hand." After you are called on, you can click "lower hand." You can also select

other reactions like a “thumbs up” or “heart” if you agree with what someone else is saying. Lastly, there is a talk bubble icon that says “Chat” on the bottom of the Zoom screen. Here is where you can type a question or comment for one of the facilitators privately, or for the group. The chat can also be used to communicate any technical issues you may be experiencing. You can do this by clicking “chat” and typing your message into the chat box. Click enter to send it. If you’d like to change who you send your message to, there are drop down options if you click “To:” Does anyone have any questions before we begin?

1. **To start, can you tell us what neighborhood you live in and how long you’ve lived there?**

Now, I’d like to ask about health in your community.

2. **What do you think are the greatest ***health issues*** for people in your community? (e.g., particularly common illnesses or problems)**
    a. Why do you think [*x health issue(s) mentioned*] is so common here? *(Prompt for root causes if necessary: Why do you think X is like this in this community?)*
    b. Are there people in your community that are affected more or less than others by these issues? Why do you think this is?

3. **[*If not mentioned in Q2*] Are there particular mental health issues that people in your community face, including depression, anxiety, trauma, or stress?**
    a. Are there people in your community who are more or less likely to face mental health issues? Why do you think this is?
    b. Why do you think [x mental health-related issue(s) mentioned] is/are significant here?

4. **[*If not mentioned in Q2 or 3*] Is drug and alcohol use something that negatively impacts the people in your community? Why or why not?**
    a. Are there people in your community who are more or less affected by drug or alcohol use?

5. **How do you think the COVID-19 pandemic has affected your community?**
    a. Do you feel the impact of COVID-19 has been different in your community compared to others?
    b. What services or kinds of support do you think people in your community need because of how they’ve been affected by the pandemic?

Health is more than just medical care and many things can affect health, including housing, transportation, employment, discrimination, stress in daily life, etc.

6. **What kinds of services and resources exist in this community to help people deal with challenges like housing or employment, for example?**
    a. What kinds of organizations do people look to for help with these challenges? Why? Are they available to all who need them?
    b. Are there enough services? Not enough? What would be the best way to provide these resources?

7. **Are there things about this community that affect health in a positive way, for example good housing or access to parks or healthy food?**
    a) Is everyone in the community able to access these resources? If no, who can and who can't? Why do you think this is the case?

8. **Are there organizations, services, programs or other resources that help people stay healthy? These could be faith or community organizations, gyms, cultural or arts programs, etc.**
    b) Is everyone in the community able to access these resources? If no, who can and who can't? Why do you think this is the case?
        i. Do you need more of these kinds of resources—or do they need to expand? Can you explain?

Now I'd like to discuss your experiences with NewYork-Presbyterian Hospital. As you may know, there are a range of programs that the hospital provides, and collaborations they facilitate with various community-based organizations (e.g., support groups, youth development & summer programs, senior support services, health education lectures).

9. **To start, do people use the hospital, its doctors, or its programs?**
    a. [If yes] What do you use?
    b. What have you liked or disliked about your experience with NewYork-Presbyterian, or wherever you access healthcare?
    c. [If no] Do you go somewhere else for healthcare?

10. **If you've used NYP for healthcare, how easy or hard was it to get your care there? Were there any challenges? Anything that was particularly easy?**
    a. What specifically makes it easy—or difficult—to get healthcare at NYP?
    b. Is language – or provider sensitivity—an issue?
    c. Do you have any recommendations for how getting care there could be improved?

11. **Are there any types of services or resources that you wished the hospital would provide, but you don't think it does?**

NewYork-Presbyterian cares about health equity. "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty and discrimination...including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and healthcare." This is a definition from the Robert Wood Johnson Foundation.

12. *** What do you think is the role of NewYork-Presbyterian hospital in improving health equity in your community?**
    a. Which actions from NewYork-Presbyterian Hospital tell you that the hospital is committed to the health of your community and health equity in your community?

NewYork-Presbyterian also cares about health disparities. Health disparities are differences in health or the health care received by different groups – for example by race, ethnicity, language, gender identity or orientation, or disability status. For example, we know that Black women in New York State and New York City are more likely to die in childbirth and have significant complications from pregnancy compared

to other racial and ethnic groups due, in part, to the cumulative health impacts of racism they experience over their lifetime.

13. ***Which health disparities do you see in your community?***
    a. *Which health disparities should the hospital focus on?*
    b. *How can NewYork-Presbyterian hospital improve health disparities in your community?*

Now I'd like to talk about healthcare and related services, generally, and ask about a few specific areas.

14. **One area NewYork-Presbyterian is particularly interested in is chronic disease—things like diabetes, heart disease, and asthma. Is there information and are there services available in your community to help people prevent and manage chronic disease?**
    a. What kinds of programs and services are available? Are they available to everyone who might need or want them?
    b. Are the programs and services helpful?
    c. What other services, programs or information about chronic disease would you want to have access to?
    d. How important is it to you that NYP work on preventing chronic disease in your community?

15. **Another area NewYork-Presbyterian is particularly interested in is healthy pregnancies and healthy babies. How are the programs and resources for pregnancy and new babies in this community?**
    a. What kind of services and programs are available? Are they available to everyone who might need or want them?
    b. Are the programs and services helpful?
    c. Is there anything else needed in your community to support healthy pregnancies, new parents and new babies?
    d. How important is it to you that NYP focus specifically on health during pregnancy, childbirth and infancy in your community?

16. **Who do people in your community talk to if they are feeling sad or anxious and need help with that? [*Probe if necessary*: A therapist? Another kind of doctor or someone else at a community-based organization? A religious leader? A friend or family member?]**
    a. How willing are people to seek help for these kinds of issues?
    b. Is there accessible care and available resources for people who need it?
    c. What makes it easy or difficult to get mental health care in this community?
    d. How important do you think it is that NYP provides resources and programs that support mental health in this community?

17. **Another area the hospital is focused on is HIV. Is there information and are there services available in your community to help people prevent HIV and/or help to manage living with HIV?**
    a. What kinds of services and programs are available? Are they available to everyone who might want or need them?
    b. Are the programs and services helpful?
    c. How willing do you think people are to seek out necessary services or care related to HIV?

d. Are there any HIV services or programs that are missing in this community?
e. How important do you think it is that NYP focus its efforts on programs related to HIV?

Now, we'd like to ask about telemedicine visits. With a show of hands, who here has had a telemedicine visit? This is a doctor's visit that happens over a smart phone or computer, rather than in-person. [write down number of raised hands]

18. **How did you feel about the telemedicine visit? What did you like or dislike? How could the experience be improved?**

19. **Is there anything that makes your telemedicine visits easy or hard?**
    a. [if not mentioned] What about issues like a lack of private space, having the right devices like a computer or phone, enough phone data for the visit, a stable internet connection or needing tech support?
    b. Were the instructions for how to join the visit available in your preferred language? Was the visit in your preferred language?

20. **Do you feel like you have the same kind of personal connection with your doctor during a telemedicine visit as you do when you see them in person?**
    a. [if not] Does that matter?
    b. Would people prefer remote doctors' visits in the future—or in person visits? Are there times or conditions when one is better than the other?

We have just a few more questions:

21. **Do people have ready access to dental care?**
    a. Do you go regularly, or only when there is a problem?
    b. What kind of place do you go to for dental care?
    c. Are dental services available to everyone?
    d. Are there barriers to dental services – things that make it difficult (or easy) to access?

22. **As we mentioned in the beginning of the group, the purpose of this conversation is to help NewYork-Presbyterian think about ways they can support the health of this community including things they do outside their walls. Are there any things we haven't talked about that you think NewYork-Presbyterian could do to help improve the health of the community?**

23. **Before we close, do you have any other comments about health or health care here – anything we haven't discussed?**

Thank you!

NewYork-Presbyterian 2022 Community Health Needs Assessment
Focus Group Information Sheet

Overview: You are being asked to take part in a focus group discussion about health issues and health services in your community. This discussion is part of a community health needs assessment for NewYork-Presbyterian. The findings will be included in a report that will be submitted to the New York State Department of Health, and it will help NewYork-Presbyterian to better plan programs and services for local communities. This community health needs assessment is being conducted by The New York Academy of Medicine.

Focus group process: The focus group will last approximately 90 minutes. You will be asked to talk about health concerns and other factors related to health, health and related services, and your recommendations. At the end of the group, you will receive a $50 gift card to show our appreciation for your time. You may also be asked to fill out a brief questionnaire, so we have basic information about the people participating in the group.

The focus group will be conducted using Zoom, and we will record the discussion. The recording will be sent to a professional company so they can prepare a typed version of the discussion. This is so we have a clear record of what was said. The recording will be deleted once we finish writing our report.

Participation is voluntary: You can decide if you want to join this group or not. If you decide to join, you may still skip specific questions asked.

Risks and benefits of participation: Taking part in this focus group may not benefit you personally, but we may learn new things that will help improve health care services and related programs. Although some people like to talk about their experiences, it is possible that you might feel embarrassed or uncomfortable when discussing personal views.

Data are kept private: We will not share your personal information with others. We will not include your full name or anything that could be used to identify you in any project documents, including the final reports. We ask all participants to keep the information they hear in the group private, but we cannot ensure that another group member won't repeat what he or she hears. If you are worried that something you say might be repeated later, you do not need to say it.

Questions? If you have any questions about your rights as a research participant, or if you have a concern about this study you may contact:

Linda Weiss, PhD, Director Center for Evaluation & Applied Research The New York Academy of Medicine 1216 Fifth Avenue, New York, NY 10029 212-822-7298, lweiss@nyam.org	Elaine Larson, RN, PhD, FAAN, CIC Chair, Institutional Review Board The New York Academy of Medicine 1216 Fifth Avenue, New York, NY 10029 212-822-7287, ell23@columbia.edu

2022 Community Health Needs Assessment: NewYork-Presbyterian

Key Stakeholder Interview Guide

Thank you for taking the time to meet with me today. My name is _____and I work as a _____ with the New York Academy of Medicine. This interview is part of a community health needs assessment that we are conducting for NewYork-Presbyterian, a network of hospitals and providers across New York City and parts of Westchester.

The goal of the community health needs assessment is to understand the health needs of communities and to develop a community service plan, so that NewYork-Presbyterian can better serve your community and other communities. Hospitals in New York State are required to do a community health needs assessment and community service plan every three years and make the results available to the public. In addition to these interviews, the community health needs assessment includes surveys and focus groups with community residents and reviews of publicly available data.

This interview is scheduled to last one hour.

Your name will not be associated with the findings that we share back to NewYork-Presbyterian. However, we will include a list of the organizations that we engaged as part of these interviews.

To ensure that I have an accurate record of what you said, I would like to ask your permission to please record this conversation. This recording will be for transcription purposes only and will be deleted after the reports are completed.

Do you have any questions before we begin?

NewYork-Presbyterian 2022 Community Health Needs Assessment
Key Stakeholder Interview Information Sheet

Overview: You are being asked to take part in a Key Stakeholder Interview about health issues and health services in your community. This interview is part of a community health needs assessment being conducted for NewYork-Presbyterian. The findings will be included in reports that will be submitted to the New York State Department of Health and the IRS, and they will help NewYork Presbyterian to better plan programs and services for local communities. This community health needs assessment is being conducted by The New York Academy of Medicine.

Interview process: The interview will last approximately 60 minutes. You will be asked to share your expertise and insights into health issues and services in the community that you serve. You will also be asked to provide your recommendations for how NewYork-Presbyterian can improve health conditions in your community.

The interview will be conducted using Zoom, and we will record the conversation. The recording will be sent to a professional company so they can prepare a typed version of the conversation. This is so we have a clear record of what was said. The recording will be deleted once we finish writing our reports.

Participation is voluntary: You can decide if you want to participate in this interview or not. If you decide to participate, you may still skip specific questions asked.

Risks and benefits of participation: Taking part in this interview may not benefit you personally, but we may learn new things that will help improve health care services and related programs.

Data are kept private: We will not share your personal information with others. We will include the name of your organization in the final reports, but we will not include your name in any project documents, including the final reports.

Questions? If you have any questions about your rights as a research participant, or if you have a concern about this study you may contact:

Linda Weiss, PhD, Director Center for Evaluation & Applied Research The New York Academy of Medicine 1216 Fifth Avenue, New York, NY 10029 212-822-7298, lweiss@nyam.org	Elaine Larson, RN, PhD, FAAN, CIC Chair, Institutional Review Board The New York Academy of Medicine 1216 Fifth Avenue, New York, NY 10029 212-822-7287, ell23@columbia.edu

NYAM IRB
Approved Consent Form
Protocol # 042919-multi
Approval date: April 1, 2022
for use thru: March 31, 2023
5/6/2022

Interview Questions

Section 1: Getting to Know You and Your Organization
To start, I'd like to ask some background questions about you and your organization.

1. Can you briefly describe your role in your organization?

2. Very briefly, can you please describe the major programming or service areas of your organization?

3. [if not mentioned in Q2] Does your organization work in any specific health areas? (e.g., maternal health, mental health). If so, what are they?

4. Does your organization currently have any partnerships or collaborations with NYP? If so, can you please describe what they are?

    a. How do you feel they are working?

Section 2: Getting to Know Your Community
I'd like to change topics a bit and ask about your community.

5. How would you describe the community that your organization serves?
    a. Does your organization serve any specific populations, for example, a particular racial or ethnic group, gender, age, or religious community?

6. How has the COVID-19 pandemic affected your community?
    a. What resources have been developed to help support individuals in response to COVID-19?
    b. What services or kinds of support do you think people in your communities continue to need?

NYP has identified the following health issues as a priority for the communities they serve:

- Maternal and Child Health
- Mental Health
- HIV
- Chronic Diseases (Diabetes, Heart Disease, Asthma)

7. How well does this list of health issues cover the major health challenges in your community? Is there anything else that should be added to the list?
    a. In your work, how do you keep abreast or informed of the major health issues in your community?

8. Are some demographic or population groups more heavily impacted by these health issues than others? If so, what do you think causes this disparity?

Section 3: Health Resources in Your Community

I'd like to shift again and ask about resources to support good health in your community.

9. What resources exist in the community you serve to help prevent or manage the major health issues we just discussed. I assume you wouldn't be familiar with all the issues and resources, so feel free to focus on the ones you are most familiar with.

10. Are the services and resources we have been talking about—both to prevent and manage health problems—widely available, or are there barriers to access for some individuals or groups? Can you give any examples?
    a. If disparities exist, why do you think that is?

11. Can you tell me about any services or resources provided by NYP—that you know of—to address the major health needs in your community?
    a. What do you think about these services or resources—are they effective?

12. What more do you think NYP can do to prevent or address the health issues we are discussing?

Section 4: NYP in Your Communities

NewYork-Presbyterian cares about health equity. "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty and discrimination...including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and healthcare." This is a definition from the Robert Wood Johnson Foundation.

13. What do you think is the role of NewYork-Presbyterian hospital in improving health equity in your community?
    a. Which actions from NewYork-Presbyterian Hospital tell you that the hospital is committed to the health of your community and health equity in your community?

14. Do you have a sense of how easy or hard it is for community members to access NYP medical services and other programs?
    a. What practices or resources support or encourage community members' use of NYP services?
    b. What makes it difficult for community members—or some community members—to use NYP services?
    c. Do you have any recommendations for how access to NYP services could be improved?

15. NYP offers telehealth visits and will continue to do so. Do you think your community has easy access to telehealth visits?
    a. Are there particular access issues you hear about, for example technology or data issues, or issues around comfort more generally?

My last questions focus on general recommendations for NYP:

16. What can NYP do more of—or better—to help address health disparities in your community?
    a. Are there any particular health disparities that you think NYP should focus on addressing? Can you explain?

17. Are there any other efforts, practices, or initiatives that we haven't talked about that you think New York-Presbyterian should take on, including things they can do outside of their walls, to help improve the health of the community?
    a. In your opinion, are there any specific efforts that health systems like NYP are uniquely positioned to implement?

18. Before we close, do you have any other comments about health or health care that would be important to share in this community health needs assessment?

19. Is there anything I should have asked about but didn't?

Thank you!

RECRUITMENT

NewYork-Presbyterian wants to hear from you!

Scan the QR code or go to https://bit.ly/chna2022 to fill out a survey about health in your community and receive a **$15 Amazon gift card**.

*You may also choose to be invited to a virtual focus group and receive an **additional $50 gift card**.*

THE NEW YORK ACADEMY OF MEDICINE

Back to TOC

APPENDIX V

COMMUNITY MEMBER SURVEY

Summary Results

A community member survey was disseminated through community-based organizations working throughout the Gracie Square Hospital catchment area, including organizations that serve specific populations (e.g., LGBTQ+, immigrants, older adults) and through Craigslist, Facebook, and other social media. The survey was comprised of thirty-three close-ended questions and was available in English, Spanish, simplified Chinese, Haitian Creole, Russian, and Korean. It was accessible from May through July 2022. Participants received a $15 gift card for completion.

A total of 680 people in the Gracie Square Hospital catchment area completed the survey. With the exception of the eligibility questions (age = 18 or older and zip code in the catchment area), participants were able to skip individual questions, so counts for several questions do not total 680. Percentages shown in the tables are based on the number of people who responded to a question (valid responses), rather than the full sample.

Table 1. Survey Language	n = 680	
	n	%
English	565	83%
Spanish	45	7%
Chinese	29	4%
Haitian Creole	21	3%
Russian	14	2%
Korean	6	1%

Table 2. Participant Demographics	n = 680	
	n	%
Retired or on disability	79	12%
Student	44	7%
Homemaker/Caregiver	24	4%
Volunteer/Other	22	3%

[a]*multiple responses permitted*

Table 2. Participant Demographics	n = 680	
	n	%
Age (mean = 39 years)		
18–24	84	12%
25–34	220	32%
35–44	174	26%
45–54	76	11%
55–64	54	8%
65+	71	10%
Gender		
Woman	366	54%
Man	285	42%
Genderqueer/gender non-conforming	13	2%
Transgender	13	2%
Self-described	2	0%
Sexual orientation		
Heterosexual or straight	515	77%
LGBTQ+	150	23%
Education		
Did not graduate high school	47	7%
High school graduate or GED	95	14%
Technical school or some college	169	25%
Two-year degree (associate degree)	60	9%
Bachelor's degree	203	30%
Graduate degree or above	95	14%
Employment [a]		
Employed full-time	342	52%
Employed part-time	141	21%
Unemployed	68	10%

Table 3. Race, Ethnicity, and Language	n = 680	
	n	%
Race[a]		
White	315	50%
Black or African American	204	32%
Asian or Asian American	70	11%
American Indian or Alaskan Native	26	4%
Native Hawaiian or Pacific Islander	4	1%
Self-described	11	2%
Latino/Latina or Spanish origin		
Not Latino/Latina or Spanish origin	386	61%
Latino/Latina or Spanish origin	252	39%
Born outside of the U.S.		
Yes	161	24%
Primary language spoken at home		
English	521	77%
Spanish	74	11%
Chinese (Mandarin, Cantonese, or other)	36	5%
Haitian Creole	19	3%
Russian	11	2%
Korean	5	1%
Other languages	9	1%
How well do you speak English?		
Very well	496	73%
Well	104	15%
Not well	63	9%
Not at all	15	2%

[a] *multiple responses permitted*

Back to TOC

Table 4. Health Insurance	n = 680	
	n	%
Health insurance		
Has health insurance[a]	587	87%
Public[b]	379	65%
Private/commercial[b]	240	41%
Unsure of type of insurance[b]	25	4%
Uninsured	76	11%
Don't know	8	1%

[a] multiple responses permitted
[b] percentages based on the number of respondents who indicated having health insurance (n= 1,090)

Table 5. Personal Health	n = 680	
	n	%
Self-reported health status		
Excellent	52	8%
Very good	225	34%
Good	290	43%
Fair	90	13%
Poor	13	2%
Self-reported health conditions[a]		
Depression or anxiety	262	39%
High blood pressure	178	26%
Obesity	170	25%
Chronic pain	164	24%
Arthritis	143	21%
High cholesterol	140	21%
Asthma	106	16%
Diabetes	82	12%
Osteoporosis	82	12%
Heart disease	75	11%
Had COVID-19		
No	355	53%
Yes	278	41%
Had long COVID-19 [b]	92	33%
Don't know	39	6%
Currently have dental issues		
Yes	344	53%

[a] multiple responses permitted
[b] percentages based on the number of respondents who indicated having COVID-19 (n= 278)

Table 6. Healthcare Access and Use	n =680	
	n	%
Location most often visited for healthcare		
Doctor or other healthcare professional office	312	46%
Hospital-based practice	129	19%
Community health center	124	18%
Needed healthcare or health services in past 12 months but did not get it		
Yes	183	28%
Reasons for not getting healthcare or health services in past 12 months[a,b]		
Couldn't get an appointment at the right time	79	43%
Couldn't get an appointment	75	41%
High cost of care	61	33%
Worried about catching COVID-19	57	31%
Emergency department visit in the last 12 months		
None	426	63%
1 time	164	24%
2 or more times	85	13%
Reasons for choosing to get care in a hospital ED in the last 12 months[a,c]		
Problem was too serious for a doctor or clinic	98	39%
Doctor or clinic wasn't open	67	27%
Doctor told me to go to the ED	45	18%
Get most of my care at the ED	38	15%
Couldn’t get an appointment with my doctor	38	15%
Didn’t have transportation	23	9%

[a] multiple responses permitted
[b] percentages based on the number of respondents who indicated needing healthcare and not receiving it in past 12 months (n= 359)
[c] percentages based on the number of respondents who indicated getting care in the ED in the last 12 months (n= 249)

Table 7. Telehealth	n = 680	
	n	%
Had telehealth visits in the past 12 months		
Yes	393	59%
U.S. born with telehealth visits	339	65%
Born outside the U.S. with telehealth visits	54	34%
Reasons for not having a telehealth visit in the past 12 months [a] [b]		
No need for telehealth visit	162	59%
Preferred in person visit	73	27%
Didn't know how to use telehealth service	37	13%
Doctor didn't offer telehealth	34	12%
Don't have access to the internet, data, minutes or device for visit	22	8%

[a] multiple responses permitted
[b] percentages based on the number of respondents who indicated not having a telehealth visit in the last 12 months (n = 275)

Table 8. Health Information and Communication n = 680		
	n	%
Get most of my health information from [a]		
Doctor or healthcare provider	427	63%
Internet	421	62%
Social media	260	38%
Family or friends	243	36%
Health insurance plan	205	30%
Community based organization	197	29%
Health department	186	27%
Newspapers or magazines	141	21%
Television	139	20%
Books	112	16%
Health fairs	70	10%
Radio	69	10%
Methods of communication with healthcare providers [a]		
In person	470	69%
Telephone	456	67%
Email	283	42%
Video call	233	34%
Online provider portal	168	25%
Text messaging	106	16%

[a] multiple responses permitted

Table 9. Community Health	n = 680	
	n	%
Health status of community		
Excellent	37	6%
Very good	150	22%
Good	268	40%
Fair	179	27%
Poor	36	5%
Biggest health concerns in community [a]		
Mental health (e.g., depression, stress)	362	53%
Alcohol and drug use	332	49%
COVID-19	314	46%
High blood pressure	273	40%
Nutrition/Healthy eating	261	38%
Diabetes	257	38%
Tobacco use	247	36%
Obesity	237	35%
Heart disease	198	29%
Violence	194	29%
Oral health	182	27%
Asthma	174	26%
Exercise/Physical activity	167	25%
Sexually transmitted infections	164	24%
Women's health	160	24%
Cancer	148	22%
Adolescent health	143	21%
HIV/AIDS	140	21%
Falls among older adults	126	19%
Men's health	107	16%
Vaccines	103	15%
Healthy pregnancy and babies	95	14%
Teen pregnancy	91	13%
Hepatitis C	36	5%
Sickle cell anemia	33	5%

[a] multiple responses permitted

Table 10. Recommended Community-Level Changes n = 680		
	n	%
Changes that would improve neighborhood health [a]		
Increased access to healthy food	377	55%
Cleaner streets	328	48%
Safer or reduced drug and alcohol use	314	46%
Reduced crime	308	45%
Reduced cigarette smoking/vaping	301	44%
Improved housing	301	44%
Reduced homelessness	283	42%
Improved street safety and neighborhood walkability	281	41%
Reduced air pollution	274	40%
Increased # of places where older adults can live and socialize	237	35%
Reduced noise	227	33%
Increased # of places where adolescents can socialize	220	32%
More parks and recreation centers	219	32%
Improved public transportation	216	32%
Better local jobs	209	31%
Other	13	2%

[a] multiple responses permitted

Table 11. Experience of Discrimination n = 680		
	n	%
During the past 30 days, have you felt angry, sad, or frustrated as a result of how you were treated based on any of the following? [a]		
No, I have not felt angry, sad, or frustrated as a result of how I was treated	269	40%
Yes, based on:		
Economic status	215	32%
Race/ethnicity/nationality	166	24%
Black or African American [b]	90	44%
Asian [c]	20	29%
Latino/Latina [d]	51	20%
Age	133	20%
Gender	95	14%
Sexual orientation	53	8%
Religion	49	7%
Disability	36	5%
Perceived immigration status	32	5%
English language skills	32	5%
Other	8	1%

[a] multiple responses permitted
[b] percentages based on the number of respondents who are Black or African American (n = 204)
[c] percentages based on the number of respondents who are Asian (n = 70)
[d] percentages based on the number of respondents who are Latino Latina (n = 252)

FOCUS GROUP CHARACTERISTICS

Table 1. Focus Group Characteristics	n = 309	
	n	%
Composition		
Community Members (n = 36 groups)[a]	218	71%
Community Advisory Boards (n = 8 groups)[b]	91	29%
Language		
English (n = 32 groups)	236	76%
Spanish (n = 6 groups)	41	13%
Mandarin (n = 4 groups)	32	10%

[a] *Nine community focus group participants did not complete surveys so demographic information is not available*
[b] *CAB focus group participants did not complete surveys so demographic information is not available*

Table 2. Participant Demographics	n = 209	
	n	%
Age (mean = 45 years)		
18–24	32	15%
25–34	49	23%
35–44	38	18%
45–54	18	9%
55–64	22	11%
65–74	23	11%
7–84	22	11%
85+	5	2%
Residence		
Brooklyn	57	27%
Manhattan	53	25%
Queens	46	22%
Westchester	30	14%
Bronx	22	11%
Staten Island	1	0%

Table 2. Participant Demographics	n = 209	
Gender	n	%
Woman	133	64%
Man	66	32%
Genderqueer/gender non-conforming	3	1%
Transgender women	4	2%
Transgender man	2	1%
Self-described	1	0%
Sexual orientation		
Heterosexual or straight	133	64%
LGBTQ+	64	31%
Missing	12	6%
Education		
Did not graduate high school	89	7%
High school graduate or GED	182	14%
Technical school or some college	324	26%
Two-year degree (associate degree)	130	10%
Bachelor's degree	369	29%
Graduate degree or above	165	13%
Missing	2	1%
Employment[a]		
Employed full-time or part-time	105	50%
Unemployed	33	16%
Retired	41	20%
Student	11	5%
Homemaker/Caregiver	19	9%
Receiving disability	9	4%
Volunteer/other	8	4%
Prefer not to answer	4	2%

[a]multiple responses permitted

Table 3. Race, Ethnicity, and Language	n = 209	
	n	%
Race[a]		
Black or African American	68	33%
White	55	26%
Asian or Asian American	43	21%
American Indian or Alaskan Native	7	3%
Native Hawaiian or Pacific Islander	1	0%
Self-described	10	5%
Prefer not to answer	13	6%
Latino/Latina or Spanish Origin		
Not Latino/Latina or Spanish origin	114	55%
Latino/Latina or Spanish origin	69	33%
Missing/Prefer not to answer	26	12%
Born outside of the U.S.		
Yes	92	44%
Primary language spoken at home		
English	127	61%
Spanish	42	20%
Chinese (Mandarin, Cantonese, or other)	36	17%
Bangla	1	0%
French	1	0%
Swahili	1	0%
Other languages	1	0%
How well do you speak English?		
Very well	128	66%
Well	21	10%
Not well	39	19%
Not at all	11	5%

[a] *multiple responses permitted*

Table 4. Experience of Discrimination	n = 209	
	n	%
During the past 30 days, have you felt angry, sad, or frustrated as a result of how you were treated based on any of the following?[a]		
Yes, based on:		
Have not felt angry, sad, or frustrated as a result of how I was treated	84	40%
Race/ethnicity/nationality	58	28%
Economic status	35	17%
Gender	31	15%
Age	30	14%
English language skills	19	9%
Sexual orientation	17	8%
Religion	14	7%
Perceived immigration status	12	6%
Disability	10	5%
Other	15	7%

[a] *multiple responses permitted*

Table 5. Community Advisory Board (CAB)	n = 91	
CAB focus groups	**n**	**%**
NewYork-Presbyterian Brooklyn Methodist Hospital	10	11%
NewYork-Presbyterian/Columbia University Irving Medical Center	13	14%
NewYork-Presbyterian Lower Manhattan Hospital	16	18%
NewYork-Presbyterian Hudson Valley Hospital	11	12%
NewYork-Presbyterian Queens	11	12%
NewYork-Presbyterian/Weill-Cornell Medical Center	5	5%
NewYork-Presbyterian Westchester	13	14%
NewYork-Presbyterian Westchester Behavioral Health	12	13%

APPENDIX VII

SECONDARY DATA SOURCES

1. **AIDSVu, Emory University's Rollins School of Public Health** (https://aidsvu.org/)
2. **Centers for Disease Control and Prevention, National Center for Health Statistics**
    a. PLACES: Local Data for Better Health (https://www.cdc.gov/places/index.html)
3. **Citizens Committee for Children New York. Keeping Track Online: The Status of New York City Children.** (data.cccnewyork.org/)
4. **DATA USA** (https://datausa.io/)
5. **ImageNYC: Interactive Map of Aging.** (http://imagenyc.nyam.org/map/)
6. **March of Dimes. Peristats.** (https://www.marchofdimes.org/peristats/data?top=3)
7. **New York City Department of Health and Mental Hygiene**
    a. COVID-19 Data (https://www1.nyc.gov/site/doh/covid/covid-19-data-totals.page)
    b. Environment and Health Data Portal (https://a816-dohbesp.nyc.gov/IndicatorPublic/Subtopic.aspx)
    c. EpiQuery: NYC Interactive Health Data System (https://a816-health.nyc.gov/hdi/epiquery/)
    d. NYC Community Health Survey (https://www1.nyc.gov/site/doh/data/data-sets/community-health-survey.page)
    e. Vital Statistics Data (https://www1.nyc.gov/site/doh/data/data-sets/vital-statistics-data.page)
8. **New York City Open Data**
    a. Maintenance Code Violations (https://data.cityofnewyork.us/Housing-Development/Housing-Maintenance-Code-Violations/wvxf-dwi5)
9. **New York City Police Department**
    a. Citywide Crime Statistics (https://www1.nyc.gov/site/nypd/stats/crime-statistics/citywide-crime-stats.page)
10. **Princeton University. Eviction Lab.** (https://evictionlab.org/eviction-tracking/new-york-ny/)
11. **Robert Wood Johnson Foundation. County Health Rankings & Roadmaps** (http://www.countyhealthrankings.org/)
12. **Social Science Research Council, Measure of America: Data2go.NYC** (http://www.data2go.nyc)
13. **New York State Cancer Registry**
14. **New York State Department of Health**
    a. County Indicators by Race/Ethnicity (CHIRE): (https://www.health.ny.gov/statistics/community/minority/county/index.htm
    b. New York State Department of Health. New York State Health Profiles. (https://profiles.health.ny.gov/hospital/county_or_region/)
    c. Prevention Agenda Dashboard (https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=sh)

15. **U.S. Census Bureau**

    a. American Community Survey

    b. Quick Facts (https://www.census.gov/quickfacts/fact/table/US/PST045221)

    c. American Community Survey (ACS) 2016-2020 Estimates

    d. American Community Survey: Poverty Status in Past 12 Months.

    e. American Community Survey: Median Income in the United States (in 2020 Inflation-Adjusted Dollars)

    f. American Community Survey: Poverty Status in the Past 10

16. **USDA Food Research Atlas**

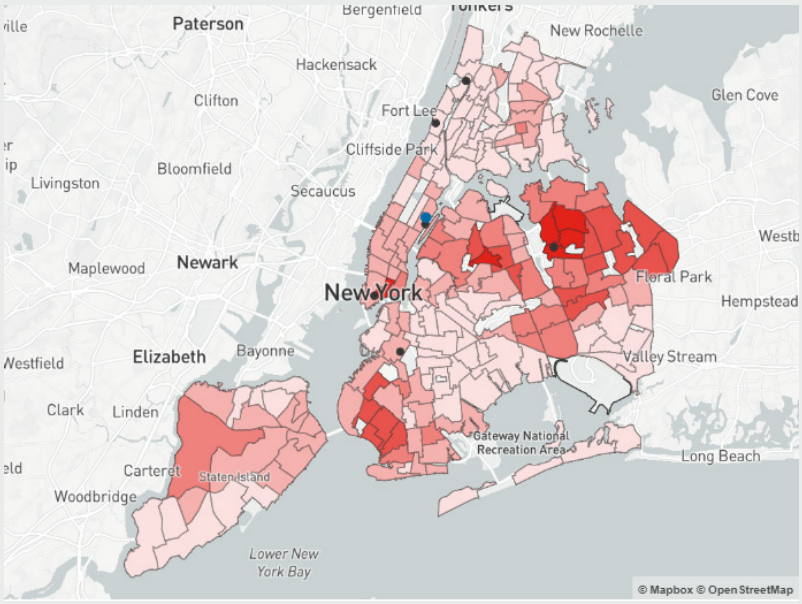
17. **Westchester Community Foundation. Westchester Index.** (https://westchesterindex.org/)

18. **Westchester County Government. Westchester County COVID-19 Dashboard.** (https://wcgis.maps.arcgis.com/apps/dashboards/280339d96db14efd9cc304dba0f3a71d)

19. **Where we Live NYC. Explore Data: Health.** (https://wherewelive.cityofnewyork.us/explore-data/access-to-opportunity/health/)

DEMOGRAPHICS

Asian population in New York City



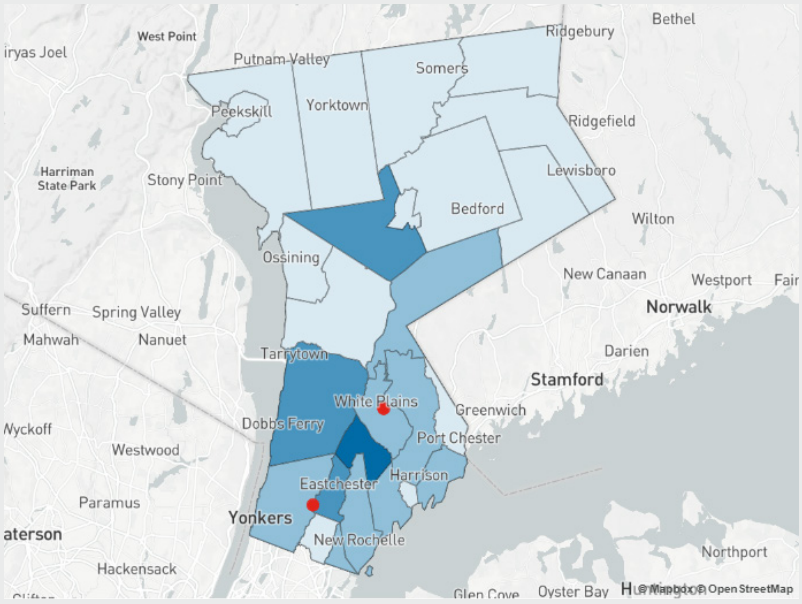
Source: U.S. Census. ACS 5-year 2016–2020.

Percent of population that identifies as Asian (non-Latino/a)

- 0%–<9%
- 9%–<21%
- 21%–<35%
- 35%–<58%
- 58%–72%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Asian population in Westchester County



Source: U.S. Census. ACS 5-year 2016–2020.

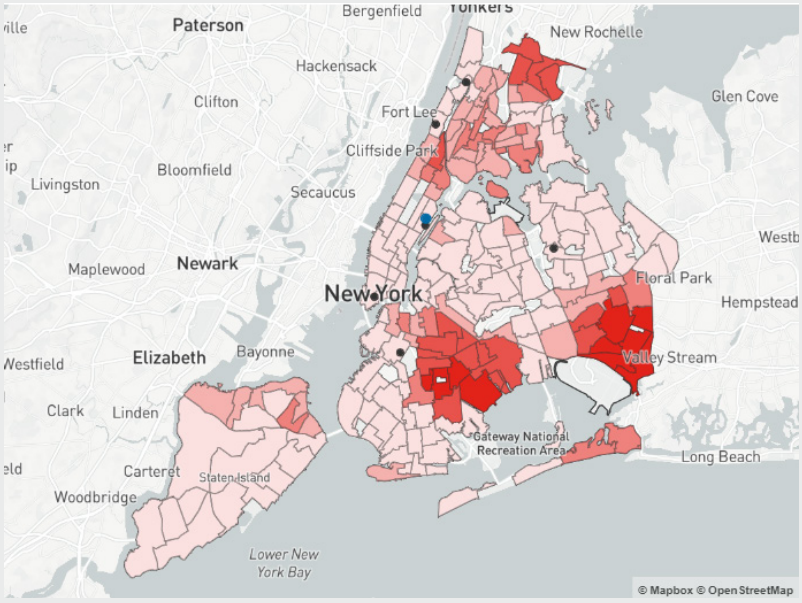
Percent of population that identifies as Asian (non-Latino/a)

- 2%–<5%
- 5%–<9%
- 9%–<13%
- 13%–16%
- NewYork-Presbyterian Hospital locations*
- County subdivisions

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Back to TOC

Black/African American population in New York City



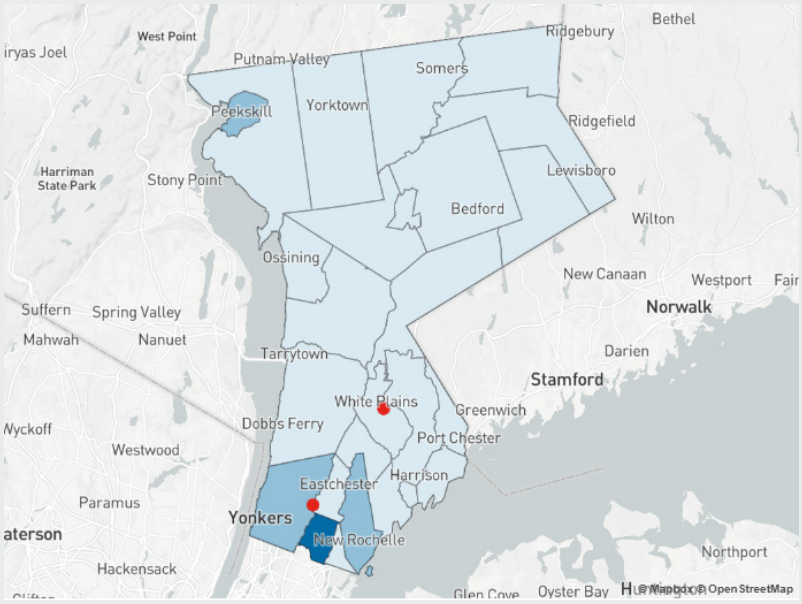
Percent of population that identifies as Black or African American (non-Latino/a)

- 0%–<14%
- 14%–<32%
- 32%–<55%
- 55%–<81%
- 81%–89%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016–2020.

Black/African American population in Westchester County



Percent of population that identifies as Black or African American (non-Latino/a)

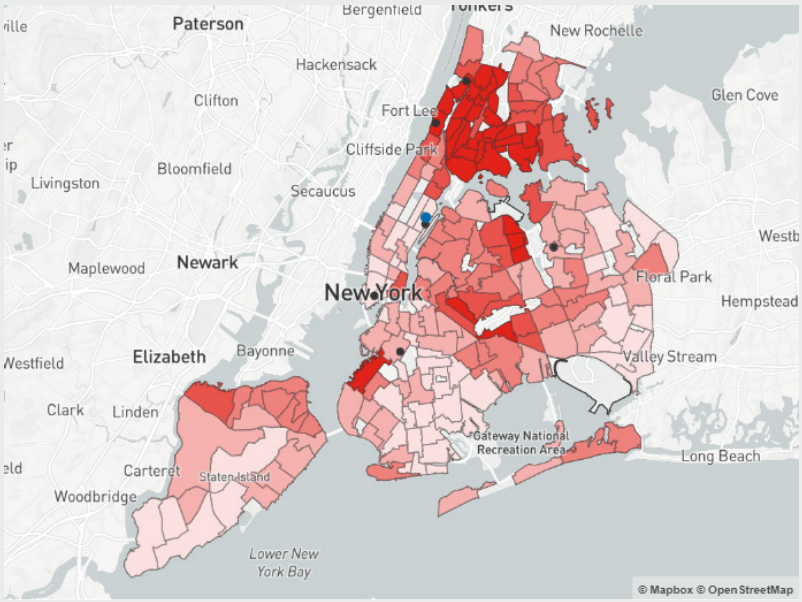
- 2%–<5%
- 5%–<9%
- 9%–<13%
- 13%–16%
- NewYork-Presbyterian Hospital locations*
- County subdivisions

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016–2020.

Back to TOC

Latino/a population in New York City



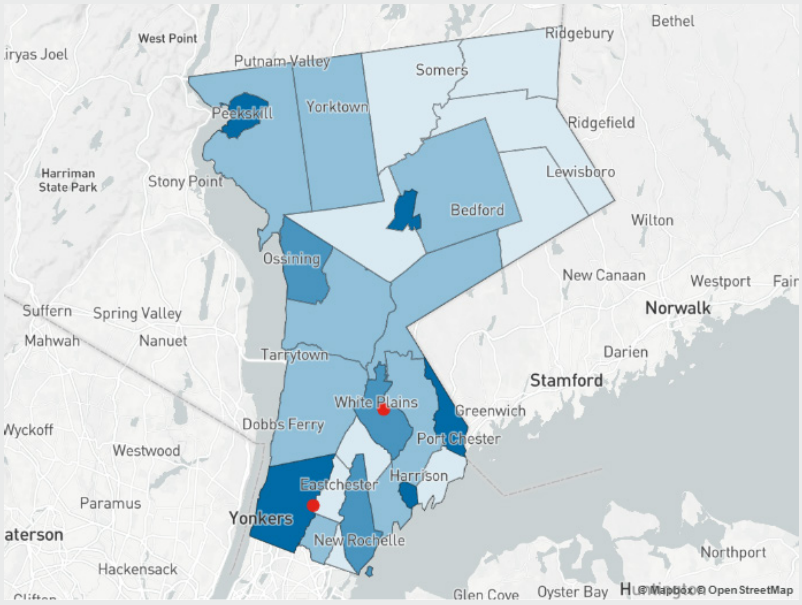
Percent of population that identifies as Latino/a (of any race)

- 1%–<13%
- 13%–<23%
- 23%–<38%
- 38%–<58%
- 58%–85%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016–2020.

Latino/a population in Westchester County



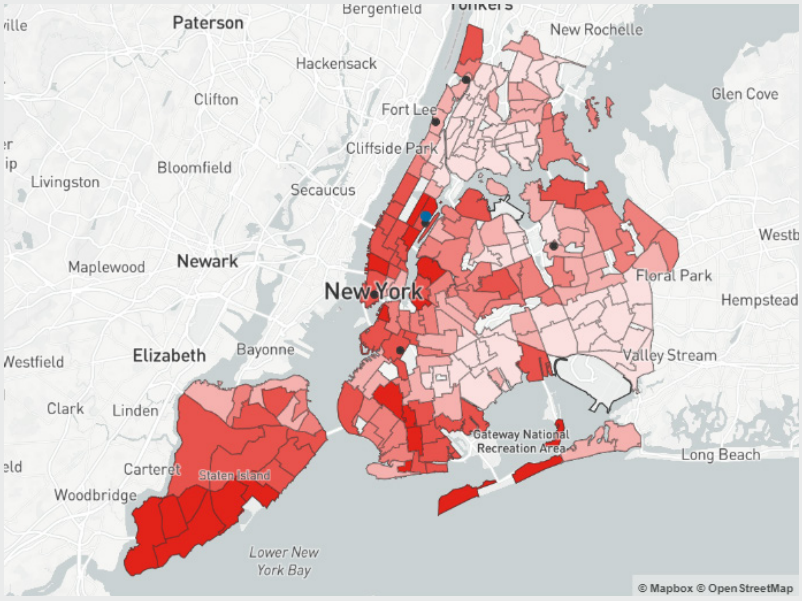
Percent of population that identifies as Latino/a (of any race)

- 2%–<13%
- 13%–<24%
- 24%–<34%
- 34%–45%
- NewYork-Presbyterian Hospital locations*
- County subdivisions

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016–2020.

White population in New York City



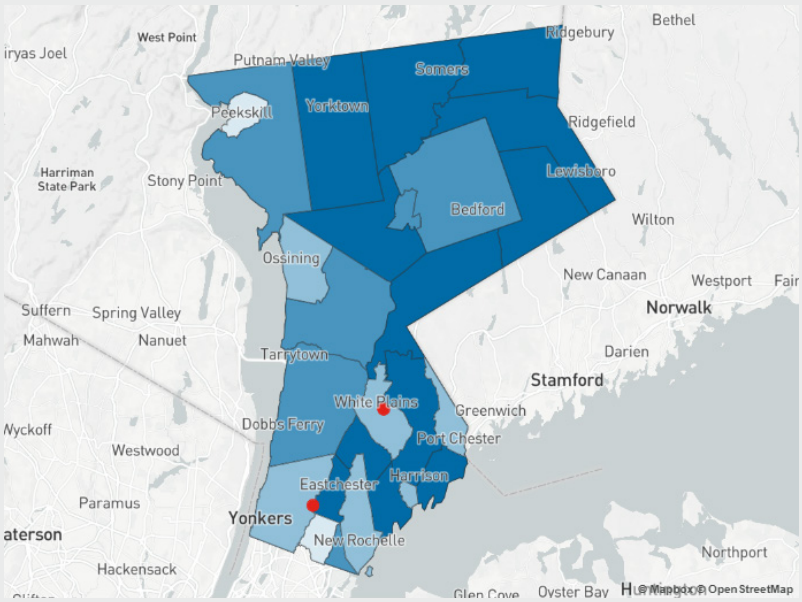
Source: U.S. Census. ACS 5-year 2016–2020.

Percent of population that identifies as White (non-Latino/a)

- 1%–<12%
- 12%–<32%
- 32%–<53%
- 53%–<72%
- 72%–93%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

White population in Westchester County



Source: U.S. Census. ACS 5-year 2016–2020.

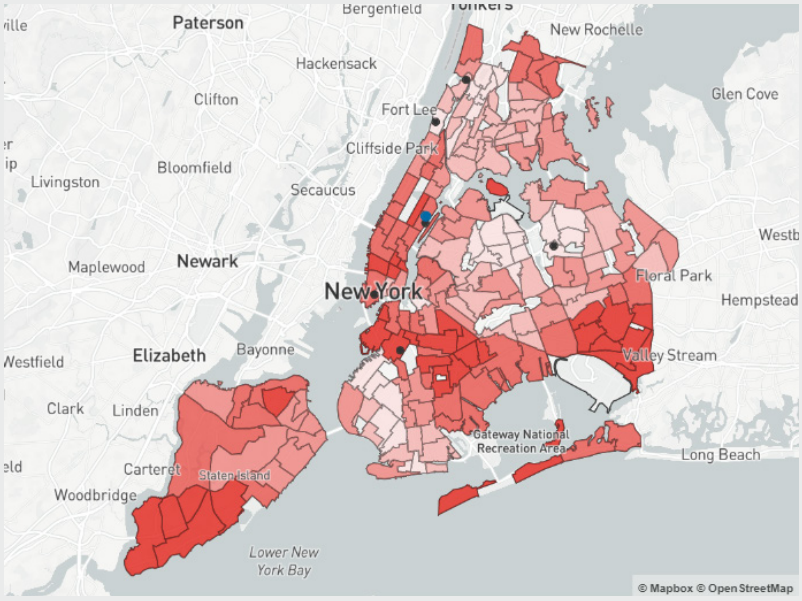
Percent of population that identifies as White (non-Latino/a)

- 17%–<35%
- 35%–<53%
- 53%–<70%
- 70%–88%
- NewYork-Presbyterian Hospital locations*
- County subdivisions

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Back to TOC

Language in New York City



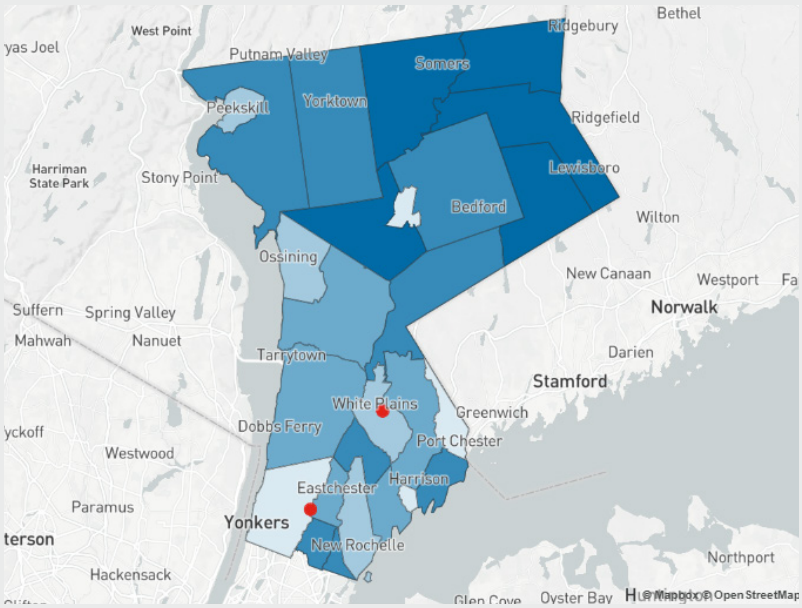
Percent that speak only English at home (age 5 and over)

- 9%–30%
- 30%–44%
- 44%–60%
- 60%–74%
- 74%–88%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016-2020

Language in Westchester County



Percent that speak only English at home (age 5 and over)

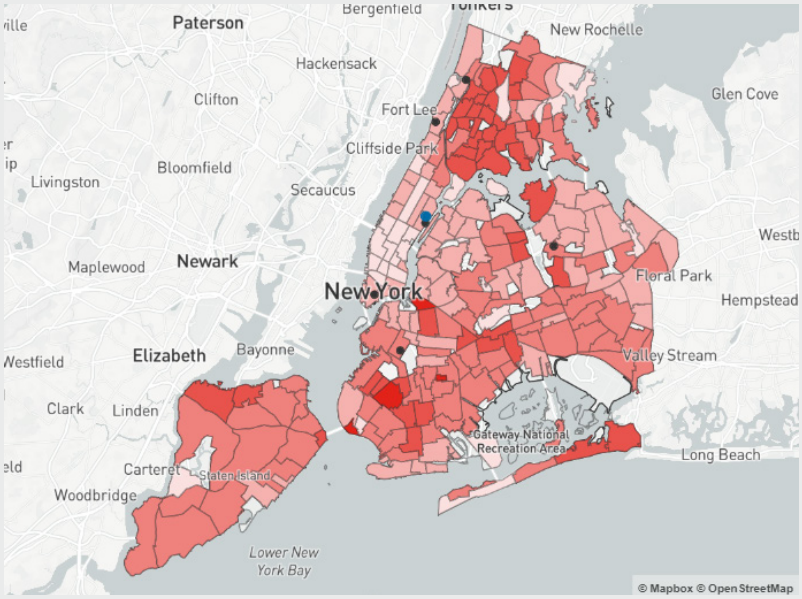
- 49%–58%
- 58%–71%
- 71%–76%
- 76%–83%
- 83%–90%
- NewYork-Presbyterian Hospital locations*
- County subdivisions

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016-2020

Back to TOC

Child population in New York City



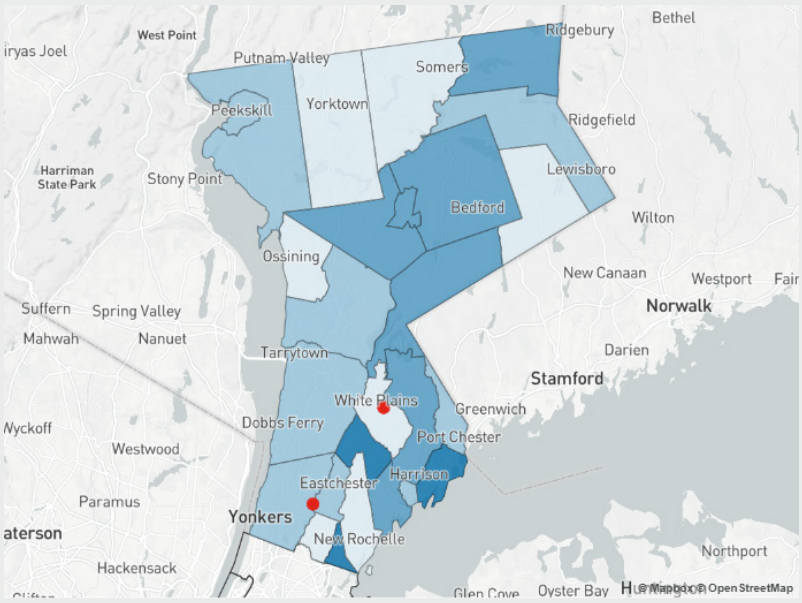
Percent of population under age 18 (children)

- 0%–11%
- 11%–9%
- 19%–24%
- 24%–38%
- 38%–51%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016-2020

Child population in Westchester County



Percent of population under age 18 (children)

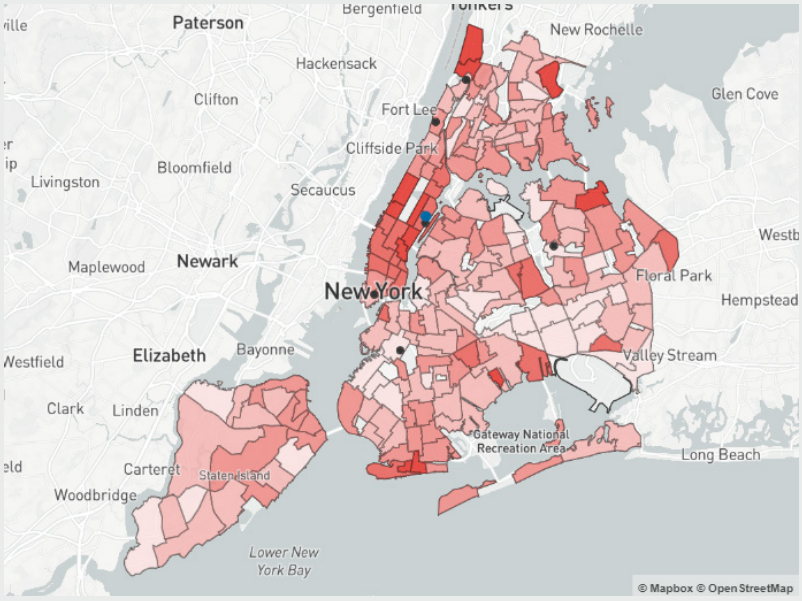
- 17%–21%
- 21%–24%
- 24%–30%
- 30%–32%
- NewYork-Presbyterian Hospital locations*

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016-2020

Back to TOC

Older adults living alone in New York City



Percent of older adults living alone

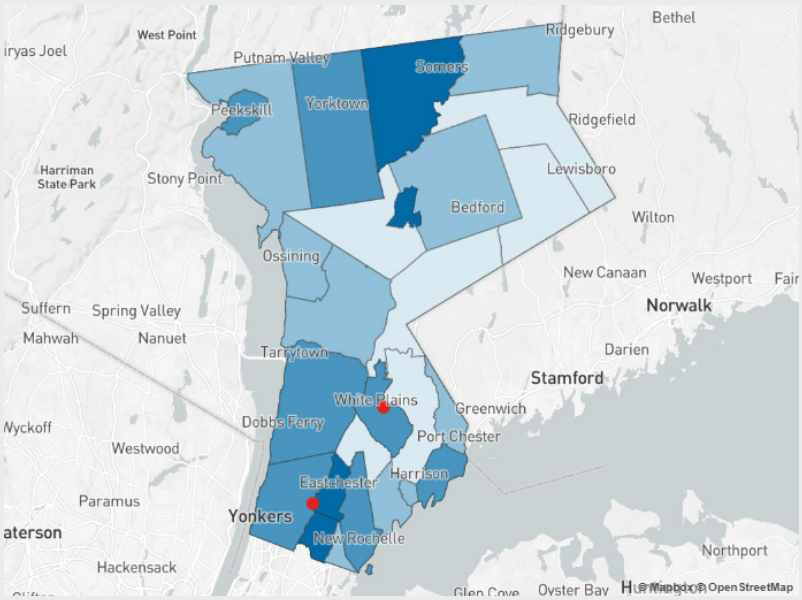
- 0%–3%
- 3%–4%
- 4%–6%
- 6%–9%
- 9%–14%

- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016-2020

Older adults living alone in Westchester County



Percent of the population 65 and older living alone

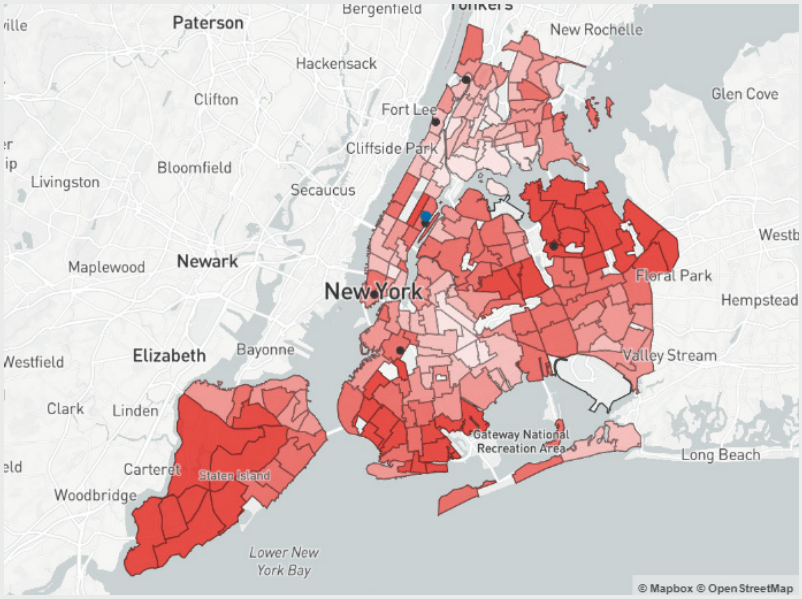
- 17%–21%
- 21%–24%
- 24%–30%
- 30%–32%

- NewYork-Presbyterian Hospital locations*

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016-2020

Marital status in New York City



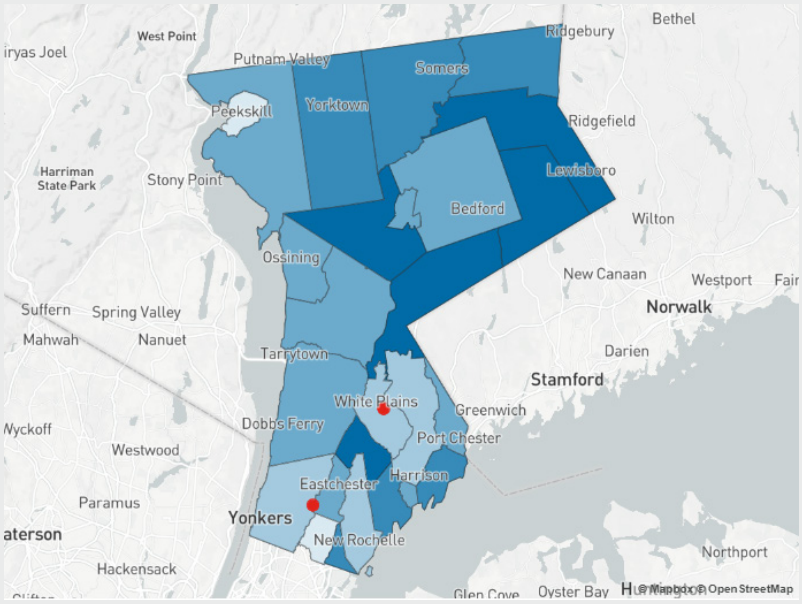
Percent of population that is married (age 15 and over)

- 11%–27%
- 27%–32%
- 32%–39%
- 39%–45%
- 45%–51%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016-2020.

Marital status in Westchester County



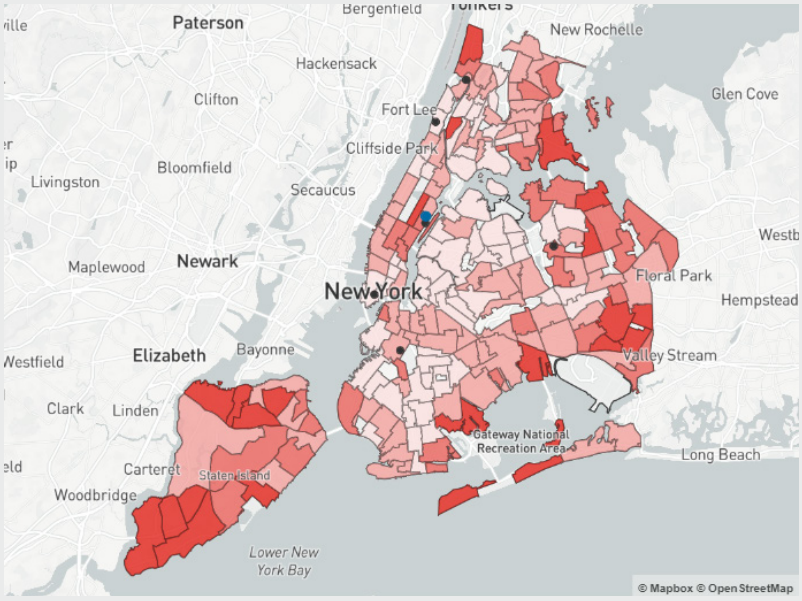
Percent of population that is married (age 15 and over)

- 38%–46%
- 46%–53%
- 53%–59%
- 59%–66%
- 66%–72%
- NewYork-Presbyterian Hospital locations*

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016-2020.

Veteran status in New York City



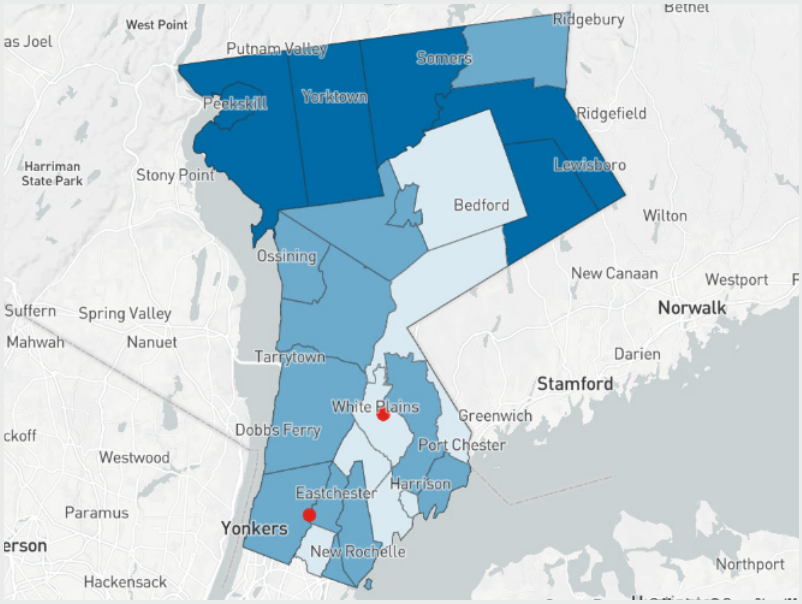
Percent population veteran (over age 18)

- 0%–2%
- 2%–3%
- 3%–4%
- 4%–5%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester Count,y and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016-2020.

Veteran status in Westchester County



Percent population veteran (over age 18)

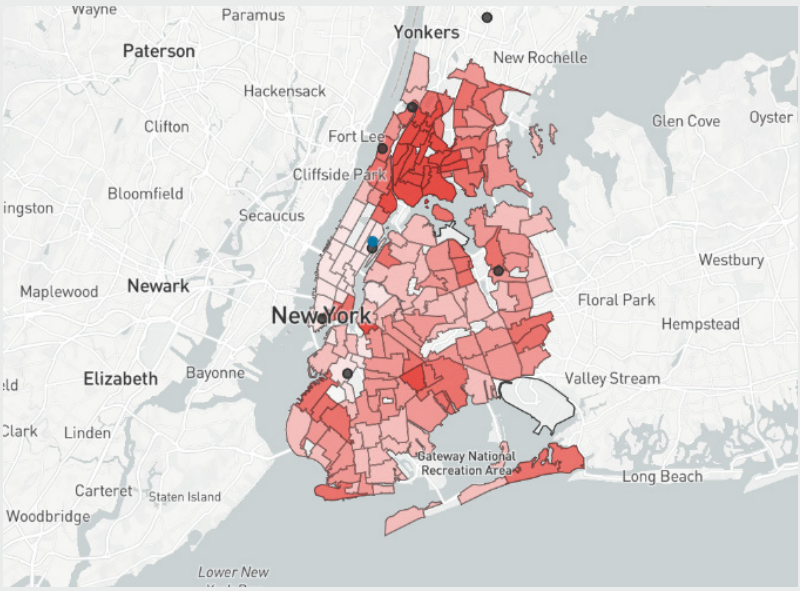
- 2%–3%
- 3%–5%
- 5%–6%
- NewYork-Presbyterian Hospital locations*
- County subdivisions

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016-2020.

Health Status

Fair or poor health in New York City



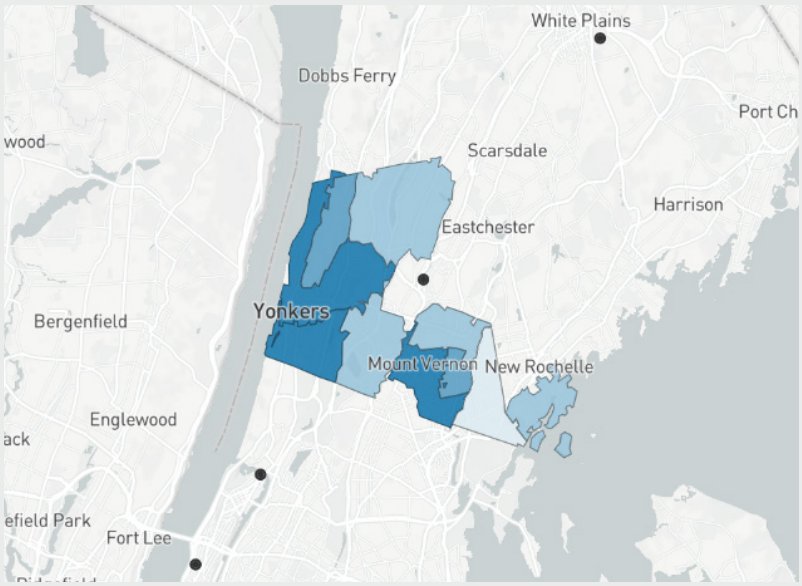
Percent of adults that rate their health as fair or poor

- 8%–<14%
- 14%–<20%
- 20%–<25%
- 25%–<31%
- 31%–38%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES: 2021 data release. Data are for 2019. Available at: https://www.cdc.gov/places/index.html

Fair or poor health in Westchester County



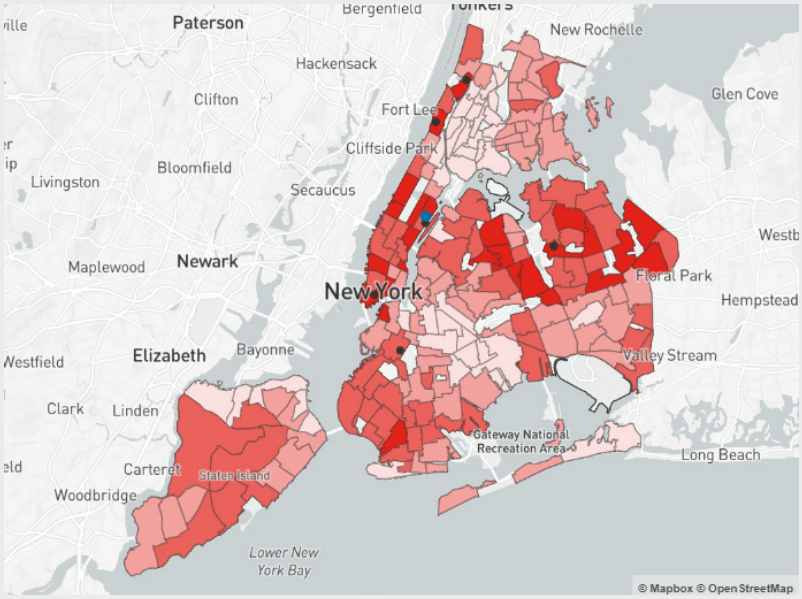
Percent of adults that rate their health as fair or poor (crude prevalence)

- 12%–<16%
- 16%–<21%
- 21%–<24%
- 24%–26%
- NewYork-Presbyterian Hospital locations*
- Zip codes

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES, 2021 data release. Data are for 2019. https://www.cdc.gov/places/index.html

Life expectancy in New York City



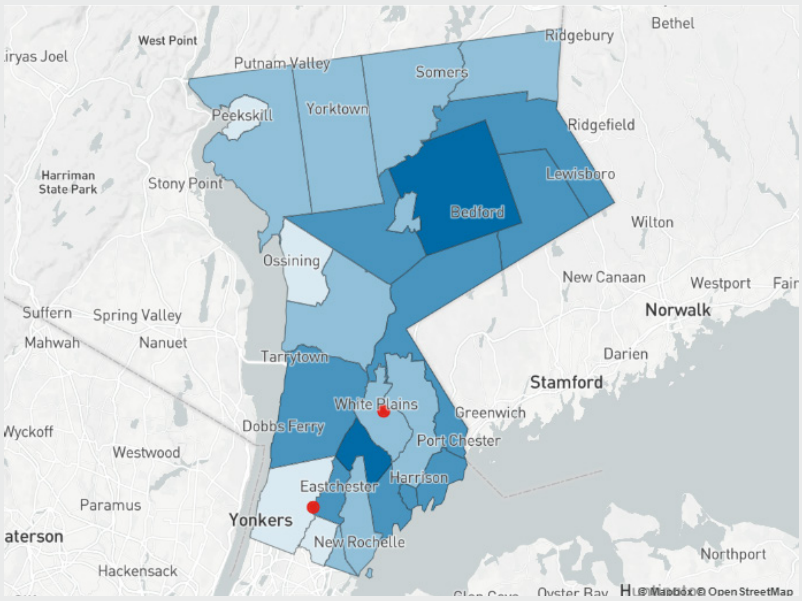
Life expectancy in years

- 74–78
- 78–81
- 81–83
- 83–87
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC NCHS USALEEP 2010-2015.

Life expectancy in Westchester County



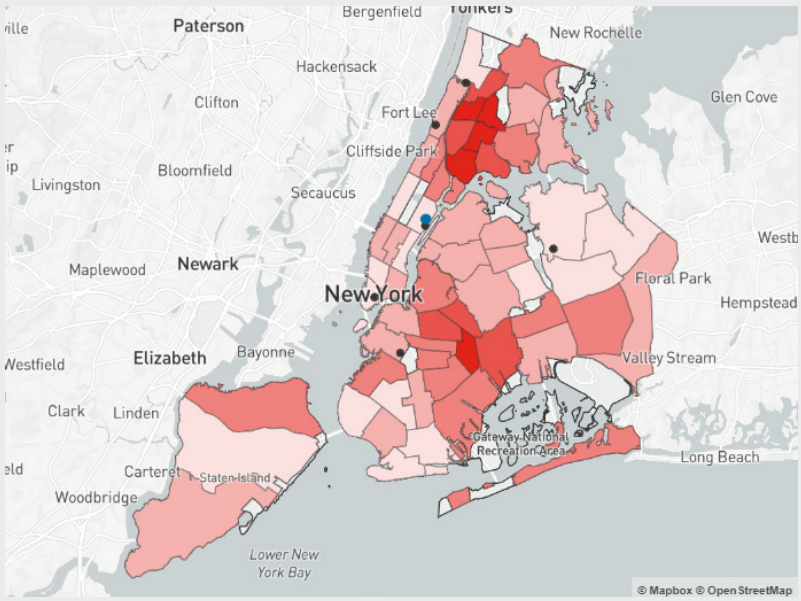
Life expectancy in years

- 80–<82
- 82–<84
- 84–<87
- 87–88
- NewYork-Presbyterian Hospital locations*

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC NCHS USALEEP 2010-2015.

Premature mortality (before age 65) in New York City



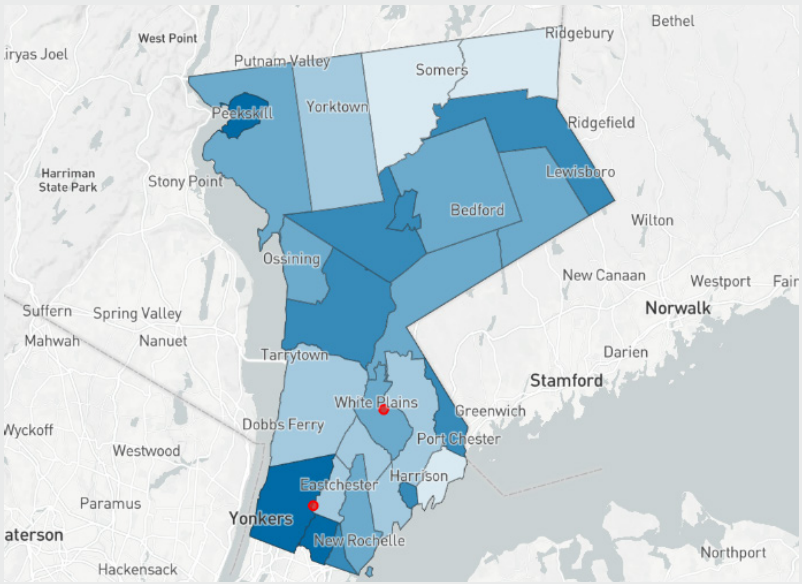
Percent of premature mortality before age 65

- 12%–21%
- 21%–28%
- 28%–36%
- 36%–43%
- 43%–47%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: NYS Prevention Agenda Dashboard 2016-2019.

Premature mortality (before age 65) in Westchester County



Percent of premature mortality before age 65

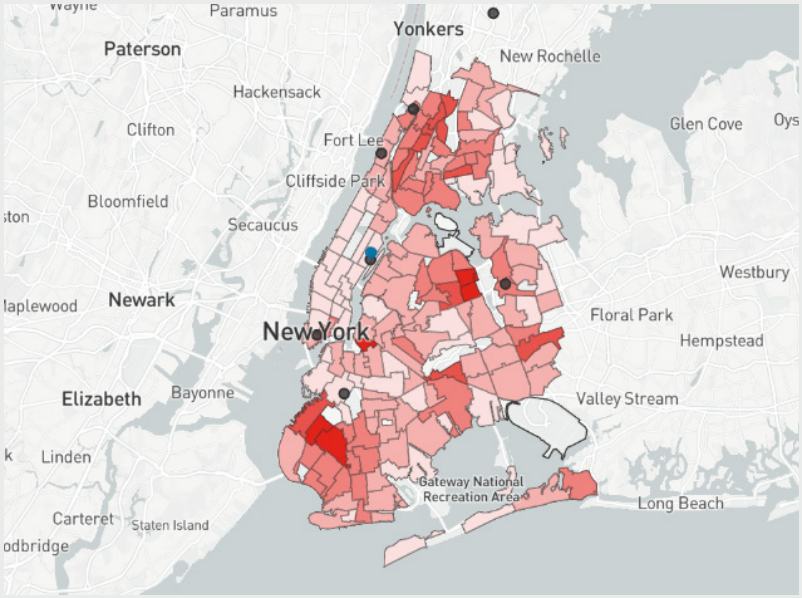
- 10%–<14%
- 14%–<16%
- 16%–<18%
- 18%–<24%
- 24%–28%
- NewYork-Presbyterian Hospital locations*
- County subdivisions

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: New York State Prevention Agenda Dashboard. Vital Records, data as of January 2022. Viewed August 2022.

Housing

Overcrowded housing in New York City



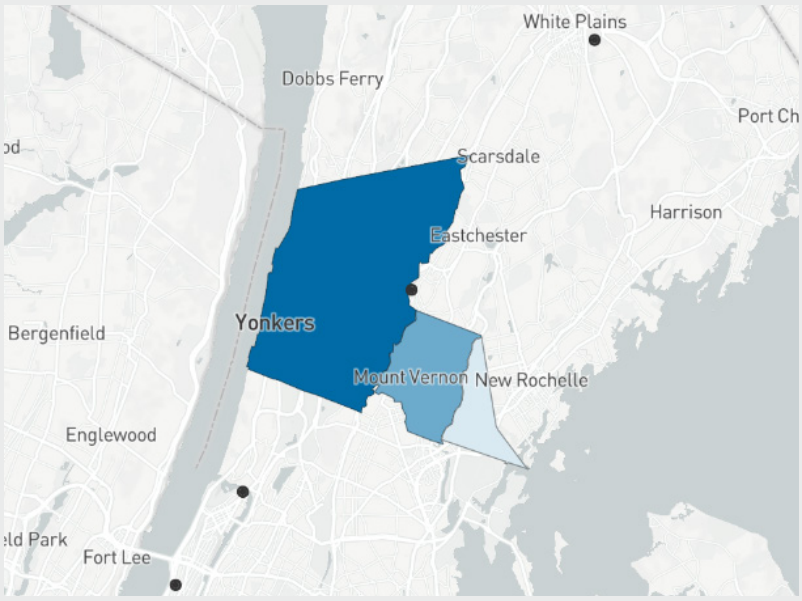
Overcrowded housing units per occupied housing unit

- 1%–<6%
- 6%–<12%
- 11%–<17%
- 17%–<24%
- 24%–32%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016-2020.

Overcrowded housing in Westchester County



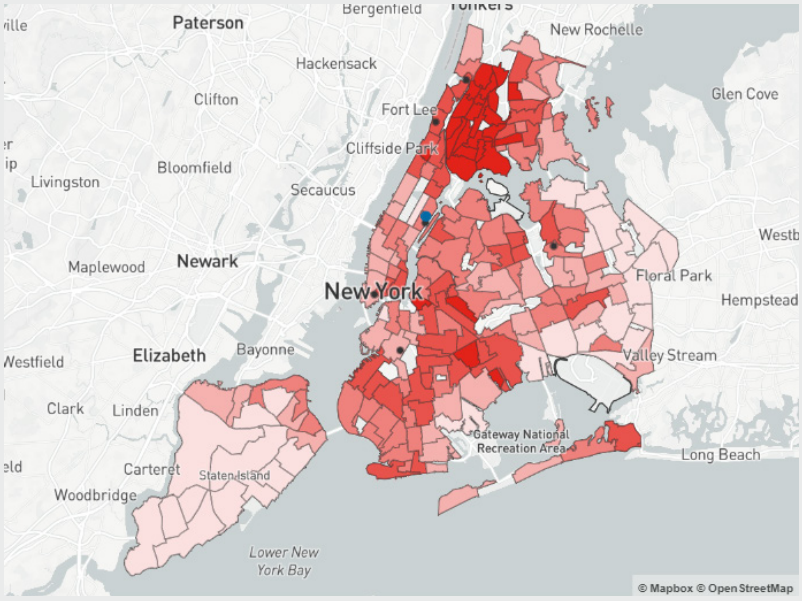
Overcrowded housing units per occupied housing unit

- 2%–<5%
- 5%–<6%
- 6%
- NewYork-Presbyterian Hospital locations*
- County subdivisions

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016-2020

Rent burden in New York City



Source: U.S. Census. ACS 5-year 2016-2020.

Percent of occupied housing units with excessive renter housing costs (gross rent 30% or more of income per occupied housing unit)

- 5%–<18%
- 18%–<27%
- 27%–<37%
- 37%–<49%
- 49%–62%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

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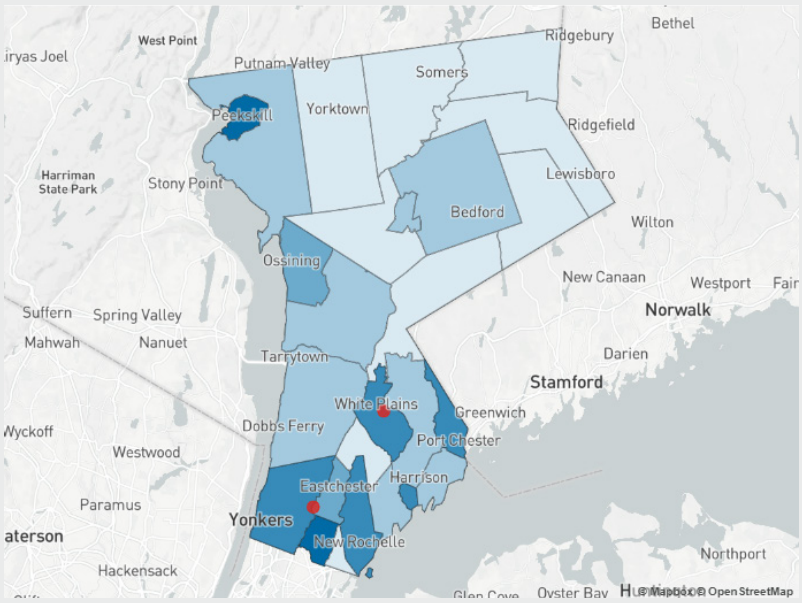
Rent burden in Westchester County



Source: U.S. Census Bureau. ACS 5-year 2016-2020.

Percent of occupied housing units with excessive renter housing costs (gross rent 30% or more of income per occupied housing unit)

- 3%–<9%
- 9%–<17%
- 17%–<22%
- 22%–<30%
- 30%–34%
- NewYork-Presbyterian Hospital locations*
- County subdivisions

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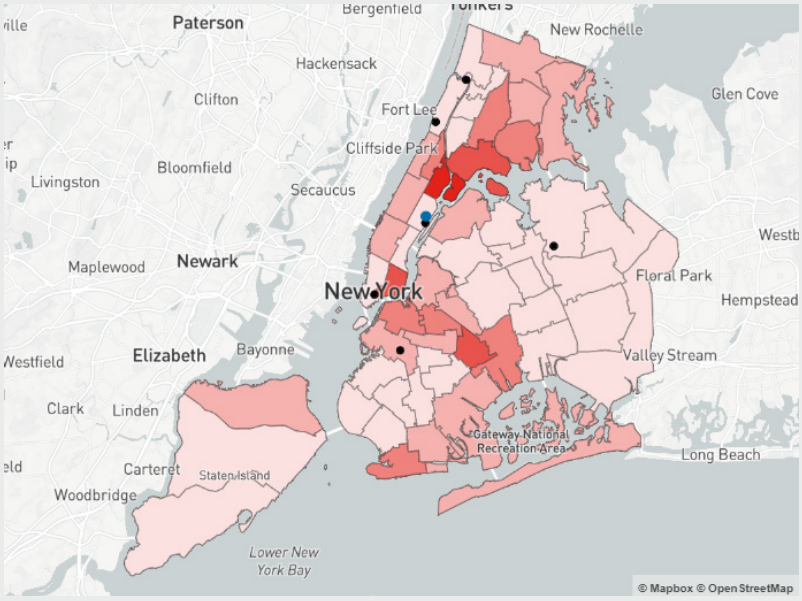
Residents living in NYCHA developments in New York City



Source: New York Housing Authority

Rate of residents living in NYC Housing Authority developments (per 100,000 housholds)

- 0–<3,1491
- 3,1491–<8,783.2
- 8,783.2–<17,809.6
- 17,809.6–<27,342.3
- 27,342.3
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

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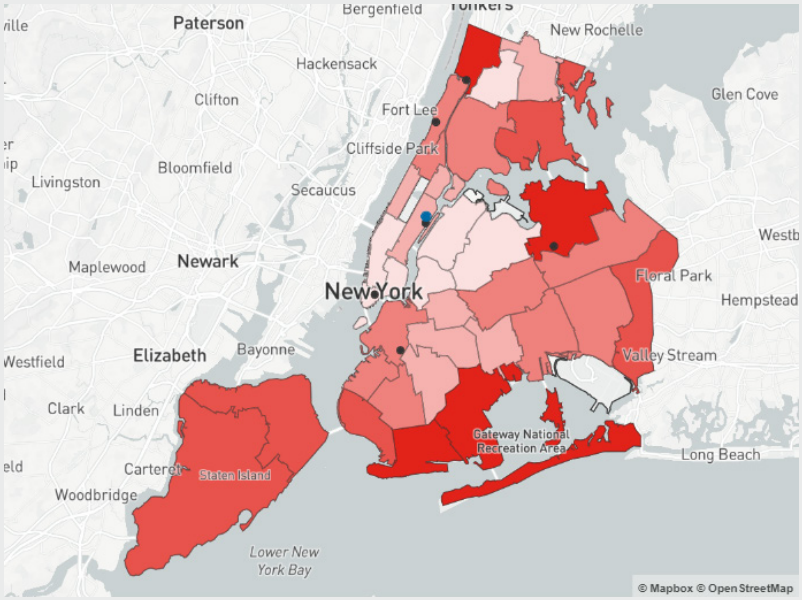
Healthcare

Adults with a personal doctor in New York City



Source: NYC Community Health Survey, 2020

Percent of adults with a personal doctor

- 60%–<66%
- 66%–<70%
- 70–<75%
- 75%–<83%
- 83%–86%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

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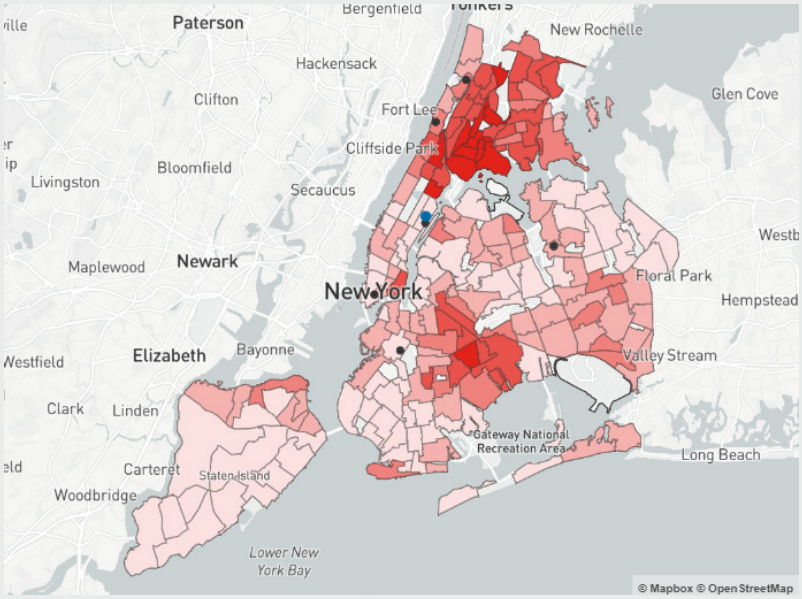
Asthma ED visits (ages 0–4) in New York City



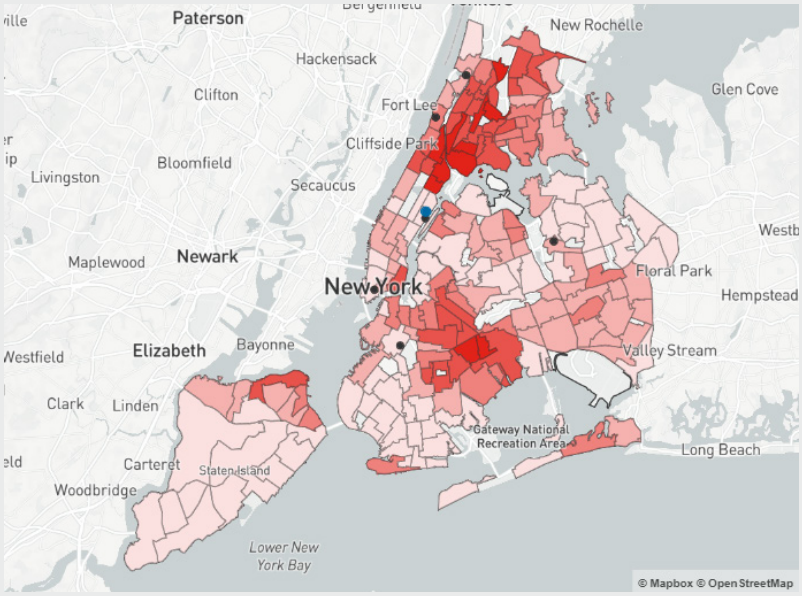
Source: New York State SPARCS 2018.

Annual rate of asthma emergency department visits (ages 0–4)

- 17.1–<121.6
- 121.6–<242.9
- 242.9–<364.7
- 364.7–<525.6
- 525.6–827
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Asthma ED visits (ages 5–17) in New York City



Source: New York State SPARCS 2018.

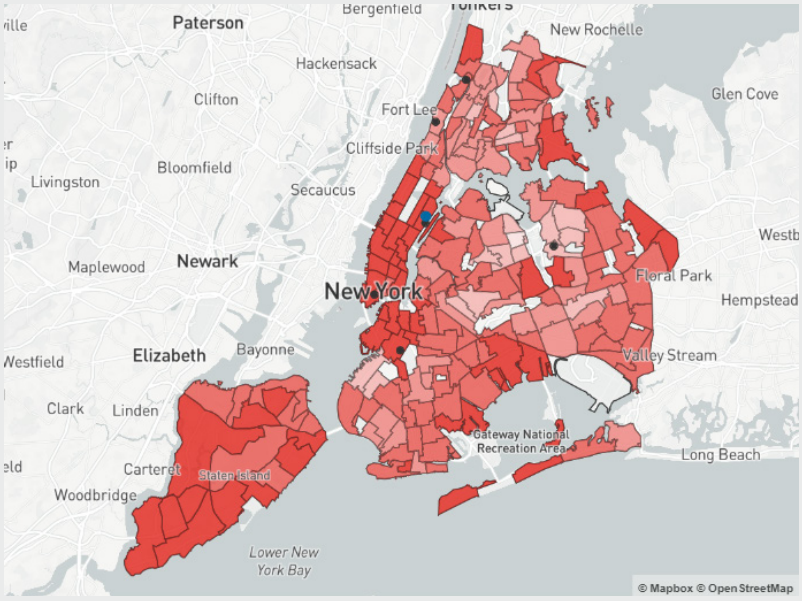
Annual rate of asthma emergency department visits (ages 5–17)

- 12.8–<86.6
- 86.6–<170
- 170–<271.2
- 271.2–<382.3
- 382.3–565.8
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Back to TOC

Health insurance coverage in New York City



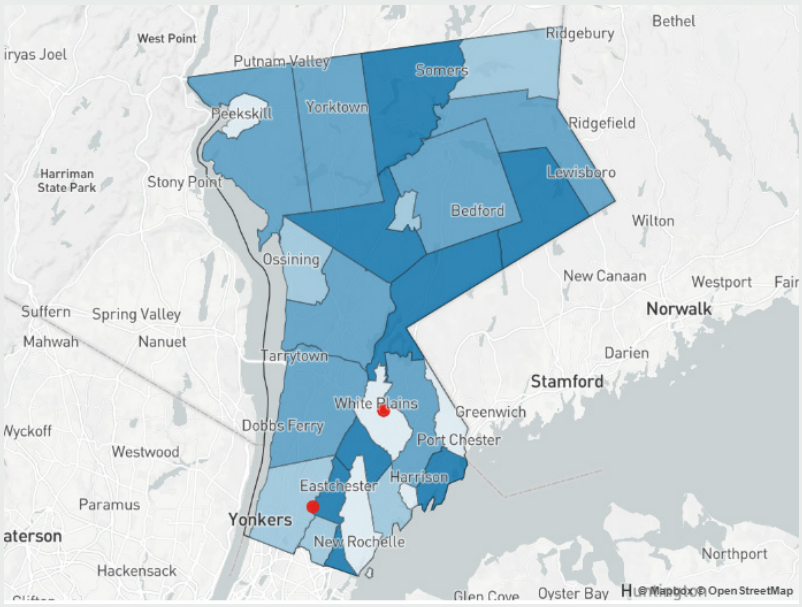
Percent of population with health insurance coverage

- 72%–<83%
- 83%–<89%
- 89%–<93%
- 93%–<95%
- 95% - 99%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016-2020

Health insurance coverage in Westchester County



Percent of population with health insurance coverage

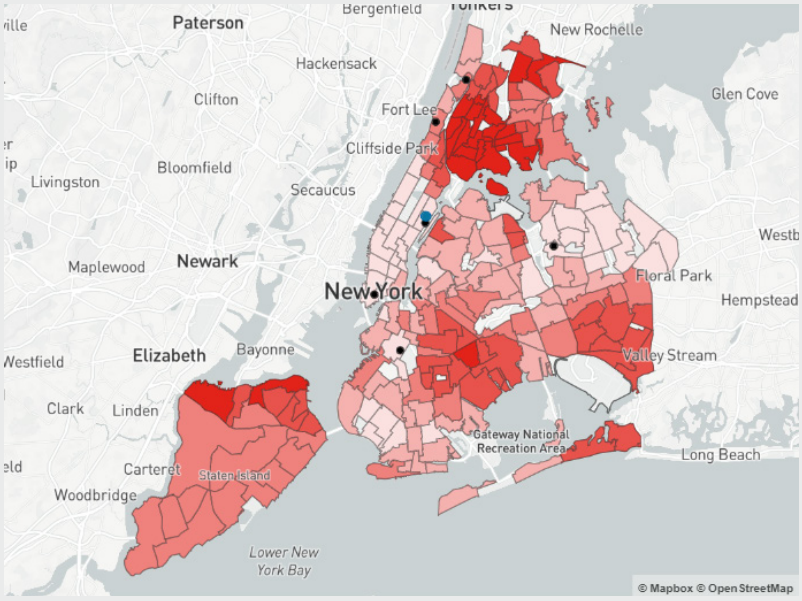
- 90%–<93%
- 93%–<96%
- 96%–<98%
- 98%–39%
- NewYork-Presbyterian Hospital locations*
- County subdivisions

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: U.S. Census. ACS 5-year 2016-2020

Chronic Disease

Adults with a BMI of 30 or above in New York City



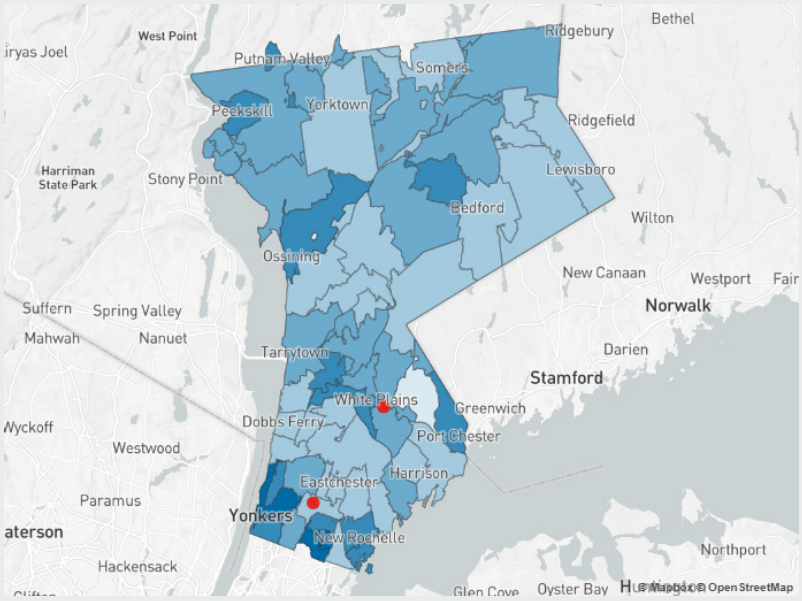
Source: CDC PLACES. 2021 data release. Data are for 2019.

Percent of adults with BMI of 30 or above (crude prevalence)

- 15%–<21%
- 21%–<26%
- 26%–<30%
- 30%–<34%
- 34%–40%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Adults with a BMI of 30 or above in Westchester County



Source: CDC PLACES. 2021 data release. Data are for 2019.

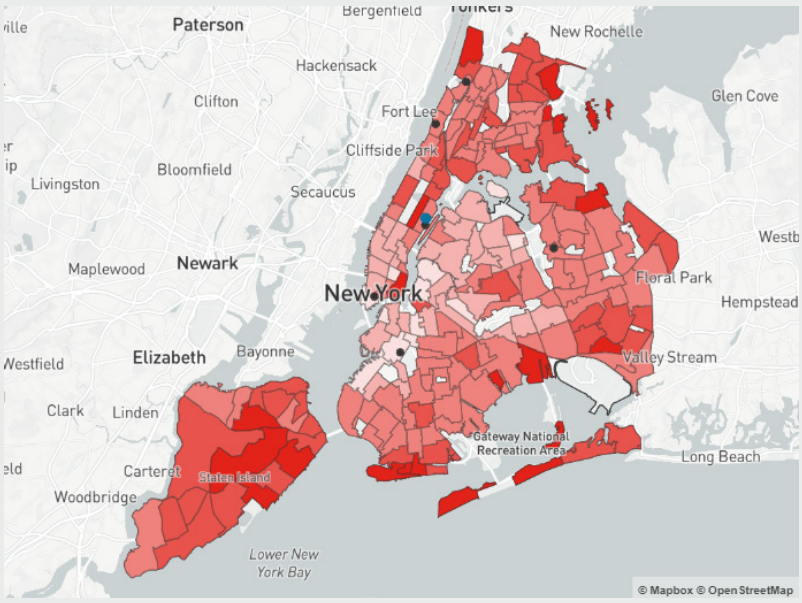
Percent of adults wth a BMI of 30 or above (crude prevalence)

- 17%–<21%
- 21%–<24%
- 24%–<27%
- 27%–<32%
- 32%–35%
- NewYork-Presbyterian Hospital locations*
- Zip codes

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Back to TOC

Adults with arthritis in New York City



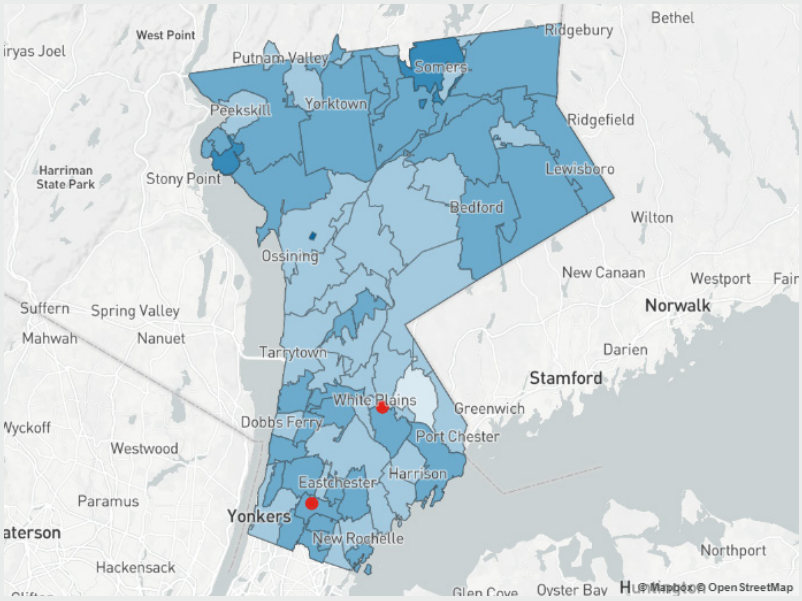
Percent of adults with arthritis (crude prevalence)

- 11%–<14%
- 14%–<17%
- 17%–<20%
- 20%–<23%
- 23%–27%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Adults with arthritis in Westchester County



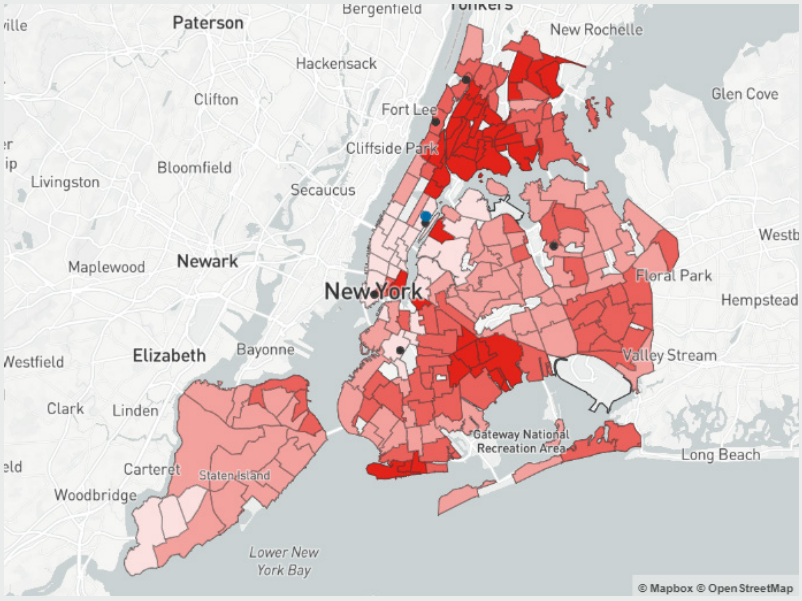
Percent of adults with arthritis (crude prevalence)

- 10%–<19%
- 19%–<22%
- 22%–<29%
- 29%–<36%
- 36%–37%
- NewYork-Presbyterian Hospital locations*
- Zip codes

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Adults with chronic kidney disease in New York City



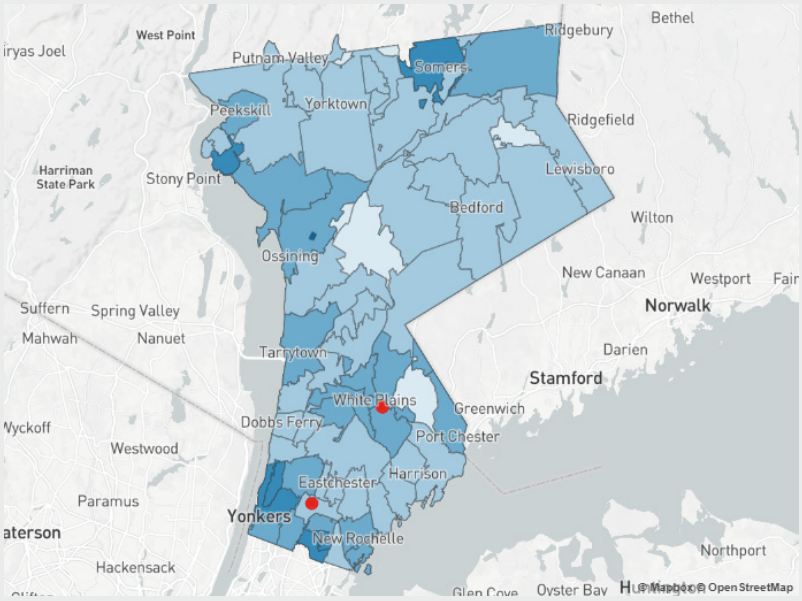
Source: CDC PLACES. 2021 data release. Data are for 2019.

Percent of adults with chronic kidney disease (crude prevalence)

- 1%–<2%
- 2%–<3%
- 3%–<4%
- 4%–<5%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Adults with chronic kidney disease in Westchester County



Source: CDC PLACES. 2021 data release. Data are for 2019.

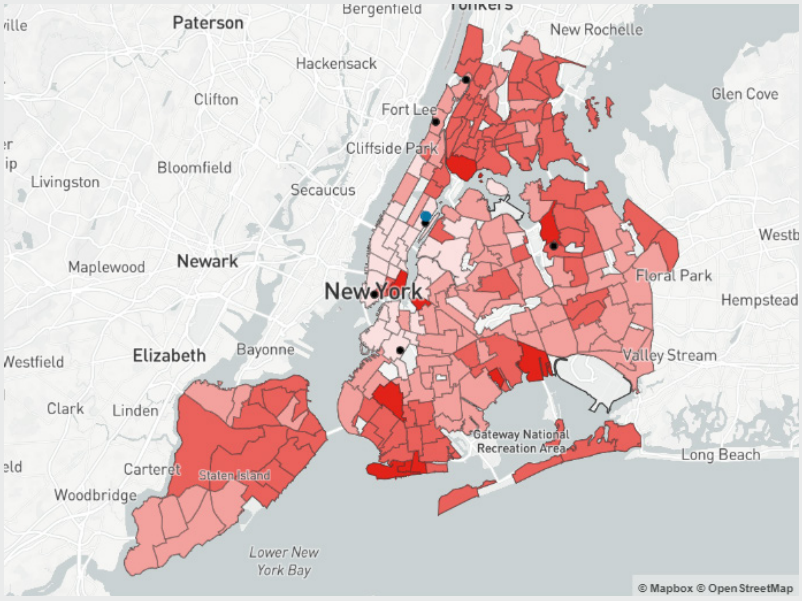
Percent of adults with chronic kidney disease (crude prevalence)

- 1%–<2%
- 2%–<3%
- 3%
- 3%–<5%
- 5%
- NewYork-Presbyterian Hospital locations*
- Zip codes

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Back to TOC

Adults with coronary heart disease in New York City



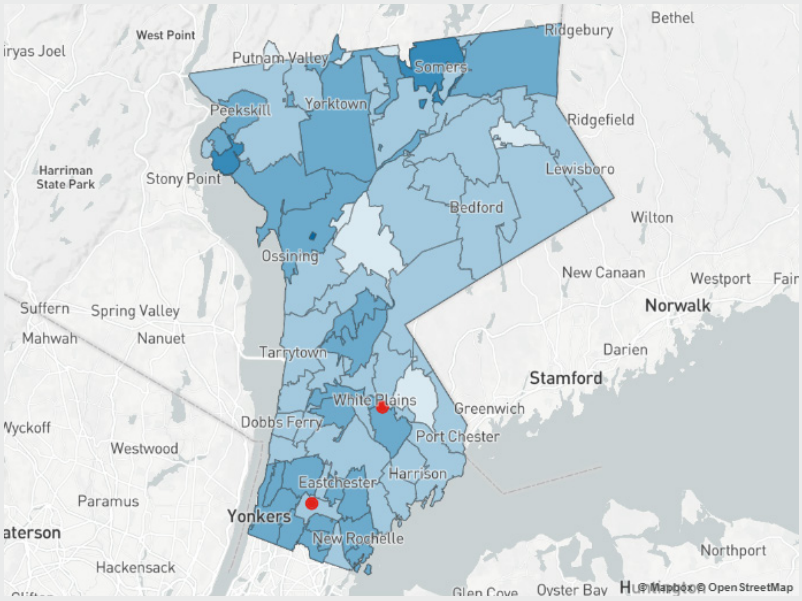
Percent of adults with coronary heart disease (crude prevalence)

- 2%–<4%
- 4%–<6%
- 6%–<7%
- 7%–9%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Adults with coronary heart disease in Westchester County



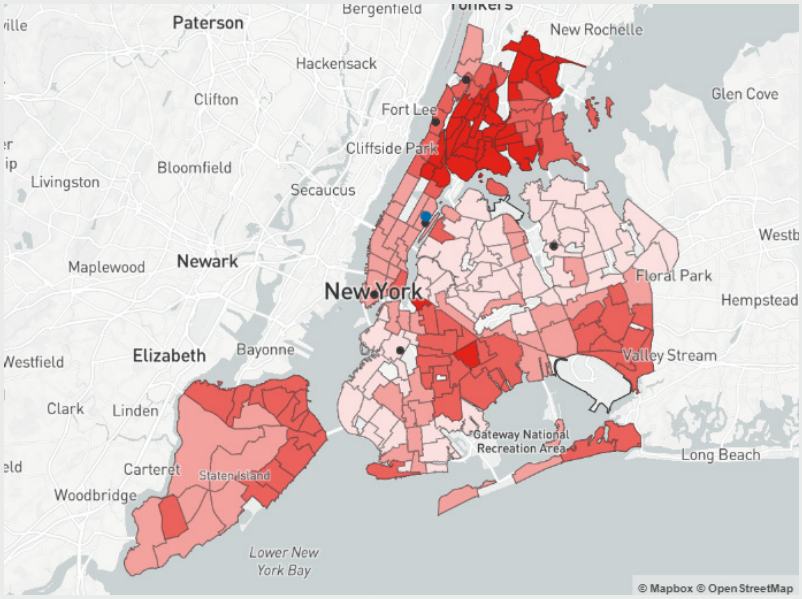
Percent of adults with coronary heart disease (crude prevalence)

- 2%–<4%
- 4%–<5%
- 5%–<8%
- 8%–<18%
- 18%
- NewYork-Presbyterian Hospital locations*
- Zip codes

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Adults with current asthma in New York City



Percent of adults with current asthma (crude prevalence)

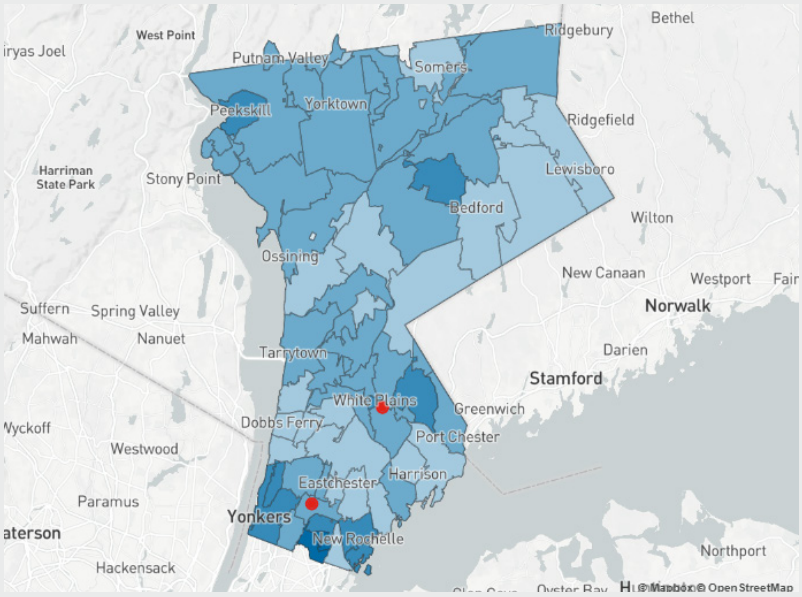
- 7%–<9%
- 9%–<10%
- 10%–<12%
- 12%–14%

- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Adults with current asthma in Westchester County



Percent of adults with current asthma (crude prevalence)

- 5%–<8%
- 8%–<9%
- 9%–<10%
- 10%–<12%
- 12%

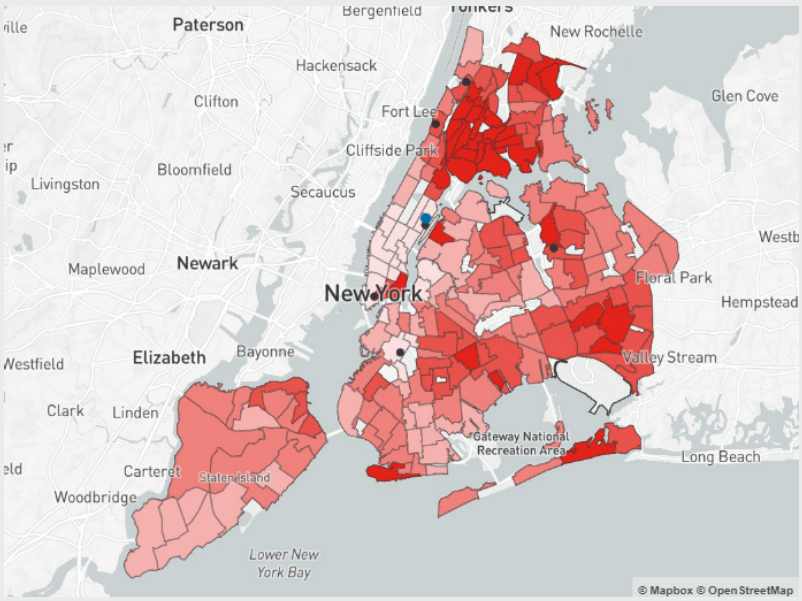
- NewYork-Presbyterian Hospital locations*
- Zip codes

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Back to TOC

Adults with diabetes in New York City



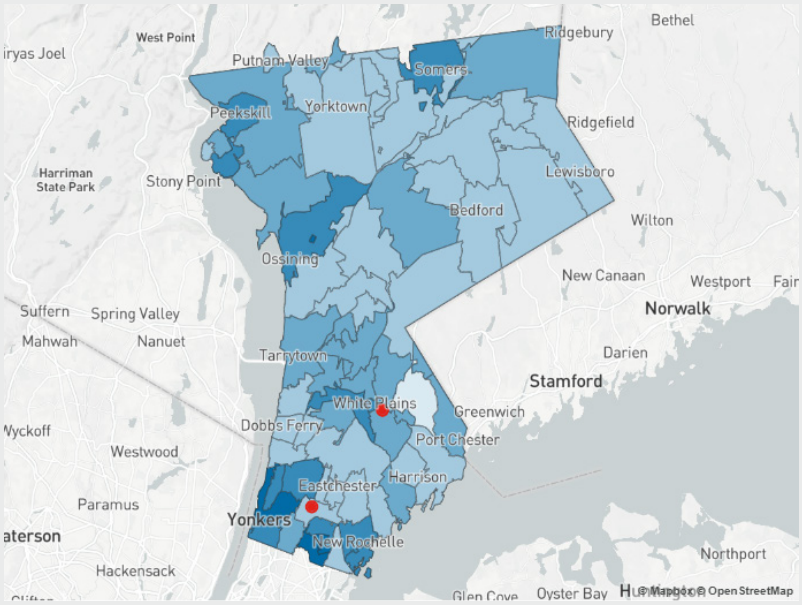
Percent of adults with diabetes (crude prevalence)

- 4%–<7%
- 7%–<10%
- 10%–<12%
- 12%–<14%
- 14%–8%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County,and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Adults with diabetes in Westchester County



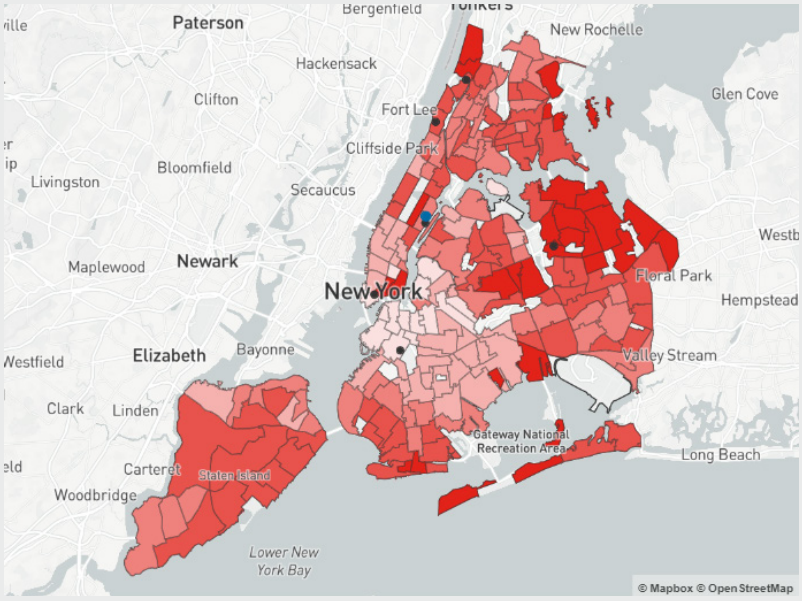
Percent of adults with diabetes (crude prevalence)

- 3%–<6%
- 6%–<8%
- 8%–<10%
- 10%–<13%
- 13%–15%
- NewYork-Presbyterian Hospital locations*
- Zip codes

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Adults with high cholesterol in New York City



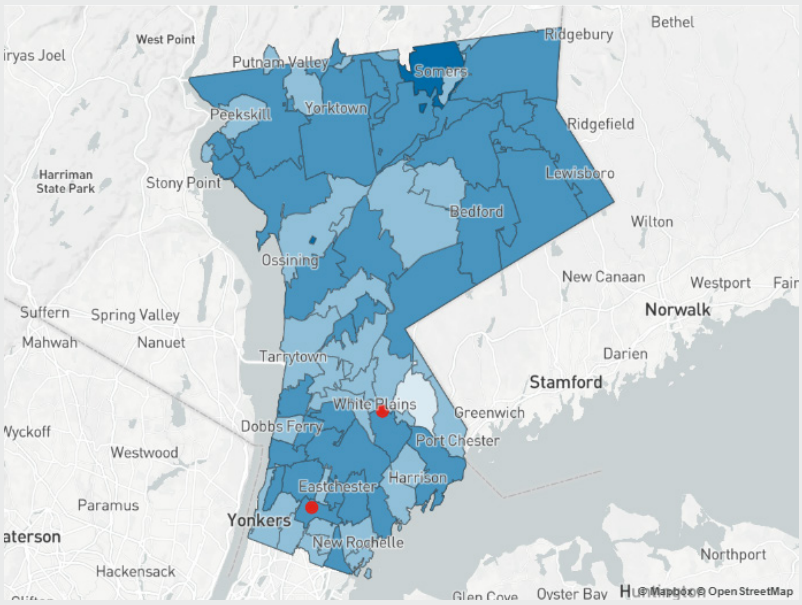
Percent of adults with cholesterol who have been screened in the past 5 years (crude prevalence)

- 22%–<25%
- 25%–<28%
- 28%–<30%
- 30%–<33%
- 33%–36%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Adults with high cholesterol in Westchester County



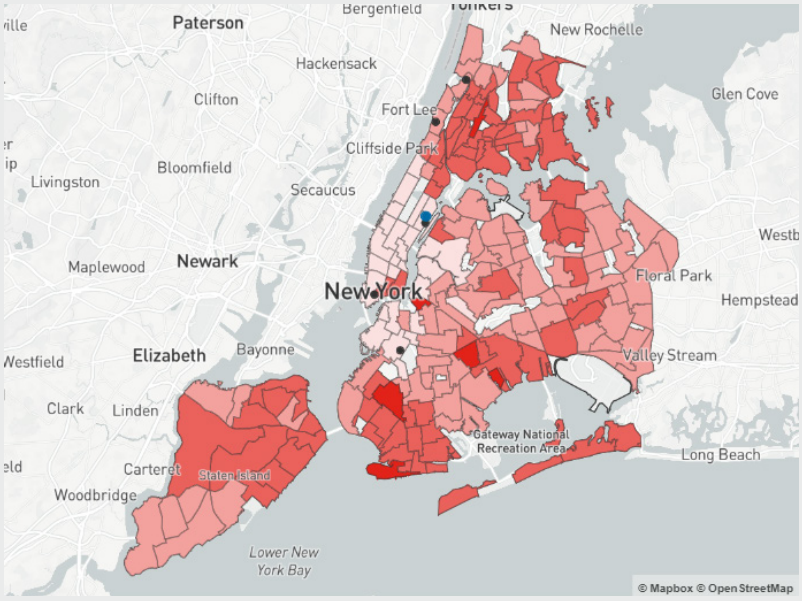
Percent of adults with cholesterol who have been screened in the past 5 years (crude prevalence)

- 16%–<26%
- 26%–<30%
- 30%–<37%
- 37%–<46%
- NewYork-Presbyterian Hospital locations*
- Zip codes

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Adults with pulmonary disease in New York City



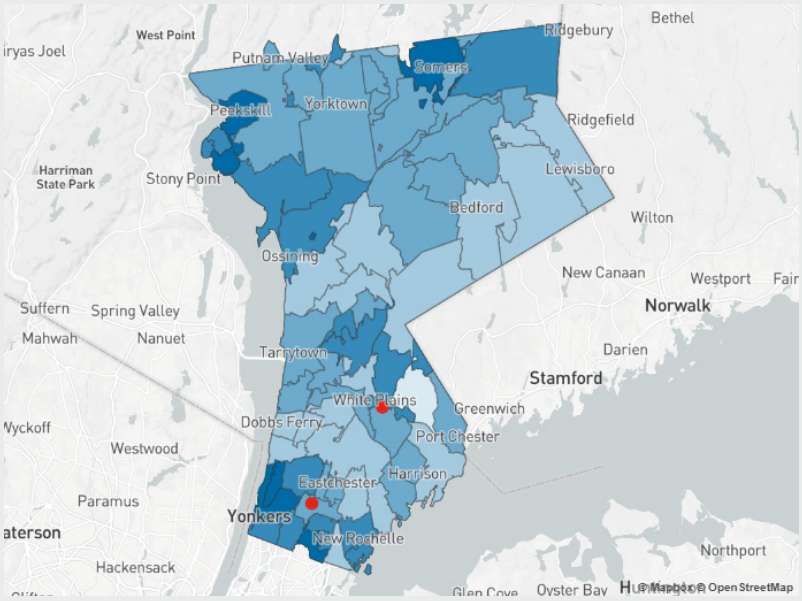
Source: CDC PLACES. 2021 data release. Data are for 2019.

Percent of adults with chronic obstructive pulmonary disease (crude prevalence)

- 2%–<5%
- 5%–<6%
- 6%–<9%
- 9%–12%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Adults with pulmonary disease in Westchester County



Source: CDC PLACES. 2021 data release. Data are for 2019.

Percent of adults with chronic obstructive pulmonary disease (crude prevalence)

- 3%–<4%
- 4%–<5%
- 5%–<6%
- 6%–<7%
- 7%–9%
- NewYork-Presbyterian Hospital locations*
- Zip codes

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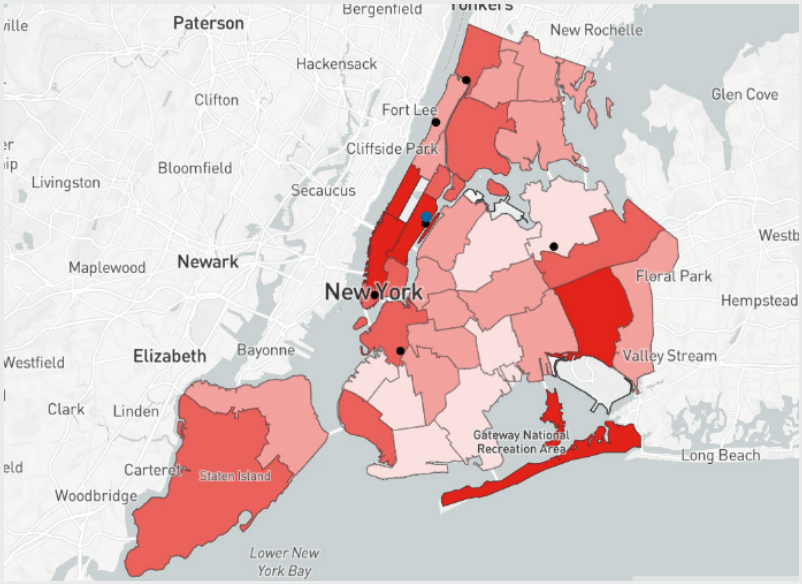
Exercise among adults in New York City



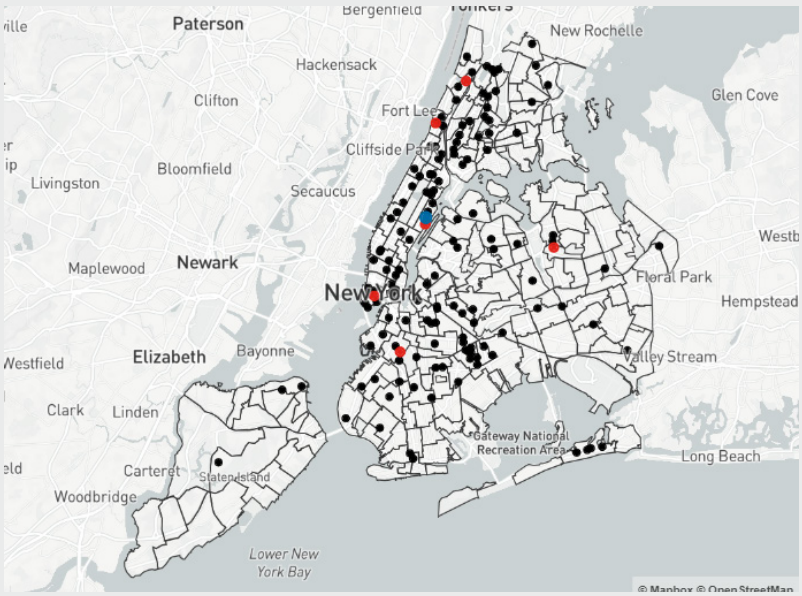
Source: NYC Department of Health and Mental Hygiene Community Health Survey. Epiquery, Environmental & Health Data Portal 2020

Percent of adults reporting exercise in the past 30 days

- 59%–<67%
- 67%–<73%
- 73%–<81%
- 81%–86%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Farmers' markets in New York City



Source: NYC Department of Health and Mental Hygiene. DOHMH Farmers Markets. Updated May 9, 2022.

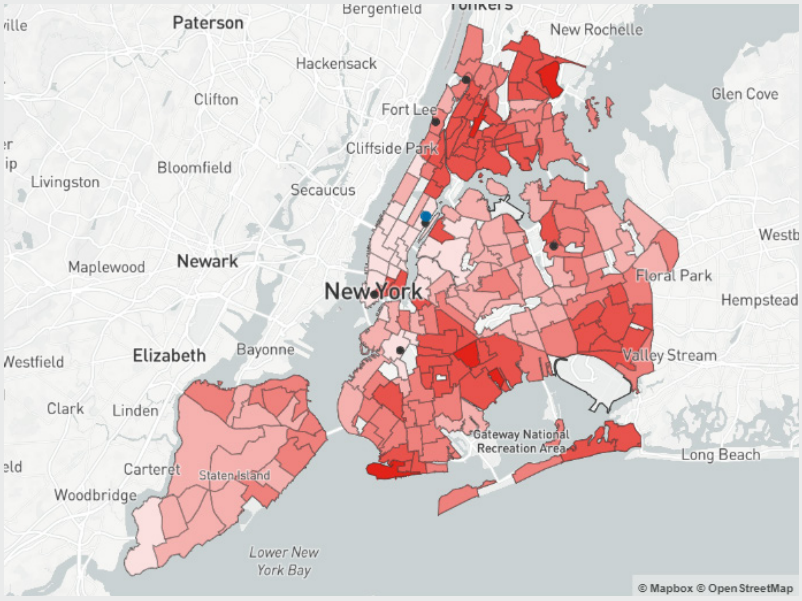
Farmers' markets in New York City

- NewYork-Presbyterian Hospital locations*
- Gracie Square Hospital location
- DOHMH Farmers' Markets
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Back to TOC

Stroke among adults in New York City



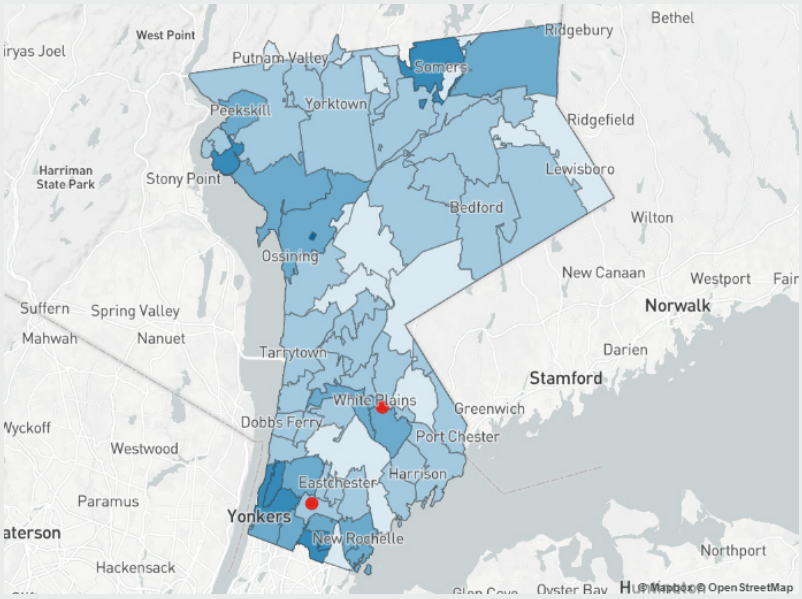
Percent of strokes among adults (crude prevalence)

- 1%–<2%
- 2%–<3%
- 3%–<4%
- 4%–<5%
- 5%–6%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Stroke among adults in Westchester County



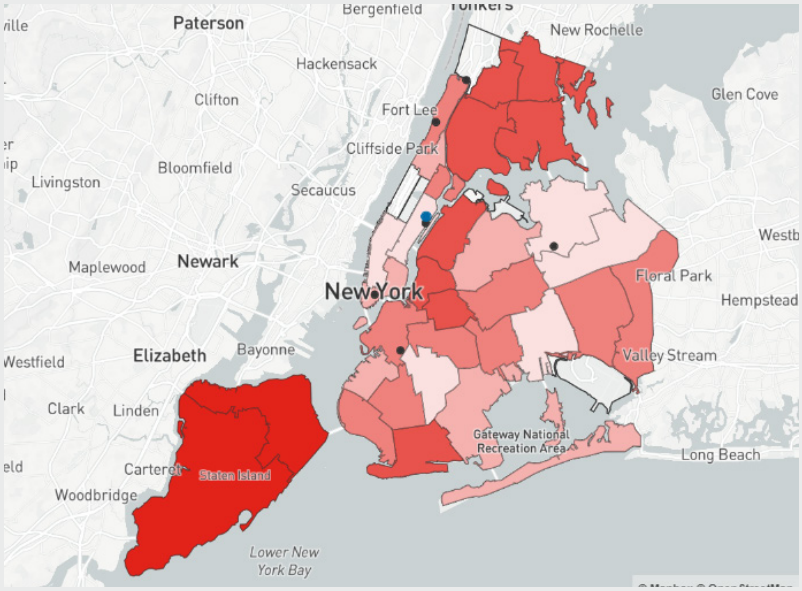
Percent of strokes among adults (crude prevalence)

- 1%–<2%
- 2%–<3%
- 3%–<4%
- 4%–<6%
- 6%
- NewYork-Presbyterian Hospital locations*
- Zip codes

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Cigarette smoking among adults in New York City



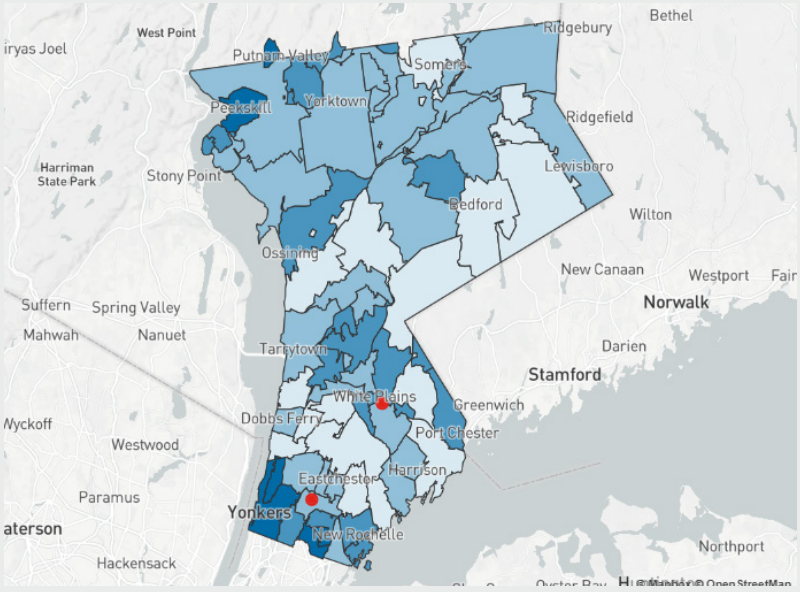
Percent of current smoking among adults

- 6%–<8%
- 8%–<10%
- 10%–<13%
- 13%–<19%
- 19%–20%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: NYC Community Health Survey, 2020.

Current smoking among adults in Westchester County



Percent current smoking among adults (crude prevalence)

- 5%–<9%
- 9%–<12%
- 12%–<14%
- 14%–17%
- NewYork-Presbyterian Hospital locations*
- Zip codes

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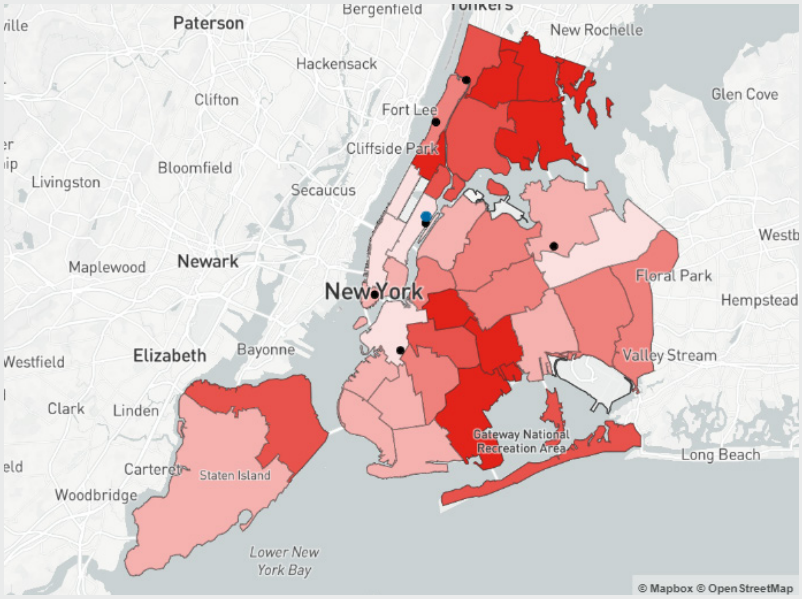
Source: CDC PLACES. 2021 data release. Data are for 2019.

Back to TOC

Sugary drink consumption among adults in New York City



Source: New York City Department of Health and Mental Hygiene Community Health Survey. EpiQuery. Environmental & Health Data Portal 2020. Viewed May 2022. https://a816-health.nyc.gov/hdi/epiquery/

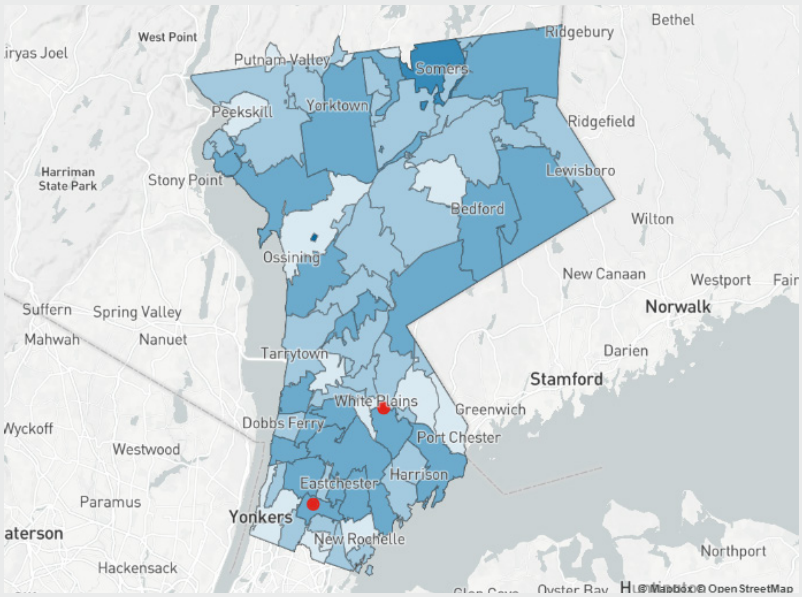
Percent of adults consuming one or more sugary drinks per day

- 10%–<15%
- 15%–<21%
- 21%–<26%
- 26%–<32%
- 32%–38%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Cancer

Adults with cancer in Westchester County



Percent of adults with cancer (crude prevalence)

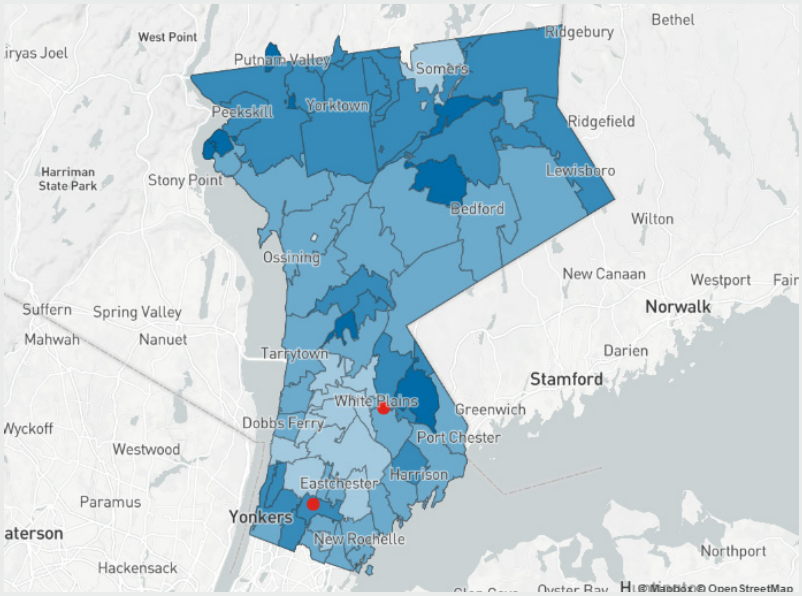
- 3%–<7%
- 7%–<8%
- 8%–<13%
- 13%–<17%
- 17%
- NewYork-Presbyterian Hospital locations*
- Zip codes

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Mental Health

Depression among adults in Westchester County



Percent of adults with depression (crude prevalence)

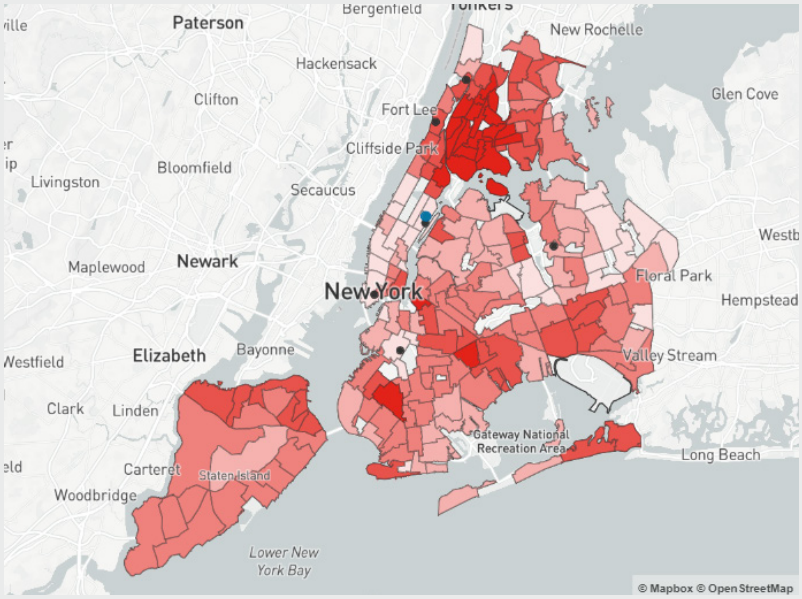
- 8%–<14%
- 14%–<16%
- 16%–<17%
- 17%–<18%
- 18%–19%
- NewYork-Presbyterian Hospital locations*
- Zip codes

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Mental Health

Mental health status of adults in New York City, 2019



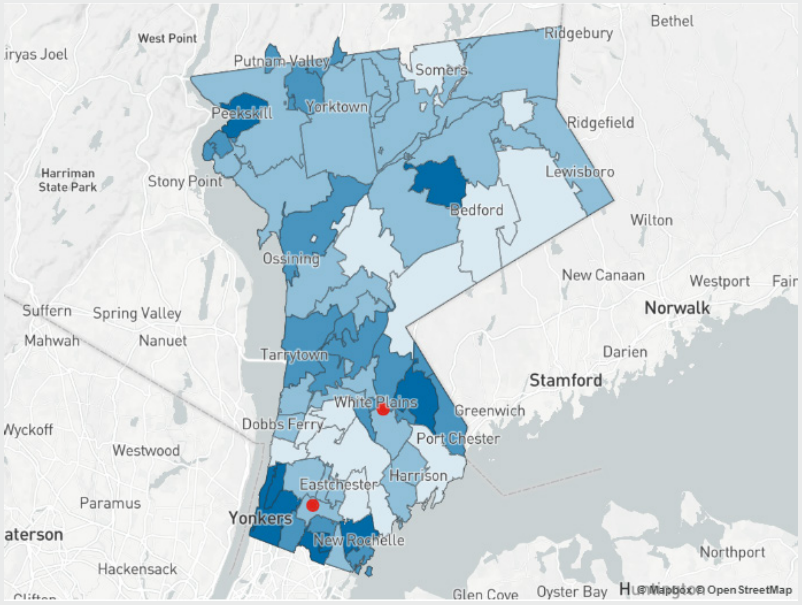
Percent of adults reporting their mental health was not good for 14 or more days (crude prevalence)

- 9%–<11%
- 11%–<13%
- 13%–<15%
- 15%–<18%
- 18%–24%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Mental health status of adults in Westchester County



Percent of adults reporting their mental health was not good for 14 or more days (crude prevalence)

- 5%–<10%
- 10%v<12%
- 12%–<14%
- 14%–<16%
- NewYork-Presbyterian Hospital locations*
- Zip codes

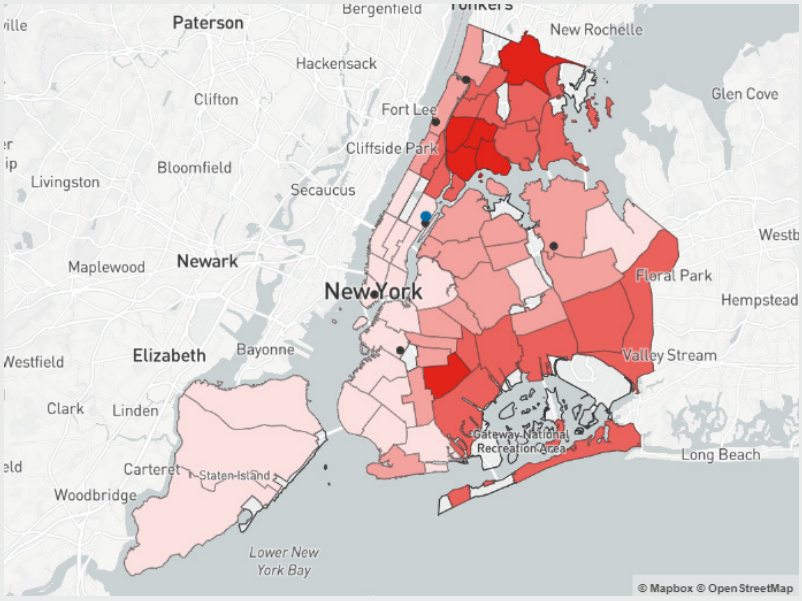
*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: CDC PLACES. 2021 data release. Data are for 2019.

Back to TOC

Pregnancy and Birth Outcomes

Births with late or no prenatal care in New York City



Source: New York City Department of Health and Mental Hygiene. Epiquery, Vital Statistics 2017. Viewed May 2022. https://a816-health.nyc.gov/hdi/epiquery/

Percent of births with late or no prenatal care

- 1%–<5%
- 5%–<9%
- 9%–<13%
- 13%–<16%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

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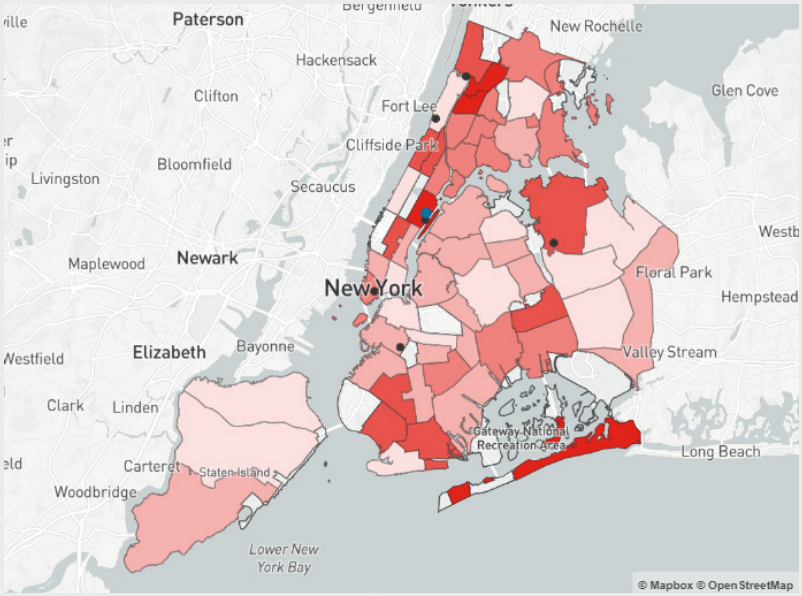
Severe maternal morbidity in New York City



Source: New York City Department of Health and Mental Hygiene Vital Statistics and NYS SPARCS. https://www1.nyc.gov/assets/doh/downloads/pdf/data/severe-maternal-morbidity-data pdf

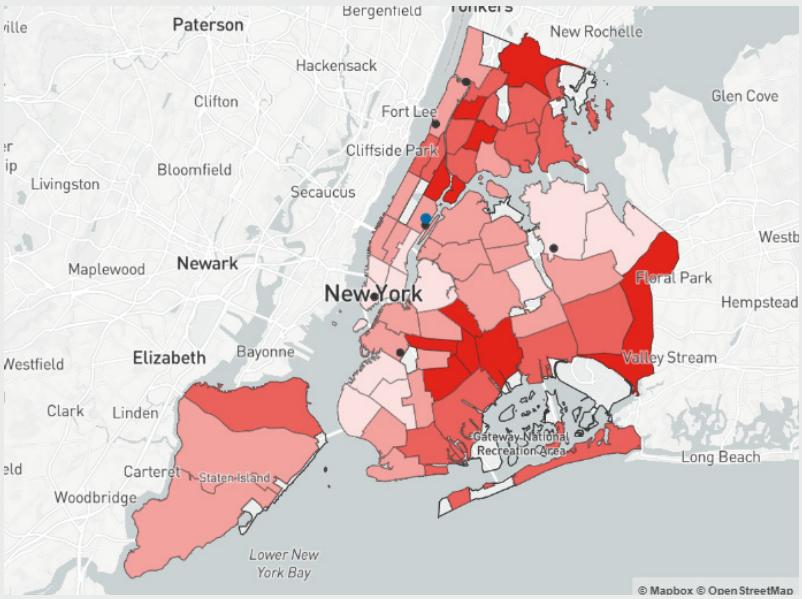
Severe maternal morbidity rate per 10,000 deliveries

- 92.4–<210.3
- 210.3–<287.9
- 287.9–<364.2
- 364.2–<464.2
- 464.2–567.7
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Back to TOC

Preterm births in New York City



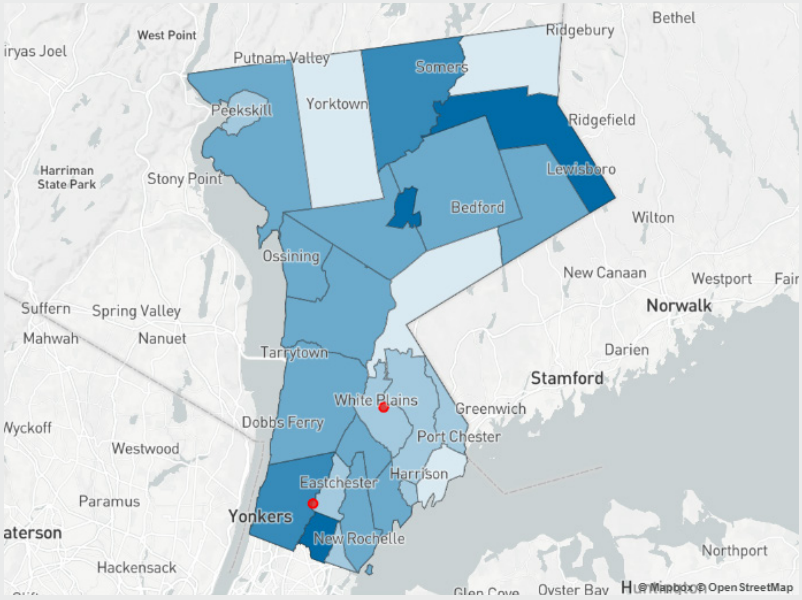
Percent of live births preterm

- 5%–<8%
- 8%–<9%
- 9%–<11%
- 11%–<13%
- Gracie Square Hospital location
- NewYork-Presbyterian Hospital locations*
- Neighborhood tabulation area

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: New York City Department of Health and Mental Hygiene. EpiQuery, Vital Statistics 2017. Viewed May 2022. https://a816-health.nyc.gov/hdi/epiquery/

Preterm births in Westchester County



Percent of live births preterm

- 6%–<8%
- 8%
- 8%–<9%
- 9%–<11%
- 11%–12%
- NewYork-Presbyterian Hospital locations*
- County subdivisions

*In addition to the hospital sites, NewYork-Presbyterian has over 200 locations in New York City, Westchester County, and the surrounding area. These include primary and specialty care clinics, medical groups, and telemedicine services.

Source: New York State Prevention Agenda Dashboard. Vital Records, data as of November 2021.

Back to TOC

NewYork-Presbyterian Hospital partnered with the Center for Evaluation and Applied Research at The New York Academy of Medicine to complete the Community Health Needs Assessment and Community Service Plan.

THE NEW YORK ACADEMY OF MEDICINE