Gracie Square Hospital

Community Health Needs Assessment

2013

Community Health Needs Assessment (CHNA)
Gracie Square Hospital

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

During 2012, Gracie Square Hospital's 157 psychiatric inpatient bed setting provided 56,694 days of inpatient care to the 2,782 patients. This care included that which was provided at no cost to the patient or at an amount below the Hospital's cost to provide such care (i.e., "charity care"). Charity care was provided to 918 patients, with an estimate cost of $3.0 million.

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

Table 1: Boroughs from which our patients are drawn:

Neighborhood:	Bronx	Brooklyn	Manhattan	Queens	Staten Island	Other Areas*
% of Patients:	24%	19%	23%	20%	2%	12%

Table 2: Patient Race/Ethnicity:

Race/Ethnicity:	Caucasian	African American	Hispanic	Asian	American Indian/ Alaskan	Native Hawaiian/ Other
% of Patients:	36.4%	33.2%	21.4%	5.5%	1.7%	1.8%

Table 3: Patient Age:

Age Group:	17 and under	18-64	64 and over
% of Patients:	0%	70.3%	29.7%

Table 4: Primary Language Spoken:

Primary Language Spoken:	English	Spanish	Chinese, Vietnamese, Korean, Cantonese	Arabic, Bengali, Farsi, Hindi
% of Patients:	92.6%	4.5%	2.1%	0.8%

Table 5: Patient Insurance Status:

Insurance Type:	Medicare	Medicaid	Managed Care Plan	Commercially Insured	Self Pay
% of Patients:	53.4%	5.5%	40.2%	0.5%	0.4%

Our 157-bed inpatient facility has four units geared towards special populations. Our **Asian Program** is designed to meet the specific need of the diverse Asian population living in NYC. The program provides culturally sensitive and linguistically appropriate services to individuals in Chinese, Korean, and Japanese communities within the Metropolitan Area. Patients in this program are accepted via referrals from managed care providers, health maintenance organizations (HMOs), medical hospitals, community and private doctors. In 2012, our Asian program provided 9,658 days of patient care.

Our **Geriatric Psychiatric Program** is designed to treat individuals, age 65 years and older, who have a primary psychiatric disorder that requires acute inpatient treatment. Patients in this unit are accepted from a variety of referral sources, including extended care facilities, medical hospitals, community and private doctors. In 2012, our Geriatric Unit provided 18,086 days of patient care, the most of all four of our programs.

Our **Dual Focus Program** is an inpatient treatment program for adults who have significant emotional or psychiatric problems in addition to being chemically dependent. Patients in this unit are accepted from referrals directly from managed care providers, HMOs, medical hospitals, the community, and private doctors. In 2012, our Dual Focus program provided 16,226 days of patient care.

Finally, our **Short Term Adult Psychiatry Unit** provides short-term hospitalizations to acutely ill adults struggling with issues related to mental health in the New York Metropolitan Area. Patients are accepted via referrals from managed care providers, HMOs, medical hospitalizations, the community, and private doctors. In 2012, our Adult Psychiatry Unit provided 12,724 days of patient care.

Demographics of Communities Served:

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

Bronx: Nearly a full quarter (24%) of Gracie Square's patients live in the Bronx. The northernmost borough of NYC, the Bronx, houses 1,392,002 residents, and 12.7% of adult residents are currently unemployed. 30.3% of residents are living below the Federal Poverty Line (FPL). The median family income in the Bronx is $32,137, and 21.6% of residents do not currently have health insurance. 18.4% of Bronx residents do not have a regular health care provider. 9.1% reported having experienced poor mental health during 14 or more days of the past month. Premature deaths, defined as having passed away prior to the age of 75, occurred in 52.3% of all deaths in the Bronx in the past 3 years (the

highest of all the boroughs). The number of emergency department visits in the Bronx per 10,000 residents was 6,462.5, while the hospitalization rate was 1,707.6 per 10,000 residents.[i]

Brooklyn: 19% of those served by Gracie Square currently live in Brooklyn. As the largest and most populated borough, Brooklyn is home to 2,532,645 people. 9.9% of these individuals are currently unemployed. 23.6% of those living in Brooklyn live below FPL, and the median family income in this borough is $42,437. In Brooklyn, 19.9% of residents do not currently have health insurance, and 16.1% do not have a regular health care provider. 7.4% of Brooklyn residents self reported having experienced 14 or more days of poor mental health in the last month. Premature death occurred in 46.6% of all deaths over the past three years in Brooklyn. The rate of emergency room visits in Brooklyn was 4,229.9 per 10,000 residents, while the hospitalization rate was 1,385.1 per 10,000 residents.[ii]

Manhattan: Manhattan is home to the second largest proportion of Gracie Square's patients (behind the Bronx), in that 23% of our patients reside in Manhattan. Overall, 1,601,948 individuals currently live in Manhattan. 7.7% of Manhattan residents are currently unemployed, and 18.4% of those living in Manhattan live below FPL. The median family income is $65,833. 14.1% of residents living in Manhattan do not have insurance, and 16.5% do not have a regular health care provider. 8.9% of Manhattan residents reported having experienced 14 or more days during the past month of poor mental health. 41.2% of all deaths that occurred in Manhattan over the past three years were premature. The rate of emergency department visits per 10,000 Manhattan residents was 4,019.6 (the highest of all the boroughs), while the hospitalization rate was 1,196.1 per 10,000.[iii]

Queens: Queens is home to exactly one fifth of Gracie Square's patients (20%). 2,247,848 people currently live in Queens. 8.3% are unemployed, and 16% of Queens residents live below FPL. The median family income is $53,124. Nearly a quarter (24.9%) of residents living in Queens do not have health insurance, and 14.1% of residents do not have a regular health care provider. 7.2% of Queens residents self reported having poor mental health over 14 or more days during the past month. 40.7% of all deaths that occurred in Queens over the past three years happened prior to age 75. The rate of emergency department visits per 10,000 Queens residents was 3,686.3, while the borough's hospitalization rate was 1,184.1 per 10,000 residents.[iv]

Staten Island: At the smallest of the boroughs in population, 470,467 individuals currently reside in Staten Island. 8.5% of these residents are unemployed. 12.5% of those living in Staten Island live below FPL, and the median family income is $69,436. 11.9% of residents living in Staten Island do not have health insurance, and 9.8% do not have a regular health care provider. 6.3% of Staten Island residents reported having poor mental health during 14 or more days over the past month. Staten Island has a premature death rate of 43.4%. The rate of emergency room visits in Staten Island was 3,948 per 10,000 residents, while the hospitalization rate was 1,387.7 per 10,000 residents.[v]

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

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

Further, there are also a myriad of community based health centers that serve community residents, including patients of Gracie Square, when their needs are less acute and do not require a hospital setting. As of August, 2013, there were 34 Federally Funded community based Health Centers in New York City operating out of more than 300 sites. Of these sites, about 100 provide primary care services to the general public. The others serve special populations (e.g., homeless), are located in specialized settings (e.g., schools), or provide limited, specialized services (e.g., dental only). Of sites serving the general public, the Bronx has the most locations (37) and Staten Island has the fewest (2). However, despite this variation in service and location type, all of these Federally Funded Community Health Centers must provide comprehensive primary care services either directly or by referral. On average, NYC community health centers directly provided medical services to 90% of their patients, dental services to 20% of their patients, mental health services to 8% of their patients, and substance abuse treatment to less than 1% of their patients. Needs that cannot be met directly at the Health Center are provided through referral. In NYC, 53% of health center patients had Medicaid, and 23% were uninsured.[vi]

It should be noted that recent reductions in the number of New York City Certified Mental Health Acute Inpatient Beds has cut access to inpatient health and behavioral health care for New York City residents. Between 2011 and 2013, the city's overall number of inpatient beds was reduced by 185. Most notable was the August 2013 closing of The Holliswood Hospital in Queens due to lack of funding. Approximately 20% of Gracie Square Hospital's patients live in Queens currently, and we expect to see an increase in this proportion over the coming year due to the reduction in local beds because of Holliswood's closing.

How data was obtained:

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

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

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

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

Oral Health: Our Community Health Needs Assessment revealed that Many New Yorkers do not receive proper oral health care. Oral cancer screenings by a dentist or medical provider can detect tumors early, when treatment is most successful. However, more than one third (38%) of third grade children living in New York City (NYC) have untreated cavities, and 25% of NYC adults ages 65 and older have had all of their permanent teeth extracted. Over half (59%) of adults living in NYC have one or more risk factors for oral health problems, including consuming one or more sugary drinks per day, being a current smoker, having diabetes, etc. Further, more than 40% of adults in the city with one or more risk factors have not visited the dentist in the past year. Overall in New York City, about one in four (23%) children and more than one in three (37%) adults have not had a preventive dental visit in the past year. The likelihood of visiting a dentist varies for adults by race/ethnicity. Asians (42%), Hispanics (42%) and African Americans (39%) were more likely to have had no dental visit in the past year than white adults (31%). Uninsured adults (56%) and children (37%) were more likely to have no dental visit than were adults and children with Medicaid or another type of insurance coverage. Each year, about 800 New Yorkers are diagnosed with oral or throat cancer and 190 die from these conditions. Men had more than twice the rate of new oral and throat cancers as women (14 vs. 6 cases per 100,000 persons). Although, during preventive dental checkups dentists can screen for these types

of issues, 70% of oral and throat tumors with a known stage were diagnosed late. Late diagnosis was more common among men (74%) than among women (59%).[viii]

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

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

Diabetes: Diabetes has increased significantly over the past two decades in New York City, more than doubling between the period of 1993-1995 and 2011. In addition to the 650,000 adult New Yorkers who reported having diabetes in 2011, an estimated 230,000 New Yorkers likely had the disease but were unaware of it. Black, Hispanic, and Asian New Yorkers were at least twice as likely to have diabetes as White New Yorkers. Moreover, diabetes disproportionately affects high-poverty NYC communities. The neighborhoods with the highest prevalence of diabetes were Fordham-Bronx Park (14.6%), East New York (13.9%) and Williamsburg-Bushwick (13.9%) in Brooklyn, Northeast Bronx (13.9%) and the South Bronx (13.9%). Diabetes was nearly 70% more common in very high-poverty neighborhoods than in low-poverty neighborhoods (12.7% vs. 7.5%). New Yorkers with diabetes were more than twice as likely to report fair/poor health as those without (44.7% vs. 18.9%), and nearly one quarter (22.8%) of adults with diabetes had depression at some point in their lifetime, compared with 12.1% of those without the diagnosis.[xi]

In 2011, 5,695 deaths (11% of total deaths) in New York City were diabetes-related. Astoundingly, approximately one person dies of diabetes-related causes every 90 minutes

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

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

Breast Cancer: In 2009, white women (75%) and Asian women (76%) age 40 and older were less likely to be screened for breast cancer than black (81%) and Hispanic (84%) women of the same age. Similarly, screening rates for white and Asian women for cervical cancer (77% and 68% respectively) were lower than cervical cancer screening rates among black (81%) and Hispanic (84%) women. Black and white women die from breast cancer at a much higher rates than Hispanic and Asian women; however, black women living in NYC consistently experience the highest breast cancer-specific death rate. Although Asian women have the lowest overall breast cancer death rates, death rates among Asians living in the richest neighborhoods have more than doubled in NYC since 1994. Although overall new cases of breast cancer have declined in the metropolitan area overall, new cases among black women specifically have risen. The highest breast cancer incidence rates occurred among white women in the wealthiest neighborhoods, but death rates are highest among black women in the poorest neighborhoods.[xiv]

Colorectal/Cervical Cancer: In NYC, black Americans die from colorectal cancer at much higher rates than white, Hispanic, and Asian Americans. New Yorkers living in the poorest areas were most likely to die from colorectal cancer out of any group by race/ethnicity and neighborhood income level, but the largest disparity in death rates by neighborhood income is among Asians at a gap of 51%. In NYC, black women die from cervical cancer at much higher rates than white, Hispanic, and Asian women (two and a half times that of whites). Regardless of race/ethnicity, New Yorkers living in the poorest neighborhoods have the highest overall rates of both newly diagnosed cases of cervical cancer and deaths.[xv]

Moreover, for breast cancer, colorectal cancer, and cervical cancer, adults living in NYC are less likely, on average, to be diagnosed early than US adults overall. Among black women in NYC, cervical and breast cancers are disproportionately diagnosed at a later stage than in other racial/ethnic groups.[xvi]

Viral Hepatitis (Hep B and C), Tuberculosis (TB), HIV, and other sexually transmitted diseases (STDs): More than one in 10 adults living in NYC with HIV had another STD between 2000 and 2010. People with syphilis are the most likely to have had another STD (64%), and people with hepatitis B are the least likely to have been diagnosed with another STD (11%). Injection drug use (IDU) is the most common risk factor for HIV/hepatitis C co-infection, and a history of incarceration is also common among people with HIV and hepatitis C. A larger proportion of those living in NYC co-infected with HIV and hepatitis C are Hispanic compared to those with only HIV (42% vs. 31%). A greater proportion of New Yorkers co-infected with HIV and hepatitis B are African American compared to those with only HIV (55% vs. 45%), and a smaller proportion are Hispanic (26% vs. 33%) or White (16% vs. 20%). About one in seven New Yorkers with TB also have an HIV diagnosis. A larger proportion of people with TB and HIV either engage in IDU (11% vs. 1%) or are homeless (18% vs. 4%), compared with those with only TB. Among New Yorkers with a TB diagnosis between 2000 and 2010, 6% were also diagnosed with hepatitis C, more than half of whom were African American (51%). A greater proportion of individuals with TB and hepatitis C engage in IDU and/or are homeless than those with only TB. Individuals who had diagnoses of both TB and hepatitis B are primarily male (70%), and half (50%) were Asian/Pacific Islander. This population is also more likely to be homeless (11% vs. 6%) than those without hepatitis B. A majority of people with TB, and people with both TB and hepatitis B, are foreign-born. Among foreign-born New Yorkers with TB, China was the most common country of birth, and a greater proportion of individuals with TB and hepatitis B were born in China than those with only TB (42% vs. 14%). The rate of HIV and hepatitis C co-infection in the very high poverty neighborhoods of the city was about four times the rate in the low poverty neighborhoods. The rates of HIV and hepatitis B co-infection, and of persons with HIV and TB, also increases as the percentage of residents living in poverty in the neighborhood increases.[xvii]

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

Older Adults: "Older adults" is defined as those age 65 years of age and older, and the number of older adults living in NYC is increasing. In 2007, there were about 1,013,000 older New Yorkers, compared with 605,000 in 1950. The majority of older New Yorkers (61%) are women. The numbers of older New Yorkers varies by race/ethnicity, with 18% of white individuals, 11% of African American individuals, 9% of Asian residents, and 8%

of Hispanic New Yorkers being age 65 years or older. More than one quarter (27%) of older New Yorkers live below 100% of the federal poverty line. While 44% of older New Yorkers are married or partnered, the rest (over half at 56%) are not. Overall, 31% of those over 65 living in NYC are widowed, 15% are divorced/separated, and 10% were never married. More than one half of older New Yorkers have high blood pressure (58%). High blood pressure is more common among older black (72%) and older Hispanic (63%) New Yorkers than older White New Yorkers (51%). The prevalence of diabetes is higher among older New Yorkers (23%) than older adults in the United States overall (20%). Further, diabetes, too, is more common among older African American and Hispanic New Yorkers than older White New Yorkers (34% and 31% respectively, vs. 17%). Older adults living in NYC are less likely to get vaccinated against the flu (55% vs. 70%) or pneumonia (48% vs. 65%) than older adults nationwide.[xix]

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

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

Unintentional Drug Overdose Deaths: Approximately 9,000 New York City residents died of an unintentional drug overdose during the years of 2000-2012, equating to an average of 700 overdose deaths per year. The rate of overdose increased by 25% between 2010 and 2012, from 8.1 to 10.1 per 100,000 New Yorkers (equating to 541 deaths vs. 677 deaths). In 2012, nearly all (97%) of unintentional drug overdose deaths involved more than one substance, including alcohol, licit and illicit drugs. The drugs most commonly identified in these cases were heroin, cocaine, benzodiazepines, prescription opioid analgesics, and methadone. The rate of overdose involving opioid analgesics increased by 267% between

2000 and 2011, from 0.9 to 3.3 per 100,000 New Yorkers (59 deaths vs. 220 deaths). From 2010 to 2012, heroin-involved deaths increased 71% from 3.1 to 5.3 per 100,000, and in 2012, the number of heroine-involved deaths was the highest of deaths involving any substance. The rate of benzodiazepine-involved deaths also increased, by 160%, between 2000 and 2012 from 1.5 to 3.9 per 100,000 New Yorkers. Prescription opioid analgesics were involved in 28% of overdose deaths in 2012. Between 2011 and 2012, the rate of drug poisoning deaths involving opioid analgesics decreased across all boroughs. Staten Island has the highest rate of deaths caused by drug overdose (10.1 per 100,000). Heroin was involved in 52% of all overdose deaths in 2012. In 2012, Staten Island had the highest rate (10.2 per 100,000) of drug poisoning deaths involving heroin specifically, followed by the Bronx (8.1 per 100,000). From 2000 through 2012, New Yorkers aged 35 to 54 had the highest rate of drug poisoning deaths involving heroin when compared to other age groups. Residents living in the highest poverty neighborhoods of NYC had a higher rate of heroin overdose deaths (7.5 per 100,000) than residents of all other neighborhoods in 2012. The rate of drug poisoning deaths involving heroin among White New Yorkers (7.4 per 100,000) in 2012 was higher than Hispanic New Yorkers (5.7 per 100,000) and African American New Yorkers (4.0 per 100,000). [xxii]

Suicides: Annually, approximately 475 New York City residents commit suicide and more than 3,600 hospitalizations in the City result from self-inflicted injuries. Disparities in suicide trends in the city exist by both race and ethnicity. From 2000 to 2008, suicide rates among Asians increased by 67%, while rates among African American men decreased by 37%. Suicide risk is closely tied to an individual's mental wellbeing. In the city, 64% of people who died because of suicide had a documented history of depression, 8% had a history of schizophrenia, and 5% had a history of anxiety. Of those with complete medical histories, 23% were known to have made a previous suicide attempt and 39% had received mental health treatment within a year of death. Among New York City teens, certain subgroups are also at greater risk for attempting suicide, including Hispanic female teens (15% of which reported attempting suicide in the past year) and LGBTQ teens (27% of whom reported a suicide attempt in the past year).[xxiii]

Children's Mental Health: 9% of six- to 12-year olds (60,000 children) living in NYC have had at least one of the following mental health diagnoses: attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder, anxiety, depression, or bipolar disorder. ADHD is the most common diagnosis (4%, or 26,000 children) and ODD or conduct disorder is the second most common (2%, or 15,000). The prevalence of a current diagnosis is three times higher among boys (9%, or 33,000) than among girls (3% or 11,000). 14% of six- to 12-year olds (101,000 children) do not have a specific mental health diagnosis, but are reported by parents to have difficulties with emotions, concentration, behavior and/or getting along with others. Two thirds (67%) of NYC children with a current mental health diagnosis have been treated by a mental health professional within the past year. 36%% of these diagnosed children received treatment including medication, and 30% received treatment without medication. The prevalence of a learning disability was six times greater among children with a current mental health diagnosis than among children without one (43% vs. 7%). Children with a currently diagnosed mental health condition were also twice as likely as other children to have ever

been diagnosed with asthma (32% vs. 15%) and to not sleep through the night (18% vs. 8%). Further, children with a currently diagnosed mental health condition were more likely than children without one to have the surveyed parent describe his/her own physical health (32% vs. 17%) or mental health (22% vs. 10%) as poor or fair. Among children with a current diagnosis whose surveyed parent only sometimes, rarely or never had day-to-day support raising the child, half (50%) had the parent describe his/her own mental health as fair or poor. Children with a current mental health diagnosis were three times more likely than children without a diagnosis to have a surveyed parent who reported ever being diagnosed with depression (40% vs. 11%).[xxiv]

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

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

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

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

As part of our community benefit strategy, Gracie Square Hospital continuously strives to maintain and improve the quality of our services provided to our patients through quality improvement studies and patient satisfaction surveys. We view these tools as a way of truly hearing our patients' voices and their opinions about our services. The data gathered from surveys and more in depth studies is used to identify any areas of unmet need or ways to improve our services. We often also discover opportunities that we can improve the

cultural competence of our services through these methods. Further, by ensuring that each of our consumers has the chance to share their thoughts and feelings about their experience with us, we help them to (re)gain a sense of empowerment and competency that is often compromised by the individual's struggle with his/her behavioral health issues.

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

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

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

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

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