

Community Health Needs Assessment - Implementation Strategy Report and Community Service Plan 2022-2024

Montefiore New Rochelle/
Montefiore Mount Vernon

Office of Community & Population Health

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Montefiore Mount Vernon and Montefiore New Rochelle

Community Health Needs Assessment and Implementation Strategy Report 2022-2024

Table of Contents

Item	Page Number
Executive Summary	4
The 2022-2024 CHNA	16
Introduction <ul style="list-style-type: none"> • Hospital Description 	16
Description of Community/Population Served <ul style="list-style-type: none"> • Community Assets and Resources 	18
Community Health Needs Assessment Process <ul style="list-style-type: none"> • Description of Community Health Status • Primary Data Collection Process • Input Representing Broad Community Interests • Secondary Data Collection Process 	22
Summary of Key Findings <ul style="list-style-type: none"> • GNYHA CHNA Collaborative Survey Results • Mid-Hudson Region Community Health Survey 	35
Implementation Strategy Report <ul style="list-style-type: none"> • Description of Health Needs to be Addressed • Description of Interventions, Partners, and Existing Disparities 	48
Significant Needs Not Addressed <ul style="list-style-type: none"> • Explanation of rationale • Description of Alternate Resources Available to Address Health Needs 	61
Report Dissemination Plan	63
Documentation of Adoption of Report by Governing Board <ul style="list-style-type: none"> • Statement of Executive Review • Date report is made available to the public 	64
Appendix	65

Montefiore New Rochelle and Montefiore Mount Vernon

Community Health Needs Assessment and Implementation Strategy Report 2022-2024

Cover Page

This New York State 2022-2024 Community Health Assessment and Improvement Plan and Community Service Plan are covering Westchester County, one of the centrally located counties within the New York City metropolitan area situated in the Hudson Valley with a population of about one million people. This document is submitted as the requirement for the 2022-2024 Community Health Needs Assessment and Implementation Strategy Report for the Schedule H Requirement of the Internal Revenue Service 990 tax form and assesses the health needs for Westchester County, New York.

The participating hospitals in the health system are Montefiore New Rochelle Hospital and Montefiore Mount Vernon Hospital, a part of the Montefiore Health System, and encompasses the municipalities of the City of New Rochelle, the City of Mount Vernon and the county of Westchester. The contact for information that pertains to this report is:

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Executive Summary

The completion of a Community Health Needs Assessment and Implementation Strategy Report is a requirement of the Internal Revenue Service's 990 tax documentation requirements under the Patient Protection and Affordable Care Act (PPACA). The PPACA requires hospitals to assess and address the health needs of the communities they serve. This Community Health Needs Assessment meets the first component of these requirements, providing a report of the process, methods and results of a comprehensive assessment of the needs of the community served by Montefiore New Rochelle and Montefiore Mount Vernon. The second component encompasses the Implementation Strategy and Community Service Plan, which further discusses the significant health needs of the community, describe the programs and strategies to address these significant health needs, and delineate the metrics to be used to evaluate the impact of these strategies. The program, strategies and metrics chosen must align with priority areas outlined in the New York State Prevention Agenda 2019-2024.

The Montefiore New Rochelle – Montefiore Mount Vernon Community Health Needs Assessment (CHNA) process, secondary data, and the Community Service Plan was approved by Montefiore Board of Trustees on December 15, 2022. The Community Health Needs Assessment (CHNA) report was uploaded to the Montefiore website on December 30, 2022.

Introduction

Since its founding in 1892, Montefiore New Rochelle Hospital (MNR), formerly Sound Shore Medical Center, has provided for the diverse medical needs of the community and region it serves. Starting with eight beds and four nurses in 1892, the Hospital has grown to a 223-bed, community-based teaching hospital offering an array of inpatient, critical care and ambulatory care services to the community. Areas of distinction at MNR include a cancer center, breast center, ambulatory surgery, bariatric center of excellence and an integrated orthopedic program that offers the full spectrum of orthopedic treatments ranging from conservative, nonsurgical treatments to complicated joint replacement surgery. The Joint Solutions Program at MNR is a

recipient of the distinctive Gold Seal of Approval from the Joint Commission as a certified Center of Excellence in both hip and knee replacement. Further, MNR is designated by the New York State Department of Health as a stroke center.

In October 2021, MNR Hospital opened an expanded and reconfigured Emergency Department, a renovated and upgraded Radiology Department and a newly constructed the Montefiore Medical Group (MMG) Health Center. This comprehensive campus project continues the hospital's commitment to ensure the very best, state-of-the-art care is provided to New Rochelle and its surrounding communities -- both within the hospital and outside its doors. This project significantly expanded primary and specialty care capacity as well as emergency and radiology services and availability throughout the communities served.

Montefiore Mount Vernon Hospital (MMV) is a community-based hospital that has been serving the medical and psychiatric needs of the community and region since its founding in 1891. MMV provides inpatient medical/surgical and psychiatric, critical care, and ambulatory services and is home to the Beale Chronic Wound Treatment and Hyperbaric Center. MMV is a licensed 121-bed hospital comprised of 79 medical/surgical beds, 8 coronary care beds, 12 intensive care beds, and 22 psychiatry beds. The Montefiore School of Nursing is located adjacent to Montefiore Mount Vernon's Campus.

Montefiore Mount Vernon Hospital (MMV) is a community-based teaching hospital that has been serving the medical needs of the community and region since its founding in 1891. MMV provides inpatient, critical care, and ambulatory services and is home to the Beale Chronic Wound Treatment and Hyperbaric Center. MMV is a licensed 121-bed hospital comprised of 79 medical/surgical beds, 8 coronary care beds, 12 intensive care beds, and 22 psychiatry beds. The Montefiore School of Nursing is located adjacent to Montefiore Mount Vernon's Campus.

Description of the Community/Population Served

The Lower Westchester facilities of MMV and MNR have identified Westchester County as their primary service area. Montefiore is the largest health service provider in Mount Vernon and New Rochelle, and critical services include community-based primary care and specialty ambulatory services. Moreover, partner Montefiore facilities in White Plains, Yonkers, the Bronx and Harrison, New York allow patients to have access to a range of services extending beyond the walls of the Mount Vernon and New Rochelle facilities, as needed

Westchester County is a large county located just to the north of New York City in the Hudson Valley; Westchester covers an area of 450 square miles (1,200 km²) and consists of 48 municipalities. The County includes urban, suburban and rural geographies. In 2021, according to the US Census Bureau, the estimated population of Westchester County was 997,895, down 0.6% from 1,004,457 in 2020. The county seat of Westchester is the city of White Plains (59,526) and other major cities include Yonkers (209,530), New Rochelle (81,587) and Mount Vernon (72,581). In 2020, the median household income for Westchester was \$99,489, 4th highest in New York State, after Nassau, Putnam and Suffolk Counties. Westchester County is ranked as the 6th healthiest county in New York State, according to the Robert Wood Johnson Foundation County Health Rankings. Despite its overall high ranking, there is considerable room to both improve population health and reduce health disparities in Westchester County.

The City of Mount Vernon has the highest proportion of Black/African American residents in Westchester County at 62.7%, with 30% of all residents being foreign born. Additionally, it is the seat of Westchester County's homeless services and senior services programs housing a disproportionate number of economically challenged residents. The City of New Rochelle, while geographically larger, has an equivalently sized population, but a larger proportion of Spanish-language-only residents of Latino origin and is the anchor city for the Long Island Sound Region in Westchester County.

Westchester County, while gradually increasing in ethnic diversity, has hotspots where populations, up to 90%, identify as a cultural/racial/ or ethnic minority. As racial and ethnic

populations have shown disparate rates of impact for many health conditions, in consultation and collaboration with community partners, MMV and MNR have chosen priority areas from the NYS Prevention Agenda that address some of the health disparities highlighted in the secondary data for both cities.

Community Health Needs Assessment Process

The process for preparing the 2022-2024 Community Health Needs Assessment and Community Service Plan was an inter-organizational and community collaborative process, initiated with the goal of developing an assessment that was reflective of the needs of the community including both clinical and social determinants of health. As part of the primary data collection process, Montefiore Health System participated in the Community Health Needs Assessment Survey Collaborative led by the Greater New York Hospital Association (GNYHA). The Community Health Needs Assessment Survey Collaborative included multiple health systems and hospitals across New York State that agreed to work with GNYHA to develop and administer an electronic and paper-based survey across service areas; with GNYHA assumed responsibility for analyzing and reporting out on the data collected. Additionally, MMV and MNR participated in the Mid-Hudson Region Community Health Assessment (CHA) Collaborative with the Westchester County Department of Health and other hospitals and health systems in Westchester County. The CHA Collaborative worked with the Siena College Research Institute to administer a region-wide telephonic survey and provider focus groups for each county.

Primary Data Collection Process

The 2022-2024 CHNA was an inter-organizational and community collaborative process, initiated with the goal of providing greater insight into the health and social needs of community members residing in Westchester County. Data presented in the 2022-2024 CHNA includes both primary data as well as complementary secondary data from a wide range of sources. The method of primary data collection involved surveys of Westchester County residents that took place during the Spring and early Summer of 2022.

MMV and MNR participated in two survey collaboratives: the Greater New York Hospital Association (GNYHA) CHNA Collaborative and the Mid-Hudson Region Community Health Assessment Collaborative. The GNYHA CHNA Collaborative survey could be completed via a web-based tool (using a computer, cellphone, or other electronic device) or on paper; the paper surveys were available in ten languages, including English, Spanish, Korean, Polish, and Italian. Due to its electronic format, dissemination of the survey was widespread, with most surveys being completed electronically. The survey was disseminated through multiple distribution points including our hospitals and clinics, community-based organizations, and government partners.

For the community survey conducted as part of the GNYHA Collaborative, a total of 3,377 surveys were completed among individuals working-in or residing-in Westchester County. Participants were asked to rank twenty-one health priorities for the community, which included options such as cancer, smoking, obesity, diabetes, maternal health care, and mental health. Additionally, participants were asked to rank their satisfaction with the current services in their neighborhood to address those 21 health conditions. The twenty-one health conditions listed in the survey were selected to match the priorities and focus areas of the New York State Prevention Agenda. The health conditions were categorized into three groups: needs attention, maintain efforts, and relatively lower priority. These categorizations were based upon consideration of scores for both importance and satisfaction ratings.

As mentioned previously, MMV and MNR participated in the Mid-Hudson Region Community Health Assessment (CHA) Collaborative led by local health departments (LHDs). Specifically, MMV and MNR worked with the Westchester County Department of Health and other hospitals and health systems across Westchester. On behalf of the CHA Collaborative, the Westchester County Department of Health worked on a telephonic community needs survey created and administered by Siena College Research Institute in the Summer of 2022. Through the process of the electronic/paper survey and the telephonic survey, the collection of data from a broad slice of the population was achieved and documented, which allowed an analysis of participation by age,

race, ethnicity (when provided) and income (when disclosed). The Mid-Hudson Region CHA also involved provider focus groups for each county in the collaborative.

The Mid-Hudson Region CHA conducted by Siena College Research Institute, in partnership with the Westchester County Department of Health, was completed in collaboration with local health departments across the mid-Hudson Region of New York State, including Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester Counties. Local health departments from each county collaborated on the CHA with the goal of conducting a regional community health assessment reaching residents as a means to assess and collaborate on regional health priorities. Hospitals within Montefiore Health System located in the mid-Hudson Region continue to collaborate with our local health departments and coordinate on the assessment and implementation of programming to address identified community needs.

Input Representing the Broad Interests of the Community

Montefiore has a long history of broad community engagement in both the Mount Vernon and New Rochelle communities. This ranges from coordination of the Community Advisory Board (CAB) at MMV which meets monthly from September to June, to ongoing community engagement and outreach by the Community Relations and Community and Population Health teams who partner with community-based and faith-based organizations, as well as participation in numerous community collaborations. Within New Rochelle, Montefiore has ongoing engagement with community serving organizations and partners that also participated in the completion of the primary data collection surveys.

Montefiore plays a leadership role in a variety of critical community and public health efforts, including membership in the Westchester County Department of Health's Hospital Planning Team and Advisory Committee meetings, board membership and strategic partnership with the local Boys and Girls Club and Youth Community Outreach Program (YCOP) for youth development activities, and the Montefiore New Rochelle Women, Infants and Children (WIC) Program for Westchester and Putman counties. Participation in these efforts gives Montefiore trust-based

access to the communities we serve, which we continue to foster by participating in, and presenting at, community sponsored events, Community Board meetings and local conferences.

As the CHNA process was conducted simultaneously with the New York State Community Service Plan (CSP) review, there is strong alignment between the areas of focus in this report and the areas presented in the CSP. MMV and MNR will continue to work with its partners on existing program initiatives.

Secondary Data Collection Process

In addition to the review of primary data, to capture an up-to-date high-level view of the health status of Westchester County residents, we evaluated temporal trends, differences between Westchester and peer counties and sub-county differences, when available, for more than 21 measures, including: obesity, preterm births, teen pregnancy rates, poverty, preventable hospitalizations, access to primary care, insurance status, smoking, flu immunizations, cancer screenings, COVID vaccination, HIV incidence, cancer incidence rates (lung, colorectal, prostate, cervical and breast), and diabetes. These data were obtained from multiple population-based datasets including the American Community Survey (formerly referred to simply as the Census), New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), New York State Statewide Planning and Research Cooperative Systems (SPARCS), New York State Vital Statistics, New York State HIV/AIDS Epidemiology Reports, and the New York State Cancer Registry. Additional data was obtained from the New York State Prevention Agenda Dashboard. Whenever possible these measures aligned with those used by the New York State Prevention Agenda Dashboard.

Summary of Key Findings

The analysis of primary and secondary data resulted in selected areas identified as areas for continued activity and future focus. Results from the survey showed that residents desired programs and interventions that address 12 health conditions – see table 1.

Needs Attention	Maintain Efforts	Relatively Lower Priority
Violence (including gun violence)	Dental care	Obesity in children and adults
Mental Health/Depression	Cancer	Substance use disorder/drug addiction
Stopping Falls Among Elderly	Access to healthy/nutritious foods	Cigarette smoking/tobacco use/vaping
	COVID-19	Hepatitis C/liver disease
	Heart disease	Sexually Transmitted Infections (STIs)
	High blood pressure	HIV/AIDS
	Women’s and maternal health care	Diabetes/elevated sugar in the blood
	Arthritis/disease of the joints	Asthma/breathing problems or lung disease
	Adolescent and child health	Infant health

Table 1. List of priority health conditions identified by Westchester County residents through the 2022 Community Health Needs Survey.

Results from the community survey conducted with the GNYHA Collaborative were used to identify specific key focus areas within each of the four Prevention Agenda Priority Areas for the Community Service Plan. These were identified as follows:

- Prevent chronic disease: Expand existing evidence-based model using multidisciplinary care team in the new Family Health and Wellness Center to reach patients with diabetes, including implementation of Diabetes Self-Management Education Program.
- Promote healthy women, infants and children: In alignment with Healthy People 2030 guidelines, the New Rochelle W.I.C. program will provide participants with needed resources, support and education to increase initiation and duration of breastfeeding.
- Prevent communicable diseases: Using the New York State Immunization Information System (NYSIIS), care teams will conduct outreach and provide education to parents and caregivers of adolescents identified as not yet having, or not completed, their HPV vaccine series to increase HPV vaccination rates.

Implementation Strategy Report

Significant Needs to Be Addressed

Communities across the country and the world were greatly impacted by the COVID-19 pandemic. In New York State, 74,529 people died from COVID-19, with more than 6 million confirmed cases as of October 2022. In addition to the great loss of life experienced across the state, many residents struggled with the economic, physical, and mental health impacts of COVID-19. Communities of color, especially our Black and Latinx residents across the state, suffered from higher death rates, exposing the inequities that exist in communities across the state and the nation.

As a health system, Montefiore pivoted to address the needs of the communities we serve through community testing and vaccination sites, collaborations with community and government partners to deliver accurate and timely information, and the use of virtual care to meet the needs of patients that were unable or uncomfortable with seeking in-person care during that time. This pivot to address the time-sensitive needs of our patient population and staff allowed us to develop a deeper knowledge and understanding of the strengths, resiliency and commitment to community that exists across the catchment areas we serve.

While an increase in focus and resources toward fighting the pandemic helped us meet the evolving needs of our populations, it also required that many programs and initiatives proposed in the 2019-2021 Community Service Plan be put on hold until hospitals were able to reallocate resources to this work. As access to COVID-19 vaccines and testing has improved, and the numbers of vaccinated within our population increase, MMV and MNR are prepared to resume the important and needed work proposed in the 2019-2021 Community Health Needs Assessment and Community Service Plan.

In the Comprehensive Community Services plan developed for 2019-2021, the priority areas selected were Prevent Chronic Disease and Promote Healthy Women Infants and Children. The COVID-19 pandemic required a shift in priorities and programming for both hospitals which meant putting other programs on hold to meet the demands for testing, vaccination, and the

dissemination of time-sensitive information regarding resources and programming to address the clinical and social care needs of the community. The opportunity to revisit the projects and activities initiated during the 2019-2021 plan will allow MMV and MNR to contribute to the overall trend improvements in those areas for New York State. Although Westchester County has continued to be among the top five in health and has shown improvements along with the rest of New York State, the rates for conditions identified in the communities of Mount Vernon and New Rochelle remains higher in most cases than the countywide and statewide averages. Westchester County, while gradually increasing in ethnic diversity, has hotspots where populations, up to 90%, identify as a cultural/racial/ or ethnic minority. As racial and ethnic populations have shown disparate rates of impact, in consultation and collaboration with community partners, MMV and MNR have chosen to retain and expand upon the Priority Areas that were selected in 2019.

MMV and MNR will continue its work on Maternal and Child Health with an emphasis on breastfeeding. Furthermore, both hospitals will continue their work on chronic disease prevention and care through continuing implementation of the Diabetes Self-Management Education Program while expanding implementation of a team-based care model involving care coordination from multiple specialties to support patients with diabetes. Additionally, MMV and MNR has selected a third priority: Prevent Communicable Diseases. Under this priority, the hospitals will provide education on HPV vaccination to parents and caregivers of adolescents that have not had, or have not completed, their HPV vaccine series. The tables below provide a breakdown of the focus areas and goals for each selected priority.

Priority	Prevent Chronic Diseases
Focus Area	Focus Area 4: Preventive care and management
Goal	Goal 4.3 Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity
Objective	Objective 4.3.1: Decrease the percentage of adult members with diabetes whose most recent HbA1c level indicated poor control (>9%).

Priority	Promote Healthy Women, Infants and Children
Focus Area	Focus Area 2: Perinatal and Infant Health
Goal	Goal 2.2: Increase breastfeeding
Objective	Objective 2.2.1.0: Increase the percentage of infants who are exclusively breastfed in the hospital by 10% from 47.0% (2016) to 51.7% among all infants

Priority	Prevent Communicable Diseases
Focus Area	Focus Area 1: Vaccine Preventable Diseases
Goal	Goal 1.1: Improve vaccination rates
Objective	Objective 1.1.2: Increase the percentage of NYS 13-year-old adolescents with a complete HPV vaccine series by 10% to 37.4%

Significant Needs Not Addressed

While MMV and MNR have elected to focus on three programs for the 2022-2024 Community Health Needs Assessment and Community Service Plan, there are multiple resources that have been developed at Montefiore independently and through partnership with other organizations. Even so, there continues to be a need for community-based programs and resources that can augment Montefiore’s programs and services. There is an extensive set of resources that are available to meet the needs of Westchester residents which cannot be met entirely by Montefiore program and services, and/or are available for those that choose to use external organizations.

Since the last report in 2019, the use of multiple free and low-cost internet databases has expanded in the public sphere such as www.auntbertha.com, www.hitesite.org, www.nowpow.com among others that have reduced the need for quickly obsolete and expensive-to-produce information and community resources referral guides.

Since the previous version of this report in 2019, Montefiore has continued to expand and has a goal to scale screening and referring patients for unmet social needs. This includes the use of the electronic database platform www.nowpow.com to connect patients to needed resources, which has been a challenge for the health care sector. This online tool is a much more comprehensive and practical alternative to the home-grown referral guides that many health care providers have had to use in the past. Those were hard to keep-up-to-date and difficult to search, a problem that is largely addressed by the online version.

Many Montefiore sites have been introduced to this online resource and teams continue the work to integrate this kind of solution more seamlessly into the various workflows across the ambulatory, ED and inpatient settings. As Montefiore is an organization that works with complex health needs and whose community faces multi-factorial structural barriers that impact overall health, providing information, accessibility and review of such external resources and links, allows Montefiore to better address patients' social needs and build on the work of community-based organizations in serving the community.

Resources and Appendices

The Community Health Needs Assessment and implementation report concludes with information for web-based resources, sample survey documents and supplemental maps.

2022-2024 Montefiore Medical Center Community Health Needs Assessment- Implementation Strategy Report and Community Service Plan

The completion of a Community Health Needs Assessment and Implementation Strategy Report is a requirement of the Internal Revenue Service's 990 tax documentation requirements under the Patient Protection and Affordable Care Act (PPACA). The PPACA requires hospitals to assess and address the health needs of the communities they serve. This Community Health Needs Assessment meets the first component of these requirements, providing a report of the process, methods and results of a comprehensive assessment of the needs of the community served by Montefiore New Rochelle and Montefiore Mount Vernon. The second component encompasses the Implementation Strategy, which further discusses the significant health needs of the community, describe the programs and strategies to address these significant health needs, and delineate the metrics to be used to evaluate the impact of these strategies. The program, strategies and metrics chosen must align with priority areas outlined in the New York State Prevention Agenda 2019-2024.

Introduction

This report covers the two hospital campuses of the Montefiore Health System located in Lower Westchester County: Montefiore Mount Vernon and Montefiore New Rochelle. The information for each section is presented in a staggered format, with appropriate titles indicating the specifics of each hospital. As the communities are closely geographically located and share a countywide service area, have high migration between their facilities and have staff that operate between the facilities, the reporting of data, while representing their demographic distinctions, is unified.

About Montefiore New Rochelle Hospital and Montefiore Mount Vernon Hospital

Montefiore Mount Vernon (MMV), located at 12 North Seventh Avenue, Mount Vernon NY, 10550, is a licensed 121-bed hospital. As a community-based hospital, MMV has been serving the

medical needs of the community and region since its founding in 1891. MMV provides emergency, inpatient, critical care and ambulatory services. Montefiore Mount Vernon is a New York State designated Stroke Center, an HIV/AIDS Center, and site of the Beale Chronic Wound Treatment and Hyperbaric Center. The Montefiore School of Nursing is located adjacent to Montefiore Mount Vernon's Campus.

Montefiore New Rochelle (MNR) is a 223-bed, community-based teaching hospital offering primary, acute and emergency care to the residents of southern Westchester County. Since its founding in 1892, Montefiore New Rochelle facility has provided for the diverse medical needs of the community and region it serves and continues to provide inpatient, critical care and ambulatory services.

Information on additional programs and services can be found at www.montefiore.org and www.doingmoremontefiore.org. Additional information about community specific initiatives can be found at www.montefiore.org/community.

Montefiore New Rochelle has a number of leading-edge services and programs that have earned distinction by state and national organizations for achieving and maintaining the highest quality of care within the specialty, including Designated as a Center of Excellence by the American Society of Metabolic and Bariatric Surgery New York State-designated Stroke Center New York State-designated Area Trauma Center—the only one in southern Westchester. Montefiore New Rochelle is a New York State-designated perinatal hospital with a Level 3 Neonatal Intensive Care Unit that provides state-of-the-art care for fragile newborns Gold Seal of Approval from The Joint Commission as a certified Center of Excellence in both hip and knee joint replacement for the Montefiore Mount Vernon campus as well.

Both facilities are part of the Montefiore Health System - the premier academic health system and the University Hospital for Albert Einstein College of Medicine, serving the 3.1 million people living in the New York City region and the Hudson Valley. Montefiore Health System delivers science-driven care where, when, and how patients and communities need it most, combining

nationally recognized clinical excellence with expertise in accountable, value-based care that focuses on its patients, their families and the community. Montefiore's Executive Leadership and Board of Trustees sponsor the Community Health Assessment process through the Office of Community and Population Health. Montefiore's Office of Community and Population Health developed a community integrated approach which maintains ongoing relationships with community-based organizations interested in the health issues most impacting the populations of the regions we serve.

Montefiore is dedicated providing support to patients in need of financial assistance and has remained at the forefront in establishing leading-edge Financial Assistance programs for our patients. Montefiore's current program includes a multi-lingual information and counseling component. Information on Montefiore's Financial Assistance Policy can be located at <http://www.montefiore.org/financial-aid-policy> and is available in English and Spanish, with additional interpretations options upon request.

Description of Population Served

Montefiore Mount Vernon and Montefiore New Rochelle have identified Westchester County as their primary service area. Westchester County has a population of 997,895 and is approximately 430.5 square land miles. It is the 7th most populous county in New York State. The county seat of Westchester is White Plains (59,559) and other major cities include Yonkers (211,569), New Rochelle (79,726) and Mount Vernon (73,893). In 2021, the median household income for Westchester was \$110,705, 4th highest in New York State, after Nassau, Putnam and Suffolk Counties.

Westchester County ranked 6th in Health Outcomes and 5th in Health Factors out of the 62 counties in New York State, according to the County Health Rankings, produced by the University of Wisconsin. Despite its overall high ranking, there is considerable room to improve population

health in Westchester County, while also reducing health disparities, as there are cities in the county that are hotspots for both high-need populations and poorer health outcomes.

Mount Vernon

Mount Vernon is the 3rd most populated city in Westchester County. The city is 4.4 square miles and is one of the most densely populated cities in New York State. According to the 2021 American Community Survey, Mount Vernon has 73,893 residents and has experienced 7.6% population growth from 2017 - 2020. The city has the highest proportion of non-Hispanic black residents in Westchester County at 62% (compared to 14% countywide). Additionally, it is the seat of Westchester County's homeless services and senior services programs, housing a disproportionate number of lower-income residents. Mount Vernon is located just north of the Bronx and bordered by Pelham, Bronxville, Eastchester, and Yonkers.

There are about 26,465 households in Mount Vernon, of which slightly more than one-quarter (26.3%) are families with children. Of the family households with children, over two-thirds (67.27%) are single-headed households. Mount Vernon has a median age of 41.4 years versus 41.6 years in Westchester County. The median household income in Mount Vernon is \$78,562, lower than the median household income of \$110,705 for Westchester County, and higher than the median household income for New York State (\$74,314). In 2020, 13.5% of the population reported living in poverty. Of those living in poverty, a majority were adults age 18y – 64y (65.1%), followed by youth under 18y (19.9%) and older adults age 65y and older (14.9%).

Mount Vernon is among the most ethnically diverse communities in Westchester County. Its population is 60.4% non-Hispanic black, 12.2% non-Hispanic white, 18.9% Hispanic, 1.8% non-Hispanic Asian, 0.02% Native Hawaiian and other Pacific Islander and 1.9% non-Hispanic other. More than one-third (37.9%) of its residents are foreign-born. While 76.1% of the population in Mount Vernon speak only English at home, 23.9% speak other languages at home including: Spanish (13.1%), other Indo-European languages (6.8%), Asian and Pacific Islander languages

(12%), and other languages (2.8%). The city's foreign-born population comes from diverse corners of the globe: Jamaica, Dominican Republic, Brazil, Haiti, Guyana, Mexico, Italy, Trinidad & Tobago, the United Kingdom, and Portugal.

New Rochelle

The City of New Rochelle is the anchor city for the Long Island Sound Region of Westchester County. While three times the size of Mount Vernon, the city has only a slightly larger population (79,726 vs. 73,893). Since 2010, the population of New Rochelle has grown by 3.4%, compared to Mount Vernon (9.8%), Westchester County (5.8%) and New York State overall (4.2%).

There are approximately 29,004 households in New Rochelle, of which, 30.8% are families with children. The city has a slightly older population (median age 44.0y) than Westchester County overall (41.6y), although higher than in New York State (39.8y). The median household income in New Rochelle is \$106,386, slightly lower than the median household income of \$110,705 for Westchester County, and higher than the median household income for New York State (\$74,314). In 2020, 8.7% of the population reported living in poverty. Of those living in poverty, a majority were adults age 18y – 64y (64.6%), followed by adults age 65y and older (17.7%), and followed closely by youth under 18y (17.6%).

New Rochelle is ethnically diverse. Its population is 40.1% non-Hispanic white, 32.9% Hispanic, 17.9% non-Hispanic black, 4.8% non-Hispanic Asian, 1.1% non-Hispanic other, 1.1% American Indian and Alaska Native and 0.02% Native Hawaiian and other Pacific Islander. More than one-third (28.1%) of its residents are foreign-born. Among the population, 38% speak a language other than English at home, compared to 33.5% in Westchester County. Among the population, More people speak English only (60%) at home than Spanish (24%) and other languages (15.2%). The city's foreign-born population comes from diverse corners of the globe including Mexico, Jamaica, Guatemala, Peru, Italy, India, Colombia, Dominican Republic, Haiti and Brazil.

Community Assets and Resources

There are many assets and resources in Westchester County that support the development, implementation, and continued success of clinical and community programs to address the health needs of the communities we serve across the county. With an area of about 450 square miles, Westchester County is located just north of New York City. It is bordered on the west by the Hudson River, on the north by Putnam County, and on the east by the Long Island Sound and Connecticut’s Fairfield County. Within its 48 municipalities, Westchester County can be described as predominately a mix of urban and Suburban. Comprised of 6 cities, 19 towns, and 23 villages, the county is home to 43 public school districts and 24 colleges and universities.

Westchester County is home to the 38-member Westchester Library System, and that serves as a cultural hub in many of its cities offering a myriad of activities and events for children, adults and seniors. Westchester County also has many parks and spaces for year-round recreation, including playgrounds for children of all ages and abilities. Many of these parks regularly host family-friendly events and seasonal festivals. In addition, Westchester is home to the Huguenot Children’s Library, the only free-standing children’s library in Westchester County. Westchester County is also home to many community-based organizations, hospitals, clinics, and other social service and health care providers including four hospitals that are part of Montefiore Health System.



Photo from Montefiore’s participation in a Pride event with the New Rochelle Department of Parks and Recreation

Community Health Needs Assessment Process

Description of Community Health Status

While Westchester County remains among the healthiest counties in New York State, several of its individual municipalities continue to have significant health gaps. Portions of lower Westchester, specifically Mount Vernon, Yonkers, New Rochelle and White Plains are “hot spots” for various health outcomes, such as asthma and preterm births in the County. Additionally, certain groups, such as some racial/ethnic minorities or those with less education, experience poorer health outcomes. Secondary data was used to capture a snapshot of health conditions, health outcomes and health practices among the populations across the county and, in some cases, specifically for Mount Vernon and New Rochelle to help us understand the health needs of the populations served by MNR and MMV. This data is presented in the following paragraphs.

Some Westchester populations have higher rates of premature death compared to other populations in the county. For example, the rate of premature deaths (defined as death before the age of 65) in Westchester County is 18% which is lower than the premature death rate for New York State (22.7%) and lower than the 2024 NYS Prevention Agenda target (22.8%). Unfortunately, A closer look at these numbers reveal disparities in the percentage of premature deaths by race/ethnicity. Specifically, between non-Hispanic black and non-Hispanic white population in Westchester County, where there is a difference of 19.3%. Disparities also exist between non-Hispanic white and Hispanic populations in Westchester County with a difference of 23.4%. According to the New York State Prevention Agenda, the difference in premature death between non-Hispanic black and non-Hispanic white populations has worsened compared to 2018, when the difference in percentage between the two groups was 14.5%.

While Westchester County has an age-adjusted preventable hospitalization rate below the rate for all of New York State and the Prevention Agenda 2024 Target, there are areas and sub-populations that have excess preventable hospitalization rates. For example, the rate is 137.4 in ZIP Code 10801 in New Rochelle and 226.1 per 10,000 ZIP Code 10550 in Mount Vernon. Rates are generally elevated in the southern portion of the county, including Yonkers, Mount Vernon,

the southern section of New Rochelle, and in the northern portion of the county, namely Peekskill. Further, the rate of preventable hospitalizations for the non-Hispanic black population (206.7 per 10,000) is 3.3 times higher than the rate for the non-Hispanic white population (61.9 per 10,000). The rate for the Hispanic population (53.0 per 100,00) is slightly lower than the non-Hispanic white population.

There are a multitude of reasons certain populations and geographic areas have poorer health outcomes; these reasons include, for example, differences in access to health care, quality of care, physical environments, and economic and educational opportunities, to name a few. For example, while a smaller proportion of individuals live in poverty in Westchester County than in New York State overall, those who are black (14%) and Hispanic (15.1%) are more likely to be living in poverty than those who are white (5.6%).

The Prevention Agenda 2024 target for health insurance coverage among adults age 18-64 is 97%, and in Westchester County 93% of adults are covered. While the overall number of adults with health insurance coverage in Westchester County has increased since the last Community Health Needs Assessment in 2019, in certain areas, such as Port Chester, a smaller proportion of the population has health insurance (88%), and in other areas such as Scarsdale, almost all residents have health insurance (98.9%). Additional areas with lower health insurance coverage include White Plains (91.8%), Yonkers (92.6%), and Mount Vernon (89.6%). The number of adults with health insurance coverage in New Rochelle (93.5%) is slightly higher than that of Westchester County. There are also disparities by race/ethnicity; 97.6% of the white and 93% of the black populations have health insurance, followed by 90.1% of the Hispanic population.

Disparities exist for other health outcomes in Westchester County. The following paragraphs highlight a few important health conditions where data shows disparate health outcomes for different populations in Westchester County with a specific focus on populations served by MMV and MNR.

Asthma

There is tremendous geographic variation in the rate of asthma ED visits for people aged 0-17 years in Westchester County. While Westchester County has a rate of 88.9 per 10,000, below the rate for New York State overall (99.9) and the Prevention Agenda 2024 Target (131.1), certain areas have much elevated rates. Specifically, the asthma ED visit rate ranges from 247.3 per 10,000 population in ZIP Code 10550 in Mount Vernon, to 13.5 per 10,000 in parts of Rye. Rates are generally elevated in Mount Vernon, southern portions of New Rochelle, Yonkers, White Plains, Ossining, and Peekskill.

Diabetes

Preventative screenings are an importance line of defense in the identification and treatment of chronic conditions like diabetes. The 2024 New York State Prevention Agenda objective for the percentage of adults 45 years and older that have been tested for high blood sugar is 71.7%. In Westchester County, 61.4% of adults aged 45 years and older have tested for high blood sugar in the past 3 years compared to 60.4% in New York State. Unfortunately, in Westchester County this measure has decreased compared to the last measure of 67.3% in 2016. In New York State, this measure has also decreased from previous years - 67.2% in 2019 and 63.8% in 2018.

Education and socioeconomic status are also important determinants of health status and outcomes. In New York State, those with some post high school education (63.4%) and college graduates (62.7%) are more likely to have had a test for high blood sugar or diabetes within the past three years, compared to high school graduates/ GED (58.1) and those who have not completed high school (52.6). Additionally, according to the Center for Disease Control and Prevention (CDC) places Project Data, 12.7% of adults in Mount Vernon reported having diabetes, compared to 9.8% of adults in New Rochelle, and 10% of adults in Westchester County.

Maternal and Child Health

There are disparities in other health outcomes, such as maternal and child health. There is considerable geographic variation in the proportion of births that are preterm, with 11.7% of

births being preterm in Mount Vernon compared to 6.9% in North Salem, the municipality with the lowest rate. Non-Hispanic black women are more likely to have preterm births (13.2%), as compared to the non-Hispanic white (7.6%) and Hispanic women (10.1%).

There are also disparities in the proportion of infants exclusively breastfed in the hospital. Slightly more than half of infants are exclusively breastfed in the hospital in Westchester County (52.5%), which is higher than the proportion in New York State overall (47.1%) and the Prevention Agenda Target of 51.7%. There are within-county geographic disparities. Specifically, proportions range from 35.2% and 44.3% in Yonkers and Rye, respectively, to 73.2% in Pelham. Overall, the proportion of infants breastfed exclusively in the hospital is lower in the southern portion of the county: just over one-third are exclusively breastfed in Yonkers (35.2%), and half, or close to half, of infants are exclusively breastfed in Mount Vernon (42.4%) and New Rochelle (50%).

Additionally, non-Hispanic white women are most likely to breastfeed exclusively in the hospital (57.4%), followed by Hispanic women (35.7%) and non-Hispanic black women (34.9%). There are further disparities by insurance status: 34.9% of infants whose primary payer is Medicaid were exclusively breastfed in the hospital, compared to 59.5% of infants whose primary payer is not Medicaid.

Cancer and Human Papillomavirus (HPV)

Human papillomavirus (HPV) infection is the most common sexually transmitted infection in the United States. According to 2018 data from the CDC, approximately 42 million Americans are currently infected with HPV, with about 13 million new infections each year. There are several types of high-risk HPV linked to cancer. HPV is linked to cervical cancers, anal cancers, oropharyngeal cancers, vaginal cancers, vulvar cancers, and penile cancers. The CDC estimates that about 37,300 cases of cancer are caused by HPV each year.

An average of 2,821 residents in New York State were diagnosed with an HPV-related cancer each year between 2015 – 2019, with about 59% of cases in women, and about 41% in men. Incidence rates in New York State for all HPV-related cancers combined were higher for Black non-Hispanic women (15.3) compared to Hispanic women (14.3), White non-Hispanic women (13.7), and other non-Hispanic women (9.7). Among men in the state, total HPV-related cancer incidence was

higher for White non-Hispanic men (11.4), followed by Hispanic men (9.5), Black non-Hispanic men (8.9), and other non-Hispanic men (3.2). To protect against cancers caused by HPV, CDC recommends two doses of HPV vaccine for boys and girls who receive their first dose before age 15, and three doses for older teens and young adults who start the vaccine series at ages 15 through 26 and for immunocompromised persons.

Medically Underserved/HPSA Designation Status

Medically Underserved Area (MUA) and Medically Underserved Population (MUP) designations identify geographic areas and populations with a lack of access to primary care services. MUAs have a shortage of primary care health services for residents within a geographic area (for example, a whole county, urban census tracts, or civil divisions). MUPs have a shortage of primary care health services for a specific population subset within an established geographic area. Shortage designation identifies an area, population, or facility experiencing a shortage of health care services, including primary, dental or mental health care providers. These groups may face economic, cultural, or linguistic barriers to health care.

An Index of Medical Underservice (IMU) score is calculated. An IMU score ranges between 0 (highest need) and 100 (lowest need). In order to qualify as an MUA the score must be less than or equal to 62.0. Areas with limited health care professionals experience hindered health care access, creating longer wait times and delayed care and diagnosis.

In New York State, Westchester and Orange Counties have the highest number of MUAs and MUPs. The city of Mount Vernon was deemed to have a geography that meets the criteria as a medically underserved area, with respect to its access to primary care services. Despite some challenges, the City of New Rochelle is not considered an underserved community by MUA/HPSA standards.

Medically Underserved Areas and Medically Underserved Population (MUP)			
County	Area Name	Designation Type	IMU* Score
Dutchess	Low Income - Poughkeepsie	MUP Low Income	59.2
Dutchess	Migrant & Seasonal Farm Worker - East Dutchess	MUP Low Income	44.8
Orange	Orange Service Area (02397 - Newburgh)	Medically Underserved Area	55.5
Orange	Village of Kiryas Joel Service Area	Medically Underserved Area	45.0
Orange	Village of Walden Service Area	Medically Underserved Area	60.8
Orange	Low Income - Middletown Service Area	MUP Low Income	58.2
Rockland	Village of New Square Service Area	Medically Underserved Area	45.5
Rockland	Low Income - Haverstraw	MUP Low Income	61.6
Sullivan	Low Income - Monticello	MUP Low Income	61.4
Sullivan	Low-income - Western Sullivan Service Area	MUP Low Income	59.3
Sullivan and Ulster	Low Income - Wawarsing/ Fallsburg S Area	MUP Low Income	61.8
Ulster	Plattekill Town - County	Medically Underserved Area	58.8
Westchester	Westchester Service Area (02394 - Yonkers)	Medically Underserved Area	41.2
Westchester	Westchester Service Area (02395 - Mount Vernon)	Medically Underserved Area	54.0
Westchester	Westchester Service Area (02399 - Elmsford)	Medically Underserved Area	61.6
Westchester	Westchester Service Area (02400 - Peekskill)	Medically Underserved Area	58.8

Note: IMU* = Index of Medical Underservice

Source: HRSA Data Warehouse, 2021

Table 2. List of Medically Underserved Areas and Medically Underserved Populations in the mid-Hudson Region of New York State.

Primary Data Collection Process

The 2022-2024 CHNA was an inter-organizational and community collaborative process, initiated with the goal of providing greater insight into the health and social needs of community members residing in Westchester County. Data presented in the 2022-2024 CHNA includes both primary data as well as complementary secondary data from a wide range of sources. The method of primary data collection involved a survey of Westchester County residents that took place during the Spring and early Summer of 2022.

The GNYHA Collaborative CHNA survey could be completed via a web-based tool (using a computer, cellphone, or other electronic device) or on paper; the paper surveys were available in ten languages, including English, Spanish, Korean, Polish, and Italian. Due to its electronic format, dissemination of the survey was widespread, with most surveys being completed electronically. The survey was disseminated through multiple distribution points including our hospitals and clinics, community-based organizations, and government partners.

For the community survey conducted as part of the GNYHA Collaborative, a total of 3,377 surveys were completed among individuals working-in or residing-in Westchester County. Participants were asked to rank twenty-one health priorities for the community, which included options such as cancer, smoking, obesity, diabetes, maternal health care, and mental health. Additionally, participants were asked to rank their satisfaction with the current services in their neighborhood to address those 21 health conditions. The twenty-one health conditions listed in the survey were selected to match the priorities and focus areas of the New York State Prevention Agenda. The health conditions were categorized into three groups: needs attention, maintain efforts, and relatively lower priority. These categorizations were based upon consideration of scores for both importance and satisfaction ratings.

Additionally, MMV and MNR participated in the CHA Collaborative led by the Westchester County Department of Health and including hospitals and health systems across Westchester County and the mid-Hudson Region of New York State. On behalf of the CHA Collaborative, the Westchester County Department of Health worked on a telephonic community needs survey created and administered by Siena College Research Institute in the Spring of 2022. Through the process of the electronic/paper survey and the telephonic survey, the collection of data from a broad slice of the population was achieved and documented, which allowed an analysis of participation by age, race, ethnicity (when provided) and income (when disclosed). Local health departments and regional hospitals in the mid-Hudson Region partnered in a collaborative to create a regional survey. This survey was used to assess community health needs and assets in the area and inform future health improvement efforts in the Mid-Hudson Region. It was designed to include questions which collected information around several initiatives and priorities put forward by the New York State Department of Health.

The Siena College Research Institute (SCRI), on behalf of the seven local health departments of the Mid-Hudson Region, conducted a public opinion survey of 5,699 residents, with an average of 814 surveys collected per county, from March 14, 2022 to May 22, 2022. New York State's Mid-

Hudson Region is comprised of Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester Counties. Residents aged 18 and older were interviewed from the Mid-Hudson Region to ensure representative county-wide samples. The overall sample of 5,699 was weighted by age, gender, reported race/ethnicity, income and county using the 2015-2020 American Community Survey 5-year estimates to ensure statistical representativeness.

Survey participants were contacted via landline telephone, cell phone, an online panel, and online recruitment from each county at various in-person events and other community partnerships to enhance representation and meet budget constraints. The design of the landline sample was conducted to ensure the selection of both listed and unlisted telephone numbers, using random digit dialing. The cell phone sample was drawn from a sample of dedicated wireless telephone exchanges from within each of the Mid-Hudson counties. Respondents were screened for residence in NYS and specified counties. Data from all four sources were combined and weighted as one to provide a representative sample of Mid-Hudson Region residents.

Telephone surveys were conducted in English or Spanish. Online panel surveys were conducted in English. The online recruitment from each county included distributing the survey URL to community partners, promoting the survey on social media, and providing access to the survey at community events. The online recruitment survey was conducted in English and Spanish. Each county estimate was weighted to the most current demographic estimates of the county's population by age, gender, reported race/ethnicity, and income.

Input Representing the Broad Interests of the Community

Montefiore has a long history of broad community engagement in both the Mount Vernon and New Rochelle communities. This ranges from coordination of the Community Advisory Board (CAB) at MMV which meets monthly from September to June, to ongoing community engagement and outreach by the Community Relations and Community and Population Health teams who partner with community-based and faith-based organizations, as well as participation in numerous community collaborations. Within New Rochelle, Montefiore has ongoing

engagement with community serving organizations and partners that also participated in the completion of the primary data collection surveys.

Montefiore plays a leadership role in a variety of critical community and public health efforts, including membership in the Westchester County Department of Health's Hospital Planning Team and Advisory Committee meetings, board membership and strategic partnership with the local Boys and Girls Club and Youth Community Outreach Program (YCOP) for youth development activities, and the Montefiore New Rochelle Women, Infants and Children (WIC) Program for Westchester and Putnam counties. Participation in these committees gives Montefiore trust-based access to the communities we serve, which we continue to foster by participating in, and presenting at, community sponsored events, Community Board meetings and local conferences.

As the CHNA process was conducted simultaneously with the New York State Community Service Plan (CSP) review, there is strong alignment between the areas of focus in this report and the areas presented in the CSP. MMV and MNR will continue to work with its partners on existing program initiatives.

Secondary Data Collection Process

In addition to the review of primary data, to capture an up-to-date high-level view of the health status of Westchester County residents, we worked in collaboration with Montefiore's Planning Department, to evaluate temporal trends, differences between Westchester and peer counties and sub-county differences, when available, for more than 21 measures, including: obesity, preterm births, teen pregnancy rates, poverty, preventable hospitalizations, access to primary care, insurance status, smoking, flu immunizations, cancer screenings, COVID vaccination, HIV incidence, cancer incidence rates (lung, colorectal, prostate, cervical and breast), and diabetes. These data were obtained from multiple population-based datasets including the American Community Survey (formerly referred to simply as the Census), New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), New York State Statewide Planning and Research Cooperative Systems (SPARCS), New York State Vital Statistics, New York State HIV/AIDS

Epidemiology Reports, and the New York State Cancer Registry. Additional data was obtained from the New York State Prevention Agenda Dashboard. Whenever possible these measures aligned with those used by the New York State Prevention Agenda Dashboard. Below is a full list of secondary data sources and data tools with descriptions and links to electronic sources.

Westchester County Secondary Data Sources

American Community Survey: The American Community Survey (ACS) replaced the Decennial Census as an ongoing survey of the United States population that is available at different geographic scales (e.g., national, state, county, census tract or census block group). ACS is a continuous survey that addresses issues related to demographics, employment, housing, socioeconomic status, and health insurance. In the current report, data from ACS was used to identify community characteristics and evaluate the percent of families living in poverty and for mapping the percentage of adults with health insurance. For more information on ACS please visit <http://www.census.gov/programs-surveys/acs/about.html>.

US Census Bureau Small Area Health Insurance Estimates: The U.S. Census Bureau Small Area Health Insurance Estimates (SAHIE) program provides modeled, single-year estimates of insurance coverage at the county-level and by various demographic, economic and geographic characteristics. Data from this program was used to estimate insurance coverage for adults. For more information, please visit <https://www.census.gov/programs-surveys/sahie/about.html>.

New York State Cancer Registry: The New York State Cancer Registry was used to summarize data on new cases of breast cancer, and colorectal cancer. The Cancer Registry receives notice of all cancer diagnoses to NYS residents and classifies the cancers using established definitions. For more information on the New York State Cancer Registry please visit: <https://www.health.ny.gov/statistics/cancer/registry/>.

NYS Expanded Behavioral Risk Factor Surveillance System (NYS Expanded BRFSS): The NYS Expanded Behavioral Risk Factor Surveillance System (NYS Expanded BRFSS) supplements the CDC

BRFSS. Specifically, it provides county-level estimates of various health behaviors and outcomes. Data from the NYS Expanded BRFSS was used to estimate multiple indicators in this report, related to access to a primary care provider, poor mental health, cigarette smoking, obesity, colorectal cancer screening, flu immunization and binge drinking.

<https://www.health.ny.gov/statistics/brfss/expanded/>

New York State Statewide Planning and Research Cooperative Systems (SPARCS): SPARCS is the primary source of data on ED visits and inpatient hospitalizations at New York State hospitals. All inpatient admissions and ED visits at NYS hospitals are sent to SPARCS and compiled into a master database. SPARCS data was used to estimate the rates of preventable hospitalizations, fall-related hospitalizations, assault-related hospitalizations, asthma ED visits, hospitalizations for short-term complications of diabetes, and the opioid burden rate. For more information about SPARCS please visit: <http://www.health.ny.gov/statistics/sparcs/>.

Student Weight Status Category Reporting System (SWSCRS) data: The Student Weight Status Category Reporting System provides weight status data for children and adolescents at public schools in New York State, excluding NYC at the school district, county, and region-levels and by grade groups. This data was used to estimate child/adolescent obesity. For more information please visit

https://www.health.ny.gov/prevention/obesity/statistics_and_impact/student_weight_status_data.htm

New York State Immunization Information System: The New York State Immunization Information System (NYSIIS) provides data on immunizations for all residents <19y at the county-level in the state, excluding NYC. Healthcare providers are required by law to report all immunizations for this population to NYSIIS. This data was used to estimate the immunization status of children between 19-35 months. For more information please visit

https://www.health.ny.gov/prevention/immunization/information_system/

NYS HIV Surveillance System: The NYS HIV Surveillance System, run by the AIDS Institute Bureau of HIV/AIDS Epidemiology in the New York State Department of Health, provides data on new HIV/AIDS diagnoses and other factors relating to HIV/AIDS, such as linkage to care. This report uses data on HIV incidence from this source. For more information please visit:

<https://www.health.ny.gov/diseases/aids/general/about/surveillance.htm>.

New York State Sexually Transmitted Disease Surveillance Data: NYS Sexually Transmitted Disease Surveillance Data are provided by the Bureau of STD Prevention and Epidemiology within the NYS Department of Health (DOH). Cases are reported by the 57 local health departments in NYC to the NYS DOH. This report uses this data to estimate rate of chlamydia in each county. For more information, please visit:

<https://www.health.ny.gov/diseases/aids/general/about/surveillance.htm>

New York State Vital Records Data: The New York State Vital Records is the clearinghouse for data on births and deaths for all of New York State. For the current report, vital records data were used to examine the proportion of preterm births, proportion of infants exclusively breastfed in the hospital, the adolescent pregnancy rate, the suicide rate, and the opioid burden rate. For more information on the New York State Vital Records please visit:

https://www.health.ny.gov/statistics/vital_statistics/

National Vital Statistics Surveillance System: The National Center for Health Statistics collects and disseminates national vital statistics, including births and deaths from state/local jurisdictions (e.g., state departments of health). This data source was used to estimate the opioid-related mortality rate. For more information on NVSSS please visit

<https://www.cdc.gov/nchs/nvss/index.htm>

Data Tools

City Health Dashboard: The City Health Dashboard is produced by the Department of Population Health at NYU Langone and the Robert F. Wagner School of Public Service at NYU, in partnership

with the National Resource Network. It is funded through the Robert Wood Johnson Foundation. The dashboard aggregates data from multiple sources for the 500 largest cities in the United States, including Yonkers, Mount Vernon and New Rochelle. For more information please see: <https://www.cityhealthdashboard.com/>

Global Burden of Disease: The Global Burden of Disease (GBD) project from the Institute of Health Metrics and Evaluation at the University of Washington uses a comprehensive risk-assessment framework to summarize the collective impact of risk factors and health outcomes on adverse health. Specifically, GBD combines many datasets to estimate disability adjusted life years (DALYs) associated numerous outcomes and risk factors. DALYs are a summary measure of population health that combines information on fatal health events and non-fatal health states. This is an important advantage over vital statistics which do not capture the important health impact of non-fatal health states (e.g., back pain, moderate depression, or alcohol use). GBD also allows for the estimation of DALYs attributed to specific risk factors, including body mass index, smoking, dietary risks, occupational risks, air pollution, etc. Data from the GBD is available at the global, national and state-level; local-estimates are not available. Despite this limitation this information can be used to understand the most important areas of intervention to improve population health. Data are available at: <https://vizhub.healthdata.org/gbd-compare/>

New York State Prevention Agenda Dashboard: An additional resource for data was the New York State Prevention Agenda Dashboard, which was produced by the New York State Department of Health and systematically aggregates data for the entire state and for each county for dozens of health indicators that align with the New York State Prevention Agenda. Like the Community Health Profiles, the Prevention Agenda Dashboard is not a single database, but rather a compilation of diverse databases. For more information please see: http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

Summary of Findings from Community Health Needs Assessments

This section provides a summary of findings resulting from the Community Health Needs surveys conducted through the GNYHA CHNA Survey Collaborative and the Mid-Hudson Region Community Health Assessment conducted with the Siena College Research Institute in 2022.

GNYHA CHNA Survey Collaborative

The following section summarizes key results from the GNYHA CHNA Collaborative survey described in the previous section. The results present respondents' demographic data, COVID-related questions, and overall health assessment questions related to respondents and their neighborhoods.

In total, 3,377 individuals working or residing in Westchester County completed the survey. Among respondents, the most common languages spoken at home were English and Spanish, others included Cantonese, Mandarin, Bengali, Arabic, Russian, and Korean. It is important to note that survey participants were allowed to skip any questions they felt uncomfortable responding to. Some participants left questions blank, which may impact the data.

The anonymous survey asked respondents their age, gender, and education level. These demographic data are presented in Table 1. The data shows respondents of the Community Health Survey were primarily adults and older adults, between the ages of 45-74. 73% of respondents were female while 26% were male. For education level, three-quarters of the respondents completed college or more.

Table 1: Socio-demographic percentages of Westchester County Community Health Survey Respondents

Westchester County Community Health Survey (n = 3,377)	
Age	
18 - 24	1%
25 - 29	2%
30 - 44	12%
45 - 64	35%
65 - 74	28%
75+	21%
Gender	
Female	73%
Male	26%
Nonbinary, another gender	0%
Prefer not to say	1%
Education	
Less than HS	2%
HS	7%
Some College	16%
College or more	75%

Table 2 continues the sociodemographic data of respondents, highlighting employment status, annual household income, and health insurance. The two most represented employment status of respondents were “retired” and “employed full-time for wages or salary” at 42% and 35% respectively. Just over half of respondents reported an annual household income of \$100,000 or more at 51%. Overwhelming, the two most common health insurance that respondents have are “a plan purchased through an employer or union” at 44% and Medicare at 43%.

Table 2: Socio-demographic percentages of Westchester County Community Health Survey Respondents Continued

Employment Status	
Retired	42%
Employed full-time for wages or salary	35%
Employed part-time for wages or salary	8%
Self-employed	6%
A homemaker	3%
Unable to work	2%
Unemployed for 1 year or more	2%
Unemployed for less than 1 year	1%
A student	1%
Annual Household Income	
Less than \$20,000	6%
\$20,000 to \$29,999	5%
\$30,000 to \$49,999	9%
\$50,000 to \$59,999	7%
\$60,000 to \$74,999	9%
\$75,000 to \$99,999	13%
\$100,000 or more	51%
Health Insurance	
A plan purchased through an employer or union	44%
Medicare	43%
Medicaid or other state program	6%
A plan that you or another family member buys on your own	3%
TRICARE (formerly CHAMPUS), VA, or Military	0%
Some other source	2%
No Health Insurance Coverage	2%

Table 3 presents the racial and ethnic data collected from survey respondents. 70% of respondents identified as White, non-Hispanic, followed by Hispanic at 14%, Black, non-Hispanic at 9%, and Asian/Pacific Islander, non-Hispanic at 4%. Of those of Hispanic/Latinx origin or ancestry, Puerto Rican, Mexican, and Colombian were the most represented respondents at 28%, 15%, and 13%.

Table 3: Racial and Ethnic percentages of Westchester County Community Health Survey Respondents

Race/Ethnicity	
White, non-Hispanic	70%
Hispanic	14%
Black, non-Hispanic	9%
Asian/Pacific Islander, non-Hispanic	4%
North African/Middle Eastern, non-Hispanic	1%
Other, non-Hispanic	2%
Hispanic/Latinx Origin or Ancestry	
Puerto Rican	28%
Mexican	15%
Colombian	13%
Other South American	10%
Other Central American	8%
Dominican	7%
Ecuadorian	7%
Cuban	4%
Other	9%
Black Heritage or Ancestry	
African American	60%
A recent immigrant or the child of recent immigrants from Africa	31%
Caribbean or West Indian	30%
Asian Heritage or Ancestry	

Asian Indian	39%
Chinese	29%
Filipino	20%
Korean	6%
Japanese	3%
Other	4%

Beginning in early 2020, COVID infections spread rapidly across the United States, with the WHO declaring the disease a pandemic in March of 2020. The rise of COVID infection rates heightened social isolation measures to mitigate the spread of the disease. The most recent survey included new questions related to how the COVID pandemic has impacted the health needs of respondents and their communities (Table 4). Questions included asking respondents about their COVID needs, changes in their access to both in-person and virtual medical appointments, new daily life stressors they may be experiencing. Responses indicated that At home COVID-19 test and reliable sources of COVID-19 information were the top two COVID needs at 56% and 47%, respectively. Within the last 12 months, respondents also noted increased household expenses (49%), anxiety or depression (40%), and increased medical expenses (29%).

Table 4: Responses from COVID-related questions

**Westchester
County
Community
Health Survey
(n = 3,377)**

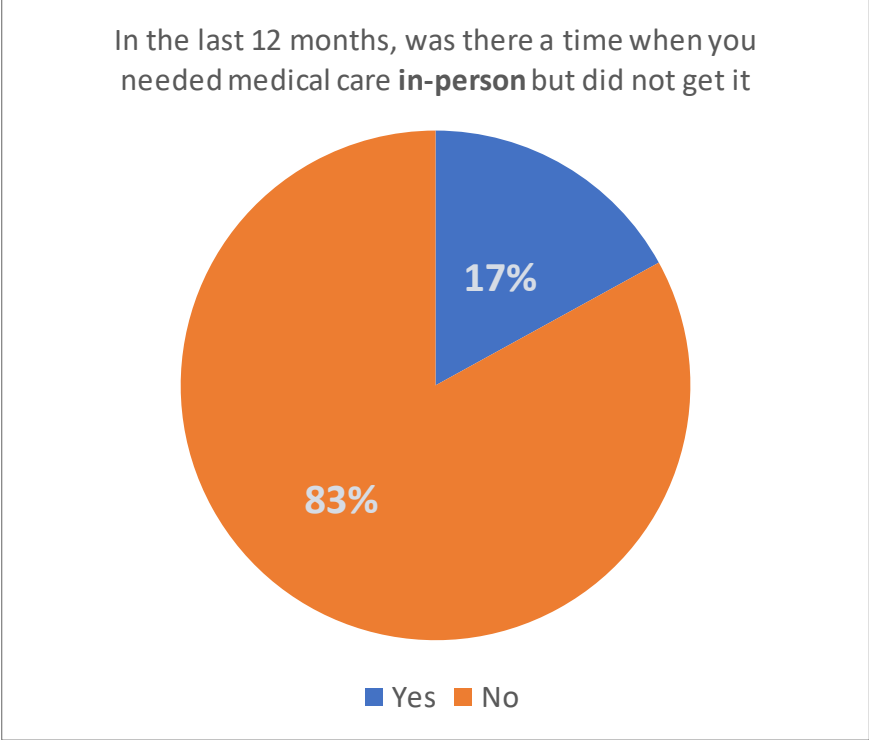
COVID Needs

At-home COVID-19 tests	56%
Reliable source(s) of information on COVID-19	47%
Boosters for COVID-19	45%
In-person testing for COVID-19 (e.g., doctor's office, pharmacy, mobile van)	42%
Personal protective equipment (e.g., masks, hand sanitizer, face shields, gloves)	37%
Treatment for COVID-19	33%
COVID-19 vaccination	27%

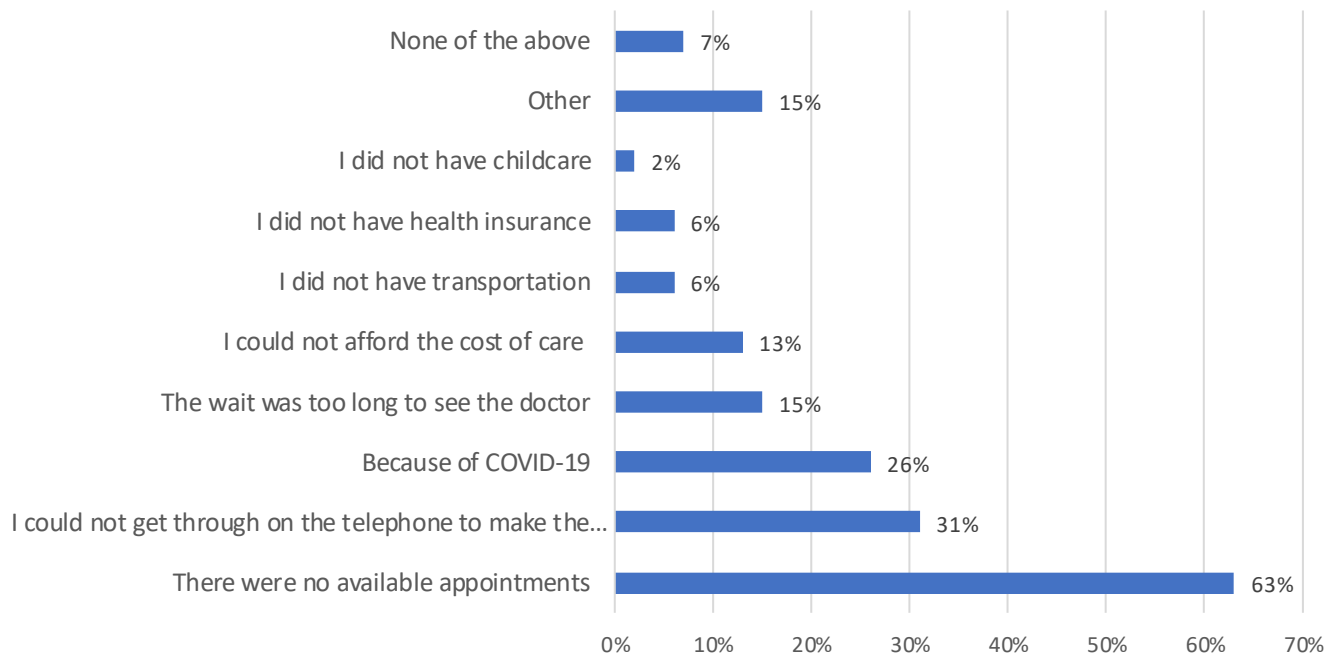
**In the last 12 months,
have you experienced any of the following?**

Increased household expenses	49%
Anxiety or depression	40%
Increased medical expenses	29%
Difficulty paying utilities or other monthly bills	11%
Difficulty paying your rent/mortgage	8%
Hunger or skipped meals because you did not have enough money to buy food	3%
None of the above	28%

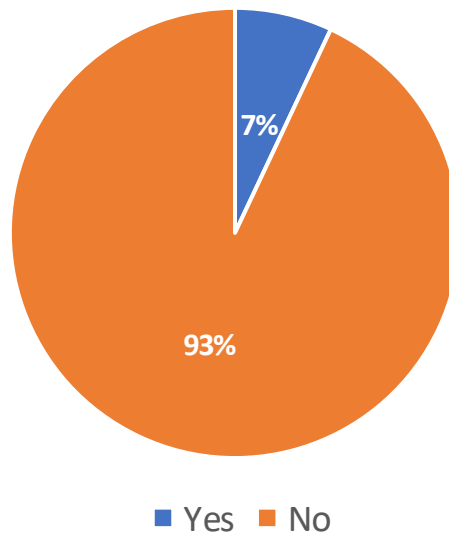
The social restrictions in lieu of COVID-19 may have affected the ability to access medical care for some individuals. To further understand the effect of COVID on healthcare accessibility, respondents were asked if there was a time in the last 12 months where they were unable to receive medical care either in-person or virtually (by phone or video). The survey data showed that access to both in-person and virtual medical care were not affected for the majority of people who responded to this question. For those who were affected, the most common reason listed for both in person and virtual medical care was the lack of available appointments at 63% and 42%, respectively.



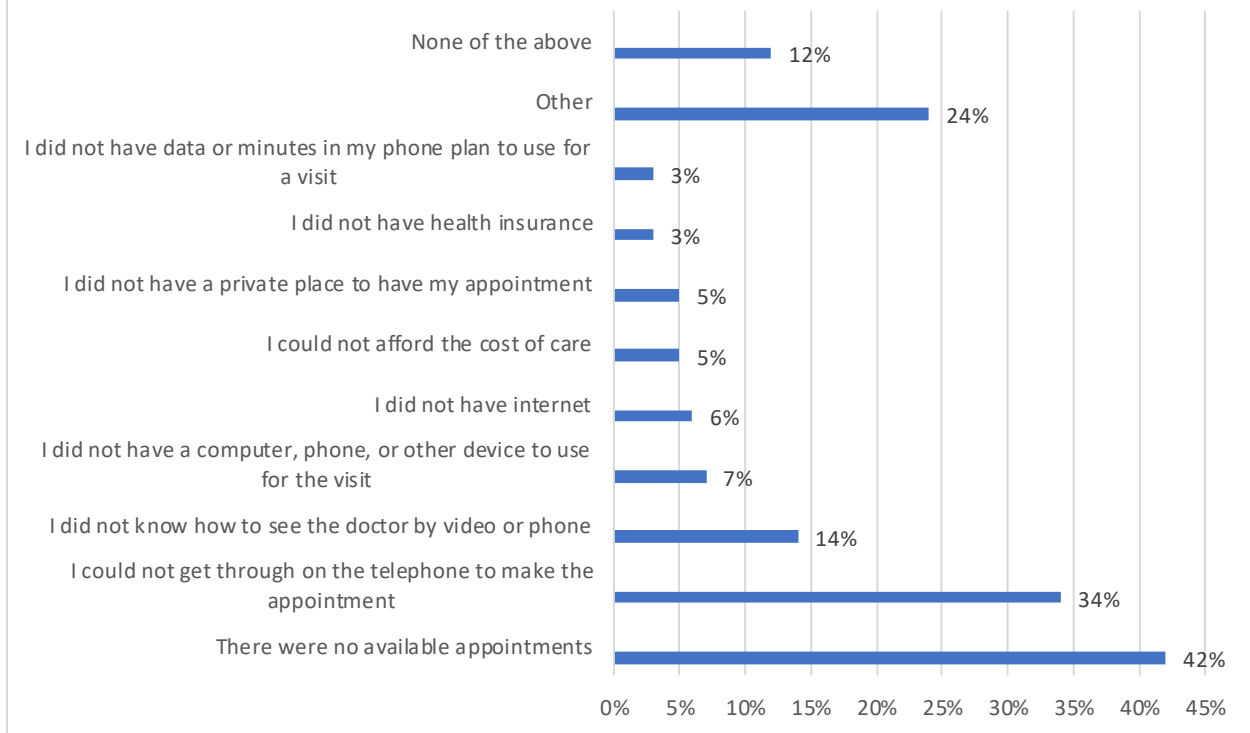
For which of the following reasons could you not get medical care **in-person** the last 12 months:



In the last 12 months, was there a time when you needed medical care **by video or phone** but could not get it?



For which of the following reasons could you not get medical care by **video or phone** in the last 12 months?



Participants were asked to rate the overall health of their neighborhood as well as their own general physical and mental health on a scale from “Poor” to “Excellent” (Figures 1A-C). We found that the most common ratings across the three questions were “Good” and “Very good”. Specifically, when asked to rate the overall health of the neighborhood, respondents were most likely to choose “Good”. When asked to rate their own physical and mental health, respondents were more likely to choose either “Excellent” or “Fair”.

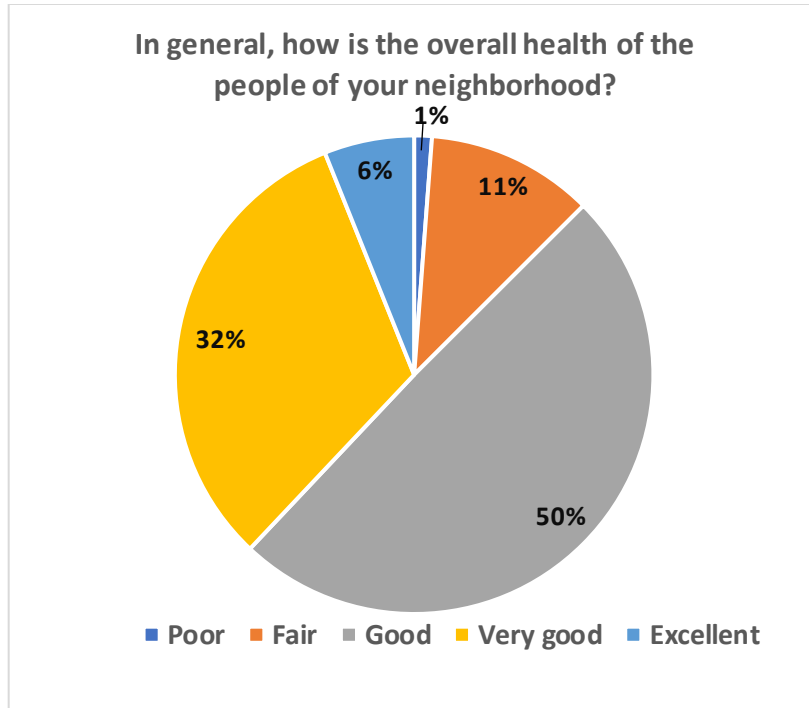


Figure 1A: Respondents' assessment of the overall health of the people in their neighborhood

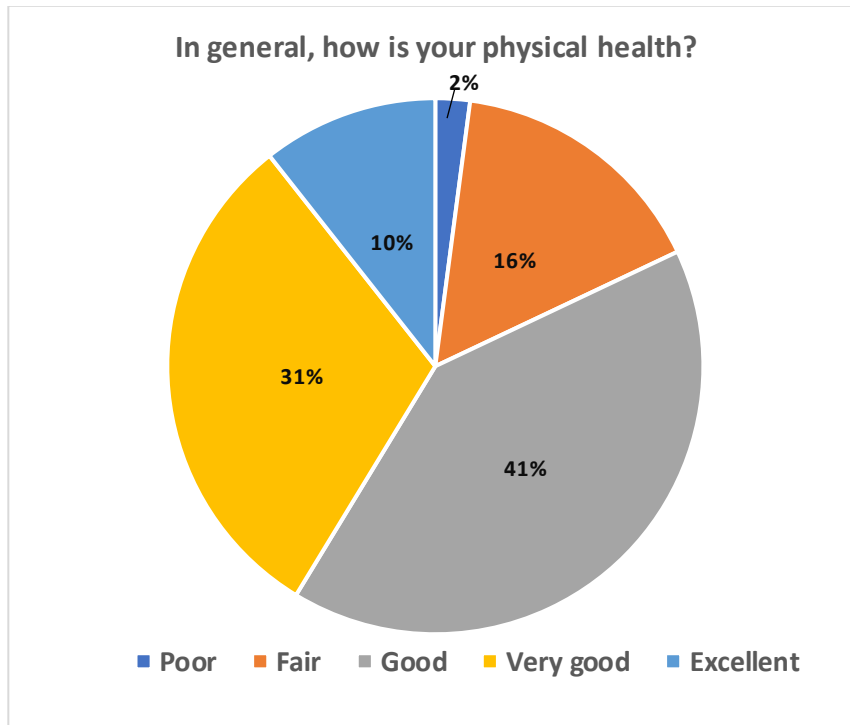


Figure 1B: Respondents' assessment of their general physical health

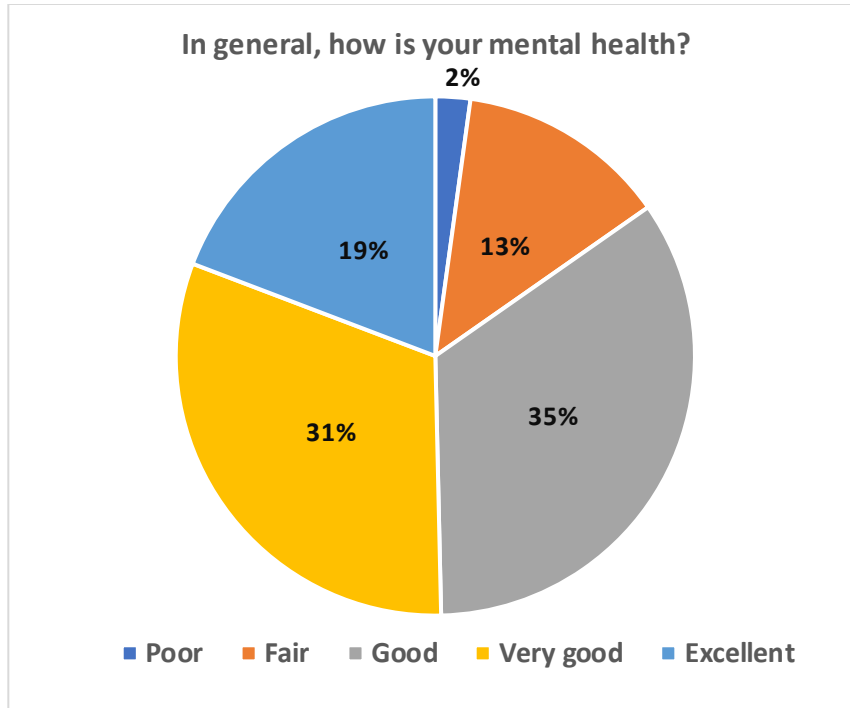


Figure 1C:: Respondents' assessment of their general mental health

Mid-Hudson Region Community Health Survey

As mentioned previously, MMV and MNR also participated in the Mid-Hudson Region Community Health Assessment. The table below provides a breakdown of participants from each county. In Westchester County, a total of 930 people participated in the survey.

Respondent Demographic Breakdown								
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson
TOTAL COUNT	943	996	777	765	641	647	930	5,699
Gender								
Male	48.0%	48.0%	49.0%	46.0%	50.0%	48.0%	47.0%	46.0%
Female	49.0%	49.0%	48.0%	50.0%	47.0%	50.0%	52.0%	51.0%
Age								
18 to 34	27.0%	29.0%	23.0%	28.0%	25.0%	26.0%	26.0%	26.0%
35 to 49	24.0%	24.0%	25.0%	25.0%	27.0%	22.0%	23.0%	25.0%
50 to 64	26.0%	24.0%	27.0%	23.0%	24.0%	26.0%	27.0%	26.0%
65 and older	21.0%	20.0%	23.0%	20.0%	23.0%	24.0%	22.0%	21.0%
Ethnicity								
White	73.0%	63.0%	79.0%	61.0%	75.0%	80.0%	55.0%	55.0%
Non-White	24.0%	33.0%	17.0%	35.0%	24.0%	18.0%	43.0%	43.0%

Note: Percentages of the following figure may not add up to 100% due to rounding. The values on the charts match the crosstabs. 'Don't know' and 'Refused' have been combined into 'Don't know/Refused.' Due to spacing issues, any values less than or equal to 3% may not appear on the chart.

Similar to the results of the GNYHA CHNA Collaborative Survey, results of the Mid-Hudson Region Community Health Survey showed that majority of participants in Westchester County reported being in good physical and mental health, with 78% rating their health as excellent or good, and 73% rating their mental health as excellent or good. Although many reported good mental and physical health, 70% of respondents reported feeling somewhat or very stressed.

The survey included questions related to the social determinants of health (for example food, housing, transportation, housing, and childcare). Westchester County residents reported the following:

- 12% reported not being able to get the food they needed
- 12% reported not being able to get the utilities they needed, including heat and electricity
- 18% reported not getting needed medicine, and 22% reported not getting needed healthcare, including care for dental and vision needs
- 17% unable to get transportation
- 14% unable to get housing
- 13% unable to get childcare
- 17% unable to get access to internet

Additionally, 21% of respondents did not visit a Primary Care Physician for routine physical. The top 3 reasons for not having routine physical were: 1) not having enough time, 2) another reason not listed in the response options, and 3) concerns over COVID. Twenty-eight percent did not visit their dentist for routine check-up or cleaning. The top 3 reasons cited by these respondents were: 1) not having insurance, 2) not having time, and 3) concerns over COVID. While 53% reported having a tele-health appointment during COVID, of the 47% that did not have a telehealth visit, 73% reported that they did not have a need or telehealth services, followed by 16% reporting a preference for in-person appointments.

Safety also came up as a concern for residents of Westchester County. Sixty-one percent of respondents agreed there are places in the community where people don't feel safe. Residents

also identified childcare and housing as an issue in Westchester County. Majority of survey respondents (92%) believed people may have a hard time finding a quality place to live due to the high cost of housing. Seventy-one percent reported they believe parents struggle to find affordable, quality childcare. The full report, including detailed primary and secondary data, charts and tables will be available online as part of the Mid-Hudson Region Community health Needs Assessment 2022-2024.

Part of the assessment conducted by Siena College Research Institute also included focus groups with providers from each county represented in the mid-Hudson Valley Collaborative. In Westchester, one focus group was conducted where 40 responses were collected from various service providers in the county. The focus group was hosted by the Westchester County Health Department and HealthConnections and conducted at the White Plains/Greenburgh Family Network Meeting.

The White Plains/Greenburgh Family Network Meeting is a community network meeting where agency representatives come together to share information about their services and work together to increase collaboration. This network meeting included several agencies in the county that are were represented in this focus group, and the discussion was centered around the survey questions that were distributed prior to the focus group. Questions from the focus group can be found in the appendix.

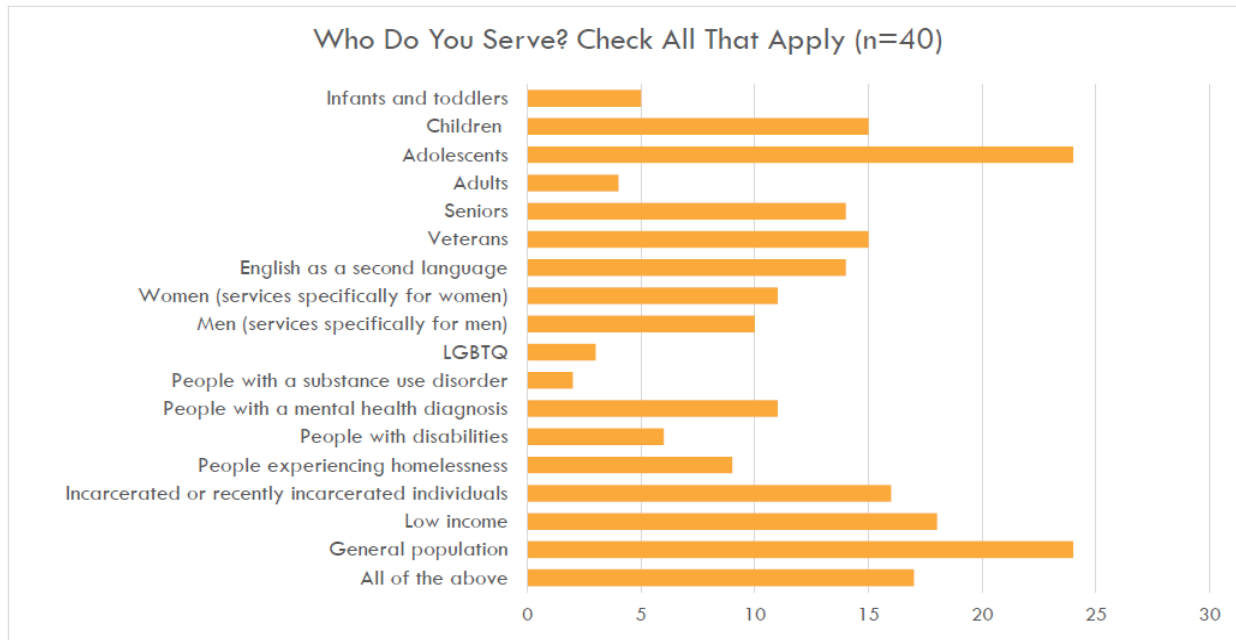


Table xx. Participants in the provider focus groups identified the populations they serve in Westchester County.

Providers identified the following top three issues affecting health in Westchester County: 1) Access to affordable, decent, and safe housing; 2) Access to mental health providers; and 3) Access to affordable health insurances. Providers also identified the top three barriers to achieving better health in Westchester County as 1) Knowledge of existing resources; 2) Health literacy; and 3) Having someone to help them understand their insurance. Providers were also asked about issues highly impacting health in the communities they serve and listed the following: 1) mental health and substance use issues; 2) health disparities; and 3) environmental factors (for example, the built environment, air/water quality, and injuries).

When comparing the Mid-Hudson Region Community Health Survey to the provider focus groups responses, there were some differences between responses from each group. Each groups response to questions about mental health resources is one such example. In the Community Health Survey, more than half of residents in Westchester County believe there are sufficient, quality mental health providers in their communities (32% stated it is a completely true statement, 33% stated it is a somewhat true statement). However, providers who participated in the focus group identified access to mental health providers as one of the top three issues

believed to affect health in their communities. According to the community health assessment report for the mid-Hudson Valley Region, here are the major findings from the community and provider surveys:

- Many providers stated that there are multiple waiting lists for mental health providers. Even when a client gets an appointment, the provider may leave, and they must start the whole process over. There is also an issue with people who have co-existing illnesses. Some mental health providers will not see patients that have an underlying mental health issue if they were initially diagnosed with a substance use issue.
- Having access to safe and decent housing is one of the predominant issues in Westchester County. Some populations that have a more difficult time finding housing are people with disabilities, the working poor, and young people who have recently graduated. There are many issues that are intertwined with housing, one of which is access to reliable transportation.
- Transportation is also linked with missing important medical appointments, as some clients must take two or more buses to get to their doctor. If the appointment needs to be completed in multiple sessions, such as therapy, it becomes inconsistent since the client was only able to get to the appointment once or twice monthly.
- There is large percentage of undocumented individuals who live in Westchester, so there are many people who are afraid of accessing health services due to fear of deportation.
- Major factors that influence health among youth (especially those of color) are stigma, multiple traumas, and income. Providers noted that it is important to address these barriers to ensure that the needs of all populations are met.

Implementation Strategy Report

Description of Identified Health Needs to be Addressed

Through the process of completing and reviewing data obtained through the primary and secondary sources, engaging with community stakeholders and key partners and a review of resources available within the Medical Center and through its partnerships, an Implementation Strategy and Community Service Plan was developed to address the significant needs identified. This section of the report describes the strategies to be implemented by Montefiore Medical Center to address the identified needs of the population.

As stated in the Primary Data Collection section of this report, MNR and MMV used multiple strategies to gather input from community members about their health-related needs and concerns for the community. In the GYNHA CHNA Collaborative survey, we used data from a key survey question about 21 health conditions to help us identify which health needs to address in this cycle. The health conditions question in the GNYHA CHNA Collaborative survey asked respondents to rate twenty-one health conditions on both their level of importance and satisfaction with present services. The twenty-one health conditions listed in the survey were selected to match the priorities and focus areas of the New York State Prevention Agenda. The health conditions were categorized into three groups: needs attention, maintain efforts, and relatively lower priority. These categorizations were based upon consideration of scores for both importance and satisfaction ratings. The three health conditions listed in the “Needs Attention” category have relatively high ratings of importance and low ratings of satisfaction. Those in the “Maintain Efforts” category had high importance ratings paired with high satisfaction ratings. The remaining category of “Relatively Lower Priority” contained health conditions that respondents categorized as lower in importance and medium to high satisfaction scores.

The community members identified three health conditions that need attention, nine health conditions to maintain efforts, and nine health conditions of relatively lower priority in their neighborhood (Table 1).

Needs Attention	Maintain Efforts	Relatively Lower Priority
Violence (including gun violence)	Dental care	Obesity in children and adults
Mental Health/Depression	Cancer	Substance use disorder/drug addiction
Stopping Falls Among Elderly	Access to healthy/nutritious foods	Cigarette smoking/tobacco use/vaping
	COVID-19	Hepatitis C/liver disease
	Heart disease	Sexually Transmitted Infections (STIs)
	High blood pressure	HIV/AIDS
	Women’s and maternal health care	Diabetes/elevated sugar in the blood
	Arthritis/disease of the joints	Asthma/breathing problems or lung disease
	Adolescent and child health	Infant health

Table 1. List of priority health conditions identified by Westchester County residents through the 2022 Community Health Needs Survey.

When reviewing the health needs identified by community members who participated in the 2022 GNYHA CHNA Collaborative Survey, it was important to MMV and MNR to consider the impact of the COVID-19 pandemic on the hospitals and the communities they serve. Communities across the country and the world were greatly impacted by the COVID-19 pandemic. In New York State, 74,529 people died from COVID-19, with more than 6 million confirmed cases as of October 2022. In addition to the great loss of life experienced across the state, many residents struggled with the economic, physical, and mental health impacts of COVID-19. Communities of color, especially our Black and Latinx residents across the state, suffered from higher death rates, exposing the inequities that exist in communities across the state and the nation.

As a health system, Montefiore pivoted to address the needs of the communities we serve through community testing and vaccination sites, collaborations with community and government partners to deliver accurate and timely information, and the use of virtual care to meet the needs of patients that were unable or uncomfortable with seeking in-person care during that time. This pivot to address the time-sensitive needs of our patient population and staff allowed us to

develop a deeper knowledge and understanding of the strengths, resiliency and commitment to community that exists across the catchment areas we serve.

While an increase in focus and resources toward fighting the pandemic helped us meet the evolving needs of our populations, it also required that many programs and initiatives proposed in the 2019-2021 Community Service Plan be put on hold until hospitals were able to reallocate resources to this work. As access to COVID-19 vaccines and testing has improved, and the numbers of vaccinated within our population increase, MMV and MNR are prepared to resume the important and needed work proposed in the 2019-2021 Community Health Needs Assessment and Community Service Plan.

Additionally, In October 2021, MNR Hospital opened an expanded and reconfigured Emergency Department, a renovated and upgraded Radiology Department and a newly constructed Montefiore Medical Group (MMG) Health Center. This comprehensive campus project continues the hospital's commitment to ensure the very best, state-of-the-art care is provided to New Rochelle and its surrounding communities -- both within the hospital and outside its doors. This project significantly expanded primary and specialty care capacity as well as emergency and radiology services and availability throughout the communities served and made room for expanded primary care services to the community including preventative care for chronic conditions.

Findings from the community survey and provider focus group conducted by Siena College Research Institute also provided key information from community members. The Mid-Hudson Region Community Health Assessment Report found that heart disease and cancer remain the leading causes of death. Chronic disease management and care, such as diabetes and obesity, require increasing health care resources, and health disparities/inequalities continue to exist in our county and across the state. In addition, several new health issues have emerged as priorities:

- Mental health
- Suicide

- Vaping among youth
- Opioid and other substance overdose
- Increasing STIs
- Vaccine preventable disease

Considering community feedback, provider input, and the resources of each hospital, the three priorities reselected by MMV and MNR for the 2022-2024 Community Health Assessment and Community Service Plan are: 1) Prevent Chronic Diseases, 2) Promote Health Women, Infants and Children, and 3) Prevent Communicable Diseases. The focus areas and interventions selected for these three focus areas are described in the following section.

Discussion of Interventions to Address Identified Health Needs

For the 2022-2024 Implementation Strategy, Montefiore has elected to retain the three priority areas selected from the last reporting cycle. In the Comprehensive Community Services plan developed for 2019-2021, the priority areas selected were Prevent Chronic Disease, Promote Healthy Women Infants and Children, and Prevent Communicable Diseases. Although Westchester County has continued to be among the top five in many health outcomes and has shown improvements along with the rest of New York State, the rates for conditions identified in the communities of Mount Vernon and New Rochelle remains higher in most cases than the countywide and statewide averages. Also, as explained in the earlier section “Description of Community Health Status” there are disparate health outcomes among different populations in Westchester County. Data also shows that cities within the county also show differences in health outcomes, and in some cases, little or no improvement.

Significant Needs to be Addressed

As described within the Community Description and Service Area section of this proposal, Westchester County, while gradually increasing in ethnic diversity has hotspots where populations, up to 90%, identify as a cultural/racial/ or ethnic minority. As the racial and ethnic populations have shown disparate rates of impact, in consultation and collaboration with

community partners, MMV and MNR have selected to work on three priority areas from the New York State Prevention Agenda: 1) Prevent Chronic Diseases, 2) Promote Healthy Women, Infants and Children, and 3) Prevent Communicable Diseases. The following sections include short descriptions and tables summarizing the selected Prevention Agenda Priority Areas and interventions for Montefiore New Rochelle and Montefiore Mount Vernon.

Priority Area: Prevent Chronic Diseases

Diabetes Self-Management Education Program

Although diabetes was identified as a lower priority for community members through the survey conducted as part of the GNYHA CHNA Collaborative, data shows disparities continue to exist in testing and diagnosis of diabetes in Westchester County given the data presented in a previous section of this report, “Description of Community Health Status.” For example, a higher percentage of adults in Mount Vernon reported having diabetes compared to the overall number of adults in Westchester County.

MMV and MNR will expand existing evidence-based care model (including dietitians, podiatrists, ophthalmologists, and other key clinical team members) to new health center to reach more patients with diabetes, including implementation of Diabetes Self-Management Education Program for patients with diabetes. Currently, patients with diabetes that are served by MMV and MNR receive team-based care that include providers in primary care, endocrinology, podiatry, nutrition, optometry, and a diabetic education. Patients will be referred to Montefiore’s Outpatient Diabetes Center from the health center/inpatient hospital by either their primary physicians or endocrinologists via fax or Allscripts. Patients referred to the center are contacted and scheduled for an appointment to attend the Diabetes Self-Management Education Program. Classes for the Diabetes Self-Management Education Program are led by a Certified Diabetes Care Educational Specialist, Registered Nurse or Nutritionist.

Patients are encouraged to complete the full series of classes and are given referrals to needed care and support for addresses clinical and social needs related to care for diabetes management.

After completing four classes, patients are provided progress reports on their diabetes care that are sent to the referring physician for follow-up as needed. Also, after four classes, patients are scheduled for a follow up class where class leads check in about any necessary appointments (for example, initial or follow up appointments with the eye doctor (ophthalmologist) or foot doctor (podiatrist). Between 2021-2022, 165 patients over 676 visits were seen for group or individual support for diabetes care and management.

Priority Area	Prevent Chronic Diseases
Focus Area	Preventative care and management
Goal	Goal 4.3 Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity
Outcome Objectives	Objective 4.3.1: Decrease the percentage of adult members with diabetes whose most recent HbA1c level indicated poor control (>9%).
Interventions/Strategies/Activities	<p>Intervention 4.3.1: Promote a team-based approach (which may include pharmacist, community health worker, registered dietitian, podiatrist, and other health workers) to chronic disease care to improve health outcomes.</p> <p>MMV and MNR will expand existing evidence-based care model (including dietitians, podiatrists, ophthalmologists, and other key clinical team members) to new health center to reach more patients with diabetes, including implementation of Diabetes Self-Management Education Program for patients with diabetes.</p>
Measures	<p>Number of patients at hospital/clinic locations with team-based approach/practices in place for diabetes care and management</p> <p>Number of patients referred for diabetes counseling and seen at the Diabetes Center</p> <p>Number of patients who follow up with ophthalmologist or podiatrist for care</p> <p>Number of patients enrolled in the Diabetes Self-</p>

	<p>Management Education Program</p> <p>Number of patients referred to ophthalmologist or podiatrist from the Diabetes Self-Management Education Program</p>
Partner(s)	Hospital and Clinic Providers and Patients
Disparities	<p>Data from New York University's City Health Dashboard shows that in 2019 9.8% of adults aged 18years and older in New Rochelle reported having diabetes. In Mount Vernon, 12.7% of adults reported having diabetes.</p> <p>Additionally, in previously reported data between 2008/2010 and 2012/2014, the adult hospitalization rate for short-term complications of diabetes increased slightly from 3.7 to 4.4 per 10,000 in Westchester County.</p> <p>The community serviced through the proposed program is generally low-income and includes a high proportion of individuals who are non-Hispanic Black or Hispanic-populations that have been identified as having a higher risk for diabetes.</p>

Priority Area: Promote Healthy Women, Infants and Children

WIC Program Breastfeeding Support, Promotion and Counseling

Women’s and Maternal Health was identified by community members as a health condition that they wanted to see efforts maintained. Data shows that disparities exist in maternal health outcomes for New York State and Westchester County. Specifically, when looking at data on breastfeeding, overall the proportion of infants breastfed exclusively in the hospital is lower in the southern portion of the county. The overall numbers for infants exclusively breastfed in the hospital in Westchester County (52.5%) is higher than that of New York State (47.1%), and higher than Mount Vernon (42.4%), and New Rochelle (50%). The New York State Prevention Agenda Target for this measure is 51.7%, Mount Vernon and New Rochelle are below the state target. Yonkers, a population also served by MMV and MNR has lower rates for infants exclusively breastfed in the hospital at 35.2%.



Photo from community outreach for Montefiore New Rochelle WIC Program

In the last cycle, Montefiore New Rochelle and Montefiore Mount Vernon elected to focus on activities to bring the hospitals closer to meeting the guidelines of the Baby Friendly Initiative. Activities included participation in the New York State Baby Friendly Initiative at Montefiore New Rochelle; and alignment with the infant mortality reduction initiatives and perinatal health objectives sponsored through the Mount Vernon Neighborhood Health Center, the Montefiore Medical Group Family Health and Wellness Center and Hudson River Healthcare centers. By reselecting this priority area and including interventions focused on increasing breastfeeding rates, Montefiore New Rochelle/ Montefiore Mount Vernon will move closer to the tenets of the Baby Friendly Hospital Initiative.

Programming to increase breastfeeding for the 2022-2024 CHNA cycle will focus on activities conducted at the Montefiore New Rochelle Special Supplemental Nutrition Food Program for Women, Infants, and Children (WIC) Program. The Special Supplemental Nutrition Food Program

for Women, Infants, and Children (WIC) is funded by the U.S. Department of Agriculture (USDA). One of the many WIC locations under Montefiore Medical Group is located at Montefiore New Rochelle reaching a wide population in Westchester County. WIC is an income-based supplemental food program for pregnant, breastfeeding, or postpartum women and caregivers (mothers, fathers, foster parents, or legal guardians) of infants and children under five years of age. With WIC, eligible women, infants, and children receive monthly supplemental food, nutrition education, and referrals to health care and other services, as needed. Eligible participants must meet WIC income guidelines and be certified by WIC staff to be at nutritional risk.

The maximum income to qualify for WIC is higher than food stamps, Medicaid, or public assistance. Persons who are not eligible for these programs may still qualify for WIC, which allows the program to service families with incomes too high to qualify for these social service programs but that are still in need of support and assistance. WIC benefits do not affect a family's allowance for the Supplemental Nutrition Assistance Program (SNAP), Medicaid benefits, or legal residence or citizenship applications – again, allowing the WIC program to provide needed services to a broad range of populations, especially those most vulnerable and those at risk of, or experiencing food insecurity. Many families across the country make too much money to qualify for federal assistance, but struggle to put food on the table. According to Feeding America, one in four people who are food insecure aren't likely to be eligible for most federal nutrition programs. These households rely on food programs and food banks for extra support. This reality makes programs like WIC and the services they offer extremely important for the health of the women, infants, and families they serve.

Montefiore's WIC program is the oldest in New York State, established in 1974, and serves more than ten thousand women, infants and children. In addition to providing supplemental food and nutrition education, staff at the WIC Program in New Rochelle are tasked with encouraging, educating and supporting women who choose to breastfeed. One of the program's goals is to improve the health and safety of infants through increasing the proportion of infants who are

breastfed exclusively through age 6 months. Through Montefiore’s WIC Program, participants have access to a nutritionist assistant and other staff who are responsible for informing participants of the breastfeeding services that WIC provides, such as: breastfeeding education, peer counselor services, and breastfeeding assessment if a mother presents with a breastfeeding issue. The program also has nutritionists on staff to assist in issuing breastfeeding food packages, providing participant-centered nutrition education, and following referral procedures to additional resources, when needed. Additionally, each participant is referred to a peer counselor at their first appointment. Peer counselors are team members that have breastfeeding experience and provide mother-to-mother support to improve breastfeeding initiation and duration. Peer counselors are in contact with prenatal women in the program all through their pregnancy and more frequently as the prenatal woman’s due date approaches and she delivers. Providing a high level of support through a skilled and knowledgeable team will help our WIC program increase breastfeeding duration rates and improve health outcomes for the child, mother and family.

Priority	Promote Healthy Women, Infants and Children
Focus Area	Focus Area 2: Perinatal and Infant Health
Goal	Goal 2.2: Increase breastfeeding
Outcome Objectives	Objective 2.2.1.0: Increase the percentage of infants who are exclusively breastfed in the hospital by 10% from 47.0% (2016) to 51.7% among all infants
Interventions/Strategies/Activities	Intervention 2.2.4: Increase access to primary care practices that are supportive of breastfeeding In alignment with Healthy People 2030 guidelines, the Mount Vernon W.I.C. program will provide resources, support, and education to program participants with a focus on increasing initiation and duration of breastfeeding for this population
Measures	Number of women that initiate breastfeeding Monthly breastfeeding duration rates
Partner(s)	Participants

Disparities	<p>Data from the NYS Prevention Agenda Dashboard shows that in Westchester County, the percentage of infants who were breastfed was 52.5%. The percentage of infants breastfed in Westchester County overall was higher than that in New Rochelle (50%) and Mount Vernon (42.4%).</p> <p>Also, in Westchester County, the proportion of infants that were exclusively breastfed is highest for non-Hispanic white populations (57.4%), followed by Hispanic (35.7%) and non-Hispanic black populations (34.9%). The numbers for Hispanic and non-Hispanic black populations decreased since the last report.</p> <p>The community serviced through the proposed program is generally low-income and includes a high proportion of individuals who are non-Hispanic Black or Hispanic</p>
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Priority Area: Prevent Communicable Diseases

Screening and Immunization for Human Papillomavirus (HPV)

Results from the GNYHA CHNA Collaborative Survey showed that community members identified Cancer as an area to “Maintain Efforts,” while Sexually Transmitted Infections (STIs) were categorized as a “Relatively Lower Priority.” While Human Papillomavirus (HPV) is a sexually transmitted infection, it is link to many types of cancer, making it an important health condition to address. HPV is estimated to be responsible for more than 37,000 cases of cancer each year.



Staff from Montefiore participate in a breast cancer awareness event.

Human papillomavirus (HPV) infection is the most common sexually transmitted infection in the United States. According to 2018 data from the CDC, approximately 42 million Americans are

currently infected with HPV, with about 13 million new infections each year. There are several types of high-risk HPV strains linked to cancer: cervical cancers, anal cancers, oropharyngeal cancers, vaginal cancers, vulvar cancers, and penile cancers. To protect against cancers caused by HPV, CDC recommends two doses of HPV vaccine for boys and girls who receive their first dose before age 15, and three doses for older teens and young adults who start the vaccine series at ages 15 through 26 and for immunocompromised persons.

The New York State Prevention Agenda identified use of the New York State Immunization Information System (NYSIIS) and the Citywide Immunization Registry (CIR) for vaccine documentation, assessment, decision support, reminders, and recall as an evidence-based intervention to prevent communicable diseases. In line with this recommendation, to address this priority area programming will focus on increasing the number of adolescents and teens that have completed the 2-dose series vaccine for HPV. Providers will use the NYSIIS and CIR to identify children and adolescents eligible for vaccination. In partnership with clinical providers, parents and guardians of children and adolescents ages 9-13 years old, MNR-MMV will use education and advocacy on HPV vaccinations to increase rates of immunization. By including interventions focused on increasing vaccination rates, Montefiore New Rochelle and Montefiore Mount Vernon will help to address the rates of HPV-related cancers.

Priority Area	Prevent Communicable Diseases
Goal	Goal 1.1: Improve vaccination rates
Outcome Objectives	Objective 1.1.2: Increase the percentage of NYS 13-year-old adolescents with a complete HPV vaccine series by 10% to 37.4%
Interventions/Strategies/ Activities	Intervention 1.1.2: Maximize use of the New York State Immunization Information System (NYSIIS) and the Citywide Immunization Registry (CIR) for vaccine documentation, assessment, decision support, reminders, and recall.

	MMV/MNR will educate and partner with care teams to use the New York State Immunization Information System (NYSIIS) to identify adolescents that have not had, or have not completed, their HPV vaccine series. Care teams will provide education on the HPV vaccine to parents/guardians of identified adolescents to increase vaccination rates.
Measures	Percent of children and adolescents ages 9-13 years old with a complete HPV vaccine series (2 dose series)
Partner(s)	Providers, Parents/Guardians
Disparities	Based on data from NYS between 2015-2019, rates of HPV-related cancers are higher for individuals who are non-Hispanic Black, while Hispanics and non-Hispanic White individuals have rates closer to the average for NYS. Individuals identifying as Asian, Pacific Islander (API) and American Indians/Alaska Natives have lower rates.

Significant Needs Not Addressed

When looking at the results from the GNYHA CHNA Collaborative Survey, three health conditions were identified by participants as needing attention. These priorities include Violence (including gun violence), Mental Health/Depression and Stopping Falls Among Elderly. While the programs selected for the Community Health Needs Assessment -Implementation Strategy Report and Community Service Plan do not address these health conditions, there are existing and planned programs across Montefiore Health System to address these community-identified priorities. Montefiore-Einstein Psychiatry Associates offers in-person and video therapy visits for adults and children addressing a wide range of conditions. In addition to individual, family and group mental health services, Montefiore partners with community organizations to offer virtual and in-person workshops covering a range of topics related to mental health that are led by our providers. Additionally, Montefiore partners with community organizations to provide programming and resources to address falls among the elderly. This programming includes community workshops on fall prevention, and programming and services offered through Burke Rehabilitation Hospital,

a hospital in the Montefiore Health System network. Finally, representatives from Montefiore Health System are actively participating in the Gun Violence Prevention Collaborative led by Northwell Health and are learning from other hospitals, local health departments and community-based organizations about existing and planned strategies to address gun violence in the state. Montefiore provides many programs and services for the communities it serves that are not the programs featured in the Community Health Needs Assessment - Implementation Strategy Report and Community Service Plan. This includes a list of over 60 programs addressing the priorities laid out in the New York State Prevention Agenda.

In addition to the multiple resources that have been developed at Montefiore independently and through partnership with other organizations, there continues to be a need for community-based programs and resources that can augment Montefiore's programs and services.

There is an extensive set of resources that are available to meet the needs of Westchester residents which cannot be met entirely by Montefiore program and services, and/or are available for those that choose to use external organizations. The use of multiple free and low-cost internet databases has expanded in the public sphere such as www.auntbertha.com, www.hitesite.org, www.nowpow.com among others that have reduced the need for quickly obsolete and expensive-to-produce information and community resources referral guides.

Since the previous version of this report in 2019, Montefiore has continued to expand and has a goal to scale screening and referring patients for unmet social needs. This includes the use of the electronic database platform www.nowpow.com to connect patients to needed resources, which has been a challenge for the health care sector. This online tool is a much more comprehensive and practical alternative to the home-grown referral guides that many health care providers have had to use in the past. Those were hard to keep-up-to-date and difficult to search, a problem that is largely addressed by the online version.

Many Montefiore sites have been introduced to this online resource and teams continue the work to integrate this kind of solution more seamlessly into the various workflows across the

ambulatory, ED and inpatient settings. As Montefiore is an organization that works with complex health needs and whose community faces multi-factorial structural barriers that impact overall health, providing information, accessibility and review of such external resources and links, allows Montefiore to better address patients' social needs and build on the work of community-based organizations in serving the community.

The use of an internet database will allow Montefiore to connect patients to important community resources provided outside of the health system by many of our community partners to address community needs such as housing (quality and affordability), transportation, employment, and education. Montefiore recognizes the importance of addressing these needs, as part of our approach to addressing the social determinants of health and are utilizing our strong community partnerships continue to provide services for Westchester residents.

Dissemination Plan

The plan to disseminate the delivery of the Montefiore Medical Center 2022-2024 Community Health Needs Assessment and Implementation Strategy Report, and Community Service Plan to the public will occur across several platforms. The Community Health Needs Assessment-Implementation Strategy Report and Community Service Plan Report will be posted to the www.montefiore.org website at the address: <https://www.montefiore.org/community-reports>.

It can also be found through accessing the general www.montefiore.org site and clicking the Community Reports tab located in two areas of the face page, both under the Community tab or by scrolling to the bottom of the page where Community Reports is provided as hyperlinked text which can take a viewer directly to the report. Physical copies of the report will be available at the main entrances for each of the acute care facilities at the Security Desk. Appropriate staff will also

provide community presentations to discuss the findings of the report and their relationship to community interests.

The report will be sent via email to members of the Montefiore Community Advisory Boards, as well as provided to community leaders and elected officials. To facilitate this distribution, a copy of the direct link is also provided specifically to the distribution link of the Office of the Bronx Borough President, which maintains the borough’s largest electronic communication list and can provide dissemination beyond the traditional healthcare partners.

A QR code for the link to the report will be made available for print materials to facilitate ease of access to the report.

Montefiore will announce through its multiple social media platforms the availability of the Community Service Plan which will be available through the following feeds:

- Facebook: <https://www.facebook.com/montefioremedicalcenter>
- Twitter: <https://mobile.twitter.com/MontefioreNYC>
- YouTube: <http://www.youtube.com/user/MontefioreMedCenter>

This reflects an expansion of the ways in which the Community Health Needs Assessment and Community Service Plan has been distributed as technological advances allow for broader distribution.

Adoption of Report by Governing Board

The Montefiore New Rochelle – Montefiore Mount Vernon Community Health Needs Assessment (CHNA) process, secondary data, and the Community Service Plan was approved by Montefiore Board of Trustees on December 15, 2022. The Community Health Needs Assessment (CHNA) report was uploaded to the Montefiore website on December 30, 2022.

Appendix

GNYHA CHNA Collaborative Survey

2022 Community Health Survey

We want to improve the health services we offer to people who live in your neighborhood. The information you give us will be used to improve health services for people like yourself.

Completing the survey is voluntary. We will keep your answers private. If you are not comfortable answering a question, leave it blank.

We value your input. Thank you very much for your help.

1 Are you 18 years of age or older?

- Yes
- No → Thank you very much, but we are only asking this survey of people who are ages 18 and older.

2 We want people from all different neighborhoods to take part in this survey. Please tell us the zip code where you live so we can identify your neighborhood.

Zip code: _____

IF YOU PROVIDED A ZIP CODE, PLEASE GO TO PAGE 3. YOU DO NOT NEED TO ANSWER THESE QUESTIONS.

3 Do you live in New York City?

- Yes
- No → Skip to 5

4 If you live in New York City, please select the borough where you live:

- The Bronx → Go on to page 3
- Brooklyn → Go on to page 3
- Manhattan → Go on to page 3
- Queens → Go on to page 3
- Staten Island → Go on to page 3

5 If you do not live in New York City, please tell us the county where you live:

- | | | |
|--|---|--|
| <input type="radio"/> Albany County | <input type="radio"/> Madison County | <input type="radio"/> Tioga County |
| <input type="radio"/> Allegany County | <input type="radio"/> Monroe County | <input type="radio"/> Tompkins County |
| <input type="radio"/> Broome County | <input type="radio"/> Montgomery County | <input type="radio"/> Ulster County |
| <input type="radio"/> Cattaraugus County | <input type="radio"/> Nassau County | <input type="radio"/> Warren County |
| <input type="radio"/> Cayuga County | <input type="radio"/> Niagara County | <input type="radio"/> Washington County |
| <input type="radio"/> Chautauqua County | <input type="radio"/> Oneida County | <input type="radio"/> Wayne County |
| <input type="radio"/> Chemung County | <input type="radio"/> Onondaga County | <input type="radio"/> Westchester County |
| <input type="radio"/> Chenango County | <input type="radio"/> Ontario County | <input type="radio"/> Wyoming County |
| <input type="radio"/> Clinton County | <input type="radio"/> Orange County | <input type="radio"/> Yates County |
| <input type="radio"/> Columbia County | <input type="radio"/> Orleans County | |
| <input type="radio"/> Cortland County | <input type="radio"/> Oswego County | <input type="radio"/> Other _____ |
| <input type="radio"/> Delaware County | <input type="radio"/> Otsego County | |
| <input type="radio"/> Dutchess County | <input type="radio"/> Putnam County | |
| <input type="radio"/> Erie County | <input type="radio"/> Rensselaer County | |
| <input type="radio"/> Essex County | <input type="radio"/> Rockland County | |
| <input type="radio"/> Franklin County | <input type="radio"/> Saratoga County | |
| <input type="radio"/> Fulton County | <input type="radio"/> Schenectady County | |
| <input type="radio"/> Genesee County | <input type="radio"/> Schoharie County | |
| <input type="radio"/> Greene County | <input type="radio"/> Schuyler County | |
| <input type="radio"/> Hamilton County | <input type="radio"/> Seneca County | |
| <input type="radio"/> Herkimer County | <input type="radio"/> St. Lawrence County | |
| <input type="radio"/> Jefferson County | <input type="radio"/> Steuben County | |
| <input type="radio"/> Lewis County | <input type="radio"/> Suffolk County | |
| <input type="radio"/> Livingston County | <input type="radio"/> Sullivan County | |

6 In general, how is the overall health of the people of your neighborhood?

- Poor
- Fair
- Good
- Very good
- Excellent

7 In general, how is your physical health?

- Poor
- Fair
- Good
- Very good
- Excellent

8 In general, how is your mental health?

- Poor
- Fair
- Good
- Very good
- Excellent

9 For each of the following, please tell us: How important is each of the following to you and how satisfied are you with the current services in your neighborhood to address each health issue?

	How important is this issue to you?						How satisfied are you with current services?					
	Don't know	Not at all	A little	Somewhat	Very	Extremely	Don't know	Not at all	A little	Somewhat	Very	Extremely
1 Access to healthy/nutritious foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Adolescent and child health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Arthritis/disease of the joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Asthma/breathing problems or lung disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Cigarette smoking/tobacco use/vaping/ e-cigarettes/hookah	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Diabetes/elevated sugar in the blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Hepatitis C/liver disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 HIV/AIDS (Acquired Immune Deficiency Syndrome)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Infant health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 Mental health/depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Obesity in children and adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Sexually Transmitted Infections (STIs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Stopping falls among elderly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Substance use disorder/drug addiction (including alcohol use disorder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Violence (including gun violence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Women's and maternal health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10 What are your COVID-19 needs? (Select all that apply)

- At-home COVID-19 tests
- Boosters for COVID-19
- In-person testing for COVID-19 (e.g., doctor's office, pharmacy, mobile van)
- Personal protective equipment (e.g., masks, hand sanitizer, face shields, gloves)
- Treatment for COVID-19
- Reliable source(s) of information on COVID-19
- COVID-19 vaccination

11 In the last 12 months, was there a time when you needed medical care in-person but did not get it for any reason?

- Yes
- No → Skip to 13

12 For which of the following reasons could you not get medical care in-person the last 12 months?
(Select all that apply)

- I could not afford the cost of care (e.g., copay, deductible)
- I did not have health insurance
- There were no available appointments, or I couldn't get an appointment soon enough
- I could not get through on the telephone to make the appointment
- Once I got there the wait was too long to see the doctor
- I did not have transportation
- I did not have childcare
- Because of COVID-19
- Other
- None of the above

13 In the last 12 months, was there a time when you needed medical care by video or phone but could not get it for any reason?

- Yes
- No → Skip to 15

14 For which of the following reasons could you not get medical care by video or phone in the last 12 months? (Select all that apply)

- I could not afford the cost of care (e.g., copay, deductible)
- I did not have health insurance
- There were no available appointments, or I couldn't get an appointment soon enough
- I could not get through on the telephone to make the appointment
- I did not have a computer, phone, or other device to use for the visit
- I did not know how to see the doctor by video or phone
- I did not have internet
- I did not have data or minutes in my phone plan to use for a visit
- I did not have a private place to have my appointment
- Other
- None of the above

15 In the last 12 months, have you experienced any of the following? (Select all that apply)

- Anxiety or depression
- Difficulty paying your rent/mortgage
- Difficulty paying utilities or other monthly bills
- Increased household expenses
- Increased medical expenses
- Hunger or skipped meals because you did not have enough money to buy food
- None of these

16 What type of health insurance do you use to pay for your doctor or hospital bills? Is it insurance through:

- A plan purchased through an employer or union (including plans purchased through another person's employer)
- A plan that you or another family member buys on your own
- Medicare
- Medicaid or other state program
- TRICARE (formerly CHAMPUS), VA, or Military
- Alaska Native, Indian Health Service, Tribal Health Services
- Some other source
- I do not have any kind of health insurance coverage

17 What is your age?

18 Are you...

- Male
- Female
- Non-binary
- Another gender
- Prefer not to say

19 Do you describe yourself as...

- Lesbian or Gay
- Straight, that is not Gay
- Bisexual
- Other
- Prefer not to say

20 Are you Hispanic or Latino/Latina/Latinx?

- No
- Yes → Answer 21

21 Which group best represents your Hispanic or Latino/Latina/Latinx origin or ancestry?

- Puerto Rican
- Dominican
- Mexican
- Ecuadorian
- Colombian
- Cuban
- Other Central American
- Other South American
- Other

22 **Which one or more of the following would you say is your race?** (Select all that apply)

White

Black or Black American → Answer 23

23 Some people in addition to being Black, have a certain heritage or ancestry. Do you identify with any of these? (Select all that apply)

African American

Caribbean or West Indian

A recent immigrant or the child of recent immigrants from Africa

Other

Asian → Answer 24

24 Please tell me which group best represents your Asian heritage or ancestry?

Chinese

Asian Indian

Filipino

Korean

Japanese

Vietnamese

Other

Middle Eastern or North African

Native Hawaiian or Other Pacific Islander

American Indian, Native, First Nations, Indigenous Peoples of the Americas, or Alaska Native

Other

25 **What is the highest grade or year of school that you have completed?**

Grades 8 (Elementary) or less

Grades 9 through 11 (Some High School)

Grade 12 or GED (High School Graduate)

Some college or technical school

College graduate or more

26 **Including yourself, how many people usually live or stay in your home or apartment?**

_____ person(s)

27 What is the primary language you speak at home?

- English
- Spanish
- Mandarin
- Cantonese
- Russian
- Yiddish
- Bengali
- Korean
- Haitian Creole
- Italian
- Arabic
- Other

28 What is your current employment status? Select the category that best describes you.

- Employed full-time for wages or salary
- Employed part-time for wages or salary
- Self-employed
- Out of work for 1 year or more
- Out of work for less than 1 year
- A homemaker
- A student
- Retired
- Unable to work

29 What is your household's annual household income from all sources, before taxes, in the last year?

By household income we mean the combined income from everyone living in the household including even roommates or those on disability income.

- Less than \$20,000
- \$20,000 to \$29,999
- \$30,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more

This is the end of the survey. Thank you very much for your help.