MISSION STATEMENT
To serve our patients and the community in a way that is second to none
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Approved by Board of Trustees November 28, 2016

Full report can be obtained from the Department of Public Affairs at 718.206.6020 or on the Hospital’s website: https://jamaicahospital.org/community-service-plan
Accessibility to healthcare remains a concern for some residents in Jamaica Hospital Medical Center’s (JHMC) service area, as 12.9% of East New York residents, 6.6% of Jamaica residents, and 18.6% of Southwest Queens residents have reported\(^1\) that they have not been able to receive medical care within the past year when they needed it. The percentages of East New York and Southwest Queens residents who were unable to access healthcare services were higher than those observed in Queens overall (10.1%) or NYC overall (9.6%). Reasons for a person’s inability to receive needed medical services range from appointment availability to financial means (including insurance and Medicaid/Medicare coverage). Indeed, the effects of poverty on healthcare accessibility and the ability to obtain nutritious food as part of maintaining a healthy lifestyle, are observed in the communities that Jamaica Hospital serves.

Obesity, smoking, and the need for additional behavioral health services were priority health issues highlighted in the data analyses that Jamaica Hospital conducted for this Community Health Needs Assessment (CHNA). These health concerns were also identified by residents of the communities of Jamaica and East New York, who took part in focus groups and surveys as part of the New York City Department of Health and Mental Hygiene’s (DOHMH) Take Care New York (TCNY) 2020 initiative. On the TCNY 2020 surveys, East New York residents also named physical activity as a health issue, underscoring the need for more exercise programs and educational opportunities to help residents maintain a healthy weight. Jamaica residents commented that binge drinking was a concern, which speaks to the need for behavioral health services in this community.

Breastfeeding, which lowers the risk of death from infectious diseases in a child’s first two years of life, and can also reduce the risk of childhood obesity\(^2\) as well as the risk of a woman developing breast or ovarian cancer\(^3\), is still not practiced as often in parts of Jamaica or East New York as it is in New York City overall. Jamaica Hospital has focused on improving rates of exclusive breastfeeding among the women discharged from its birthing center, as well as among mothers in the community, and hopes to soon be designated as a Baby Friendly Hospital for offering an optimal level of care for infant feeding and mother/baby bonding. Smoking and secondhand smoke, as well as household/outdoor air pollution, were identified as ongoing community health concerns that are correlated with chronic disease, such as asthma and chronic obstructive pulmonary disease (COPD), as well as cancer. Responding to the needs of the community, Jamaica Hospital has focused on improving tobacco cessation rates and has been awarded Gold Star Status from the NYC DOHMH’s Tobacco-Free Hospitals Campaign in recognition of its smoking cessation programming and successes.

\(^1\) New York City Department of Health and Mental Hygiene. EpiQuery. Community Health Survey 2014.
\(^3\) http://ww5.komen.org/Breastcancer/Notbreastfeeding.html
Data Sources and Community Input

Jamaica Hospital Medical Center (JHMC) addressed the 5 updated Priority Areas identified by the New York State Department of Health in its Prevention Agenda 2013-2018: 1) Prevent Chronic Disease; 2) Promote a Healthy and Safe Environment; 3) Promote Healthy Women, Infants, and Children; 4) Promote Mental Health and Prevent Substance Abuse; and 5) Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections. Within each Priority Area, Jamaica Hospital analyzed and summarized data relevant to “focus areas” (e.g., “reduce obesity” and “reduce illness, disability, and death related to tobacco use and secondhand smoke exposure” are focus areas for the Prevent Chronic Diseases priority). Data were primarily obtained from the New York City Department of Health and Mental Hygiene’s (NYC DOHMH) 2015 Community Health Profiles and Community Health Surveys (EpiQuery); the New York State Department of Health’s Delivery System Reform Incentive Payment (DSRIP) program’s clinical metrics and performance data; community-wide surveys that were administered as part of data collection for the 2014 Queens Community Needs Assessment (CNA); and focus groups that were convened by the NYC DOHMH in neighborhoods across the city’s five boroughs as part of New York City’s Take Care New York (TCNY) 2020 initiative. Community Consultations were held in neighborhoods throughout NYC to vote on local priorities identified by the NYC Health Department for the TCNY 2020 initiative. The Southwest Queens TCNY 2020 Community Consultation was held on December 2, 2015; the East New York TCNY 2020 Community Consultation was held on December 3, 2015, and the Jamaica TCNY 2020 Community Consultation was convened on February 6, 2016; these three Community Consultations were held within Jamaica Hospital’s primary service area. TCNY 2020’s four objectives (1. Create Healthier Neighborhoods; 2. Support Healthy Living; 3. Promote Healthy Childhoods; 4. Increase Access to Quality Care) are aligned with the five Priority Areas of New York State’s Prevention Agenda.

NYC has different ways of describing and categorizing neighborhoods, which is relevant to how community health data are analyzed and presented. Neighborhoods are typically defined according to either NYC Community Districts or United Health Fund neighborhoods. There are 59 NYC Community Districts, which were established by local law in 1975. United Health Fund (UHF) neighborhoods consist of 34 neighborhoods, made up of adjoining zip code areas, designated to approximate NYC Community Planning districts. Jamaica Hospital’s primary service area has traditionally been defined as covering the Queens neighborhoods of Jamaica and Southwest Queens (SWQ), as well as the Brooklyn neighborhood of East New York (ENY). These neighborhoods, as defined by the UHF (an independent, nonprofit, health services research and philanthropic organization), do not correspond exactly to distinct Community Districts, as shown in the table and map on the following pages..

Most of the charts in this report reflect Jamaica Hospital’s service area data from the NYC DOHMH’s Community Health Profiles and Community Health Surveys. Because the Community Health Profile data are organized by Community District, and the Community Health Survey data are organized by United Health Fund neighborhood, Jamaica Hospital has used both ways to describe neighborhoods. Additionally, DSRIP data were aggregated into UHF neighborhoods and analyzed to better capture and describe JHMC’s service area.
Jamaica Hospital worked with the New York Academy of Medicine’s (NYAM) Center for Evaluation and Applied Research to conduct primary data collection and analysis for the Queens CNA, including focus groups, key informant interviews, and community-wide surveys. Focus group participants were jointly selected by JHMC and NYC Health + Hospitals (formerly known as the New York City Health and Hospitals Corporation).

In all, 605 surveys of community residents, 18 focus groups, and 22 key informant interviews with Queens residents, providers, and other stakeholders were conducted to capture community member and stakeholder perspectives on health issues and address anticipated gaps in the secondary data.

The findings from these primary data analyses were combined with analyses of secondary data sets provided by the New York City Department of Health and Mental Hygiene (NYC DOHMH) and New York State Department of Health (NYS DOH). For the DSRIP program’s Queens Community Needs Assessment, Jamaica Hospital’s partner, NYC Health + Hospitals, conducted detailed secondary data analyses of its service areas which overlapped with JHMC’s. Together, the analyses of primary and secondary data highlight the key health concerns and health needs of residents, overall, and according to neighborhood and sociodemographic characteristics.

Members of medically underserved, low-income, and minority populations (or organizations serving or representing the interests of such populations) in the community served by Jamaica Hospital were asked to participate in the Queens Community Needs Assessment. The following groups participated in focus groups convened for the Queens Community Needs Assessment. Furthermore, the Queens Community Needs Assessment’s key informants represented members of medically underserved, low-income, and minority populations in the communities served by Jamaica Hospital and other hospitals in the Queens service area defined in the CNA, or were individuals or organizations serving or representing the interests of such populations:

- Association for the Help of Retarded Children (AHRC): Melvin Gertner, Board member
- Callen Lorde Health Center (LGBTQ): Jay Laudato, Executive Director
- Center for Independence of the Disabled, New York: Susan Dooha, Executive Director
- Charles B. Wang Community Health Center: Nuna Kim, Medical Director
- Children’s Aid Society: Lisa Handwerker, Medical Director, and Maria Astudilla, Deputy Director, Health and Wellness Division
- Child Center of New York: Traci Donnelly, CEO
- Coalition for Asian American Families and Children (CACF): Noilyn Abesamis-Mendoza, Health Policy Director
- Commission on the Public Health System: Anthony Feliciano, Director, and Judy Wessler, Former Director
- CommuniLife: Rosa Gil, President and CEO

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JHMC COMMUNITY HEALTH NEEDS ASSESSMENT

- Community Service Society: Elisabeth Benjamin, Vice President of Health Initiatives
- Corporation for Supportive Housing: Kristin Miller, Director
- Haitian American United for Progress: Elsie St. Louis Accilien, Executive Director
- Jamaica Hospital Medical Center: Jogesh Syalee, MD, Director, School Health
- Jewish American Serving the Aging (JASA): Kathryn Haslanger, CEO, and Amy Chalfy, Director of Programs
- Make the Road: Theo Oshiro, Deputy Director
- National Association of Drug Abuse Problems (NADAP): John Darin, President & CEO, and Joy Demos, Assistant Director of Care Coordination
- New York Immigration Coalition: Jackie Vimo, Director of Health Advocacy, and Claudia Calhoun, Health Advocacy Senior Specialist
- New York Lawyers for the Public Interest: Shena Elrington, Former Director of the Health Justice Program
- NYC Department of Homeless Services: Dova Marder, Medical Director
- NYCDOH/Rikers Island: Alison Jordan, Executive Director, NYCDOHMH Correctional Health Services’ Transitional Health Care Coordination
- Services & Advocacy for GLBT Elders (SAGE): Catherine Thurston, Senior Director for Programs
- South Asian Council for Social Services: Sudha Acharya, Executive Director

Additionally, members of Jamaica Hospital’s Community Advisory Board, which include hospital patients and representatives from significant community groups, such as local Community Planning Boards, provided input into JHMC’s community health needs prioritizing and program planning during their meeting on 9/12/2016. On November 28, 2016, the Hospital Board of Trustees approved the plan.

**Jamaica Hospital Medical Center’s Primary Service Area**

Jamaica Hospital’s primary service area was determined by analyzing Statewide Planning and Research Cooperative System (SPARCS) discharge data at the zip code level. The UHF neighborhoods with the highest volumes of patients were determined to be the primary service area. The total (primary and secondary) service area collectively accounts for approximately 85% of the Hospital’s total inpatient cases. The primary service area accounts for 79% of the cases.
United Health Fund (UHF) and Community District Overlay of Jamaica Hospital’s Primary Service Area: White outlines mark the Community Districts. Orange numbers note Brooklyn Community Districts. Green numbers note Queens Community Districts. Black numbers and lines define UHF neighborhoods. The green dashed line marks Jamaica Hospital’s primary service area, which contains UHF areas 204 (ENY), 407 (SWQ), and 408 (Jamaica). The ‘H’ signifies the location of Jamaica Hospital.

Q = Queens; BK = Brooklyn

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Community District</th>
<th>UHF Neighborhood/(Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11412</td>
<td>12 (Q)</td>
<td>Jamaica (408)</td>
</tr>
<tr>
<td>11414</td>
<td>10 (Q)</td>
<td>Southwest Queens (407)</td>
</tr>
<tr>
<td>11415</td>
<td>9 (Q)</td>
<td>Southwest Queens (407)</td>
</tr>
<tr>
<td>11416</td>
<td>9 (Q)</td>
<td>Southwest Queens (407)</td>
</tr>
<tr>
<td>11417</td>
<td>10 (Q)</td>
<td>Southwest Queens (407)</td>
</tr>
<tr>
<td>11418</td>
<td>9 (Q)</td>
<td>Southwest Queens (407)</td>
</tr>
<tr>
<td>11419</td>
<td>9 (Q) &amp; 10 (Q)</td>
<td>Southwest Queens (407)</td>
</tr>
<tr>
<td>11420</td>
<td>10 (Q)</td>
<td>Southwest Queens (407)</td>
</tr>
<tr>
<td>11421</td>
<td>9 (Q)</td>
<td>Southwest Queens (407)</td>
</tr>
<tr>
<td>11423</td>
<td>8 (Q) &amp; 12 (Q)</td>
<td>Jamaica (408)</td>
</tr>
<tr>
<td>11430</td>
<td>&lt;&lt;NONE&gt;&gt; (John F. Kennedy International Airport; residential population = 1846)</td>
<td>Jamaica (408)</td>
</tr>
<tr>
<td>11432</td>
<td>8 (Q) &amp; 12 (Q)</td>
<td>Jamaica (408)</td>
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<td>Jamaica (408)</td>
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<td>Jamaica (408)</td>
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<td>4 (BK) &amp; 5 (BK)</td>
<td>East New York (204)</td>
</tr>
<tr>
<td>11208</td>
<td>5 (BK)</td>
<td>East New York (204)</td>
</tr>
</tbody>
</table>

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6 U. S. Census. 2010 Demographic Profile. Factfinder.census.gov
There are gaps in primary medical care and mental health care across Queens, which are also evident in Jamaica Hospital’s service area. Queens has seven neighborhoods that are designated as Medically Underserved Areas (MUA) by the Health Resources and Services Administration (HRSA); this designation is based on four factors: the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.\(^7\) The Kings County Service Area MUA, which contains East New York, and the Queens Service Area MUA, which contains parts of Jamaica, cover Jamaica Hospital’s service area. South Jamaica, a neighborhood within Jamaica Hospital’s primary service area, also is a designated MUA. South Jamaica is also designated as a Primary Care Health Professional Shortage Area (HPSA) by HRSA, meaning there are fewer primary care professionals than are necessary to accommodate the population living in that area.\(^8\) Census tracts within South Jamaica are also designated as Mental Health HPSAs, meaning there are fewer mental health care professionals than are necessary to accommodate the population living in those areas. Within Jamaica Hospital’s service area, there are two facilities (Joseph P. Addabbo Family Health Center and Project Samaritan Health Services) that received Mental Health HPSA designation because they provide mental health services to an area or population group designated as having a shortage of mental health professionals and have insufficient capacity to meet the psychiatric needs of the area or population group.\(^9\)

**Jamaica:** With a population of more than 308,000, Jamaica is the largest neighborhood in Jamaica Hospital’s service area.\(^10\) More than half of Jamaica’s residents are Black (53%) and 20% identify as Hispanic/Latino (regardless of race). Sixteen percent of Jamaica’s residents are Asian and 12% of Jamaica’s residents are White. Almost a third of Jamaica’s residents receive Medicaid and 12% receive Medicare.\(^11\)

Poverty and its effects on health, particularly on mental/behavioral health and nutrition, are of significance in Jamaica. Whereas more than a third (35%) of Queens residents have incomes at or below 200% of the Federal Poverty Level,\(^12\) most (78%) Queens CNA survey respondents from Jamaica reported that they were living below the Federal Poverty Level and, and 62% reported that in the last year they sometimes worried about not having enough to eat. Overall, 53% of Queens CNA survey respondents reported that they worried about not having enough to eat. Queens CNA survey respondents from Jamaica also reported they have more limited availability of healthy foods. Survey respondents in Jamaica who participated in the Queens Community Needs Assessment were more likely to report that HIV\(^13\) was a health concern (26.4%, compared to 11% for the full Queens sample) and were more likely to report having asthma (19% compared to 11% for the full Queens sample). Overweight and obesity rates were higher in Jamaica (53%) compared to 44% for the full sample of Queens CNA survey respondents. Almost a third (28%) of Queens CNA survey respondents reported that health education or programs on domestic violence were needed in their community, however 44% of Jamaica respondents indicated that domestic violence programming is necessary. These domestic violence survey data are supported by the injury assault hospitalization rate data

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\(^7\) Health Resources and Services Administration. HRSA Data Warehouse. Medically Underserved Areas/Populations. [http://www.hrsa.gov/shortage/mua/index.html](http://www.hrsa.gov/shortage/mua/index.html)

\(^8\) Health Resources and Services Administration. HRSA Data Warehouse. [https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx](https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx)


\(^11\) New York City Department of Health and Mental Hygiene. EpiQuery. Community Health Survey 2014


shown in this Jamaica Hospital CHNA (page 17). That is, the injury assault hospitalization rate was higher for Queens Community District 12 (Jamaica) than it was for Queens and NYC overall. Community District Priorities for Jamaica, as identified in the Take Care New York 2020 Community Consultations, include smoking, drug overdose deaths, controlled high blood pressure, binge drinking, and the high school graduation rate.14 The City DOHMH added additional priorities based on the local data for these problems: child-care slots, unmet medical need and sugary drinks.

Southwest Queens: The total resident population of Southwest Queens is approximately 283,00015. Almost a third of Southwest Queens residents are Hispanic/Latino (33%; regardless of race) or White (35.6%). Twelve percent of Southwest Queens residents are Black and 23% of Southwest Queens residents are Asian. Sixteen percent of residents of Southwest Queens receive Medicare and 27% of residents receive Medicaid.16

Southwest Queens generally fares comparably to Queens on the whole and does not stand out on most measures of chronic disease prevalence. However, in the NYC Community Health Profiles, Community District 10 ranked the highest (#13 out of 59 Community Districts17) among all of the neighborhoods included in the Queens CNA for self-reported diabetes prevalence, indicating that diabetes is a concern in Southwest Queens. There was not a break out for Southwest Queens in the TCNY 2020 Community Consultations report, as only Community Districts that had at least 10 votes in the ranking of their priorities were included in the Queens TCNY 2020 report. TCNY 2020 Community Consultation priorities for Southwest Queens are likely those that were named for Queens overall, namely: air quality, controlled high blood pressure, obesity, physical activity, and unmet mental health need.

East New York: East New York (ENY), with a total resident population of almost 188,000,18 is a diverse community. More than half of ENY residents are Black (57%) and 39% identify as Hispanic/Latino (regardless of race). Slightly less than 5 percent of ENY residents are Asian and 14% of ENY residents are White. Twelve percent of ENY residents receive Medicare and 37% receive Medicaid.19

Within the Queens service area defined in the Queens CNA, East New York has the highest rate of Class C serious housing violations (101.1 per 1,000 rental units), almost double the rates of those found in Jamaica (51.34/1,000 rental units) and NYC overall (53.79/1,000 units), and almost four times the rate in Southwest Queens (26.5 - 34.6/1,000 rental units). These Class C (“immediately hazardous”) conditions require correction within 24 hours of an owner receiving a violation notice from the NYC Housing Preservation and Development20 and include issues such as inadequate supply of heat and hot water, rodents, and peeling lead paint in dwellings where a child under age 7 resides.21 The high rate of serious housing violations observed in East New York may be relevant to the high rate of asthma hospitalizations (potentially avoidable inpatient discharges, or PQI) for Medicaid beneficiaries aged 18-39 (155.9 per 100,000) in East New York.22 By comparison, the PQI asthma hospitalization rates for the same age group of residents who receive Medicaid

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14 New York City Department of Health and Mental Hygiene. Take Care New York 2020 Community Priorities and related DOHMH services in Queens. August 31, 2016
16 New York City Department of Health and Mental Hygiene. EpiQuery. Community Health Survey 2014
17 https://www1.nyc.gov/site/doh/data/data-publications/profiles.page; downloaded 2015 Community Health Profiles Open Data in Excel from this site
19 New York City Department of Health and Mental Hygiene. EpiQuery. Community Health Survey 2014
benefits across Queens, NYC, and NYS are 77.2, 160.82, and 134.52 discharges per 100,000, respectively. Similarly, children in East New York who are Medicaid beneficiaries have higher rates of asthma hospitalizations (557 discharges per 100,000) than pediatric Medicaid beneficiaries in adjoining Southwest Queens (299 discharges per 100,000) and Queens overall (230 discharges per 100,000). Community District Priorities for East New York, as identified in the Take Care New York 2020 Community Consultations, include smoking, physical activity, controlled high blood pressure, obesity, and unmet mental health need.  

**Other Health Resources in JHMC’s Primary Service Area**

In addition to Jamaica Hospital Medical Center, Queens Hospital Center (a member of the New York City Health + Hospitals) serves a similar service area. In addition, there are 25 HRSA-supported Federally Qualified Health Centers (FQHC) or Look-Alikes (as of May 2016) in Queens County. The following FQHCs provide primary and/or specialty healthcare services to the communities within Jamaica Hospital’s primary service area:

- Community Healthcare Network, Inc.
- Care for the Homeless
- Damian Family Care Centers (doing business as Project Samaritan Health Services)
- Housing Works Health Services
- Joseph P. Addabbo Family Health Center
- Sunset Park Health Council, Inc.

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23 New York City Department of Health and Mental Hygiene. Take Care New York 2020 Community Priorities and related DOHMH services in Queens. August 31, 2016

Focus 1: Reduce Obesity

Percentage of obese adults (18+), defined as having a Body Mass Index (BMI) of 30 or greater

More adults (18+) residing within JHMC’s service area (Jamaica, SWQ, and ENY neighborhoods) are defined as being obese than in Queens and NYC overall. The percentage of obese adults rose from 2013 to 2014. Obesity is linked to chronic conditions and diseases such as high blood pressure, heart disease, diabetes, and stroke.

Data from NYC DOHMH Community Health Survey (EpiQuery), 2012, 2013, 2014

Percentage of adults (18+) who have exercised in the past 30 days

Residents within JHMC’s service area reported having engaged in some type of exercise routine (physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise) as frequently as residents of Queens and NYC overall. These data are encouraging, however, they do not describe the intensity or durations of exercise activities. According to the Centers for Disease Control, adults require at least 150 minutes of moderate-intensity aerobic activity or 75 minutes of high-intensity aerobic activity per week, combined with 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).

Data from NYC DOHMH Community Health Survey (EpiQuery), 2012, 2013, 2014
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Over a third of key informant interviews, survey participants, and focus group respondents highlighted obesity as a health concern on the 2014 Queens Community Needs Assessment (CNA). Additionally, the Queens CNA points to differences in health needs and behaviors based on neighborhood and/or population groups. The Queens CNA revealed that health needs vary with cultural/neighborhood differences, as, for example, African American and Caribbean populations in Jamaica considered obesity to be a pressing issue, along with limited access to healthy foods at local stores. Asians who participated in the Queens CNA, however, did not cite obesity as an issue, and reported easy access to healthy foods.

**Resources:** Jamaica Hospital strives to help its community members reduce obesity and empower them to make health-conscious nutrition decisions. The Hospital’s services include nutritionists and diabetes educators, who assist patients with developing healthy eating habits and reaching weight management goals. The Hospital offers the Centers for Disease Control and Prevention (CDC) approved National Diabetes Prevention Program (NDPP) classes at regular intervals for pre-diabetes patients. Jamaica Hospital offers a monthly support group that consists of interactive sessions that aim to educate diabetic patients with lifestyle and professional recommendations from our highly qualified physicians, therapists, podiatrists, dieticians, and other clinical specialists. Jamaica Hospital participated in the NYC Department of Health and Mental Hygiene’s “Healthy Hospital Food Initiative” to create a healthier food environment through such activities as meeting standards for stocking vending machines with healthy foods and beverages and offering healthy choices in the hospital cafeteria. Breastfeeding is encouraged by Jamaica Hospital’s staff as another healthy means of helping postpartum mothers to shed weight gained during pregnancy and potentially reducing the risk of pediatric obesity for their children.

In addition to Jamaica Hospital’s Nutritionists and Diabetes Educators, there are 56 Endocrine/Diabetes physicians in Queens. The NYC Department of Health and Mental Hygiene offers a “Health Bucks” program, through which fresh fruits and vegetables can be purchased at all farmers’ markets in NYC. The Hospital distributes Health Bucks to patients in its NDPP. Two farmers’ markets are found in JHMC’s service area.

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**Focus 2: Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure**

Percentage of adults (18+) who have smoked cigarettes in the past 30 days.

Higher percentages of SWQ and ENY residents smoke cigarettes than Queens or NYC residents. Tobacco cessation efforts remain a priority in JHMC’s community.

More residents of SWQ and ENY report being exposed to secondhand smoke on a daily basis, compared with residents of Queens and NYC, overall. The 2014 secondhand smoke exposure rates for SWQ and ENY are almost double that of Queens overall. Secondhand smoke is known to cause cancer, even in individuals who do not smoke, and is linked to respiratory conditions such as asthma and bronchitis.
NYC Community Health Survey smoking data are supported by Queens CNA informant data and highlight the need for smoking cessation services.

**Resources:** Jamaica Hospital has obtained Gold Star Status from the NYC Tobacco-Free Hospitals campaign for its tobacco cessation work with outpatients, inpatients, and employees. In 2015, the Hospital assessed 93% of 38,776 outpatients; all outpatients who required cessation interventions received them. The Hospital is enabled to make electronic referrals from its electronic health record system directly to the New York State Quit Line. Jamaica Hospital’s respiratory therapists and patient navigators with certification in smoking cessation counseling educate and counsel patients and community members on a one-to-one basis and in group settings. Physicians conduct a mandated 5-question assessment of all patients to screen for tobacco usage and gauge readiness to quit. Jamaica Hospital has enlisted several community-based organizations as partners in promoting *Tobacco-Free Living*, and is seeking more partners to extend the program’s reach to as many people as possible. JHMC received a two-year grant from the NYC Department of Health to continue its tobacco cessation programming and obtain expert consultation from Prevention Partners (in North Carolina), which has developed a Patient Quit-Tobacco System.27

In addition to Jamaica Hospital’s community-based efforts and programming aimed at reducing tobacco use, there are three other hospital-based tobacco cessation programs (Flushing Hospital; Queens Hospital; Elmhurst Hospital28) in Queens.

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28 http://www.med.nyu.edu/pophealth/divisions/mtcp/health-care-providers/quit-smoking-program-nyc#queens
Focus 3: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

Percentage of adults (18+) who are not taking medication to control their diagnosed condition of high blood pressure (HBP).

Jamaica residents, as well as residents of Queens or NYC overall, are less likely to regularly take medications to manage their HBP than SWQ or ENY residents. Uncontrolled HBP can lead to damage to the heart and coronary arteries as well as stroke.

Rate of hospitalizations due to stroke (per 100,000 population).

Higher rates of stroke-related hospitalizations were observed in Brooklyn CD 4 & 5 (ENY) and in Queens CD 12 (Jamaica), relative to other Community Districts, Queens, and NYC overall. High blood pressure, high cholesterol, and smoking are the major risk factors for stroke. Stroke is a leading cause of long-term disability.

Data from NYC DOHMH Community Health Survey (EpiQuery), 2012, 2014

Data from data from 2015 Community Health Profiles (derived from SPARCS 2012); Q CD = Queens Community District; BK CD = Brooklyn Community District
The 2014 Queens Community Needs Assessment (CNA) included key informant interviews and focus group respondents that also highlighted obesity as a health concern among Queens residents, particularly as it relates to increased risk of diabetes, heart attack, and stroke.\textsuperscript{29} Consistent with the Community Health Survey data shown in the “percentage of adults not taking high blood pressure medication” graph on the previous page, where Jamaica residents had a higher percentage of adults not taking HBP medication, Jamaica residents named “high blood pressure” as a priority health issue in the TCNY 2020.

\textbf{Resources}: Jamaica Hospital is a New York State Department of Health-designated Stroke Center. It received the 2015 American Heart Association/American Stroke Association’s “Get With The Guidelines” Stroke Gold Quality Achievement Award\textsuperscript{30}. JHMC earned the award by meeting specific quality achievement measures for the diagnosis and treatment of stroke patients, which includes aggressive use of medications and risk-reduction therapies. The Hospital is part of Advocate Community Providers Performing Provider System (ACP PPS) which is implementing DSRIP Project 3.b.i., Evidence-Based Cardiovascular Management, which will standardize a patient-centered approach to patients who have or are at risk for cardiovascular disease. In addition, the Hospital is implementing Project 3.c.i. Evidence-Based services for Diabetes Care.

In addition to Jamaica Hospital’s Cardiology, Family Medicine, Pulmonary Medicine, and Care Management services, the Queens service area (as defined in the Queens CNA) has 361 Cardio/Pulmonary physicians and 56 Endocrine/Diabetes physicians.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{colorectal_screening_bar_chart.png}
\caption{Percentage of adults (50-75 years) who have received colorectal cancer screening exams (used a blood stool test at home in the past year; and/or, sigmoidoscopy in the past 5 years and blood stool test in the past 3 years; and/or, had a colonoscopy in the past 10 years).
Jamaica residents are less likely to receive regular colorectal screenings than residents of other neighborhoods or in Queens or NYC overall. Regular screening, starting at age 50, is crucial to preventing colorectal cancer.}
\end{figure}

\textsuperscript{29} New York City Health Provider Partnership Queens Community Needs Assessment. New York City Health and Hospitals Corporation (HHC). Available at \url{https://jamaicahospital.org/wp-content/themes/jhmcus/csp/Community_Needs_Assessment_2014.pdf}

Data from DSRIP, Domain 3 Clinical Metrics Data Set, 2012, 2013; aggregated at zip code level into UHF-defined neighborhoods, Queens overall and NYC.

Key informants and focus group respondents who provided data to the 2014 Queens Community Needs Assessment (CNA) indicated that cancer is an additional health concern for Queens residents. Culturally-based and language differences can impede access to care; a key informant interview included in the Queens CNA gave an example of Arab women that may try to hide a breast cancer diagnosis from their families and their community out of fear that their daughters may not be able to marry (if the cancer is genetically-linked) if their health information is known.
Resources: Jamaica Hospital’s Women’s Health Center has a multilingual and multidisciplinary staff of obstetricians, gynecologists, surgeons, technicians, and radiologists, and offers breast cancer screening (mammography), prevention, and treatment; colposcopy; and GYN Oncology. The Hospital offers more than four hours per week of extended hours for mammograms, including evening and weekend hours, to accommodate patients’ schedules. JHMC offers mammography services from 8 am until 8 pm Monday through Friday and from 8 am until 4 pm on Saturdays. Women’s Health is open and offers mammography until 7 pm on Tuesdays and Thursdays. Jamaica Hospital’s Division of Gastroenterology consists of Board-Certified gastroenterologists who provide high quality and expert care to patients, including colorectal screenings using colonoscopy and endoscopy. Jamaica Hospital’s Oncology Division offers consultations for both inpatients and outpatients diagnosed with cancer and features an ambulatory chemotherapy unit. The Hospital’s Palliative Care Services, consisting of a team of attending physicians, palliative care fellows, and a licensed clinical social worker, are available to support patients with advanced or terminal illnesses. The Hospital also operates an inpatient Hospice unit.

In addition to Jamaica Hospital’s Oncology Division and Palliative Care services, the Queens service area (as defined in the Queens CNA) has 103 Oncology physicians, eight hospice programs, and five other programs offering palliative care.
Air pollution as measured by micrograms (μg) of fine particulate matter per cubic meter (m³). Housing quality as defined as the percentage of renter-occupied housing units with at least one maintenance defect (i.e., water leaks, cracks and holes, inadequate heating, presence of mice or rats, toilet breakdowns, and peeling paint).

Although the New York City Community Air Survey* (released April 2016) reports that air pollution (e.g., levels of PM_{2.5} (fine particulate matter), NO_2 (nitrogen dioxide), & NO (nitric oxide)) has generally decreased in NYC since 2009, higher concentrations of air pollutants and percentages of housing with maintenance defects were observed in Brooklyn CDs 4 & 5 (ENY) relative to other Community Districts, Queens, and NYC overall.


Outdoor and household air pollution are environmental health hazards that are linked to premature death attributable to respiratory diseases, cancer, and cardiovascular diseases. As previously shown in the cigarette smoking and secondhand smoke exposure graphs, air pollution due to cigarette smoke is a health concern in NYC and in Jamaica Hospital’s communities.

**Resources:** Jamaica Hospital is part of the Asthma Coalition of Queens (formed in 2012), in which organizations work together to improve the quality of life for people with asthma by engaging patients, families, healthcare providers, institutions and the community. Jamaica Hospital’s Division of Pulmonary Medicine offers a wide variety of services to help diagnose and treat patients with lung disease, such as asthma. The Hospital’s Division of Allergy and Immunology focuses on the diagnosis and long-term treatment of allergic and immunologic conditions, such as asthma. Jamaica Hospital’s Patient Navigators were trained to conduct group counseling in the “Freedom from Smoking” program by the American Lung Association.

In addition to Jamaica Hospital’s resources, New York-Presbyterian/Queens also offers a Pediatric Asthma Center.
Focus 2: Injuries, Violence, and Occupational Health

Injury assault rate, as measured by the nonfatal assault hospitalization rate per 100,000 population.

Higher rates of assault-related hospitalizations were observed in Brooklyn CD 4 & 5 (ENY) relative to other Community Districts, Queens, and NYC overall. According to New Yorkers Against Gun Violence, hospital visits for gun-related injuries from 2008-2010 cost NYC $118 million, compared to $91 million in the rest of NYS. Research shows that stricter State firearm legislation is associated with lower discharge rates for nonfatal gunshot injuries.


Although the assault-related hospitalization rate has decreased across Queens from 52 hospitalizations per 100,000 population (2008-2010 SPARCS data) to 43 hospitalizations per 100,000 (2011-2013 SPARCS data) and meets the New York State Prevention Agenda 2013-2018’s goal of 43 hospitalizations per 100,000 population,\(^\text{31}\) it remains an issue in Jamaica Hospital’s service area. More than twelve percent of Queens CNA respondents indicated that violence/injury prevention was a health concern in their community.

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Falls were the number one cause of injury in Jamaica Hospital’s registry of trauma patients. Jamaica Hospital’s in-house data for fall-related injuries revealed that 2,512 patients presented at the Hospital for falls between August 1, 2013 and July 31, 2015; 59.6% of these were categorized as “traumatic” falls, meaning they met the trauma criteria for the severity of injury. Over a third of non-traumatic falls were sustained from slipping, tripping, or tumbling, and almost 20% of these falls were sustained from falling off or tripping on steps. Most traumatic falls injuries occurred at home (41%) and almost a quarter of traumatic falls injuries occurred on the street or highway. The majority (62%) of trauma falls patients were 55 years or older. Most elderly trauma falls patients were female (55.5%). Among elderly traumatic falls patients, most falls (when the height of the fall was known) occurred while patients were standing, indicating that patients had difficulty maintaining balance.

**Resources:** Jamaica Hospital Medical Center is designated as a Level 1 Trauma Center that is available 24 hours a day, 7 days per week, and includes trauma, orthopedic, and neuro surgeons as well as physicians from a range of fields including emergency medicine, radiology, anesthesiology, intensive care, and rehabilitation medicine. Jamaica Hospital regularly sponsors research related to injury-prevention and improving clinical and behavioral outcomes of patients who have sustained injuries due to accidents or violent events. For example, two of Jamaica Hospital’s occupational therapists presented a research poster (2015) outlining leadership roles which occupational therapists working in trauma centers can take to increase injury prevention programming. In 2015, Jamaica Hospital received a Governor’s Traffic Safety Committee grant to conduct a project entitled “Safer Streets Queens,” in which the Hospital catalogues data from Emergency Department patients to inform the NYS Department of Transportation about dangerous road and traffic conditions to help prevent accidents and resulting injuries. Jamaica Hospital has adapted a screening tool for assessing injuries from the NYC DOHMH’s Division for the Aging (DFTA) and refers patients to evidence-based falls-prevention programs when indicated.

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33 Jamaica Hospital Falls. Data report. (November 9, 2015). Compiled by R. Jonathan Robitsek, Ph.D., Research Director, Jamaica Hospital Medical Center, Department of Surgery.
In addition to Jamaica Hospital’s Level 1 Trauma Center, Regional Trauma Center, services are available within Queens at Regional Trauma Centers at Elmhurst Hospital and New York-Presbyterian/Queens. JHMC refers senior citizens who are treated for fall-related injuries to senior citizen centers that provide classes, such as Stay Active and Independent for Life (SAIL) and Tai Chi for Arthritis, that are designed to promote healthy exercise habits, strengthen joints, increase stability, and reduce the likelihood of falls. There are five senior citizen centers offering evidence-based falls prevention programming in East New York (Community District 5, Brooklyn). Jamaica (Queens Community Districts 8, 12, & 13) has 12 senior citizen centers offering these programs, including three sites for Jamaica Service Programs for Older Adults (JSPOA). Southwest Queens (Queens Community Districts 9 & 10) has three senior citizen centers offering fall-prevention programs, including two Services Now for Adult Persons (SNAP) sites.

35 http://www.health.ny.gov/professionals/ems/state_trauma/trauma2.htm
JHMC COMMUNITY HEALTH NEEDS ASSESSMENT

NYS Prevention Agenda Priority Area 3:
Promote Healthy Women, Infants, and Children

Focus 1: Maternal and Infant Health

Preterm, Low Birth Weight (LBW), and Prenatal Care Entry data for all mothers

Mothers residing in Queens CD 12 (Jamaica) as well as Brooklyn CD 5 (ENY) were less likely to receive timely prenatal care than mothers in other neighborhoods served by JHMC, as well as Queens or NYC overall.

According to the U.S. Health Resources and Services Administration, babies born to mothers who received no prenatal care are three times more likely to be born at low birth weight, and five times more likely to die, than those whose mothers received prenatal care.

*Preterm & Late/No Prenatal Care data from 2015 NYC Community Health Profiles (which were based on 2013 NYC DOHMH Vital Statistics data); ** % LBW data from: NYC Summary of Vital Statistics 2013 – The City of New York – Appendix A: Supplemental Population, Mortality, Infant Mortality, and Pregnancy Outcome Data Tables; Q CD = Queens Community District; BK CD = Brooklyn Community District

Percentage of infants who were exclusively breastfed within 5 days after birth

More infants born to mothers residing in Queens CDs 9 and 12 (Jamaica) were exclusively breastfed within five days postnatally. Data are promising, as increases in breastfeeding between 2012 and 2013 were seen in most CDs within JHMC’s service area, particularly in Queens CDs 9 (SWQ), 10 (SWQ), & 12 (Jamaica). Breastfeeding confers numerous health protections upon infants and mothers alike. For example, breastfed children are less likely to contract a number of diseases later in life, including juvenile diabetes, multiple sclerosis, heart disease, and cancer before the age of 15. Breastfeeding mothers are less likely to develop osteoporosis later in life, are able to lose weight gained during pregnancy more easily, and have reduced risk of breast, uterine, and ovarian cancers.

Focus 2: Reproductive, Preconception, and Inter-Conception Health

Live births, low birth weight, and birth rate data for teenaged mothers (ages 15-19)

Teen mothers residing in Queens CD 10 and 12 (Jamaica) and Brooklyn CD 5 (ENY) had higher percentages of low birth weight babies than the other neighborhoods that JHMC serves, as well as Queens and NYC overall. The teen birth rate in Brooklyn CD 4 (Bushwick) is the 6th highest among the 59 NYC CD’s.

Data published in the Queens CNA (which were obtained from the New York State Department of Health Perinatal Data Profiles 2010-2012) indicate that rates of late or no prenatal care have increased since 2010 and are still relatively higher among the neighborhoods that JHMC serves, particularly Jamaica (9.1%) and East New York (9%), compared with NYC overall (7.0%), and New York State overall (5.6%). In zip code 11436 (Jamaica), 12.3% of births were to mothers who received late or no prenatal care; this was the second highest percentage among all of the zip codes in Queens between 2011-2013.

Resources: Jamaica Hospital recognizes that supporting breastfeeding is an important public health issue. The Hospital discharged 570 exclusively breastfeeding mothers (37%) in 2015 and is in the final phase of seeking “Baby-Friendly” Hospital designation, a global initiative launched by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). Jamaica Hospital’s staff are dedicated to breastfeeding training efforts so they can share their knowledge with the community; all pediatric providers and most Obstetrics (98%) and Family Medicine (85%) providers have completed the recommended breastfeeding training. Jamaica Hospital Medical Center offers a weekly breastfeeding education program to patients and community members at its Women’s Health Center. The breastfeeding program, which is also available in Spanish, is taught by a certified midwife and is intended to familiarize mothers-to-be with proper breastfeeding techniques.

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36 New York State Department of Health. Percentage of births with late (3rd trimester) or no prenatal care

Jamaica Hospital is a New York State Department of Health-designated Level 3 Perinatal Center, meaning that it cares for patients requiring increasingly complex care and operates a neonatal intensive care unit (NICU). For the past four years, JHMC has maintained an active CenteringPregnancy® program, which facilitates support groups and prenatal visits for pregnant women participating in the program. In 2015, the March of Dimes reached out to Jamaica Hospital to implement “Healthy Babies Are Worth the Wait,” which expanded the CenteringPregnancy® program by incorporating evidence-based premature birth prevention education that improves participants’ knowledge of factors contributing to premature births and encourages pregnant women to seek prenatal care. JHMC’s Women, Infants, and Children (WIC) program provides nutrition education, breastfeeding support, referrals, and a variety of nutritious foods to low-income pregnant, breastfeeding or postpartum women, infants and children up to age five to promote and support good health. Jamaica Hospital also operates a school-based health center program at Campus Magnet High School (Cambria Heights, Queens), and at two large elementary schools [PS 223 in Jamaica and PS (Q) 155 in South Ozone Park].

In addition to Jamaica Hospital’s Division of Maternal-Fetal Medicine/Obstetrical Unit, there are seven hospitals within Queens offering maternity services. There are four other hospitals in Queens that are Level 3 Perinatal Centers. As of May 2016, only one hospital in Queens (Queens Hospital Center) has received a “Baby-Friendly” Hospital designation. Eight other hospitals or agencies provide WIC services within Queens. WIC services are also available at two locations in East New York (Brookdale Hospital and East New York Diagnostic & Treatment Center). CenteringPregnancy® does not currently list other sites in Queens other than Jamaica Hospital.

39 http://profiles.health.ny.gov/hospital/designated_center/Level+3+Perinatal+Center
**NYS Prevention Agenda Priority Area 4: Promote Mental Health and Prevent Substance Abuse**

*Focus 1: Promote Mental, Emotional, and Behavioral Well-Being*

Percentage of adults (18+) who have ever been told by a medical professional that they have clinical depression

Percentages of adults who have experienced clinical depression are lower within the neighborhoods served by JHMC, compared with NYC overall. According to analyses in the NYC Health Provider Partnership’s 2014 Queens Community Needs Assessment, ENY and Jamaica have high numbers of Medicaid beneficiaries who have mental health conditions (predominantly depression/mood disorder) and use emergency department services.

Rate of psychiatric hospitalizations (per 100,000 adults)

The rate of psychiatric hospitalizations is higher in Brooklyn CD 5 (ENY), relative to other neighborhoods and Queens and NYC overall. Behavioral health discharges have higher readmission rates. Medication nonadherence, substance use, and lack of engagement in timely and adequate outpatient services are three key factors in behavioral health hospital readmissions.

Data from NYC DOHMH Community Health Survey (EpiQuery), 2013, 2014

Data from 2015 Community Health Profiles (derived from SPARCS 2012); Q CD = Queens Community District; BK CD = Brooklyn Community District
Focus 2: Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders

Rate of alcohol-related and drug-related hospitalizations (per 100,000 adults)

Substantially higher rates of alcohol- and drug-related hospitalizations are observed in Brooklyn CDs 4 and 5 (ENY), relative to other communities served by JHMC and Queens or NYC overall. This is a similar pattern seen for injury assault rates within JHMC’s communities.

Percentage of adults (18+) who have engaged in binge drinking

Similar to NYC overall, higher percentages of binge drinking were reported in SWQ, compared to other neighborhoods in JHMC’s service area. Binge drinking is linked to many health problems, such as alcohol poisoning, unintentional (e.g., car crashes, falls) and intentional (e.g., domestic violence, firearm injuries, and sexual assault) injuries, liver disease, and neurological damage.

Binge drinking is defined as consuming five or more drinks on one occasion for men and four or more drinks on one occasion for women in the past 30 days. Data from NYC DOHMH Community Health Survey (EpiQuery), 2012, 2013, 2014

Data from 2015 Community Health Profiles (derived from SPARCS 2012); Q CD = Queens Community District; BK CD = Brooklyn Community District
Focus 3: Strengthen Mental Health Services Infrastructure

These local, neighborhood data mirror national findings that highlight the prevalence of co-occurrence of drug-related, mental health-related, and injury-related diagnoses among alcohol-related ED visits and hospitalizations. Queens CNA survey respondents and focus groups also prioritized the gap in mental health services. Depression, anxiety, and alcohol and substance abuse were issues that the Queens CNA respondents specifically mentioned. These data highlight the need for more timely mental health services in JHMC’s communities.

Resources: JHMC’s mental health services, including its large mental health outpatient service, its affiliated outpatient Advanced Center for Psychotherapy, its Psychiatric Emergency Department, and CPEP program, promote the coordination of mental health care, including increasing depression screening rates and providing appropriate and timely treatment when indicated. Jamaica Hospital’s healthcare providers conduct depression screenings (Patient Health Questionnaire 2, or, PHQ-2) at all primary care visits and additional screenings (Patient Health Questionnaire 9, or, PHQ-9) as indicated. Mothers who give birth at Jamaica Hospital complete a Maternal Depression Screening prior to being discharged; if indicated, mothers receive intervention services to treat postpartum depression. The Hospital is also implementing ACP PPS DSRIP Project 3.a.i., Integration of Primary Care and Behavioral Health; and now offers primary care in its Mental Health Center. A depression care manager provides screening and counseling in its Family Medicine center, and there are plans to expand this service to all outpatient centers.

To accommodate the high demand, the Hospital has requested and received contingent NYSDOH approval to permanently add six psychiatry beds, which had been added in 2013 on a temporary basis at the request of New York State Office of Mental Health (NYSOMH).
In addition to Jamaica Hospital’s mental health services, the Queens service area (as defined in the Queens CNA) has 336 psychiatrists, psychiatric emergency services [three Comprehensive Psychiatric Emergency Programs (CPEP), one Crisis Intervention program, and three Home Based Crisis Intervention programs]), inpatient units at six general care and two state psychiatric hospitals, and outpatient services [including eight Assertive Community Treatment programs (ACT) and 52 Clinic Treatment programs]. There are also 34 licensed residential treatment programs in congregate, apartment and single room residences; these programs are particularly beneficial for persons with a history of repeated psychiatric hospitalizations, homelessness, involvement with the criminal justice system, and co-occurring substance abuse.

Jamaica Hospital refers patients who need inpatient substance and/or alcohol abuse treatment to a 30-bed Chemical Dependency Unit located at Flushing Hospital, its sister hospital within the MediSys Health Network.

Other substance and alcohol abuse treatment facilities located within Queens include three hospitals that provide outpatient withdrawal services, two hospitals that provide detoxification services, and five hospitals that provide outpatient rehabilitation services[^40].

Focus 1: Prevent HIV and STD

As of December 31, 2013, there were more than 8,000 people living with HIV/AIDS in Jamaica Hospital’s service area (East New York, Southwest Queens, and Jamaica), which is more than the number of people living with HIV/AIDS statewide in 25 of the 50 states. Key informants who participated in the Queens CNA have asserted that while funding for HIV/AIDS services focuses on medical management, the support services necessary for PLWHA are difficult to obtain. As PLWHA are able to manage their illnesses with effective treatments, assistance with obtaining entitlements (e.g., Medicaid, Food Stamps/SNAP), affordable housing, and jobs becomes more important.

Resources: Jamaica Hospital’s ambulatory care center (ACC) is designated by NYS DOH as an HIV Primary Medical Care Provider, and offers testing annually to patients ages 13 – 64 in both the Emergency Department and clinics. For many years, the Hospital has held a NYS grant to provide screenings, counseling, and risk-reduction interventions to at-risk women in the Hospital clinics.
In addition to Jamaica Hospital’s Division of Infectious Disease services, the Queens service area (as defined in the Queens CNA) has 49 Infectious Disease physicians. There are three hospitals in Queens that are licensed as AIDS Centers (Elmhurst Hospital, Queens Hospital Center, and New York-Presbyterian/Queens). Queens also has 25 agencies with 180 service sites that offer HIV related services, including Ryan White and CDC Prevention programs. These services include HIV Prevention and Outreach efforts such as sexual and behavioral health for HIV prevention, condom distribution, harm reduction, testing and linkage to care, and syringe exchange.

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43 http://profiles.health.ny.gov/hospital/county_or_region/county:081/service:AIDS+Center
Flu vaccination data are for adults (18+) and are from 2015 NYC Community Health Profiles (derived from 2011-2013 NYC Community Health Surveys). HPV vaccination data denote girls 13-17 years who have received all 3 doses of the HPV vaccination series & are from 2015 NYC Community Health Profiles (derived from 2014 NYC DOHMH Citywide Immunization Registry). Q CD = Queens Community District; BK CD = Brooklyn Community District

Percentage of residents within JHMC’s service area, Queens overall, and NYC, who have received influenza (Flu) or Human papillomavirus (HPV) vaccinations

Teenaged girls (13-17) residing in Brooklyn CD 4 (Bushwick) were more likely to receive HPV vaccinations than their counterparts in other areas served by JHMC. The HPV vaccine protects against cancers caused by HPV, which is a very common virus; nearly 80 million people—about one in four—are currently infected in the US. About 14 million people, including teens, become infected with HPV each year. Flu shot vaccination percentages were lower in all of JHMC’s neighborhoods compared to NYC overall and lower than the NYS average for 2014-2015 (48.6%), which has increased by only 7% over the past 6 years. The Healthy People 2020 goal is to achieve 70% flu vaccination coverage.

* Centers for Disease Control’s 2014-15 State, Regional, and National Vaccination Report.

Resources: Jamaica Hospital mandates staff vaccinations for communicable and vaccine-preventable illnesses, such as influenza. Influenza vaccination rates for total healthcare staff at Jamaica Hospital were 87% between 2014 and 2015. The Hospital maintains recommended age-related vaccination protocols, such as the American Academy of Pediatrics’ immunization schedule for infants and children and the American Geriatrics Society’s immunization guidelines for older adults (e.g., for shingles, influenza vaccines).

In addition to Jamaica Hospital’s vaccination resources, low-to-no-cost immunization clinics are available in Queens. Children can get walk-in immunization services at the New York City Health + Hospitals Corporation Child Health Clinic (Jackson Heights, NY). Adults can get comprehensive health care services, including low or no-cost immunizations, at Elmhurst Hospital Center (Elmhurst, Queens).

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COMMUNITY SERVICE PLAN

Selection of Prevention Agenda Priorities

Jamaica Hospital’s priorities are in line with the priorities identified by the NYS Prevention Agenda as well as New York City’s Take Care New York 2020.

Although JHMC could have selected other initiatives to highlight in its Prevention Agenda, based upon community health statistics and consumer needs/utilization surveys, its resources and capabilities are best suited to focus on:

- decreasing tobacco use within the community, and
- increasing rates of exclusive breastfeeding among mothers in the service area

JHMC elected to address these two particular health needs since they will make a significant impact on the community’s health and create sustainable quality of life improvements. Because of its current and past efforts on these two priorities, Jamaica Hospital earned a Gold Star for its accomplishments with NYC’s Tobacco-Free Hospital campaign; and is in the final phase of being designated as a Baby Friendly Hospital.

The Hospital has incorporated community input into its selection of priorities, as described in detail in the section on Data Sources and Community Input. At its meeting on September 12, 2016, Jamaica’s Community Advisory Board agreed with the above priorities, and on November 28, 2016 the Hospital’s Board of Trustees approved the plan.

The Hospital has worked on many other prevention activities, and has partnered with the City DOHMH on Take Care New York (TCNY) 2016, other government agencies, and community-based organizations (CBOs), implementing a variety of evidence-based interventions, in addition to Tobacco Cessation and Exclusive Breastfeeding:

- Adopting the Healthy Hospital Food Initiative.
- Tracking and reporting the blood pressure control scores of patients in the hospital ambulatory footprint.
- Supporting and promoting the National Diabetes Prevention Program (NDPP) for overweight and obese adults with pre-diabetes or women with history of gestational diabetes.
- Ensuring routine offering of HIV testing in emergency departments and all outpatient clinics.
- Reducing the percent of HIV infected patients with detectable viral loads.
- Implementing home-based falls risk assessments and interventions in the homes of older adults, deploying DOHMH tools.
- Promoting appropriate and judicious prescribing of opioid analgesics.
- Supporting the training and certification of primary care practices to prescribe buprenorphine.
- Adopting screening, brief intervention and referral to treatment (SBIRT) for alcohol and drug use in outpatient and emergency department settings.
- Engaging patients with first episode psychosis into quality outpatient care.
JHMC COMMUNITY SERVICE PLAN

Currently the Hospital is partnering with the City DOHMH on its TCNY 2020 agenda, which has four objectives, each with several indicators of progress. These objectives are aligned with the State’s Prevention Agenda Priorities, described in detail above, as well as the DSRIP projects that the Hospital is implementing. The Hospital devotes considerable resources to most of the City and State prevention objectives described below with a few exceptions where the Hospital would have no agency, such as decreasing the jail population, increasing homes with no maintenance defects and others that government agencies and CBOs are better suited to address.

TCNY 2020

1. Promote Healthy Childhoods (Aligned with NYS Priority: Promote Healthy Women, Infants and Children)

The first indicator is Babies Born in Baby Friendly Hospitals. The Hospital is well on its way to being designated as a Baby Friendly Hospital. The second indicator is Teenage Pregnancy. Reducing teenage pregnancy is a very high priority for the Hospital. The Hospital is providing long acting contraceptives for all age groups, including adolescents in its ambulatory care center (ACC), and in its School-Based Health Center in a local high school. City government and community-based organizations are better suited to work towards improvement in the other two indicators: Openings in Child Care Centers and High School Graduation.

2. Create Healthier Neighborhoods (Aligned with NYS Priority: Promote a Healthy and Safe Environment)

The Hospital is working on several of the indicators under this objective, including Fall-Related Hospitalizations by thorough documentation and analysis of falls patients and referral to evidence-based falls prevention programs in the community, Air Quality by virtue of its work on tobacco cessation, Children’s Visits to Emergency Departments for Asthma by being part of the Queens Asthma Coalition and by working on DSRIP Project 3.d.iii - Evidence-Based Asthma Management in collaboration with its partners in the ACP PPS to make sure patients are properly diagnosed, have an Asthma Action Plan, and ongoing health coaching. City government and community-based organizations are better suited to work towards the other four indicators: Assault Hospitalizations, Homes with No Maintenance Defects, Jail Population, and Social Cohesion.

3. Support Healthy Living (Aligned with NYS Priority: Prevent Chronic Disease)

Patient navigators, nutritionists, diabetes educators, social workers and therapists support physicians and other providers in educating and coaching patients on making life style changes related to all the indicators under this objective: Obesity, Sugary Drinks, Physical Activity, Sodium Intake, Smoking, Binge Drinking and Overdose Deaths. Reducing tobacco use has been covered extensively in this report. Besides addressing nutrition and exercise on an individual basis with patients, the Hospital promotes healthy eating in the community. Two outpatient registered dietitians hosted a Farmer's Market tour on November 18, 2016. Educational materials were distributed along with 2-3 Health Bucks (per family), recipes from the Cornell Cooperative Extension, and maps of NYC farmers' markets.
4. Increase Access to Quality Care (Aligned with NYS Priority: Promote Mental health and Substance Abuse and Prevent HIV and STDs Vaccine Preventable Diseases and Healthcare Associated Infections)

The Hospital is working on several of the indicators under this objective, including Unmet Mental Health Need by deploying Depression Care Managers in its Family Medicine Center, and eventually in all of its ACCs, to identify, treat and refer patients to behavioral health care as needed. Currently providers in all of the Hospital’s ambulatory care sites perform depression screening on all adults, adolescents and pre-natal patients, and make referrals as necessary. The Hospital is continuing to address another indicator - Unmet Medical Need – by its plan to almost double its on-campus ambulatory care capacity, thereby dramatically reducing wait times for appointments to encourage patients to take advantage of comprehensive preventive and primary health care. Controlled High Blood Pressure is receiving added attention through DSRIP Projects 3.b.i and 3.c.i - Evidence-based Cardiovascular Management and Diabetes Care - for all patients in partnership with the ACP PPS. The Hospital continues to try to affect New HIV Diagnoses and HIV Viral Suppression indicators by offering HIV testing and extensive counseling to ambulatory, emergency and inpatients, and referral for follow up care in the Hospital’s HIV clinic.

Many prevention activities are undertaken by the Hospital, some of them documented in this section and others documented in the narratives for each of the five NYS Prevention Agenda Priority Areas. Staff in many areas of the Hospital have taken it upon themselves to develop prevention and education programs for patients and community residents, often in partnership with local CBOs and government agencies. The Hospital places a high value on the important work of prevention, community outreach and education. These activities will not only reduce disease and disability within our community, but will also enable the Hospital to prosper under value-based payment arrangements.

Implementation Plan and Progress Report

The charts on the following pages outline Goals, Objectives, Implementation Plans and 2016 Achievements for the Hospital’s two Prevention Agenda Priorities:

- Prevent Chronic Diseases - Focus 2: Tobacco Cessation, pages 34-37
- Promote Healthy Women, Infants, and Children - Focus 1: Breastfeeding, pages 38-41
### NYS Priority Area: Preventing Chronic Diseases

### NYS Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure

### NYS Goal #2.2: Tobacco Use Cessation, especially among low socioeconomic status (SES) population and those with poor mental health

<table>
<thead>
<tr>
<th>Goal from NYS Prevention Agenda</th>
<th>Outcome Objectives</th>
<th>Evidence Based Interventions / Strategies Activities</th>
<th>Process Measures (evaluation measures)</th>
<th>Partner Role</th>
<th>Partner Resources</th>
<th>When Is Intervention Expected To Take Place?</th>
<th>Will Action Address Disparity? How?</th>
</tr>
</thead>
</table>
| JHMC Goal 1: Eliminate Tobacco Use on Hospital Campus | • Decrease smoking prevalence among staff.  
• Train all Patient Navigators in smoking cessation.  
• Achieve and maintain standards for Gold Star status. | • Counsel and refer tobacco-using employees for treatment, promote quit assists such as medication, NYS Quitline referral, and Freedom From Smoking® classes.  
• Train additional personnel as quit coaches. | • Prevalence rate of smoking among employees.  
• Number of prescriptions, NYS Quitline referrals, and Freedom From Smoking® classes offered for employees, and attendance.  
• Number of staff trained in smoking cessation. | North Carolina Prevention Partners - Subject Matter Experts (SMEs)  
NYCDOHMH - SMEs and Facilitators  
American Lung Association - SMEs and Trainers  
NYSDOH - SMEs and Facilitators | Staff Time | Ongoing | N/A |

#### Achievements as of October 2016

- Smoking prevalence = 1.2% (43 employees out of 3,579)
- Patient Navigators trained: 34 out of 41; 22 trained in 2016.
- Achieved Gold Star Status
### NYS Priority Area:
Preventing Chronic Diseases

### NYS Focus Area 2:
Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure

### NYS Goal #2.2:
Tobacco Use Cessation, especially among low socioeconomic status (SES) population and those with poor mental health

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<th>Will Action Address Disparity? How?</th>
</tr>
</thead>
</table>
| **JHMC Goal 2:** General Medical And Surgical (M/S) Patients Aged 13 And Above – Increase Tobacco Use Assessments, The Number Of Tobacco Users Who Receive An Intervention, and Number Who Quit | • Decrease smoking prevalence among patients.  
   **Note:** NYS smoking prevalence target of 12.3% for adults and 20% among low SES adults.  
   • Achieve 95% or greater assessment rate for outpatients (OP), and inpatients (IP).  
   • Increase annual interventions for returning OP smokers to 85% or greater; 65% or greater for IP.  
   • Increase prescriptions for smoking cessation benefits among Medicaid and Medicaid Managed Care (MMC) smokers.  
   **Note:** NYS benefit use target of 41% for MMC enrollees.  
   • Increase use of NYS Quitline. | • Train and re-train all M/S providers to use the smoking module in the EHR.  
   • Track assessments and interventions for all patients, and prevalence of smoking for returning OP smokers.  
   • Review disparity data and develop intervention plan.  
   • Connect EHR to NYS Quitline for instant referrals, and refer all who consent.  
   • Automate EHR discharge process to provide information to all smokers on quit strategies and medications. | • Numbers and rates of assessments, interventions, smoking prevalence, and referrals to NYS Quitline.  
   • Smoking rates among adults by payer, using Medicaid, MMC and self-pay as a proxy for low SES.  
   • Number of prescriptions for smoking cessation benefits among adult smokers enrolled in Medicaid and MMC. | • North Carolina Prevention Partners - SMEs and Facilitators  
   • NYCDOHMH - SMEs and Facilitators,  
   • American Lung Association - SMEs and Trainers,  
   • NYSDOH - SMEs and Facilitators | Staff Time  
   Ongoing | Disparity data over time will guide action plan. |

### Achievements as of October 2016

| OP: Smoking prevalence = 13.2%. (5,512 out of 47,151). 94.8% assessed at least once; 100% received at least one intervention; 81.8% of repetitive visits received an intervention. Low SES prevalence and number of prescriptions among Medicaid and MMC smokers OP: Data collection in process. 2017 report will include entire year 2016 and 2017. | IP: Smoking prevalence = 16.5% (1,869 out of 11,354). 91.8% assessed. 32.4% counseled. Low SES prevalence and number of prescriptions among Medicaid and MMC smokers IP: Data collection in process. 2017 report will include entire year 2016 and 2017. | Hospital EHR connected to NYS Quitline. Referral to Quitline: Data collection in process; 2017 report will include entire years 2016 and 2017. |  |  | |

**Hospital EHR connected to NYS Quitline. Referral to Quitline: Data collection in process; 2017 report will include entire years 2016 and 2017.**
**JHMC IMPLEMENTATION PLAN and PROGRESS REPORT**

**2016 - 2018 COMMUNITY SERVICE PLAN**

**NYS Priority Area:** Preventing Chronic Diseases  
**NYS Focus Area 2:** Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure  
**NYS Goal #2.2:** Tobacco Use Cessation, especially among low socioeconomic status (SES) population and those with poor mental health

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| Family Task 1: Reduce Tobacco Use I: Tobacco Use Cessation, especially among low SES population and those with poor mental health | Increase the number of adult smokers who quit smoking | - Train and re-train BH providers to use the smoking module in the EHR.  
- Track assessments and interventions for all patients, and smoking prevalence for returning OP smokers.  
- Review disparity data and develop intervention plan.  
- Connect EHR to NYS Quitline for instant referrals, and refer all who consent.  
- Automate EHR discharge process to provide information to all smokers on quit strategies and medications. | - Numbers and rates of assessments, interventions, smoking prevalence and referrals to NYS Quitline.  
- Utilization of smoking cessation benefits among adult smokers enrolled in Medicaid and MMC. | North Carolina Prevention Partners - SMEs and Facilitators  
NYCDOHMH - SMEs and Facilitators  
American Lung Association - SMEs and Trainers  
NYSDOH SMEs and Facilitators | Staff Time | Ongoing  
Disparity data over time will guide action plan. |

### Achievements as of October 2016

**OP:** Smoking prevalence = 28.5% (402 out of 1,413) 45.6% assessed; 100% received at least one intervention; many on repetitive visits received an intervention.

Number of prescriptions among Medicaid and MMC smokers: Data collection in process. 2017 report will include entire year 2016 and 2017.

**IP:** Smoking prevalence = 49.5% (406 patients out of 821). 96.4% assessed.

22% received an intervention.

Number of prescriptions among Medicaid and MMC smokers: Data collection in process. 2017 report will include entire year 2016 and 2017.

Hospital EHR connected to NYS Quitline. Referral to Quitline: Data collection in process; 2017 report will include entire years 2016 and 2017.
NYS Priority Area: Preventing Chronic Diseases  
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| JHMC Goal 4: Provide Tobacco Cessation Education To Community Residents And Providers | • Increase number of providers engaged concerning tobacco cessation resources and techniques.  
• Increase the number of community educational events that cover tobacco cessation, in partnership with community organizations.  
• Offer Freedom From Smoking® (FFS) classes and one-on-one sessions in as many languages as possible. | • Include tobacco cessation information at all health fairs and other community events hosted or attended by the Hospital.  
• Educate community providers about tobacco cessation assessment, intervention techniques and resources.  
• Increase awareness via Social Media and print media. | • Number of community residents and providers engaged in tobacco cessation outreach events. | • Various community organizations, including Senior Centers.  
• Advocate Community Providers Performing Provider System (ACP PPS) - promote tobacco cessation to their patients.  
• Affiliated Community Physicians - promote tobacco cessation to their patients. | • Space  
• Staff and Provider Time | Ongoing | Educational events will be targeted to minority groups and providers. |

Achievements as of October 2016

Developing plan to work with affiliated community-based physicians to promote tobacco cessation in their practices, and with ACP PPS.  
Introduced smoking cessation information at all 13 Health Fairs, Quit Smoking Workshops, and other outreach events held to date. Hosted a Great American Smokeout event on November 17, 2016.  
Freedom From Smoking® Classes: 8 classes; additional classes being planned. One-on-one sessions with follow up calls held for 8 people.
**JHMC IMPLEMENTATION PLAN and PROGRESS REPORT**

**2016 - 2018 COMMUNITY SERVICE PLAN**

**NYS Priority Area:** Promoting Healthy Women, Infants and Children

**NYS Focus Area 1:** Maternal And Infant Health - Increase The Proportion Of Babies Who Are Breastfed

**NYS Goal #2:** Increase Exclusive Breastfeeding

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| **JHMC Goal 1:** Exclusive Breastfeeding (BF) at Discharge For As Many Patients As Clinically Possible. | • Achieve exclusive BF rate at discharge of 41%.  
  **Note:** NYS target of 48.1%.  
  • Reduce exclusive BF disparity between Medicaid and non-Medicaid enrollees.  
  **Note:** NYS disparity target of 0.66.  
  • Achieve Skin-to-Skin contact for newborn babies: - Vaginal Delivery - 95%  
    - C-Section Delivery - 86%.  
  • Achieve Rooming-In for 90% of newborns.  
  • Achieve 95% or greater training rate in recommended BF education: - Medical providers  
    - Maternal/Child nurses. | • Increase enrollment in CenteringPregnancy® at Women’s Health Center (WHC); add more Centering sites.  
  • Implement BF volunteer peer counseling program, with 4 volunteers.  
  • Provide IP BF support, and for complicated cases, by an International Board Certified Lactation Consultant (IBCLC) or Certified Nurse Midwife.  
  • Start daily inpatient BF classes run by an IBCLC or Registered Nurse (RN) from Mother-Baby Unit; track referrals to postpartum resources.  
  • Maintain weekly BF peer support group, guided by a BF counselor.  
  • Start monthly LaLeche group.  
  • PHS makes weekly rounds on Mother/Baby units to enroll mothers in support services; RNs and/or Clinical Nurse Manager (CNM) do this daily for all mothers.  
  • Send patient navigators to CLC courses.  
  • The lactation consultant offers drop-in services to mothers experiencing BF problems. | • Number of pregnant women enrolled in Centering, BF classes and support groups.  
  • Number of new mothers attending daily inpatient BF classes.  
  • Number and rate of exclusive BF at discharge for all mothers, and for Medicaid vs non-Medicaid enrollees.  
  • Achievements as of November 2016  
  Exclusive BF rate at discharge: 34.4% (564 out of 1,631); exclusive BF disparity ratio-Medicaid to non-Medicaid = 0.74.  
  Skin-to-Skin contact: Vaginal Delivery: 92%; C-Section Delivery: 83%; Rooming In: 85%.  
  Staff members trained: 100% of Pediatricians; 93% of Family Medicine Physicians, Obstetricians, Midwives, Nurse Practitioners & Physician Assistants; 100% of Nurses in Labor & Delivery, Mother/Baby units & NICU. | • CenteringPregnancy® - Evaluators and Subject Matter Experts (SMEs).  
  • NYC Baby Friendly Hospital Collaborative - Facilitators & Trainers.  
  • La Leche - SMEs  
  • JHMC WIC Program - Partners in service provision.  
  • Public Health Solutions (PHS) - Referral agency for families in need and direct service providers.  
  • Visiting Nurse Service of New York (VNSNY) - performs home visits for mothers with BF issues. | Staff Time | Ongoing | Staff will focus on increasing participation by Medicaid and Medicaid Managed Care (MMC) enrollees in classes, support groups and other resources. |

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**Achievements as of November 2016**

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### NYS Priority Area: Promoting Healthy Women, Infants and Children

**NYS Focus Area 1**: Maternal And Infant Health - Increase The Proportion Of Babies Who Are Breastfed

**NYS Goal #2**: Increase Exclusive Breastfeeding

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| JHMC Goal 2: Achieve Baby Friendly Designation. | Successful site visit in 2016. | Continue multidisciplinary committee meetings and initiatives. | Achieve designation or agree to implement Baby Friendly USA action plan. | • JHMC WIC Program - Partners in service provision.  
• Baby Friendly USA - Assessors.  
• NYC DOHMH - "Breastfeeding Hospital Initiative Collaborative" - Facilitators. | Staff Time | 2016 - 2017 | |

### Achievements as of November 2016

- CDC quality benchmark report - Maternity Practices in Infant Nutrition and Care (mPINC): 2015 score of 95 out of 100, up from 90 in 2013, compared to NYS average of 82. This report covers many of the same elements as the Baby Friendly initiatives.
NYS Priority Area: Promoting Healthy Women, Infants and Children
NYS Focus Area 1: Maternal And Infant Health - Increase The Proportion Of Babies Who Are Breastfed
NYS Goal #2: Increase Exclusive Breastfeeding

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| JHMC Goal 3: New Goal Mid-2016 | Exclusive Breastfeeding At 3 And 6 Months For As Many Patients As Clinically Possible. | ▪ Increase exclusive BF rates at 3 and 6 months for Hospital patients.  
  Note: Healthy People 2020 Target = 46.2% at 3 months; 25.2% at 6 months.  
  ▪ Train all pediatricians and Family Medicine physicians in BF.  
  ▪ Revise EHR to capture babies' feeding history at every visit for first year of life.  
  ▪ Hold repeat BF education programs including annual grand rounds for Pediatricians, and clinical staff (nurses and providers) in OB/GYN, and Family Medicine.  
  ▪ Increase communication in the pre-natal clinics regarding PHS's Mother/Baby and Family Support services, e.g., Healthy Start and Nurse/Family Partnership.  
  ▪ Operate a Breast Milk Depot.  
  ▪ Number and rates of exclusive BF at 3 and 6 months, capturing:  
    - Exclusive breast milk,  
    - Exclusive formula  
    - Breast milk and formula  
    - Medicaid vs non-Medicaid  
    ▪ Number of referrals and enrollments in WIC, PHS and related programs.  
  ▪ PHS - Referral agency for Staff Time Ongoing Staff will focus on increasing participation by Medicaid and Medicaid Managed Care (MMC) enrollees in classes, support groups and other resources. |

Achievements as of November 2016

Efforts have begun to enhance EHR to capture feeding history at every visit.
BF refresher courses for all relevant providers and nurses held October 17 and 24, 2016.
### JHMC IMPLEMENTATION PLAN and PROGRESS REPORT
#### 2016 - 2018 COMMUNITY SERVICE PLAN

**NYS Priority Area:** Promoting Healthy Women, Infants and Children  
**NYS Focus Area 1:** Maternal And Infant Health - Increase The Proportion Of Babies Who Are Breastfed  
**NYS Goal #2:** Increase Exclusive Breastfeeding

#### Goal from NYS Prevention Agenda  
**Outcome Objectives**  
**Evidence Based Interventions / Strategies / Activities**  
**Process Measures (evaluation measures)**  
**Partner Role**  
**Partner Resources**  
**When Is Intervention Expected To Take Place?**  
**Will Action address disparity? How?**

| JHMC Goal 4: Increase Knowledge of Community Residents And Providers About The Benefits Of Breastfeeding. |  
| --- | --- | --- | --- | --- | --- | --- | --- |
| Increase adoption of Breastfeeding Friendly Practice (BFFP) standards by community providers.  
Increase participation in BF education and support services.  
Offer 24/7 BF room on the main campus. | Provide resources and guidance to selected community practice sites to assist them in adhering to standards for BFFP.  
Develop BF education programs with PHS at local libraries and other locations, in multiple languages as possible.  
Publicize the Hospital’s BF-related programs via print media. Participate in BF advocacy programs such as annual BF Subway Caravan to City Hall.  
JHMC WIC program will continue to offer weekly BF classes to pre-natal patients, and daily one-on-one BF and nutrition education services to established postpartum patients on a walk-in basis. | Number of community based BF education programs and attendees.  
Number of practices adopting BFFP standards. | JHMC WIC Program - Partners in service provision.  
PHS - Referral agency for families in need and direct service providers.  
NYC DOHMH - "Breastfeeding Hospital Initiative Collaborative" - Facilitators.  
March of Dimes "Healthy Babies are Worth the Wait" - BF support for patients. | Staff Time | Ongoing | Staff will schedule as many BF education programs as possible in low-income areas, especially where racial minorities are predominant.

#### Achievements as of November 2016

Plan to promote BFFP standards in community practices to be developed together with PHS.

Number of women completing BF classes increased to 176 in 2016 from 120 in 2015. Nine mothers and their babies have attended La Leche classes which started 3 months ago. Many women attend WIC’s daily and weekly BF classes and support services; however, there are currently no attendance reports. Tallies will be made going forward.

Mothers' Nursing Room opened on ground floor of Hospital in June 2016