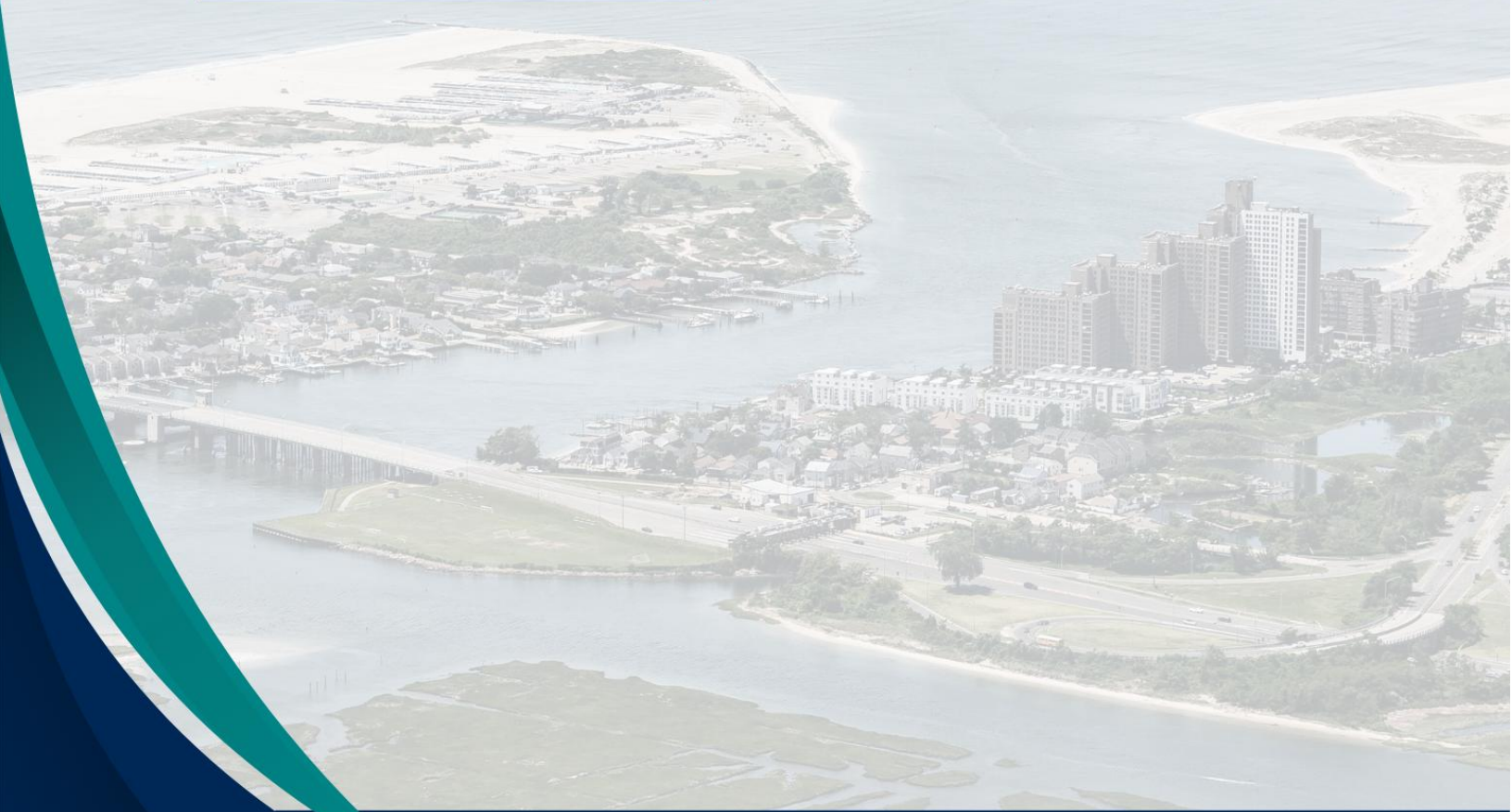
EHS

Episcopal Health Services

2025 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT



Prepared by Crescendo Consulting Group

crescendo

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Letter from the President

Dear Community Members, Partners, and Colleagues,

On behalf of Episcopal Health Services and St. John's Episcopal Hospital, I am proud to present our 2025 Community Health Needs Assessment—a comprehensive examination of the health landscape across the Rockaway Peninsula and the Five Towns. This is not simply a report; it is a roadmap built by our community, for our community.

As the sole hospital serving our geographically isolated peninsula, EHS bears a unique responsibility. We do not take this lightly. This assessment reflects our proactive commitment to truly understanding the health challenges, barriers, and opportunities that exist in every corner of our service area—from Far Rockaway to Breezy Point, from Inwood to Long Beach.

The depth of this work is significant. We conducted dozens of stakeholder interviews and focus groups, collected survey responses in four languages, and analyzed extensive public health data. We intentionally reached vulnerable populations—including those experiencing homelessness, living with behavioral health conditions, and raising young families. Every voice mattered. Your voice mattered.

What emerged is clear: health is shaped far beyond hospital walls. The social determinants of health—economic stability, safe housing, access to nutritious food, and strong community connections—determine outcomes as much as any clinical intervention. The priorities you identified—access to primary care, mental health services, chronic disease prevention, and maternal health—will directly inform where we focus our resources and energy.

Our guiding principles—access, quality of care, safety, patient experience, team member experience, diversity, equity, inclusion and belonging, and fiscal responsibility—together with our mission, vision, and values, ensure that every decision we make serves the betterment of this community. We are committed to reaching as many residents as possible with the care they need and deserve.

To everyone who participated—thank you. Thank you for your honesty, your time, and your trust. And thank you for allowing EHS to stand as your partner in health. As we translate these findings into action through our strategic planning, I invite you to remain engaged. This work belongs to all of us.

Together, we will build a healthier, stronger, more equitable Rockaways.

With gratitude and resolve,

Donald T. Morrish, MD, MMM
Chief Executive Officer Episcopal Health Services, Inc.

CHNA Overview

In 2025, Episcopal Health Services (EHS) contracted with Crescendo Consulting Group to conduct a Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act (PPACA). The Patient Protection and Affordable Care Act, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements of the Internal Revenue Code 501(r).

A CHNA is a report based on quantitative and qualitative data methodology to assess the healthcare and public health issues in a hospital organization's community and that community's access to services related to those issues. The CHNA results will be used on local and regional levels to inform and guide Implementation Strategy Plans (ISP), Community Health Improvement Plans (CHIP) and other strategic initiatives.

Purpose of the CHNA

The Community Health Needs Assessment (CHNA) represents a vital step in the broader initiative to enhance community health and promote equitable opportunities for well-being. This comprehensive process involves gathering and analyzing community data while actively engaging stakeholders in both assessment and implementation efforts. The resulting document serves as a foundational reference for understanding and discussing the community's health status. Through a collaborative approach, the CHNA identifies key health challenges, barriers, and resources, and guides the prioritization of strategies to address the most pressing needs.

To meet the objective of improving community health and community well-being, the CHNA process has included the following goals:

- Identifying resources, strengths, and barriers to improving health outcomes
- Developing a deeper understanding of community access to care challenges, including those faced by medically underserved populations
- Enabling partners to collaborate around the opportunities for population health improvement

EHS is working toward an ongoing process that monitors, refreshes, adds data and analyzes community health to improve the quality of life for people throughout the Rockaway Peninsula and beyond. Dissemination of the information in this document in different forms is a critical step in communications that informs partners, stakeholders, community agencies and the public about the availability of the Community Health Needs Assessment and what community members can do to make a difference.

About Episcopal Health Services

Episcopal Health Services Inc., (EHS) is a health system located on the Rockaway Peninsula in Queens, New York. The system provides emergency and ambulatory care to the densely populated, culturally and economically diverse, and medically underserved Rockaways and Five Towns populations. The system provides people of all faiths with comprehensive preventive, diagnostic treatment, and rehabilitative services, regardless of their ability to pay.

St. John's Episcopal Hospital is accredited by The Joint Commission's Health Facilities Accreditation Program and is approved by the New York State Department of Health. The hospital is a recipient of the Gold-Plus Get with the Guidelines®-Stroke Quality Achievement Award and the Gold-Plus Get with the Guidelines®-Heart Failure Quality Achievement Award from the American Heart Association.

St. John's is a teaching hospital, training over 180 residents annually in 10 Graduate Medical Education Programs accredited by the New York State Department of Education. Our Family Medicine, General Surgery, Obstetrics/Gynecology, Rotating Internship and Ophthalmology Programs are accredited by the American Osteopathic Association. Internal Medicine, Dermatology and Psychiatry are accredited by the Accreditation Council for Graduate Medical Education. Graduate Medical Education Programs in Podiatry and Wound Care are accredited by the Council on Podiatric Medical Education.

The hospital strives to support area residents to achieve optimal health outcomes and quality of life. Services extend beyond inpatient and outpatient care to include outreach to the community to improve health status. Outreach services include behavioral health screening, screening for hypertension, asthma and diabetes, information on health insurance, social work and nutrition counseling, and the Speaker's Bureau, which offers assistance to community organizations by arranging for doctors, nurses, social workers, pastors, nutritionists, and other healthcare professionals who conduct health education on topics such as childbirth and parenting, diabetes, asthma, hypertension, grieving, weight management and nutrition, osteoporosis, cholesterol management, substance abuse, scabies, exercise, aging, depression and emergency care. The hospital's Mobile Health Unit offers services, such as administering flu shots and sharing imperative health education materials, that support the community's health initiatives and healthcare partners on the Peninsula.

Overall Methodology

A mixed-methods approach consisting of a combination of primary and secondary quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community stakeholders, especially those from underserved and vulnerable populations, was implemented between March and August 2025.

Intentional outreach was made to vulnerable populations in the community, such as people of color, persons experiencing homelessness, persons living with behavioral health conditions, caregivers, and young families. Focus groups and surveys were available in multiple languages to ensure community residents were able to participate in the process in their language of choice.

Each activity is described below in more detail.

Secondary Data provided a critical insight into the demographics of the service area, social drivers of health, and behavioral health-related measures, among many others. The data was mainly collected from the U.S. Census Bureau American Community Survey, United States Centers for Disease Control and Prevention, and NYC Health.

Qualitative Research included 20 one-on-one stakeholder interviews and eight focus groups, speaking with 132 participants. The primary qualitative data was conducted between March and August 2025 in person and virtually.

A **Community Survey** was conducted via SurveyMonkey and paper copies in English, Spanish, Russian, and Haitian Creole to evaluate and address healthcare, housing, employment, and other needs, gaps, and resources in the community. A total of 88 responses were collected and analyzed.

The **Needs Prioritization Process** was conducted in December 2025 with the EHS Board.

Data Limitations and Information Gaps

Data collection methodologies inherently present certain limitations that can affect the comprehensiveness and representativeness of findings. These limitations underscore the importance of interpreting data within the context of its collection methods and acknowledging potential biases that may influence the findings.

Environmental Analysis: Utilizing publicly available secondary data sources, such as the U.S. Census Bureau's American Community Survey (ACS), provides valuable insights. However, these datasets are limited to respondents who completed the survey, potentially leading to underrepresentation of specific groups. Notably, the ACS experienced a response rate decline from 86% in 2019 to 71% in 2020, with rates not fully rebounding to pre-pandemic levels by 2022.[1] This decline may result in nonresponse bias, affecting the accuracy and completeness of the data.

Qualitative Data: Efforts to engage diverse community sectors are crucial for comprehensive qualitative insights. Despite these efforts, participation is limited to those who chose or were able to engage, which may not fully capture the perspectives of all community segments.

Community Survey: The Community Survey employs probability sampling to gather reliable local information on quality of life, health, employment, and neighborhood resources. While the survey aims to provide a deeper view into the community that is not attainable through interviews and focus groups alone, the reliance on respondents' willingness to participate can introduce nonresponse bias, potentially affecting the representativeness of the data.

How to Read This Report

This Community Health Needs Assessment aims to give a holistic depiction of the health and well-being of the hospital region. The report is organized by the five Social Drivers of Health domains. Each section includes summary data from the primary and secondary quantitative and qualitative data. Additional data is located in the Appendix. While the report aims to be comprehensive, it is not an exhaustive list of all the strength, challenges, and data for the service area.

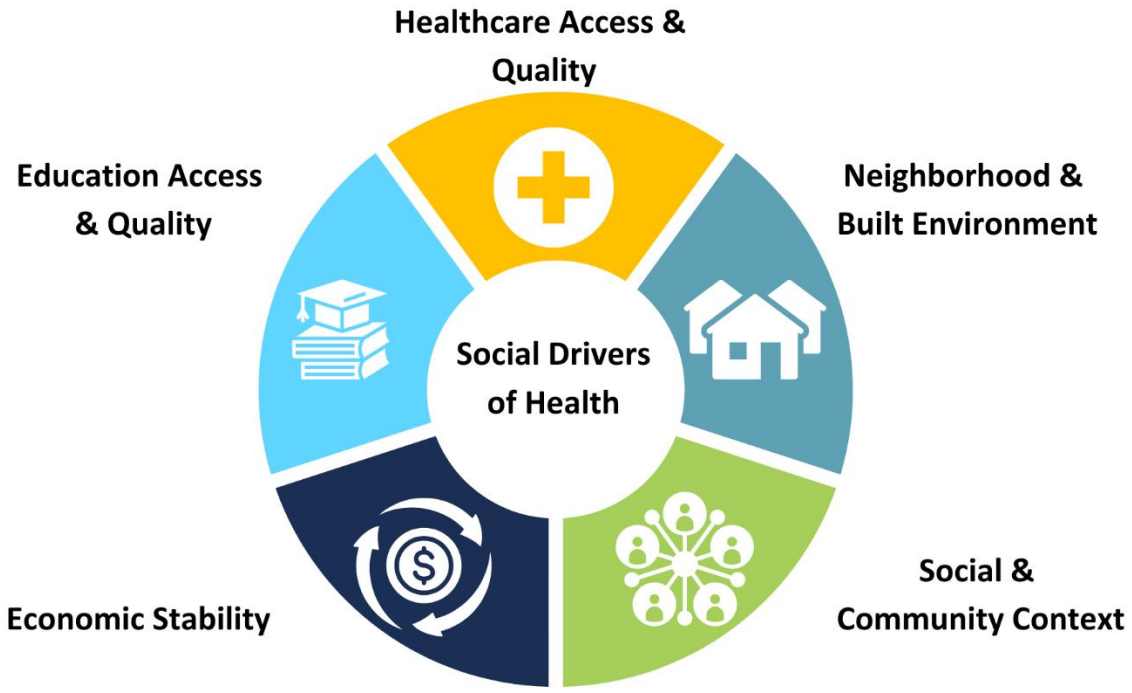
[1] U.S. Census Bureau. *Response rates*. American Community Survey. Retrieved December 3, 2024, from https://www.census.gov/acs/www/methodology/sample-size-and-data-quality/response-rates/

Social Drivers of Health

The social drivers of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Clinical care impacts only 20% of health outcomes, while Social Drivers impacts as much as 50% of health outcomes. Examples of SDoH include economic stability, safe and affordable housing, access to nutritious foods, and many more. The Social Drivers of Health model consists of five domains shown below in Exhibit 1.

The report's secondary data section is organized using the Social Drivers of Health framework.

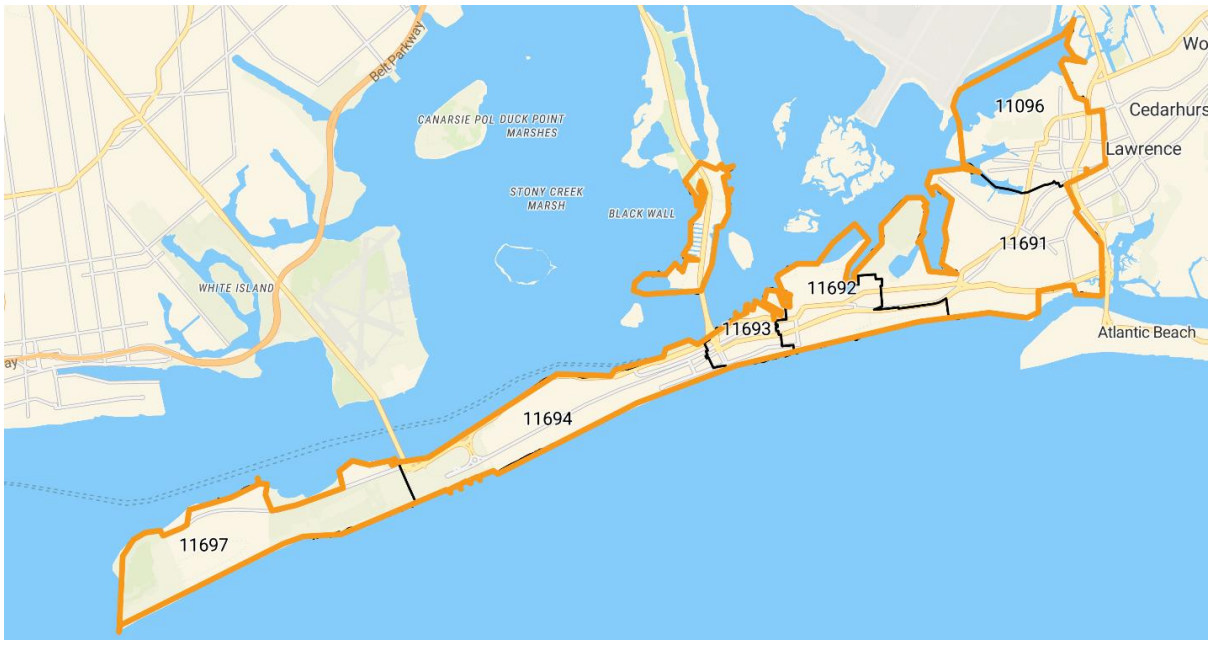
Exhibit 1: Social Drivers of Health Framework



Secondary Data Findings

The EHS primary service area is comprised of the following zip codes: 11691 (Far Rockaway), 11096 (Inwood), 11692 (Arverne / Edgemere), 11693 (Broad Channel / Rockaway Beach), 11694 (Harbor / Rockaway Park / Long Beach), and 11967 (Breezy Point).

Exhibit 2: EHS Primary Service Area



Additionally, a focus on three special geographies was also included as part of the 2025 Community Health Needs Assessment, which included 11096 (Inwood), and a 0.5-mile radius around The Margaret O. Carpenter Women's Health Center (105-38 Rockaway Beach Blvd) and St. Johns Medical Group (495 Beach 20 Street).

The following pages contain key findings from the secondary data. It is not inclusive of all data collected. The following pages contain data maps of the service area. Data is often depicted by census tract or census block. Additional data tables are found in Appendix A.

Census Tract: Small, relatively permanent statistical subdivisions of a county. Census tracts typically have a population size between 1,200 and 8,000 people with an optimal size of 4,000 people.

Census Block: Statistical areas bounded by visible features like roads, streams, and railroad tracks, and by non-visible boundaries, like property lines and school districts. Generally, census blocks are small like a city block.

Demographics

Approximately 200,000 people call the Rockaway Peninsula home. The largest population (68,157 people) lives in Far Rockaway near the location of the hospital. The peninsula has seen population growth in recent years. The fastest growing zip codes from 2010 to 2023 include 11096 (Inwood) and 11692 (Arverne / Edgemere), which saw an increase of 24.3% and 24.9% respectively.

Populations are projected to continue to grow through 2032 with the most growth estimated in zip codes 11692, 11691, and 11693.

Exhibit 3: Projected Percent Change in Population, 2010 to 2032

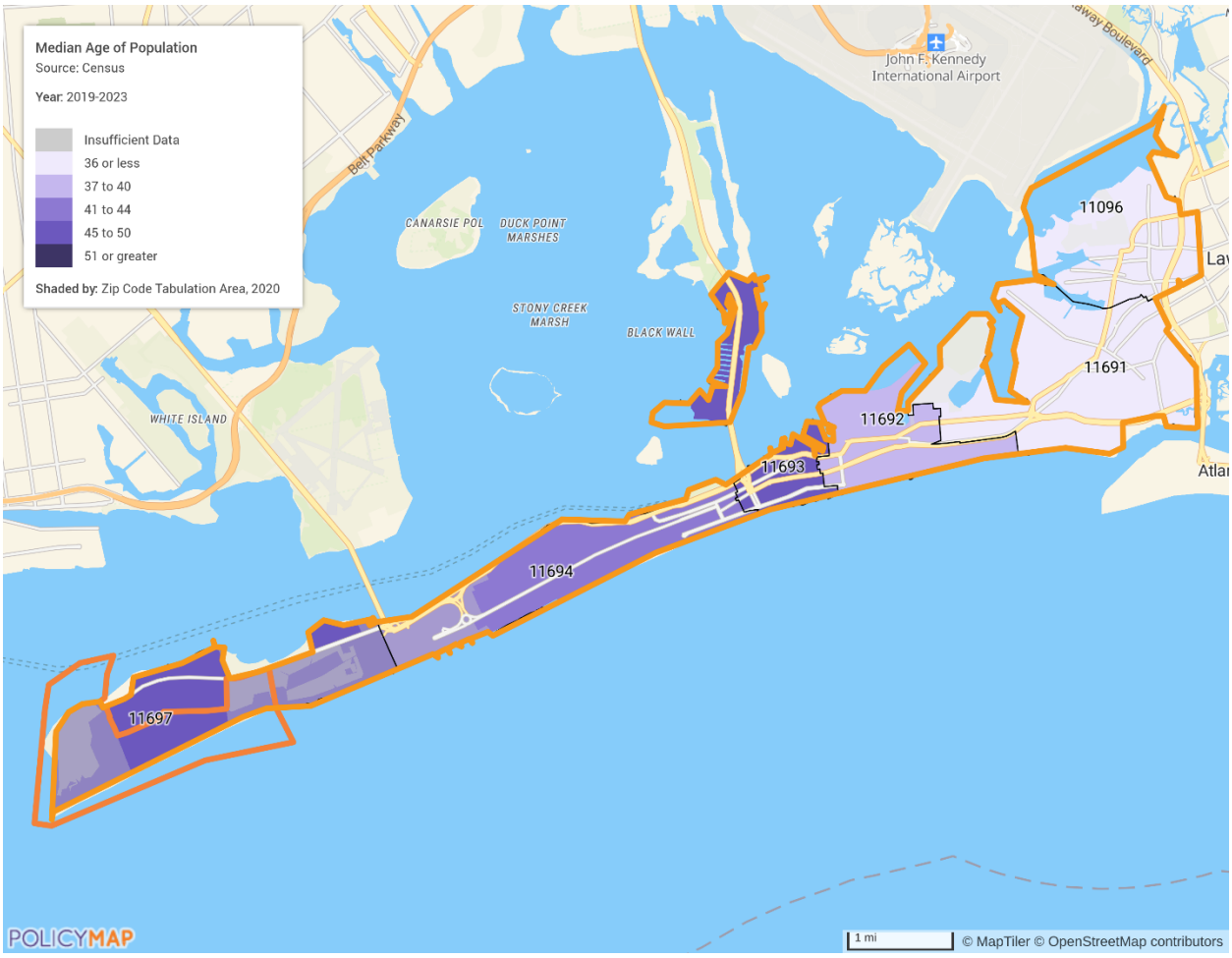
	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach
Total Population (2010)	59,428	8,262	18,996	12,145	20,320	26,730	37,189
Total Population (2023)	68,157	10,272	23,726	13,578	20,986	27,315	38,723
Percent Change (2010-2023)	+14.7%	+24.3%	+24.9%	+11.8%	+3.3%	+2.2%	+4.1%
Total Population (2032)	77,511	11,127	27,893	15,375	22,611	28,473	38,778
Percent Change (2023-2032)	+13.7%	+8.3%	+17.5%	+13.2%	+7.7%	+4.2%	+0.1%

Sources: U.S. Census Bureau, n.d. American Community Survey One-year Estimates, 2010.| U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

The median age across the Rockaway Peninsula varies by nearly 10 years with the oldest median age of 46.1 years in 11694 (Long Beach) and the youngest median age of 35.6 years in 11096 (Inwood).

Median age is important to health care as people at different ages of their lives need different services. Typically, as a person gets older, they are more likely to need more services, such as specialty care to manage chronic or age-based conditions or assisted or skilled nursing facilities.

Exhibit 4: Median Age by Zip Codes, 2023



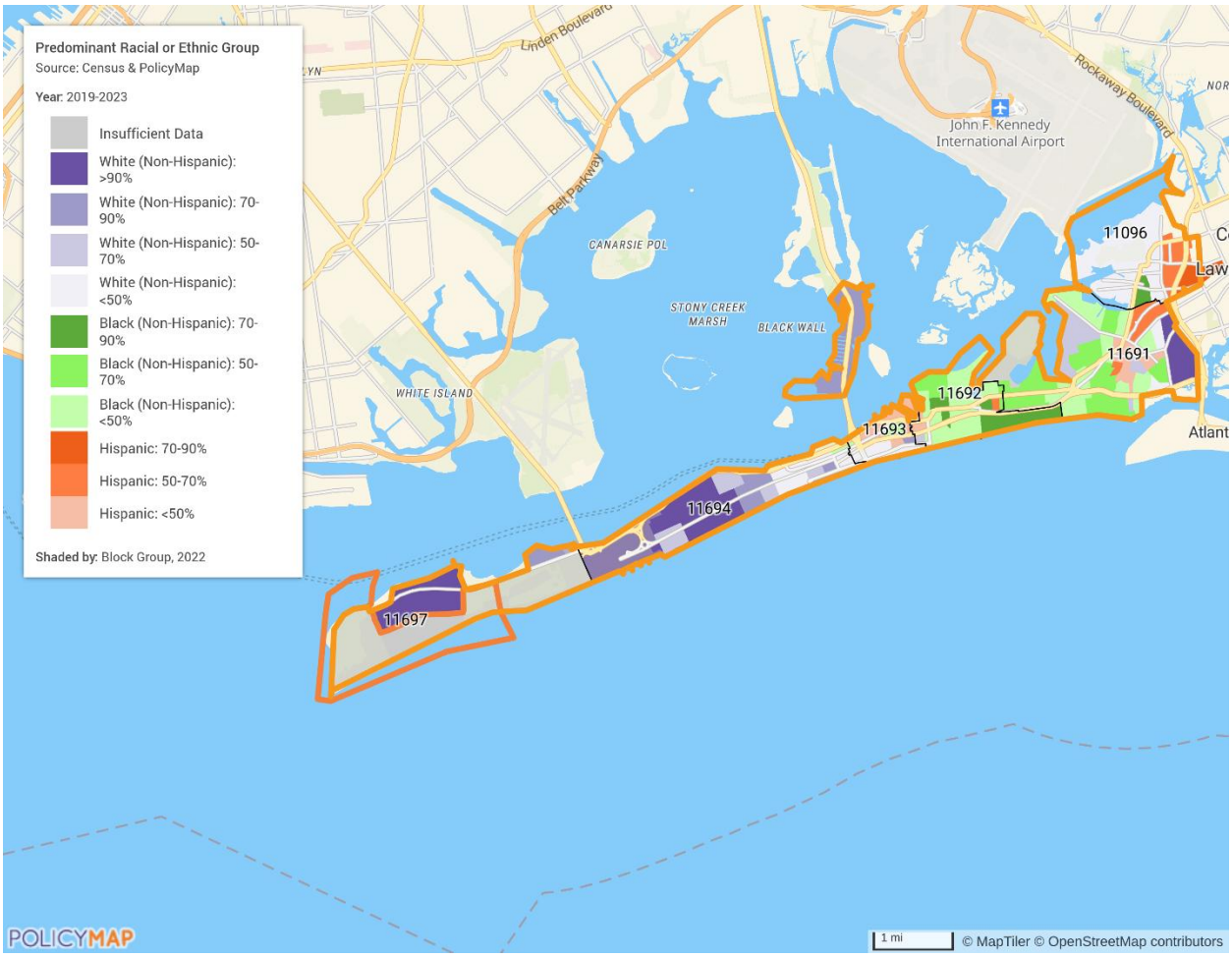
Sources: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

Similar to New York City, the Rockaway Peninsula is a very diverse community, with a couple of exceptions. Zip codes 11694, which consist of Harbor, Rockaway Park, and Long Beach, are predominately White with only one in four residents identifying as a race other than White.

Zip codes 11692 and 11691 are predominantly Black or African American communities with nearly one in two people identifying as Black or African American. Inwood (11096) is predominantly Hispanic or Latino with 44.3% of the population identifying as Hispanic or Latino, the highest in the Rockaway Peninsula region.

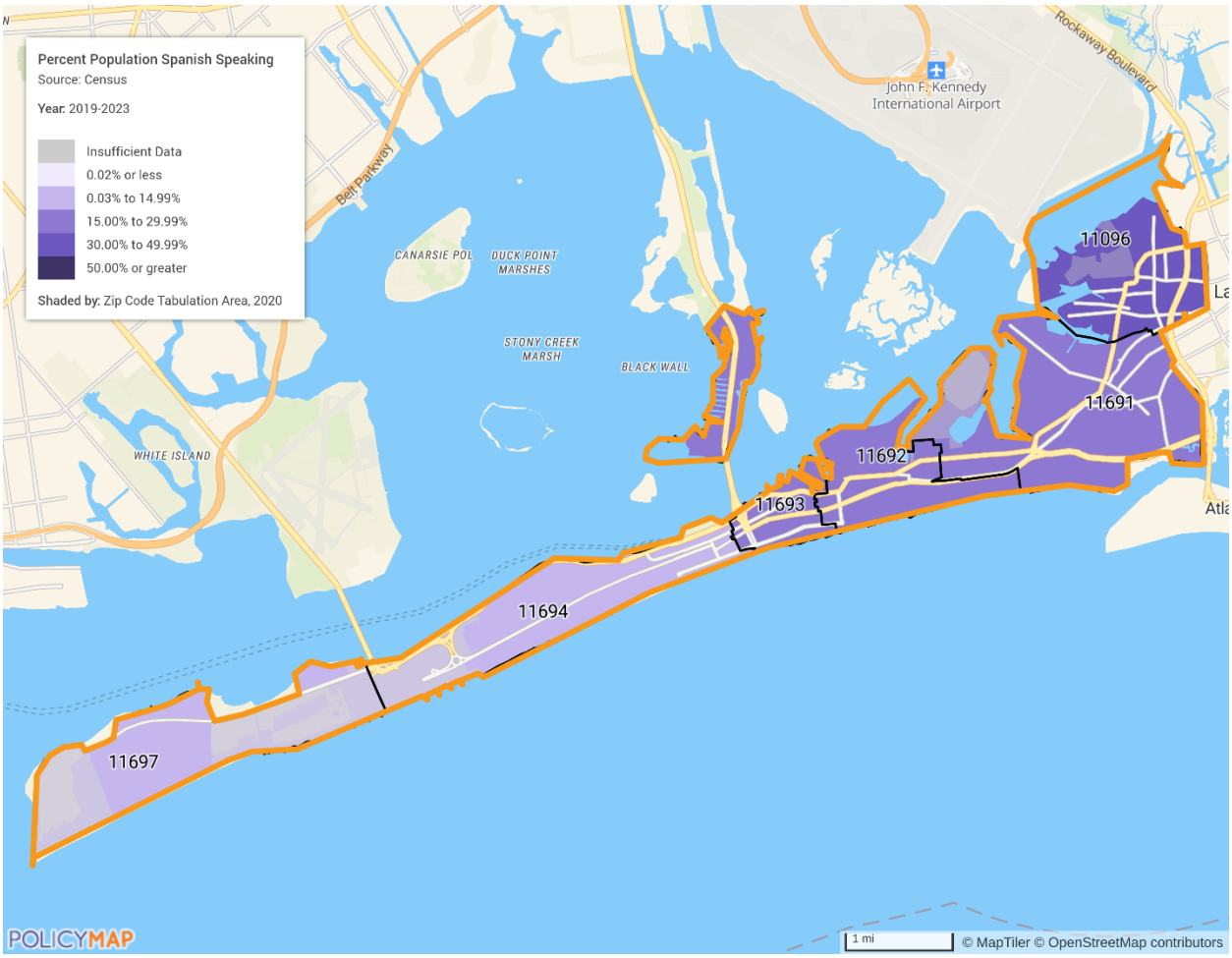
The following map shows the predominant race or ethnicity by census block. As noted above, the neighborhoods around the hospital have the most diversity with the predominant race being Black or African American followed by Hispanic or Latino.

Exhibit 5: Predominant Racial or Ethnic Group by Census Block, 2023



English is the predominant language spoken on the Rockaway Peninsula. Spanish is the second most common language spoken with some zip codes having nearly one in five people speaking Spanish. Inwood (11096) has the highest percentage of Spanish speakers at 39.6%.

Exhibit 6: Percent of Population Speaking Spanish

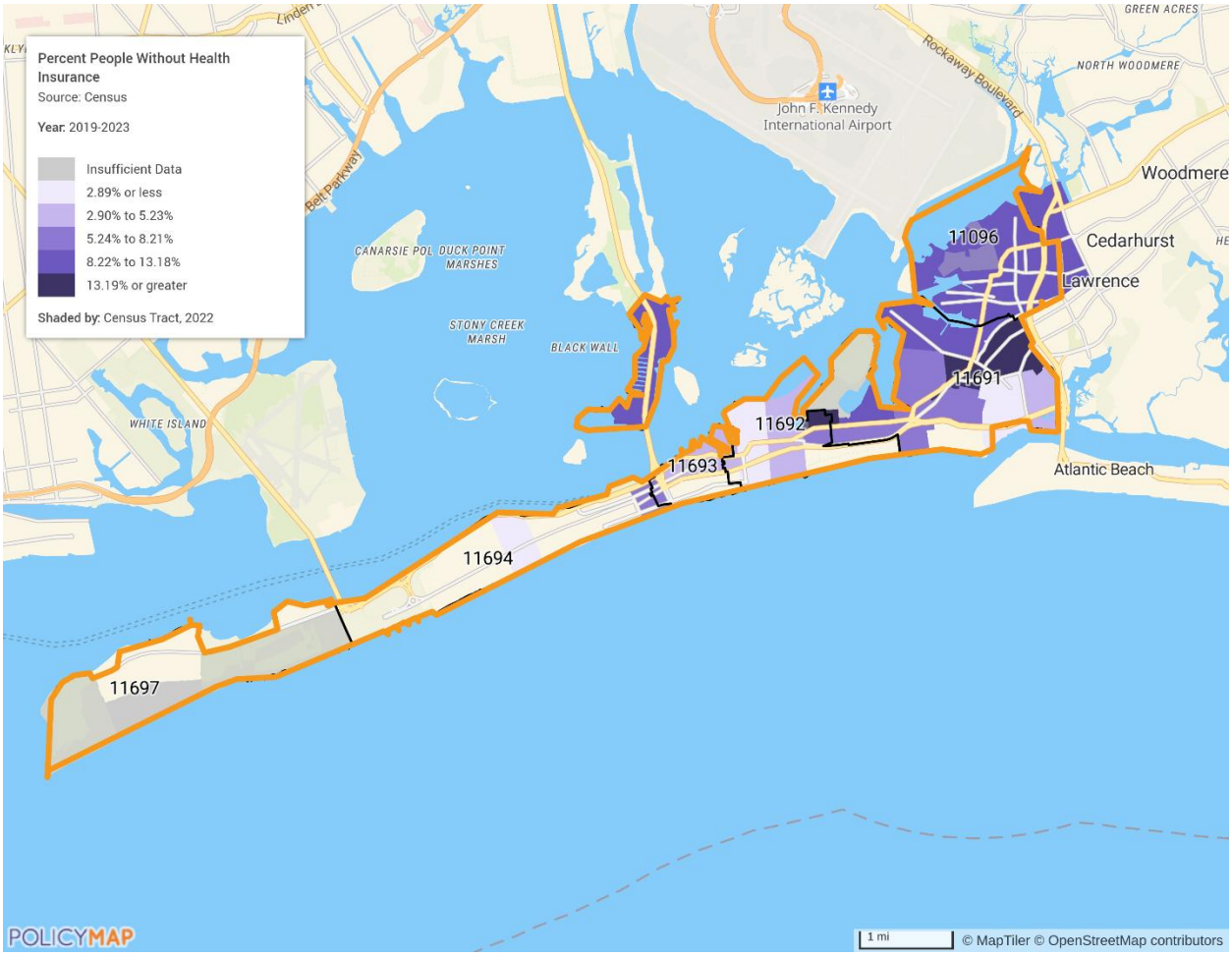


Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

Healthcare Access and Quality

The uninsured population on the Rockaway Peninsula is relatively small. Only 8.4% of the population in the United States does not have health insurance, which is similar to Queens County at 8.5%. Far Rockaway (11691) and Inwood (11096) have the highest uninsured population at 8.6% and 8.7% respectively. However, when divided into census tracts, there are census tracts largely in Far Rockaway (11691) that have 13.2% of the population or more without health insurance.

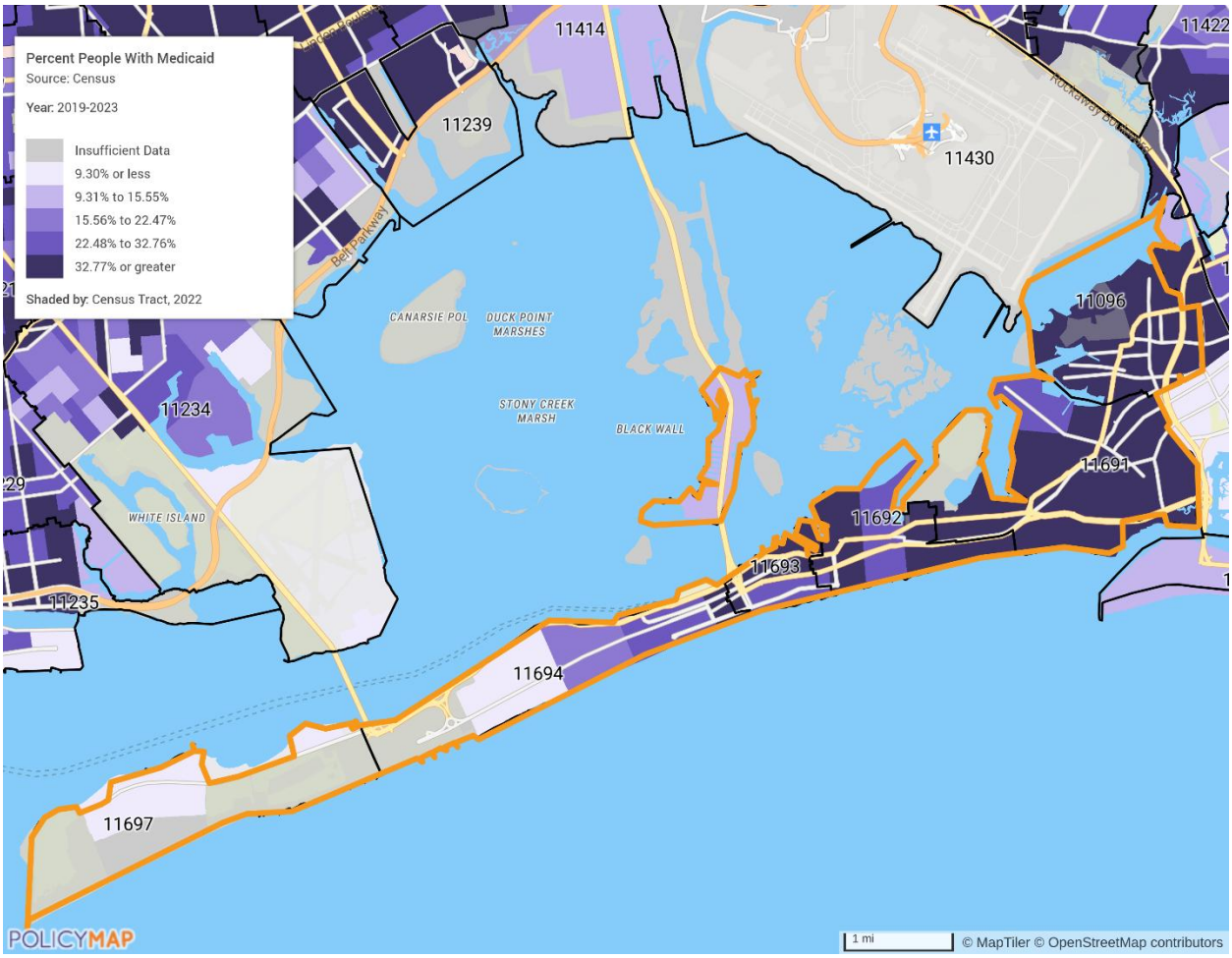
Exhibit 7: Percent of People Without Health Insurance by Census Tract, 2023



Sources: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

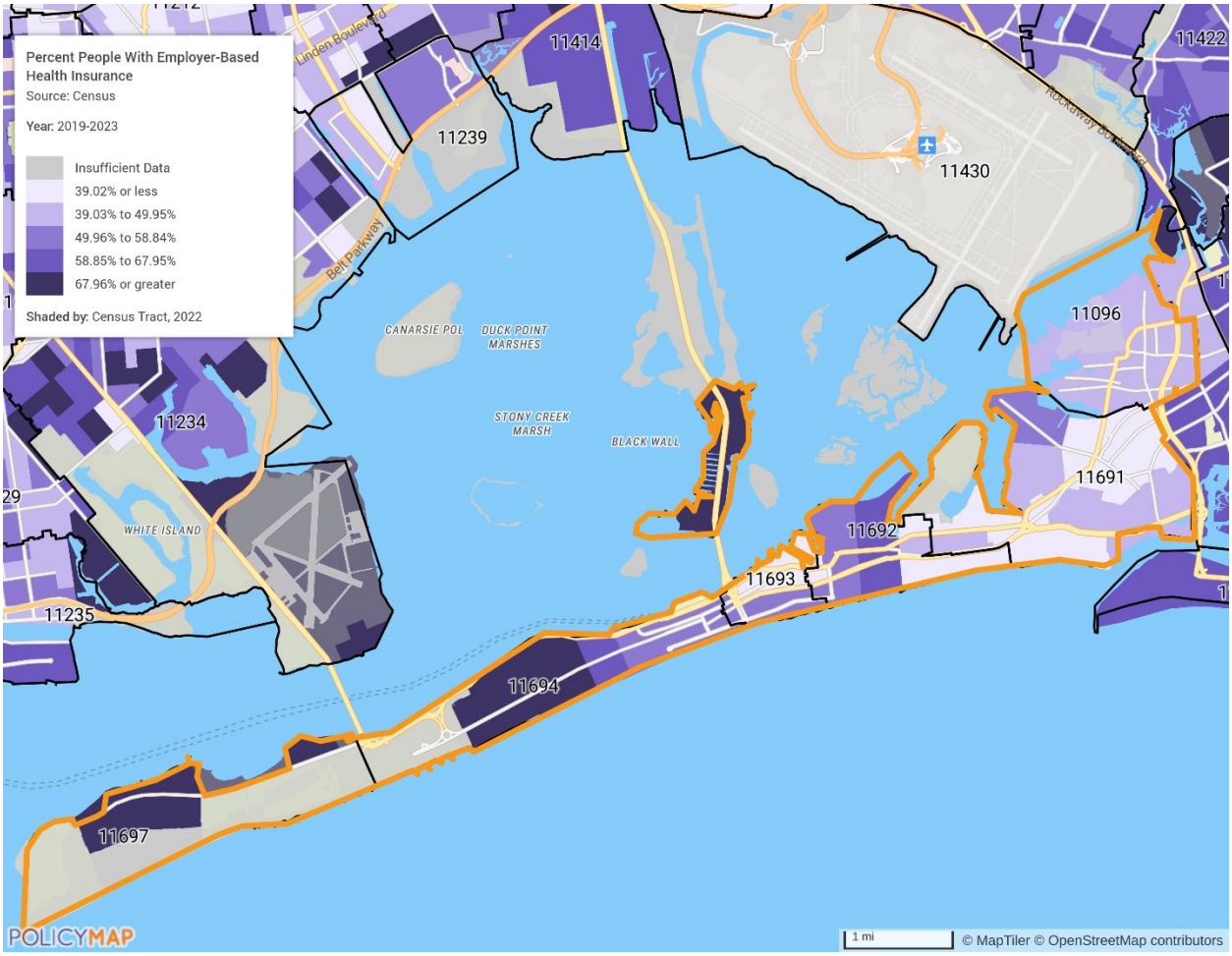
Far Rockaway (11691) and Inwood (11096), the two zip codes with the highest uninsured population, also has the highest percentage of population with Medicaid. In some census tracts in Far Rockaway, over 50% of the population has Medicaid. A majority of the population with commercial insurance lives on the western end of the peninsula (see Exhibit 9).

Exhibit 8: Percent of Population with Medicaid by Census Tract, 2023



Sources: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

Exhibit 9: Percent of Population with Employer-Based Health Insurance by Census Tract, 2023



Sources: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

The map on the following page shows a census tract near the Margaret O. Carpenter Women's Health Center that is a designated "Medically Underserved Area" by HRSA. A Medically Unserved Area (MUA) is designated by HRSA as having too few primary care providers, high infant mortality, high poverty, and/or high older adult population.[2]

There may be opportunities for EHS to expand its services at the Margaret O. Carpenter Women's Health Center to help meet the needs of residents in this census tract, which expands from Beach 95th Street to Beach 102nd Street. No other census tracts on the Rockaway Peninsula are designated as a Medically Underserved Area.

[2] Policy Map. HRSA. https://www.policymap.com/data/dictionary#HRSA

Exhibit 10: Medically Underserved Areas, 2024

Source: HRSA.

New York City has one of the highest population densities in the United States. The Rockaway Peninsula is part of Queens County, and unfortunately provider ratios for the Peninsula or by zip code are unavailable. However, we can conclude based on comparison to New York (state) and the United States, that there might not be enough providers to meet the demands of the population. A smaller ratio indicates that there are more providers in a community compared to a higher number ratio.

Exhibit 11: Health Care Provider Ratios (People Per Provider), 2024

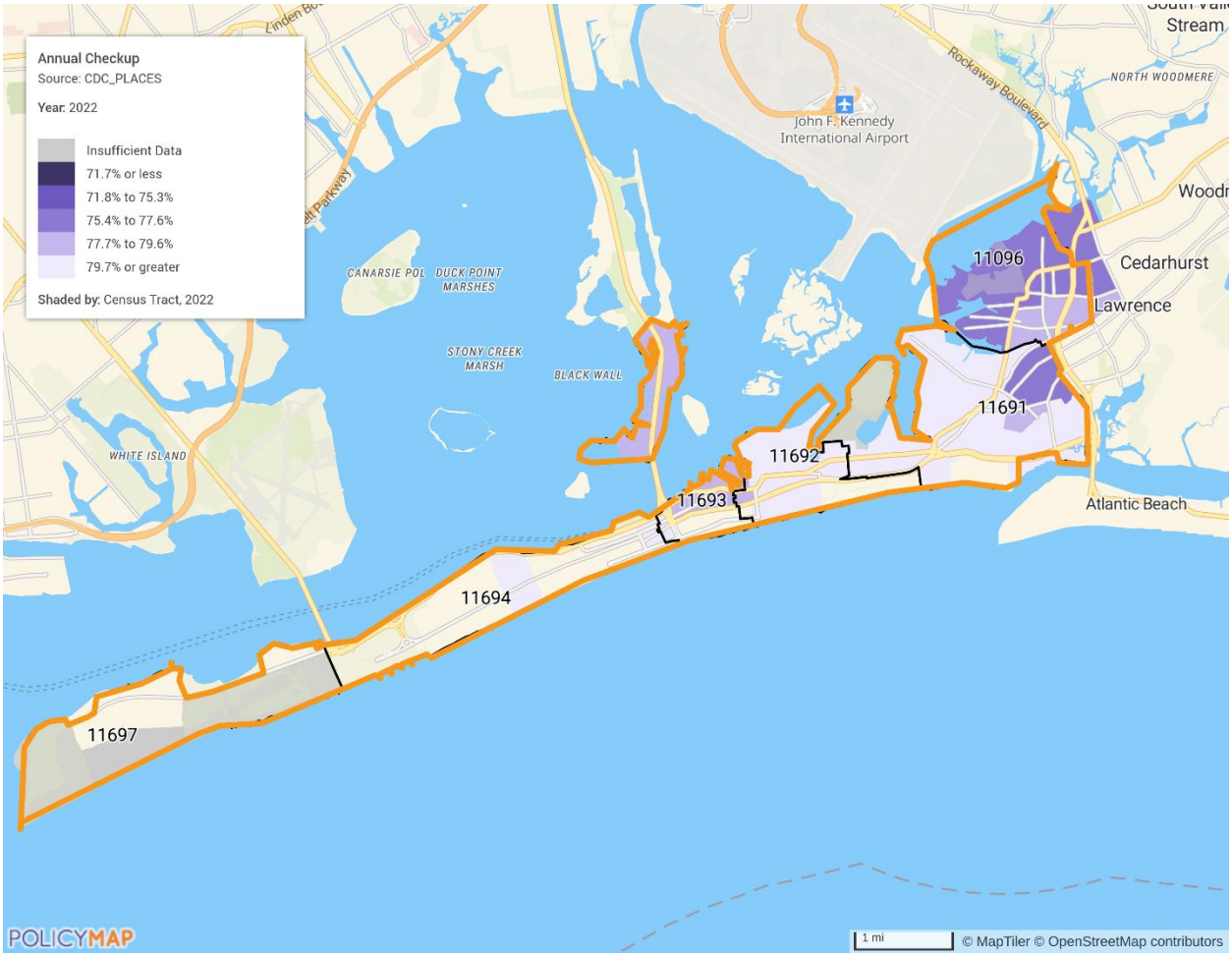
	New York City	Queens County	New York State	U.S.
Primary Care Physician	574,831:1	1,501:1	891:1	980:1
Primary Care Nurse Practitioner	1,231,781:1	2,279:1	985:1	1,303:1
Dentist	783,861:1	1,774:1	1,468:1	1,648:1
Mental Health Provider	226,907:1	1,164:1	589:1	624:1
Pediatrician	886,280:1	826:1	623:1	873:1
Obstetrics Gynecology OBGYN	ND	5,765:1	3,058:1	3,782:1
Midwife and Doula	4,473,748:1	20,775:1	10,203:1	12,248:1

Sources: CMS, n.d. NPPES NPI, 2024.

It is recommended that a person sees their primary care provider annually for preventive care screenings. The map below shows that in some census tracts, mainly in Inwood (11096) and Far Rockaway (11691), approximately 30% of the population do not receive their annual doctor checkup.

Census tracts with the lowest annual checkups also correlate with the highest percentage of people without health insurance, which may be a barrier of why people are not seeking routine health care. Mobile clinics that go into neighborhoods in the Inwood and Far Rockaway area that provide low-cost or free primary care may help increase annual doctor checkups.

Exhibit 12: Annual Doctor Checkup by Census Tract, 2022



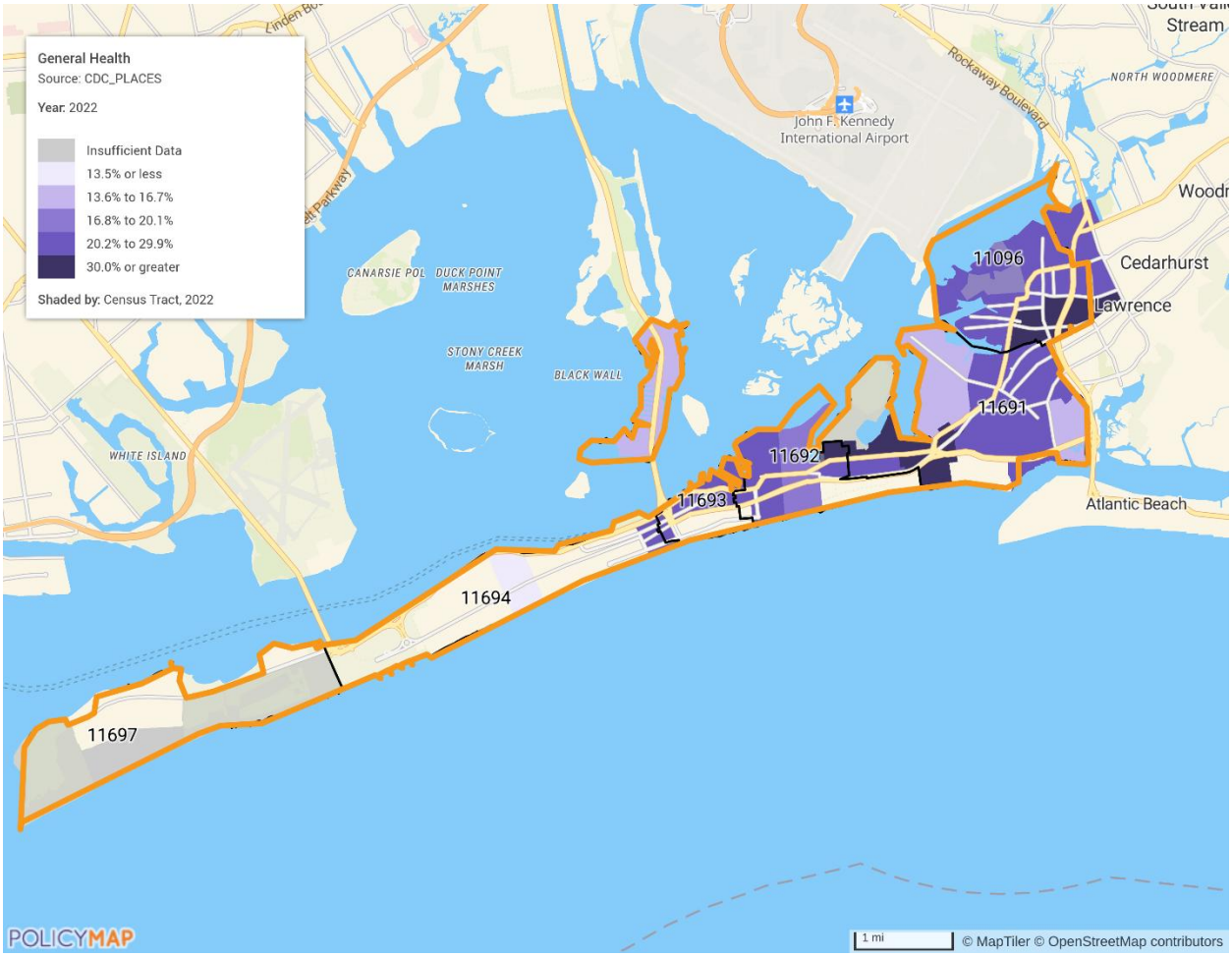
Source: CDC Places, 2022

Health Status and Outcomes

The following map shows the percent of the population by census tract who identified their general health as "fair" or "poor." In some census tracts in Inwood (11096) and Far Rockaway (11691), approximately one in three people identify their health as "fair" or poor." In other census tracts, it's one in four.

There is a strong correlation between self-reported health status and socioeconomic status.[3] The census tracts with the highest poverty, lowest median household incomes, and highest uninsured rates often have the poorest health outcomes.

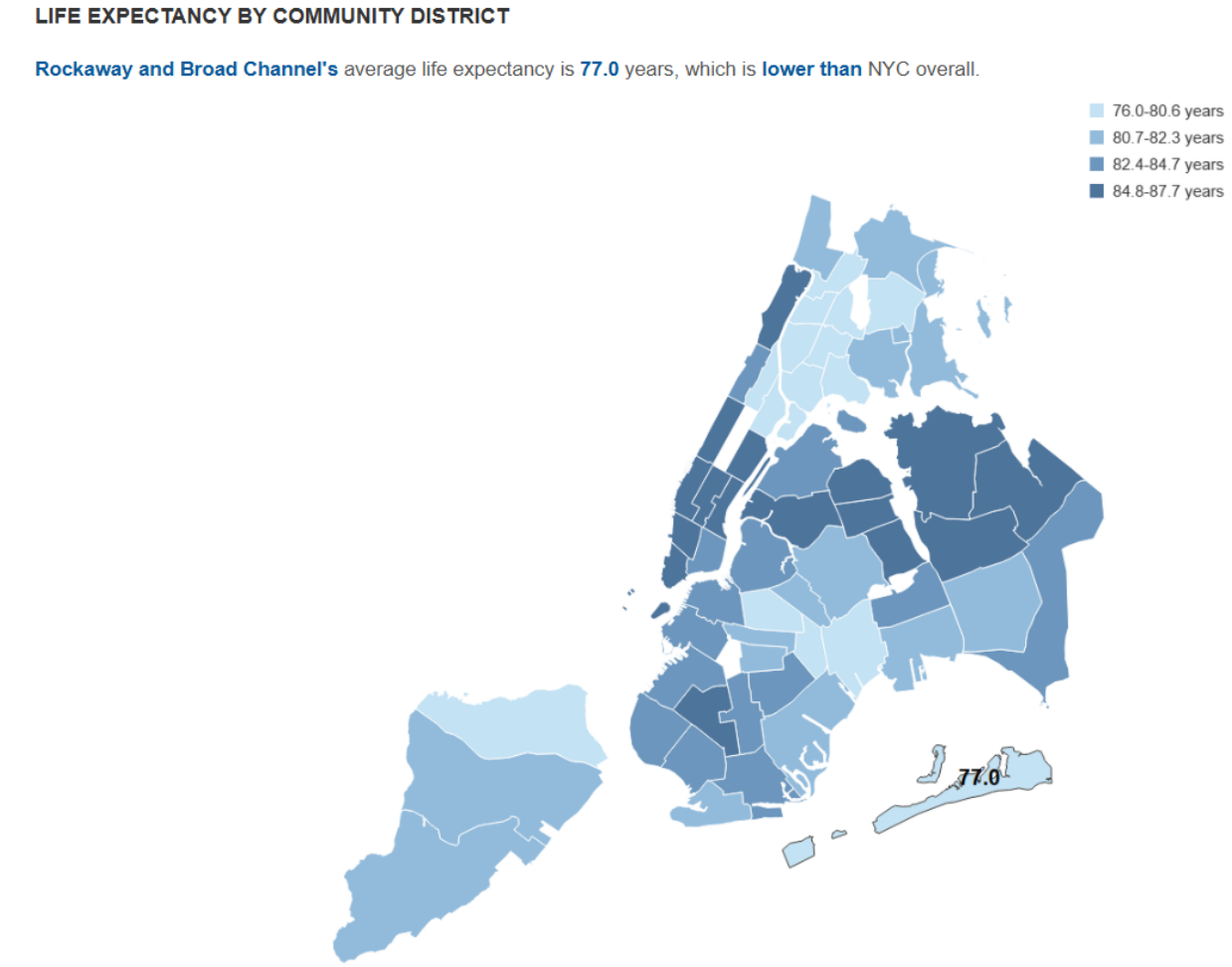
Exhibit 13: Self-Reported Fair or Poor General Health, 2022



[3] Barkat C, Konstantinidis T. A review of the Relationship Between Socioeconomic Status Change and Health. Int J Environ Res Public Health. https://pmc.ncbi.nlm.nih.gov/articles/PMC10341459/#:~:text=Public%20health%20is%20a%20broad,the%20accumulation%20hypothesis%20%5B7%5D.

The Rockaway and Broad Channel Community District has a life expectancy of 77.0 years, which is lower than most of the community districts that comprise New York City.

Exhibit 14: Life Expectancy by NYC Health Department Community District, 2019



Source: New York City Health Department. Community Profiles. 2019.

Chronic Disease and Mortality

The following table contains chronic disease rates among adults in Nassau County, Queens County, and New York City. Nearly one in four adults is considered obese in Nassau and Queen Counties, which is slightly below New York and the United States. Common chronic conditions include high blood pressure, arthritis, depression, and diabetes.

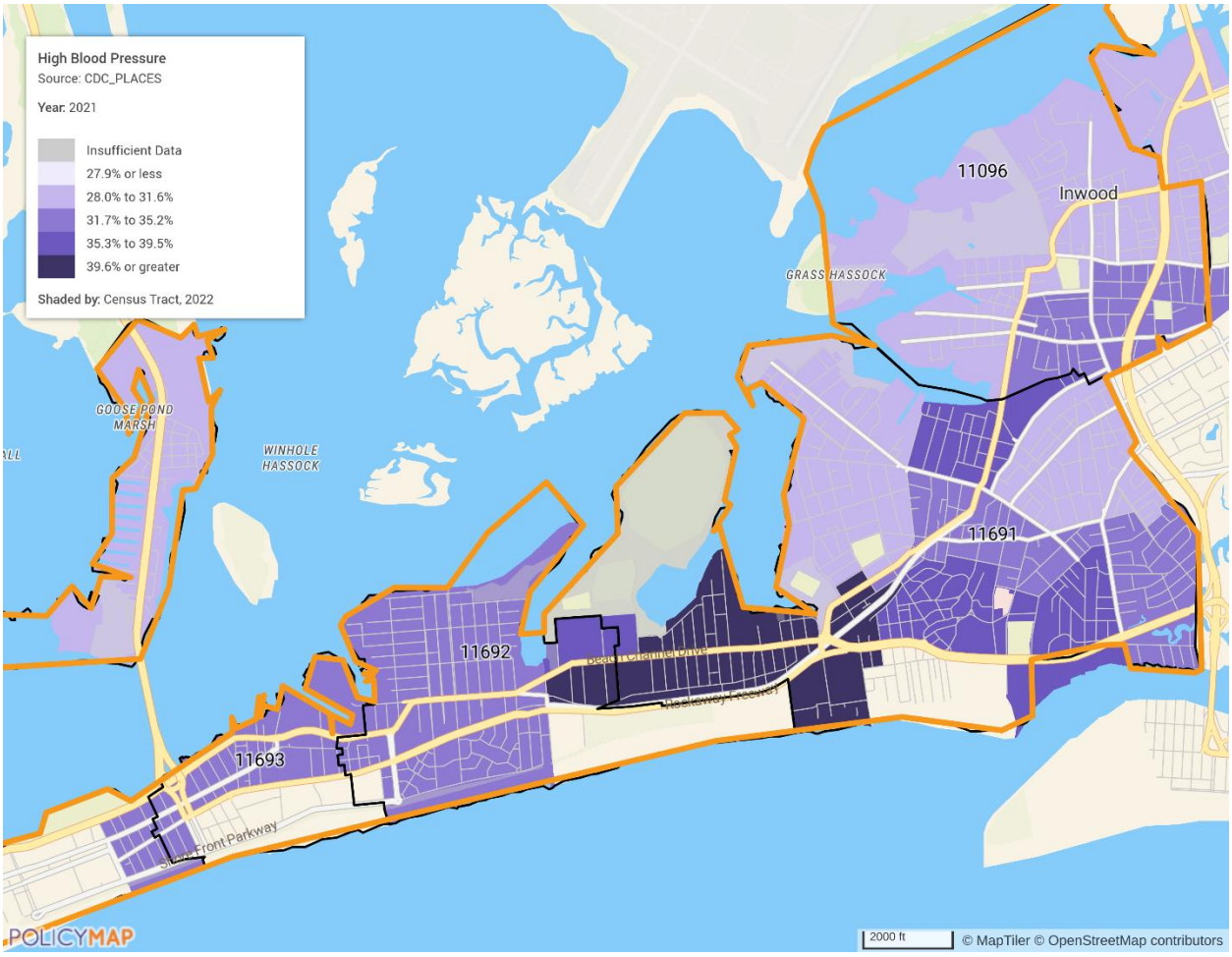
EXHIBIT 15: CHRONIC DISEASE AMONG ADULTS, 2021, 2022, AND 2023

	Nassau County (2022)	Queens County (2022)	New York City (2022)	New York State (2023)	United States
Obesity	26.9%	24.7%	27.0%	27.9%	27.0%
High Blood Pressure (2021)	25.0%	28.8%	28.3%	32.1%	28.3%
Arthritis	19.4%	17.7%	19.5%	20.4%	19.5%
Depression	16.6%	14.8%	17.7%	17.0%	17.7%
Current Asthma	9.0%	8.6%	10.1%	9.9%	10.1%
Diabetes	9.0%	10.7%	11.2%	9.4%	11.2%
Chronic Obstructive Pulmonary Disease (COPD)	6.0%	5.8%	5.2%	4.5%	5.2%
Coronary Heart Disease	4.7%	4.9%	5.6%	5.2%	5.6%
Stroke	2.3%	2.7%	3.2%	2.5%	3.2%
Kidney Disease	ND	ND	ND	2.7%	14.0%

Source: NYS: BRFSS Prevalence & Trends Data: Home | DPH | CDC, n.d.; NYC and Counties: City Compare Measure | PLACES DTM Open Data, n.d.; Centers for Disease Control and Prevention & New York State Department of Health, 2023; Centers for Disease Control and Prevention. (2023). Chronic Kidney Disease in the United States, 2023.

Nearly one in three people in Queens County have high blood pressure. Nearly 40% of residents in Edgemere have high blood pressure, which is higher than the surrounding census tracts on the Rockaway Peninsula. Targeted programs may help the residents living in the Edgemere area to lower their blood pressure.

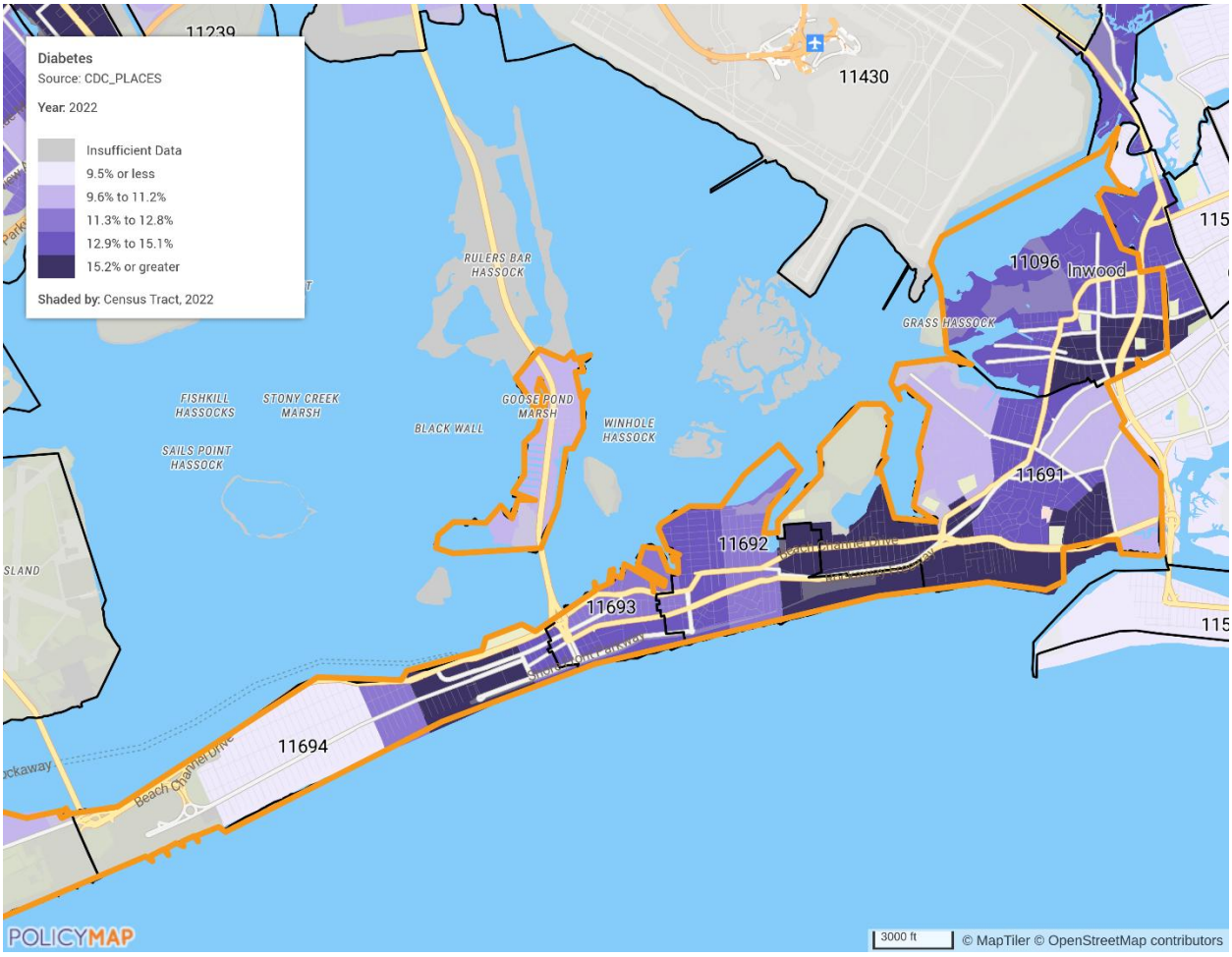
Exhibit 16: High Blood Pressure by Census Tracts, 2021



Source: CDC Places, 2022.

A higher percentage of the adult population has diabetes in Far Rockaway (11691) and a couple of census tracts in Inwood (11096) and 11694.

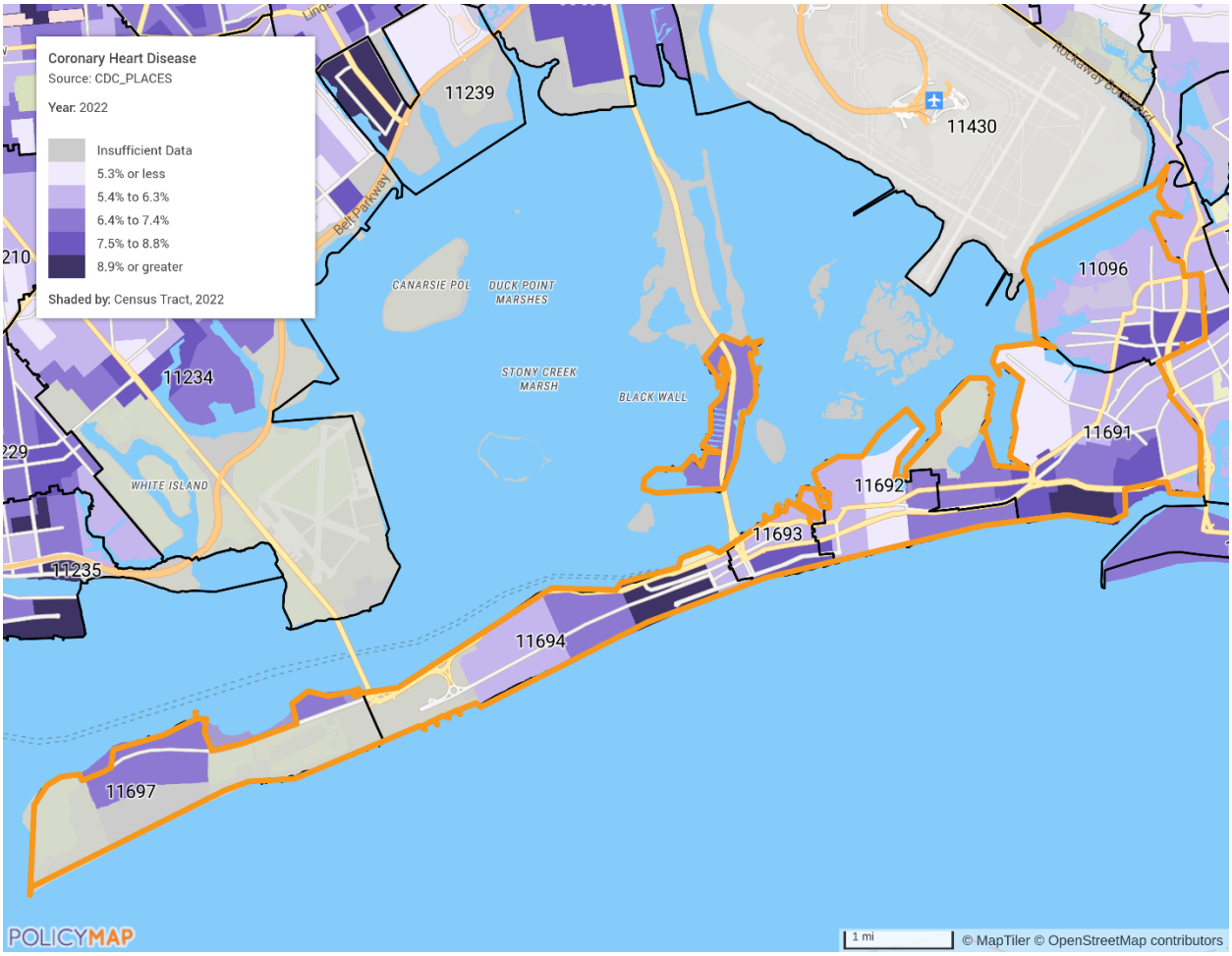
Exhibit 17: Diabetes Among Adults by Census Tract, 2022



Source: CDC Places, 2022.

Heart disease is the leading cause of death in Queens County (see Exhibit 19). However, the prevalence of coronary heart disease is low (4.9%) in Queens County, but there are two census tracts that have a prevalence rate of 8.9% or greater in 11691 and 11694. The map below shows potential opportunities for targeted community outreach and education on heart disease. These census tracts also align with higher percentages of diabetes.

Exhibit 18: Percent of Adult Population with Coronary Heart Disease by Census Tract, 2022



Source: CDC Places, 2022.

Similar to the United States and New York (state), the leading cause of death in Queens County and New York City is heart disease followed by cancer.

EXHIBIT 19: LEADING CAUSES OF DEATH, RATE PER 100,000 POPULATION, 2022

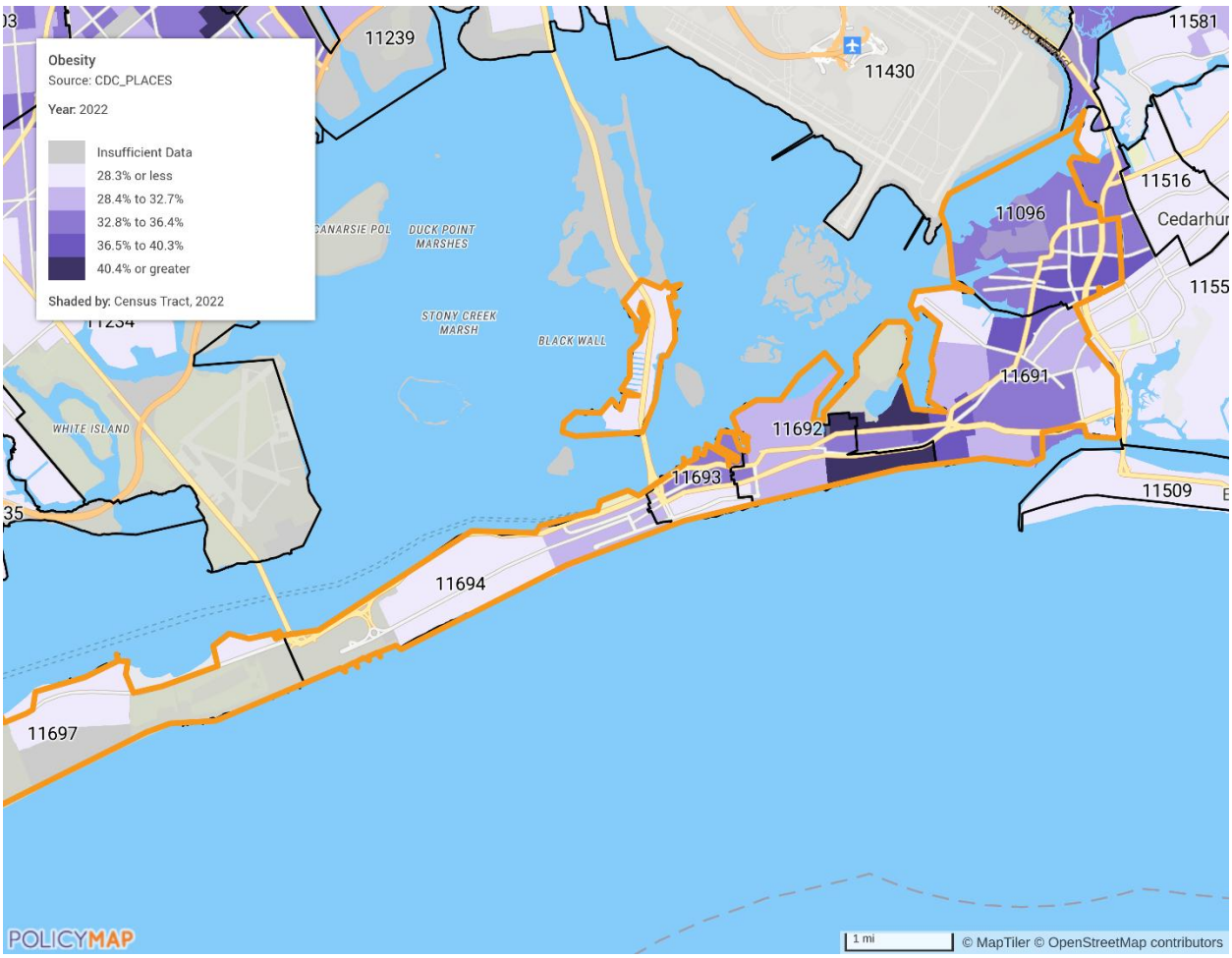
	Nassau County	Queens County	New York City	New York State	United States
All Causes	**597.9**	**542.4**	**586.3**	**679.6**	**798.8**
Heart Disease	177.9	154.3	159.9	163.7	167.2
Cancer	119.8	97.4	103.2	123.7	142.3
COVID-19	35.7	42.0	43.2	42.7	44.5
Unintentional Injury	34.4	36.2	45.9	50.6	64.0
Cerebrovascular Disease	25.4	21.1	21.2	25.1	39.5
Chronic Lower Respiratory Disease	14.6	11.7	13.9	22.8	34.3
Diabetes	10.3	15.0	17.2	18.4	24.1

Source: New York State Leading Causes of Death, n.d.; Murphy, S. L., Kochanek, K. D., Xu, J., & Arias, E. (2024). *Mortality in the United States, 2023*. https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#state

Risk Factors

Nearly one in four adults in Queens County is obese. The Rockaway Peninsula shows slightly higher trends in the various census tracts with a couple of census tracts spanning 11692 and 11691 with over 40% of the population considered obese. Obesity is associated with higher prevalence of chronic conditions and a lower life expectancy.[4]

Exhibit 20: Obesity Among Adults by Census Tracts, 2022

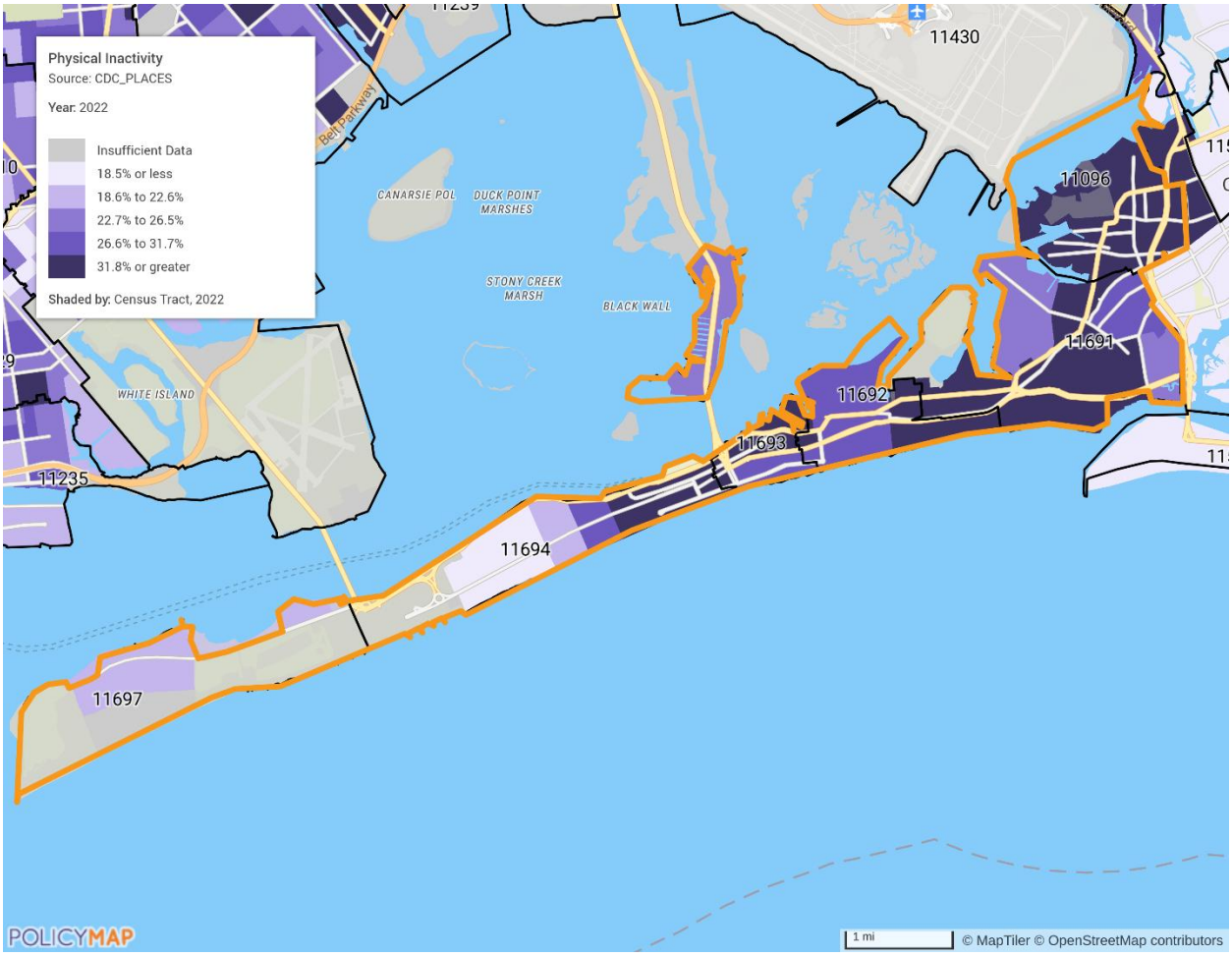


Source: CDC Places, 2022.

[4] Kitahara et al. Association between class III obesity and mortality: a pooled analysis of 20 prospective studies. PLoS Med. https://pubmed.ncbi.nlm.nih.gov/25003901/

Physical activity is important to maintain health throughout life. Zip codes 11096 and 11691 have the highest percentage of adults with no leisure-time physical activity where one in three adults don't exercise. Zip codes 11692 and 11694 also have a few census tracts with approximately one in four people reporting no physical activity.

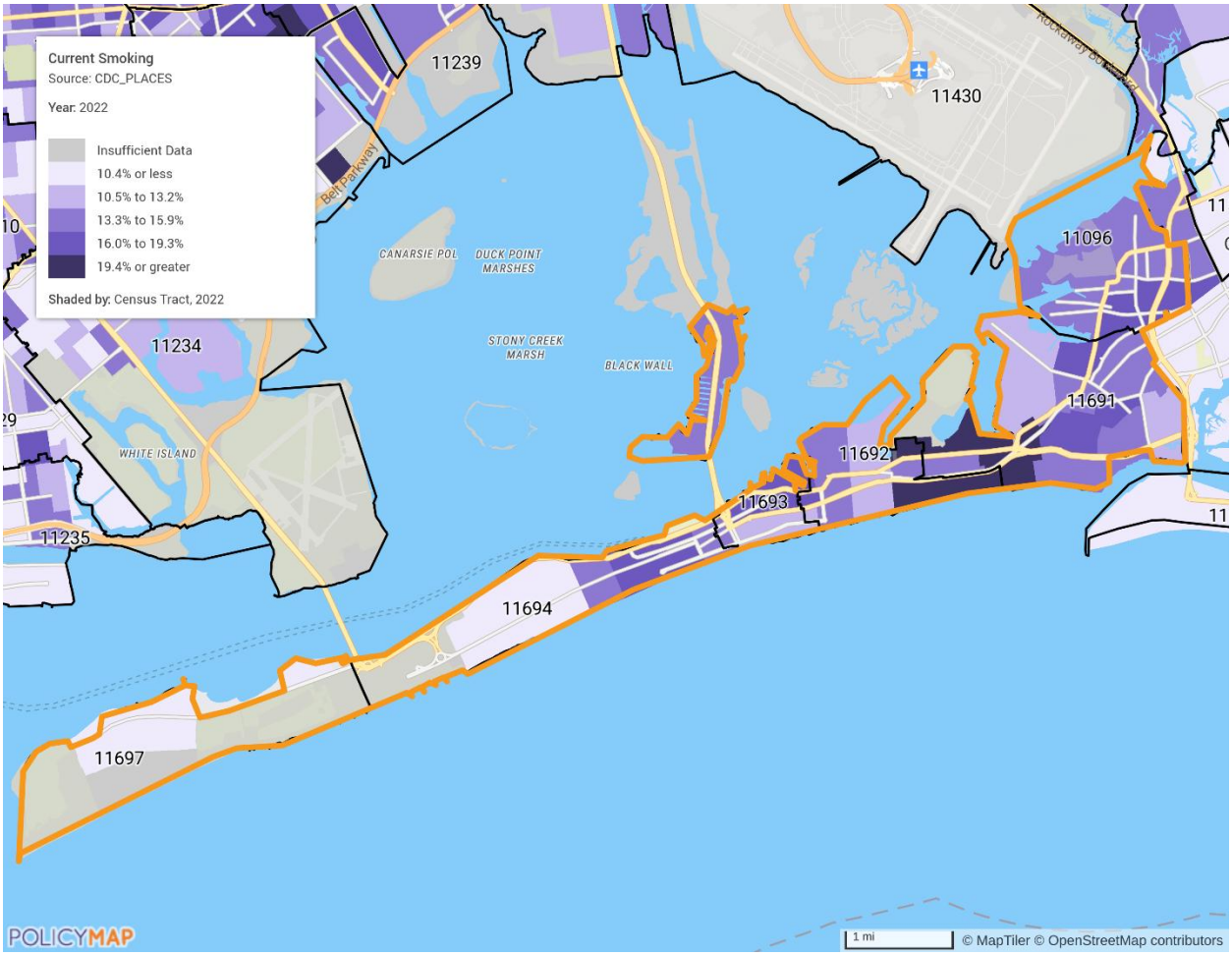
Exhibit 21: Percent of Adults Reporting No Leisure-Time Physical Activity by Census Tract, 2022



Source: CDC Places, 2022

The map below shows the percentage of adults that self-report as current smokers by census tract. Nearly one in five adults are current smokers in several census tracts in Far Rockaway (11691). Smoking is connected to high risks of lung cancer, COPD, and other chronic conditions.

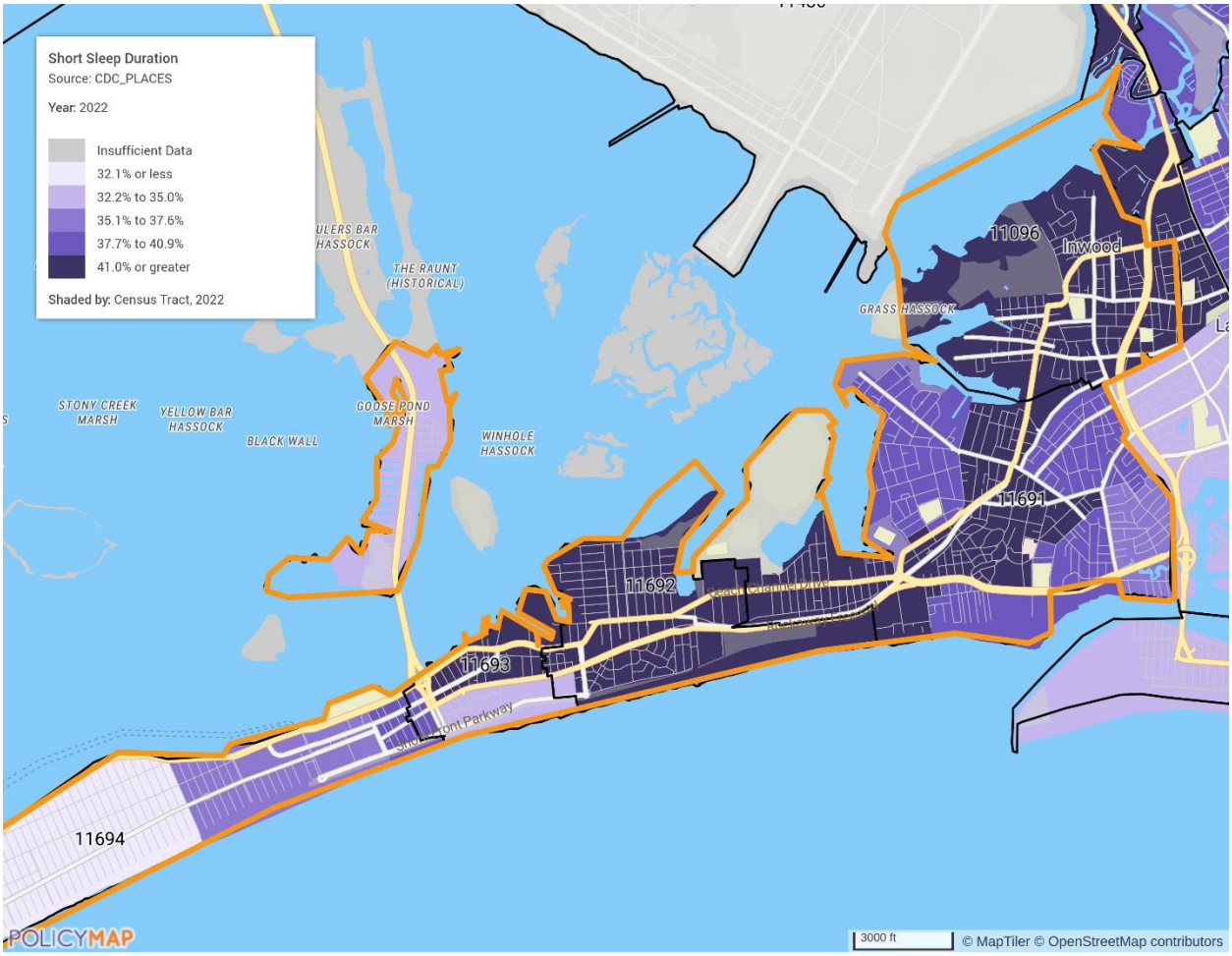
Exhibit 22: Current Smoking Among Adults by Census Tract, 2022



Source: CDC Places, 2022.

Sleep is important in managing a healthy life. In some census tracts, over 40% of people do not get adequate sleep (7 or more hours of sleep in a 24-hour period). Many of these census tracts also align with high percentages of chronic disease, poverty, and racial / ethnic diversity.

Exhibit 23: Lack of Adequate Sleep in Adults by Census Tract, 2022



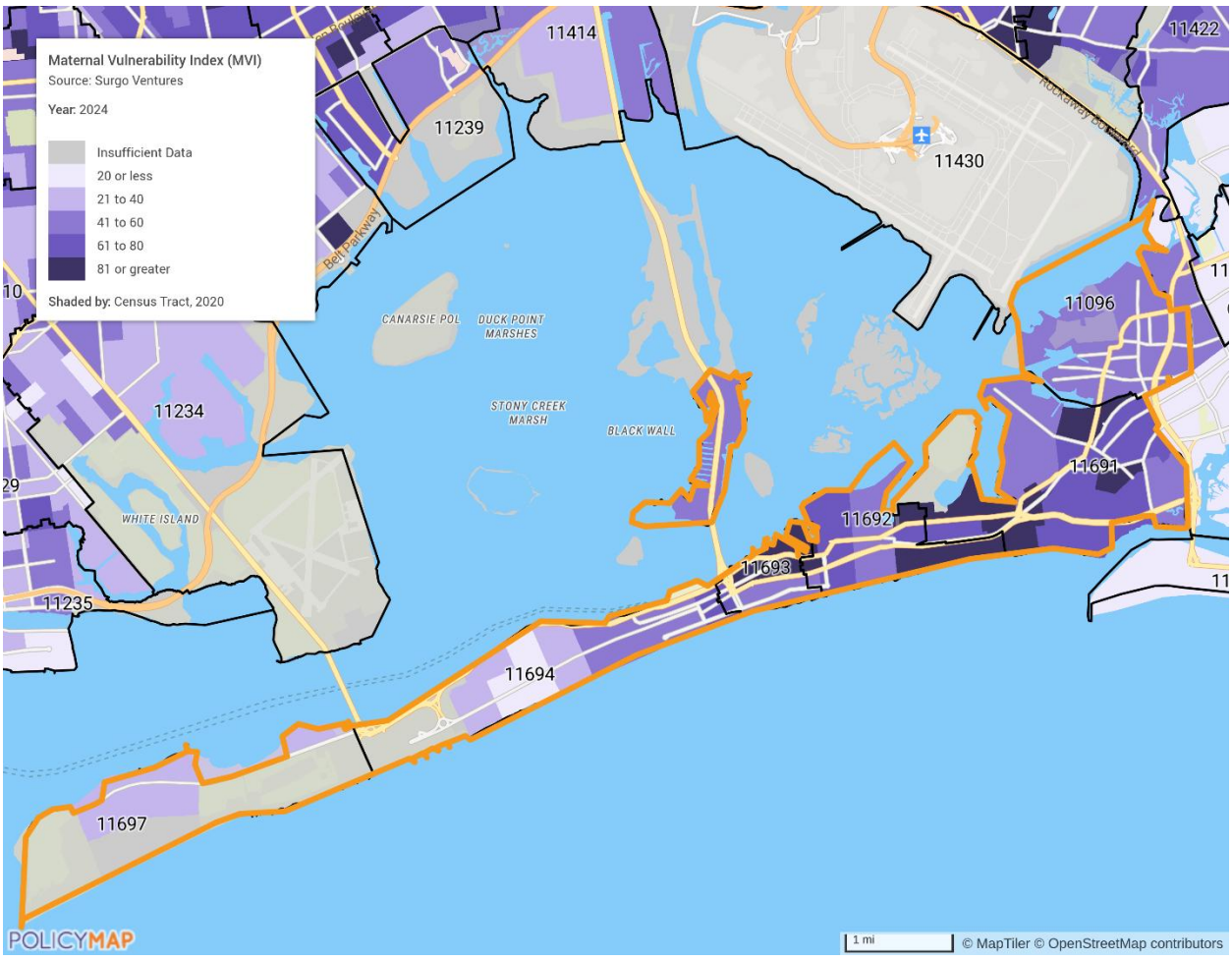
Source: CDC Places, 2022.

Maternal Health

The Maternal Vulnerability Index (MVI), developed by Surgo Ventures, ranks geographies on overall vulnerability to poor pregnancy outcomes and vulnerability across six domains: reproductive healthcare, physical health, mental health and substance abuse, general health access, socioeconomic determinants, and the physical environment. The MVI is measured on a scale of zero to 100 where zero is the least vulnerable and 100 is the most vulnerable.

The map below shows a high level of maternal vulnerability in many census tracts in 11691 and 11692. Similar to chronic disease, there may be opportunities for targeted community outreach to address maternal health concerns in the community.

Exhibit 24: Maternal Vulnerability Index by Census Tract, 2024



Source: Surgo Ventures

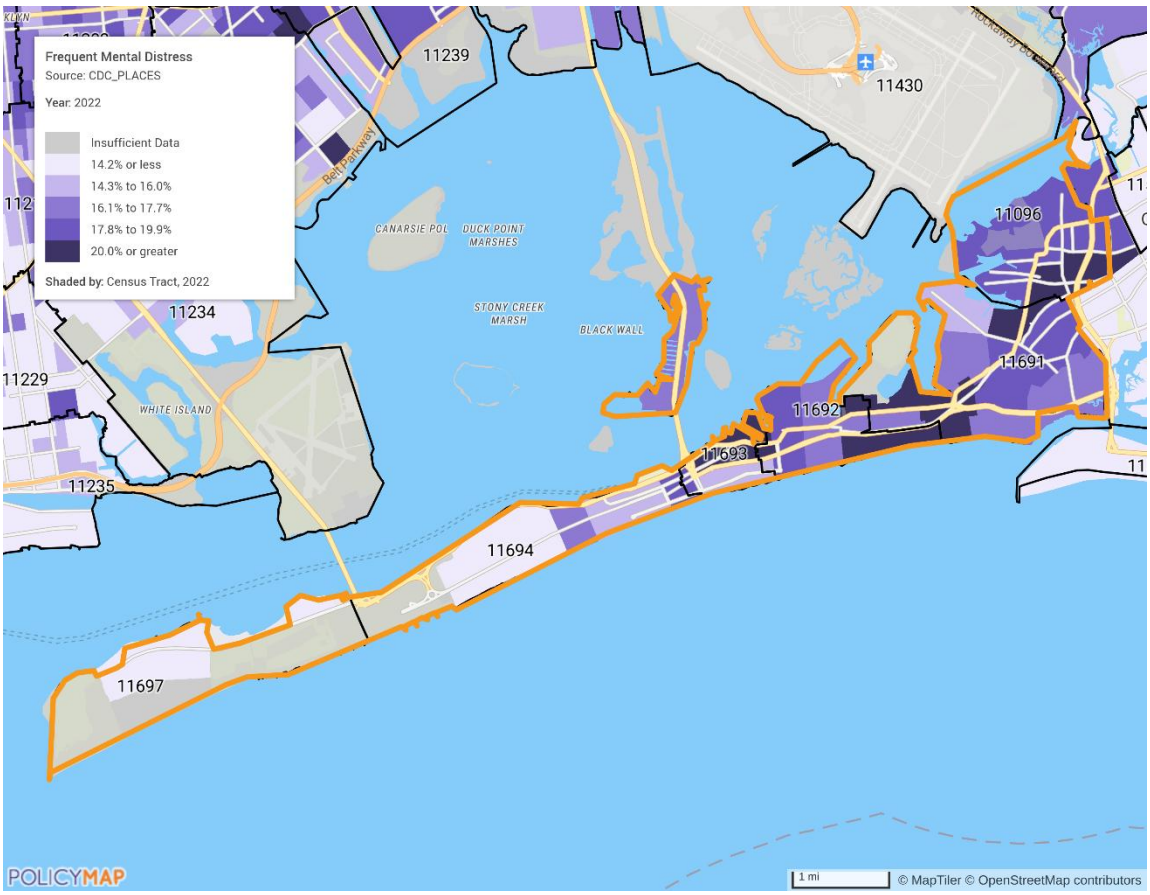
EXHIBIT 25: MATERNAL AND CHILD HEALTH, 2020 AND 2022

	Nassau County	Queens County	New York City	New York State
Teen Birth Rate per 1,000 Females, Aged 15-19	10.8	21.0	23.8	19.3
Infant Mortality Rate per 1,000 Live Births (2022)	3.6	3.7	3.8	4.3
Maternal Mortality Rate per 100,000 Live Births	ND	16.7	20.4	21.6

Source: Table 30: Total Pregnancies and Teenage Pregnancies by Type and Resident County, New York State - 2020, n.d.; Low Birth-weight Babies | KIDS COUNT Data Center, n.d; Table 45: Infant Deaths, Neonatal Deaths, Post Neonatal Deaths and Perinatal Mortality by Resident County, New York State - 2020, n.d.

Behavioral Health

In some census tracts in zip codes 11096, 11691, and 11692, nearly one in five adults experience frequent mental health distress (14 or more poor mental health days each month). Many of these census tracts also experience higher percentages of chronic conditions and poverty.



Source: CDC Places, 2022.

Queens County and Nassau County have a lower rate of adult psychiatric services compared to New York City in 2023 (see Exhibit 26). While 2023 data is not available for the Rockaways, in 2021, the Rockaways had an age-adjusted adult psychiatric hospitalization rate of 846.4 per 100,000 residents. It was the third highest of all the health districts and well above Queens County (430.0) and New York City (524.5)[5].

EXHIBIT 26: ADULT PSYCHIATRIC INPATIENT SERVICES RATE PER 10,000 POPULATION, 2023

	Nassau County	Queens County	New York City	New York State
Average Daily Census Population Rate	2.4	3.9	4.2	3.6

Source: New York State Office of Mental Health Mental Health Inpatient Use https://omh.ny.gov/omhweb/tableau/county-profiles.html

The adult suicide mortality rate is slightly lower in Queens County and Nassau County than New York City and New York (state). Unfortunately, youth suicide mortality rates are not available at the county level.

EXHIBIT 27: SUICIDE MORTALITY RATE PER 100,000 POPULATION, 2022

	Nassau County	Queens County	New York City	New York State
Among Youth Aged 15-19 (2020-2022)	ND	ND	3.6	4.8
Among Adults	5.5	5.7	6.0	8.0

Source: New York State Department of Health Prevention Agenda Tracking Dashboard, n.d.

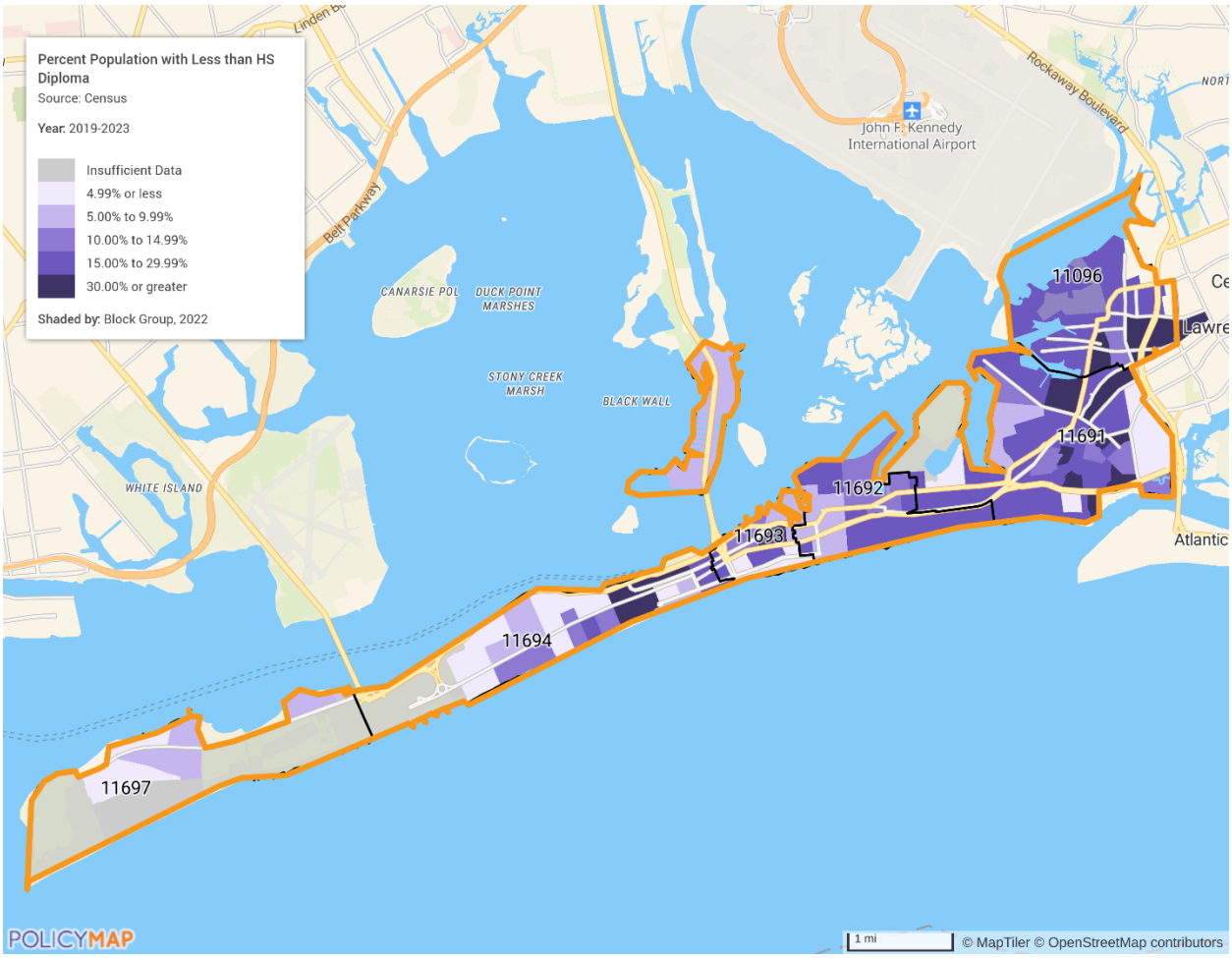
[5] NYC Health. Environment & Health Data Portal. Mental Health. https://a816-dohbesp.nyc.gov/IndicatorPublic/data-explorer/mental-health/?id=2418#display=summary

Education Access and Quality

The highest level of educational attainment varies across the Rockaway Peninsula. Zip codes 11693 and 11694 have the highest percentage of residents with a bachelor's degree or higher, while 11096 and 11691 have the highest percentage of residents with less than a high school diploma.

The map below shows by census tract the neighborhoods with the highest percentage of people without a high school diploma. There is a correlation between educational attainment and lifetime income potential[6] and literacy levels.[7]

Exhibit 28: Percent Population with Less than High School Diploma, 2023

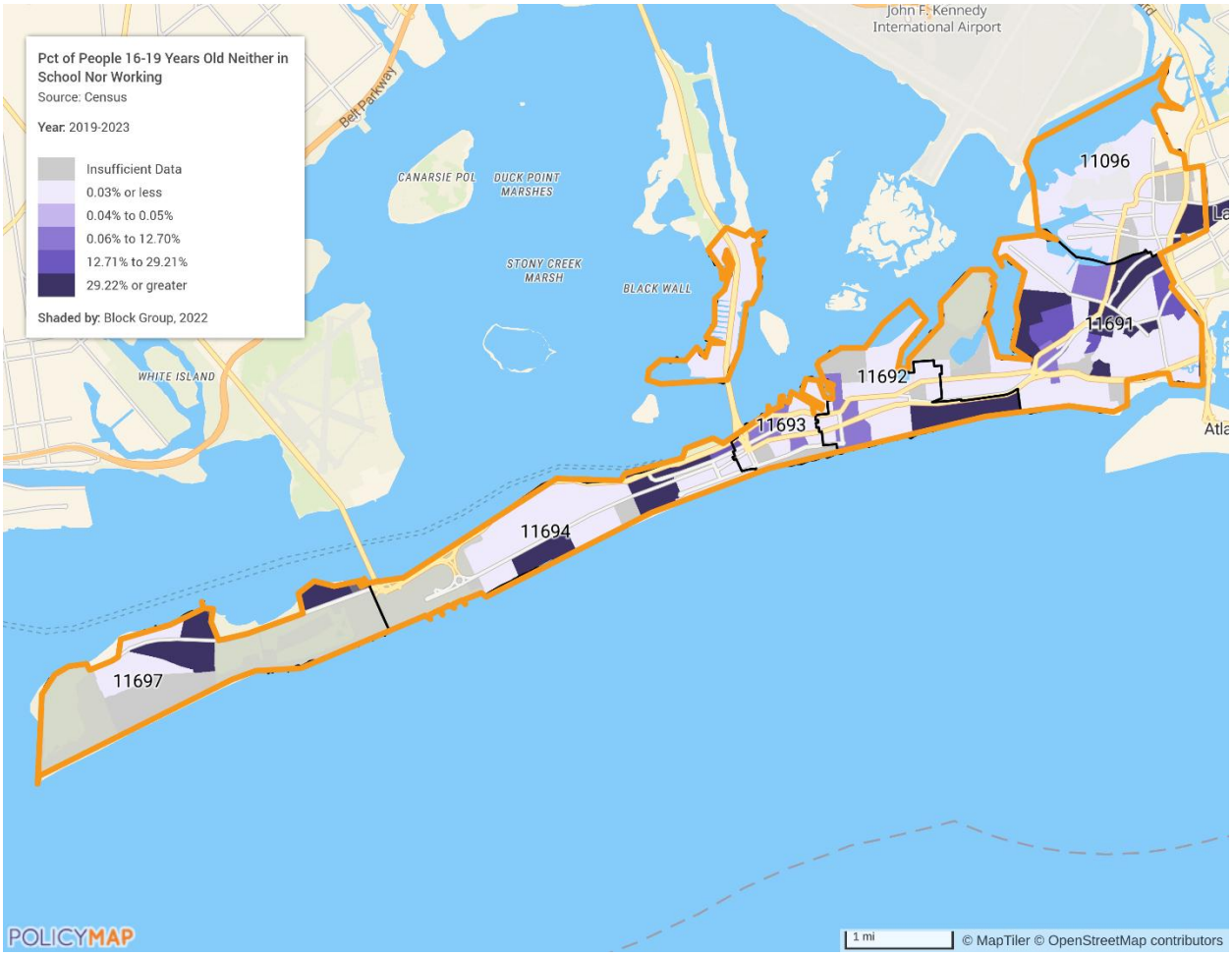


Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

[6] National Center for Educational Statistics. Annual Earnings by Educational Attainments. https://nces.ed.gov/programs/coe/indicator/cba/annual-earnings#:~:text=For%2025%2D%20to%2034%2Dyear,higher%20levels%20of%20educational%20attainment.
[7] Healthy People 2030. Language and Literacy. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/language-and-literacy

Disconnected youth are teenagers aged 16 to 19 that are neither in school nor working. The following map shows the percentage of disconnected youth by census block. The highest percentage of disconnected youth is in zip code 11691 (Far Rockaway) where in some census blocks nearly one in three youth aged 16 to 19 is considered disconnected.

Exhibit 29: Percent of Disconnected Youth by Census Block, 2023



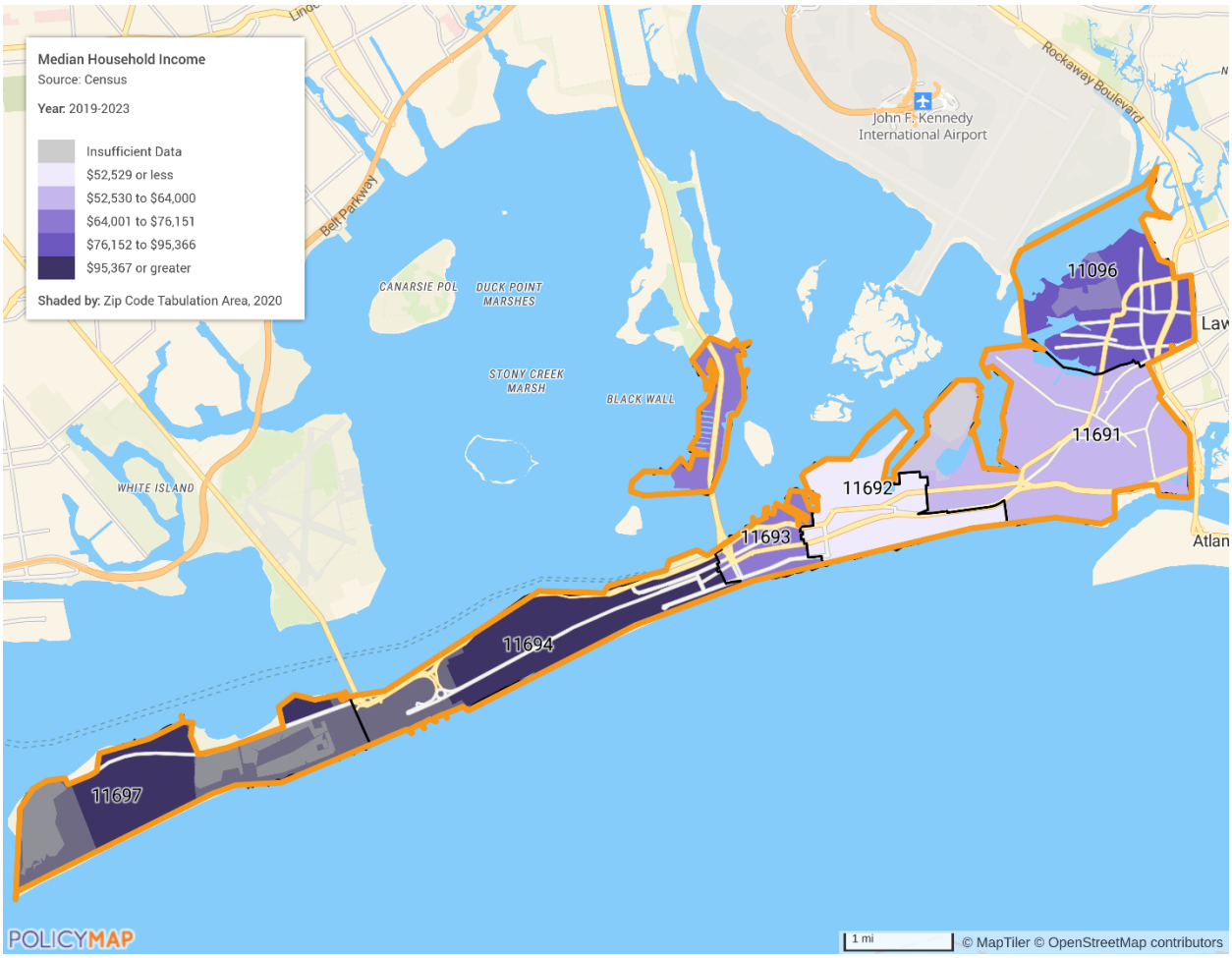
Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

Economic Stability

Socioeconomic status is one of the main drivers of a person's health status and outcomes. Research shows that people of lower socioeconomic status have poorer access to healthcare services and poorer health outcomes.[8]

There are socioeconomic disparities across the Rockaway Peninsula. The western side of the peninsula is home to more wealth than the eastern side where poverty is more prevalent. The median household income in Long Beach (11694) is $134,000 compared to $63,937 in Arverne and Edgemere (11692).

Exhibit 30: Median Household Income, 2023



U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

[8] Kim et al. Socioeconomic disparities in health outcomes in the United States in the late 2010s: results from four national population-based studies. https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-023-01026-1

In addition to geography, there are also disparities in median household income based on race and ethnicity. Asian and White people earn the highest median household income compared to Black or African American and Hispanic or Latino people.

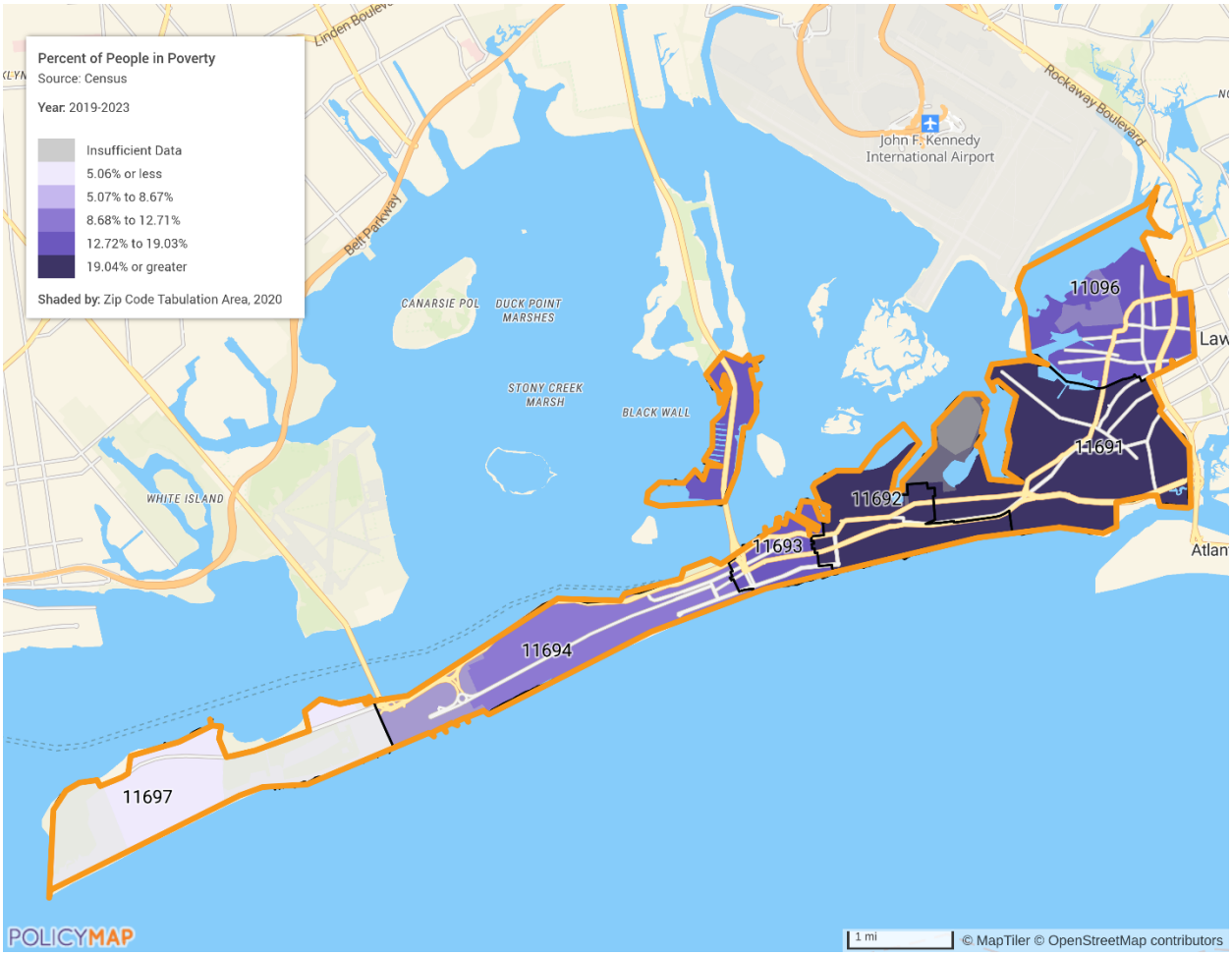
Exhibit 31: Median Household Income by Race or Ethnicity, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach
White	$62,021	$84,434	$81,525	$79,221	$111,893	$104,621	$133,773
American Indian and Alaska Native	ND	ND	ND	ND	ND	ND	ND
Asian	$43,600	$21,750	$183,797	$129,118	$112,813	$135,651	ND
Black or African American	$55,717	$78,125	$65,348	$65,781	$41,671	$104,886	ND
Two or More Race	$57,930	$59,750	$80,677	$65,400	$113,447	$156,548	$155,135
Other Race	$67,287	$85,109	$33,599	ND	ND	$107,008	$173,042
Hispanic or Latino	$52,183	$71,587	$53,516	$64,797	$84,440	$136,044	$140,198

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

Similar to median household income, a higher percentage of the population lives in poverty in the Far Rockaway (11691) area than the other zip codes. Approximately one in four (25.6%) people live below 100% federal poverty level in Far Rockaway compared to only 7.0% in Long Beach (11694).

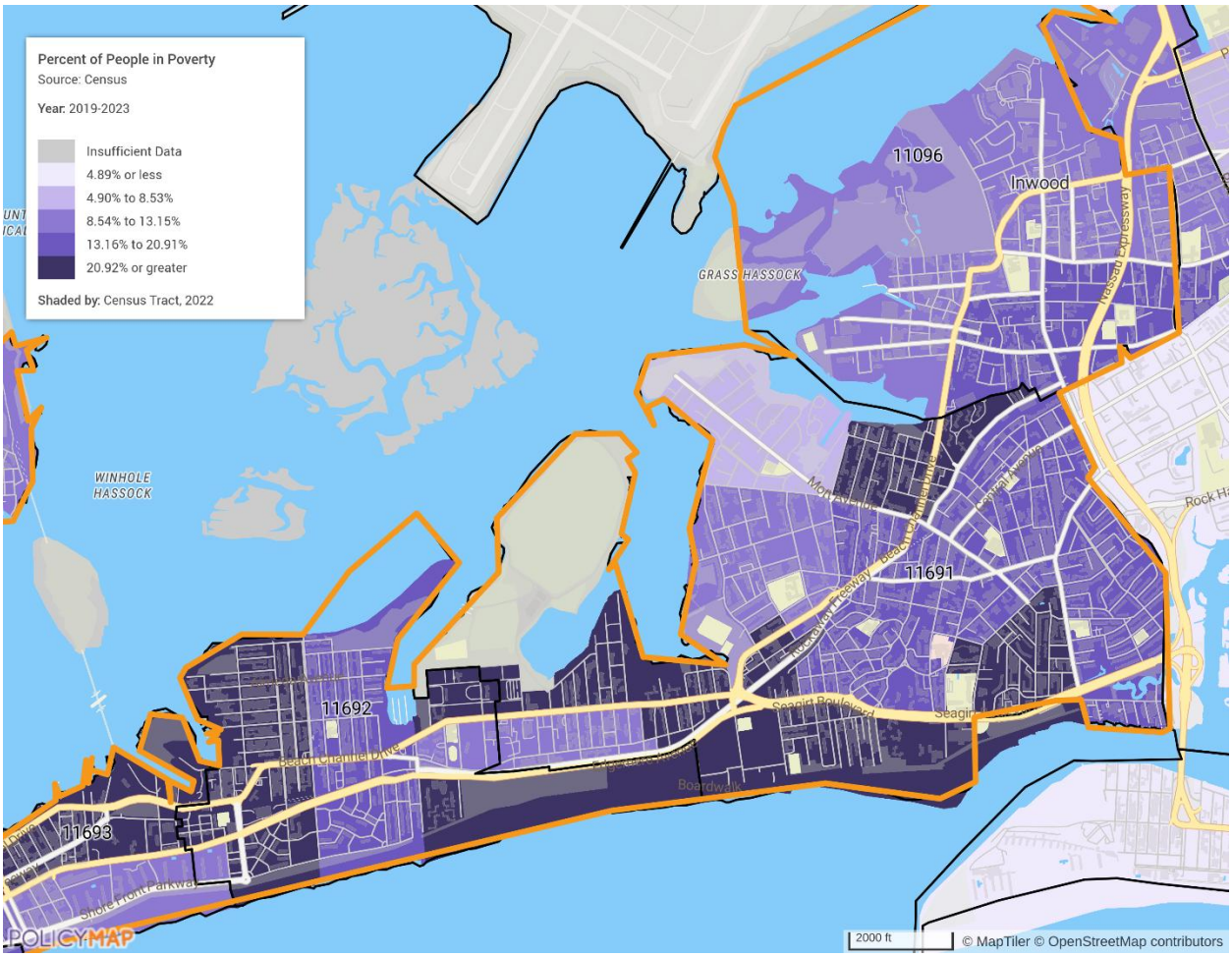
Exhibit 32: Percent of People in Poverty, 2023



Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

The following map is zoomed in on zip codes 11691, 11096, and 11692. The map shows by census tracts the percentage of people living in poverty. Dark purple indicates census tracts with at least one in five (21.0% or above) people living in poverty.

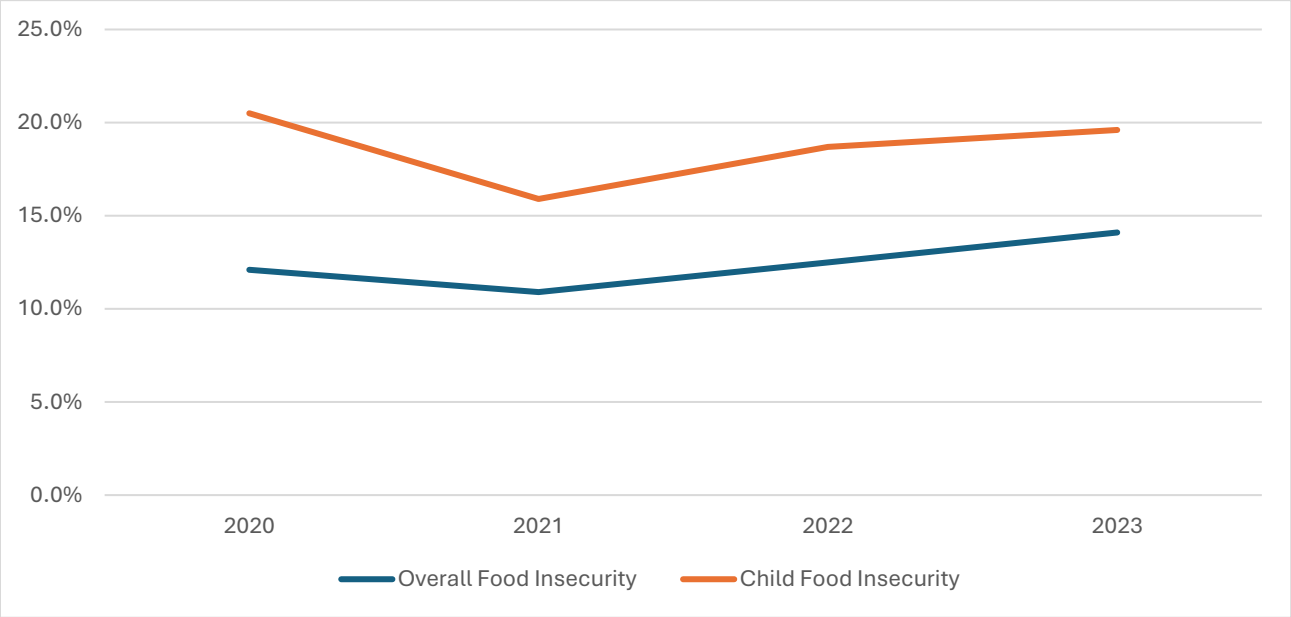
Exhibit 33: Percent of People in Poverty by Census Tract, 2023



Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023

Nationally, food insecurity has once again increased after decreasing in 2021 during COVID-19. In Queens County, child food insecurity was 19.6% in 2023 meaning nearly one in five children are considered food insecure. The overall food insecurity rate, which includes both children and adults, for Queens County is 14.1%. Unfortunately, zip code level data is not available.

Exhibit 34: Food Insecurity, Queens County, 2020-2023



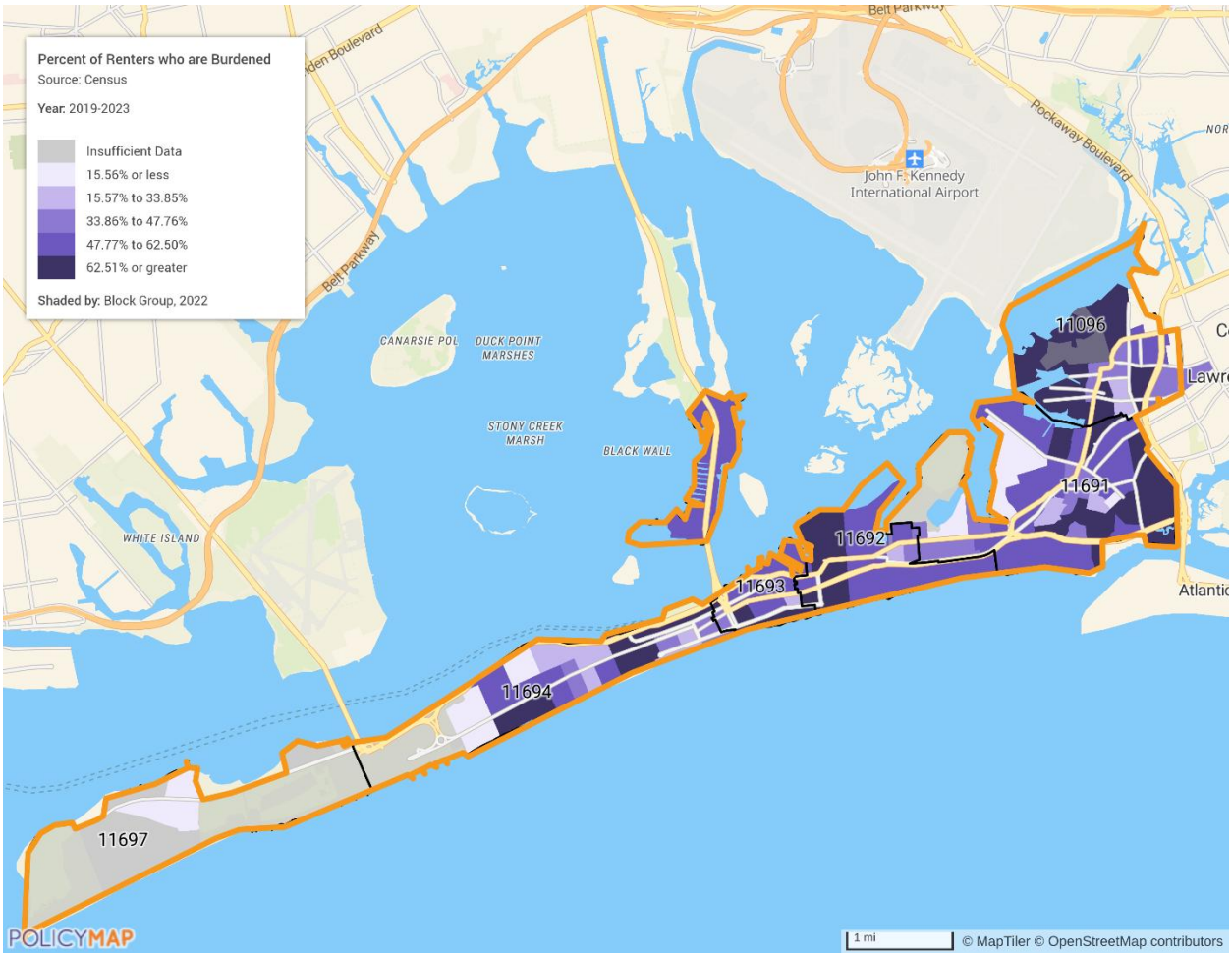
Source: Feeding America, 2023

Neighborhood and Built Environment

More and more households are experiencing housing cost burden, which is defined as spending more than 30% of their monthly household income on their housing costs. Renters disproportionately experience cost burden at higher percentages than homeowners.

The map below shows the percentage of renters who are cost burdened by census block. Dark purple shows a census block where nearly two out of three renters are considered cost burdened. Most of these census blocks are located in zip codes 11096 and 11691.

Exhibit 35: Percent of Renters Who Are Cost Burdened by Census Block, 2023



The table below shows by zip codes that nearly half of the renters in each zip code are considered cost burdened while only 25% to 35% of homeowners are considered cost burdened.

Exhibit 36: Housing Costs and Home Value, 2023

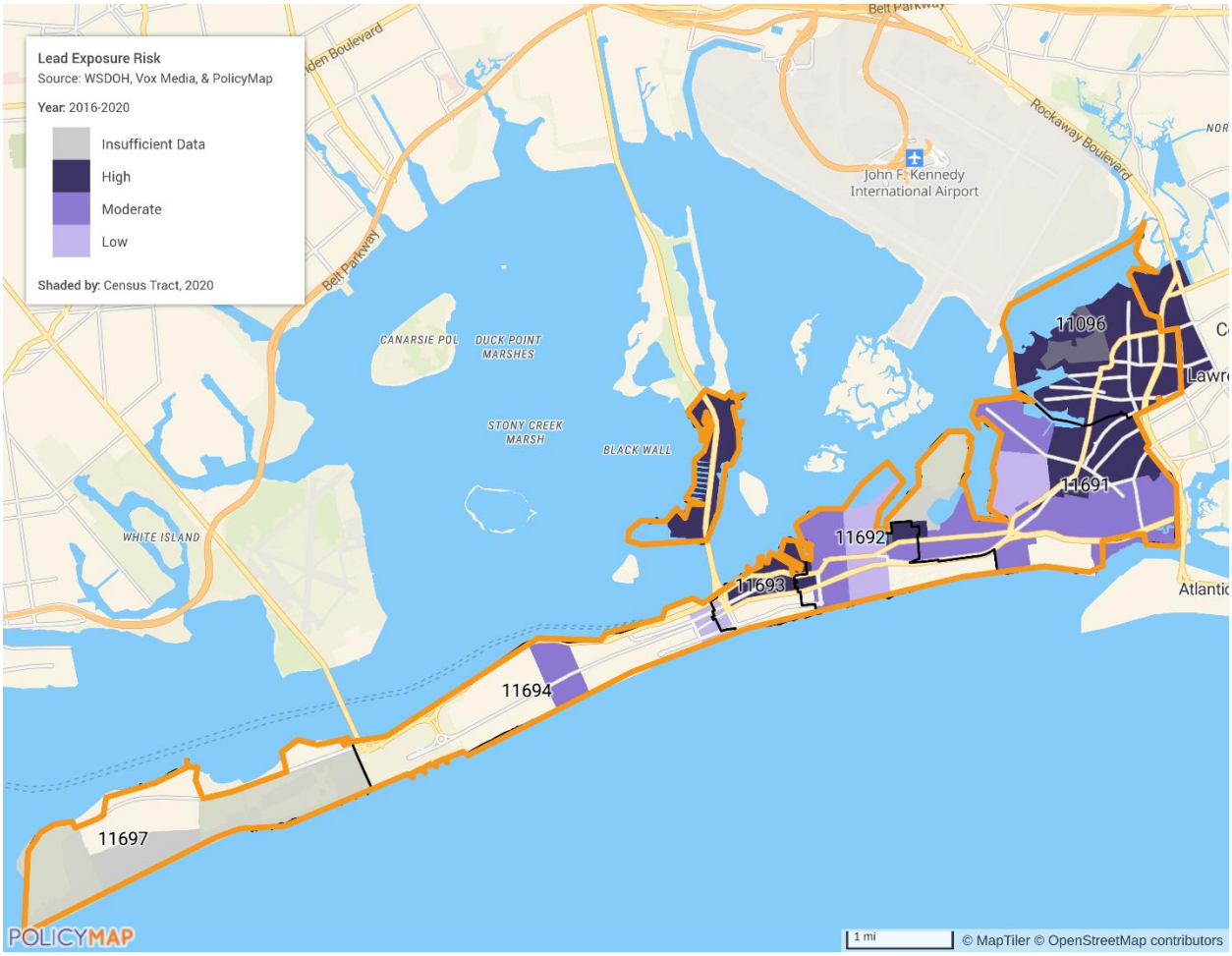
	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach
Median Household Income	$43,393	$60,997	$44,020	$55,094	$78,443	$85,977	$85,353
Homeowner Excessive Housing Costs	36.3%	40.4%	36.3%	24.5%	33.5%	32.1%	33.6%
Renter Excessive Housing Costs	55.6%	60.1%	59.6%	47.9%	43.9%	65.1%	50.9%
Renter Housing Mobile Homes	0.5%	0.0%	0.5%	0.0%	0.0%	0.0%	1.1%
Homeowner Vacancy Rate	0.1%	0.0%	0.0%	0.4%	1.1%	1.6%	2.6%

Sources: U.S. HUD CHAS 2015-2019 | U.S. Census Bureau, n.d. American Community Survey One-year Estimates, 2010.| U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

Lead exposure can be harmful to people, especially young children. Lead can be found in lead-based paint and lead pipes in old homes, and contaminated soil among other places.

Exhibit 37 shows lead exposure risk by census tract. Zip codes 11096 and 11691 have the greatest number of census tracts with a "high" risk of lead exposure. This is likely due to an older housing stock.

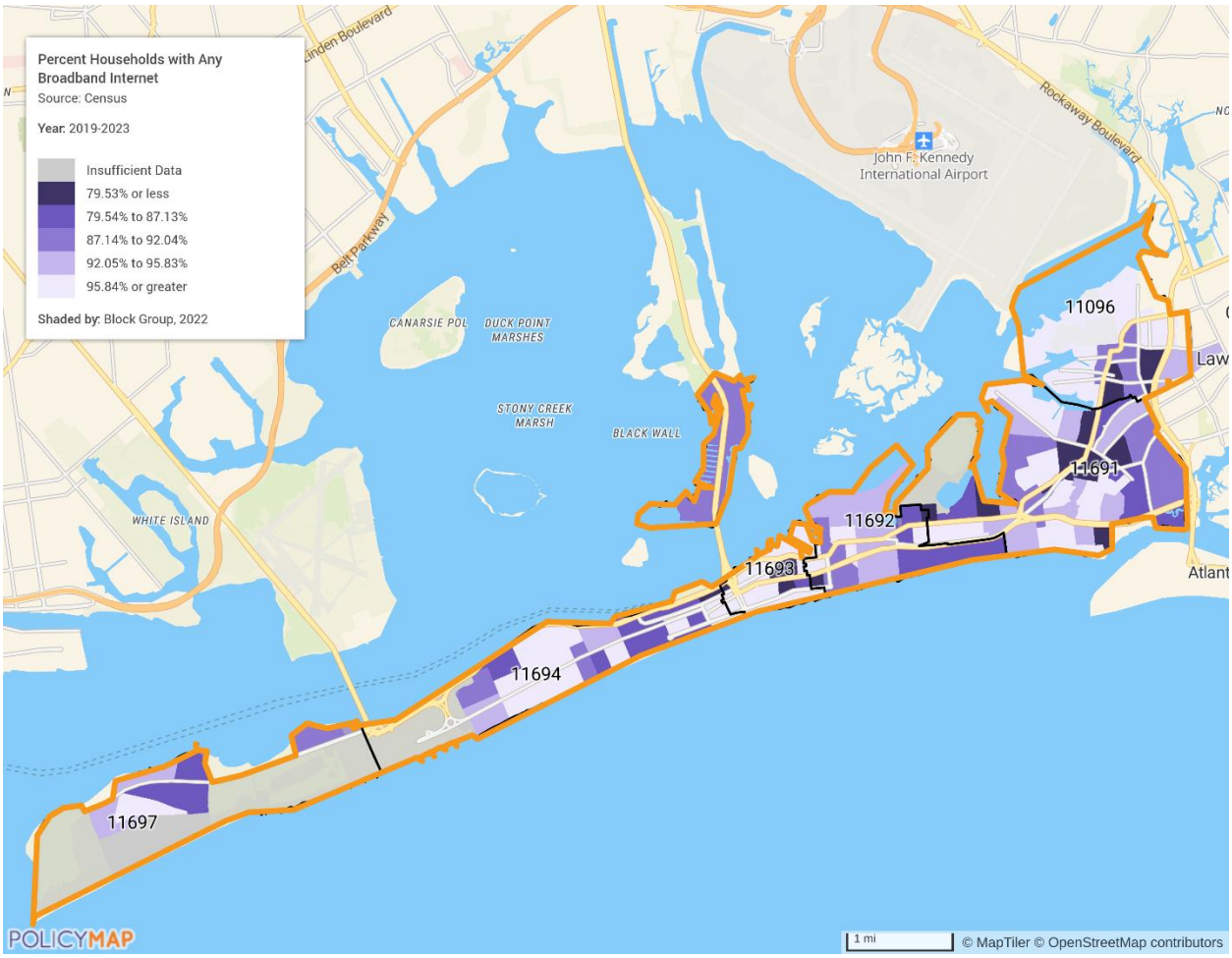
Exhibit 37: Lead Exposure Risk, 2020



Not everyone on the Rockaway Peninsula has access to the internet. The map below shows the percentage of households in a census block that have broadband internet access. Dark purple indicates census blocks where nearly 80% or fewer households have internet access. The highest concentration of households without internet access are in 11096 and 11691.

Lack of internet access may hinder someone's access to telehealth or other health care services that require access to a patient portal or electronic intake forms.

Exhibit 38: Percent of Households with Any Broadband Internet, 2023

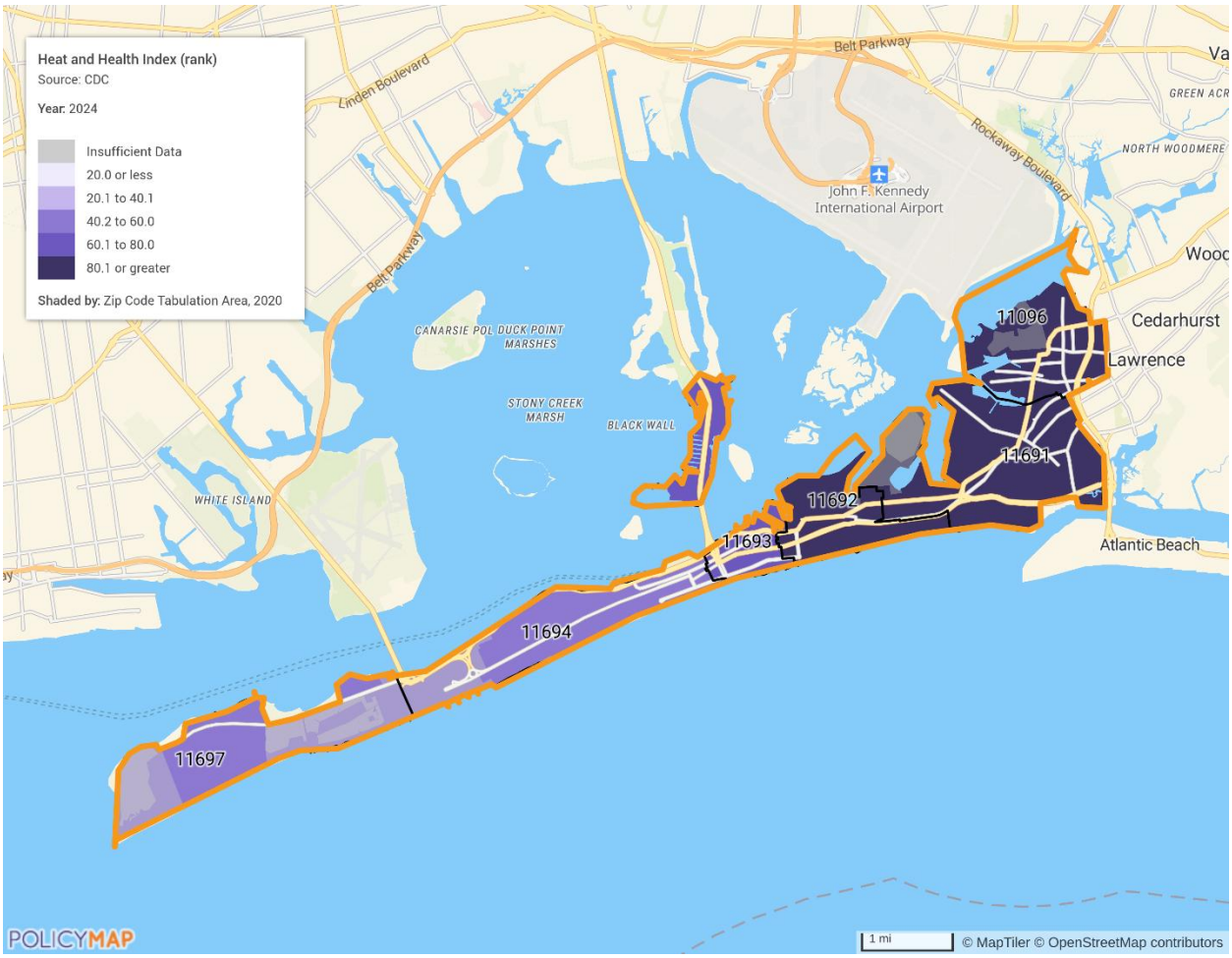


Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

The Rockaway Peninsula is no stranger to extreme weather. As the climate continues to change, experts warn that temperatures may continue to increase, which may have negative impacts on people's health, especially older adults.

The CDC's Heat and Health Index in Exhibit 39 indicates that people living in 11096, 11691, and 11692 are most likely to experience the harmful effects from heat.

Exhibit 39: Heat and Health Index, 2024



Source: CDC, 2024

Neighborhood Spotlight: **Inwood**

Zip code 11096

Demographics

10,272
Total Population

+8.3%
Projected Population Change 2023-2032

28.2%
Population Under 18

59.7%
Population Age 18-64

12.1%
Population Age 65+

37.1%
Race: White

17.1%
Race: Black

29.8%
Race: Some Other

44.3%
Ethnicity: Hispanic/Latino

60.1%
Speak a Language Other than English at Home

Economic Stability

Median Household Income
$91,477

Households Below Poverty Level
17.0%

Change in Poverty Rate, 2010-2023
+24.9%

Unemployment Rate
5.2%

Households Receiving SNAP Benefits
19.0%

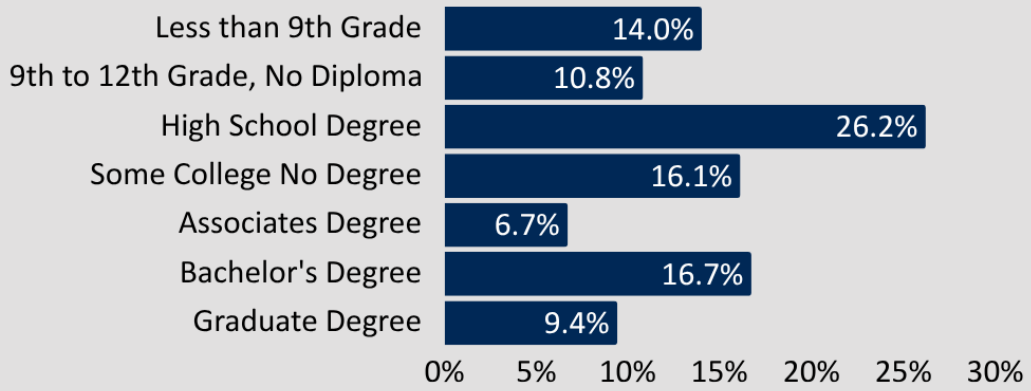
Population Experiencing Excessive Housing Costs

40.4% Homeowners

60.1% Renters

Education Access & Quality

Highest Level of Educational Attainment



24.8% of Inwood residents have **not graduated high school.**

Social & Community Context

Households with Grandparents Raising Grandchildren
0.0%

Households with Children
42.3%

Neighborhood & Built Environment

Households Without a Vehicle
18.4%

Households Without Internet Access
8.6%

Neighborhood Spotlight: **Inwood**

Zip code 11096

Healthcare Access & Quality

Total Uninsured Population

8.7%

Uninsured: Under Age 6

0.8%

Uninsured: Over Age 65

4.3%

Population with Public Health Insurance

58.1%

Population Living With a Disability

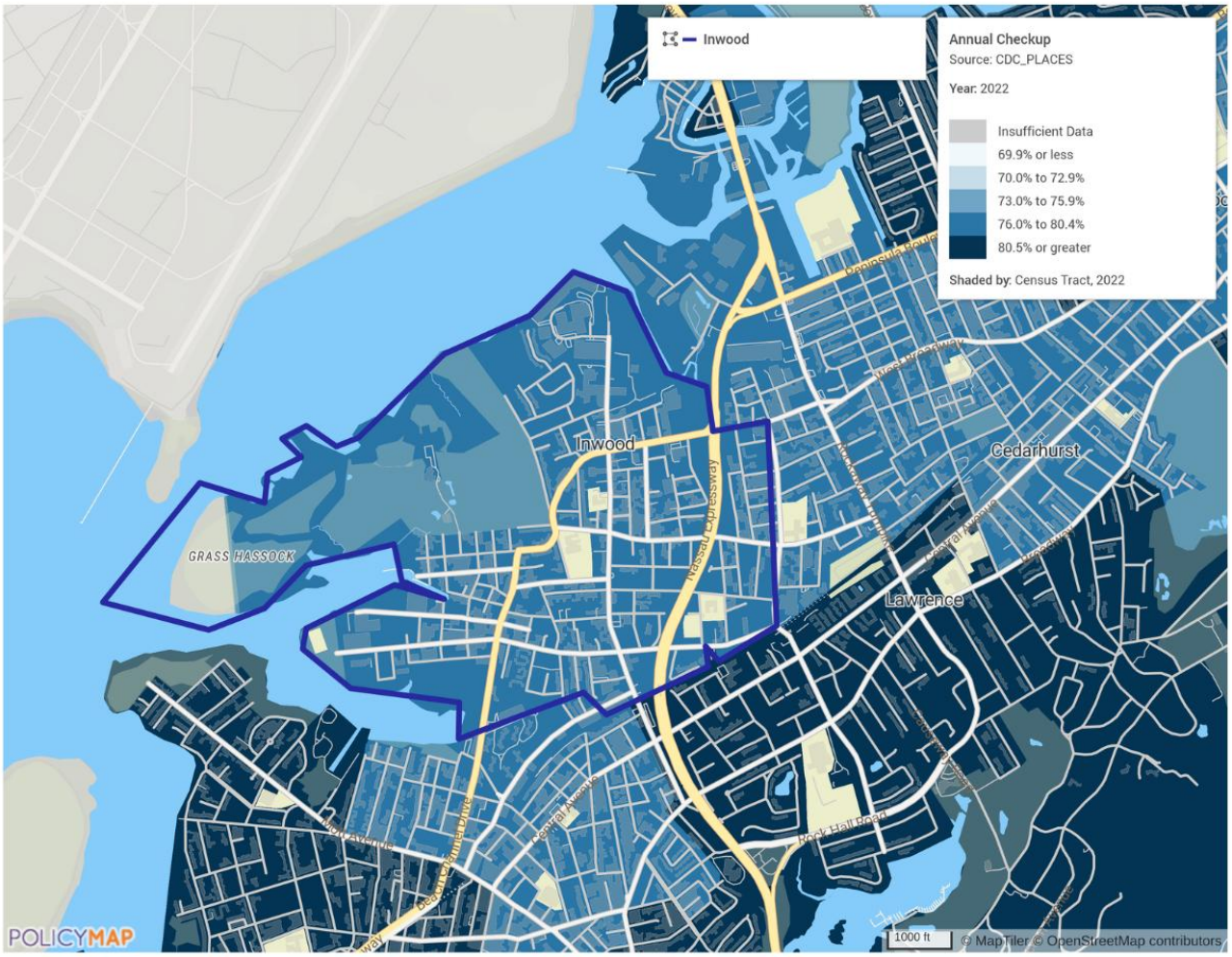
8.9%

Age 19 to 64 with a Disability without Health Insurance

12.7%

Percent of Population with a Routine Annual Check-up

Darker shades = more people receiving routine care



In 2022, fewer adults in Inwood had a **routine checkup** than in nearby neighborhoods. Rates in Inwood were between **76.0-80.4%**, compared to 80.5% or greater in many surrounding areas.

Neighborhood Spotlight: **Margaret O. Carpenter Women's Health Center**

0.5 mile radius surrounding 105-38 Rockaway Beach Blvd, Rockaway Park, NY 11694

Demographics

7,961
Total Population

-1.2%
Projected Population Change 2023-2032

18.6%
Population Under 18

59.5%
Population Age 18-64

21.9%
Population Age 65+

54.8%
Race: White

19.2%
Race: Black

19.2%
Race: Two or More Races

24.6%
Ethnicity: Hispanic/Latino

25.6%
Speak a Language Other than English at Home

Economic Stability

Median Household Income
$77,377

Households Below Poverty Level
12.6%

Change in Poverty Rate, 2010-2023
+9.1%

Unemployment Rate
10.0%

Households Receiving SNAP Benefits
14.8%

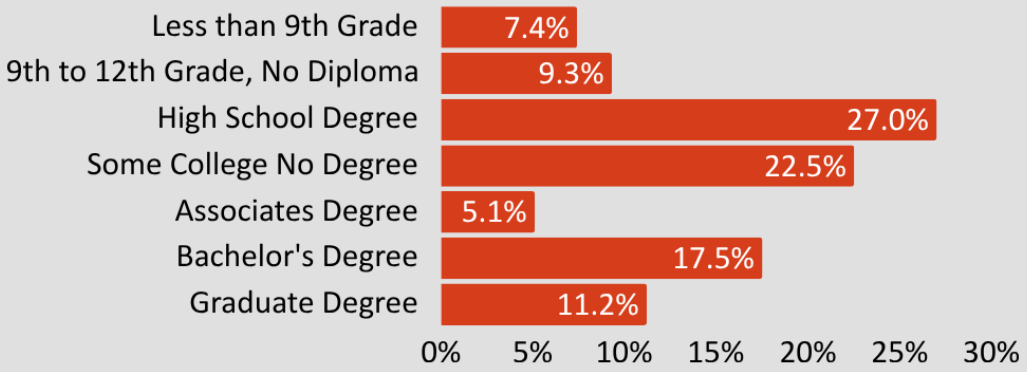
Population Experiencing Excessive Housing Costs

37.8% Homeowners

45.1% Renters

Education Access & Quality

Highest Level of Educational Attainment



16.7% of residents have **not graduated high school.**

Social & Community Context

Households with Grandparents Raising Grandchildren
2.7%

Households with Children
22.0%

Neighborhood & Built Environment

Households Without a Vehicle
30.3%

Households Without Internet Access
6.8%

Neighborhood Spotlight: **Margaret O. Carpenter Women's Health Center**

0.5 mile radius surrounding 105-38 Rockaway Beach Blvd, Rockaway Park, NY 11694

Healthcare Access & Quality

Total Uninsured Population

5.1%

Uninsured: Under Age 6

11.0%

Uninsured: Over Age 65

0.0%

Population with Public Health Insurance

45.3%

Population Living With a Disability

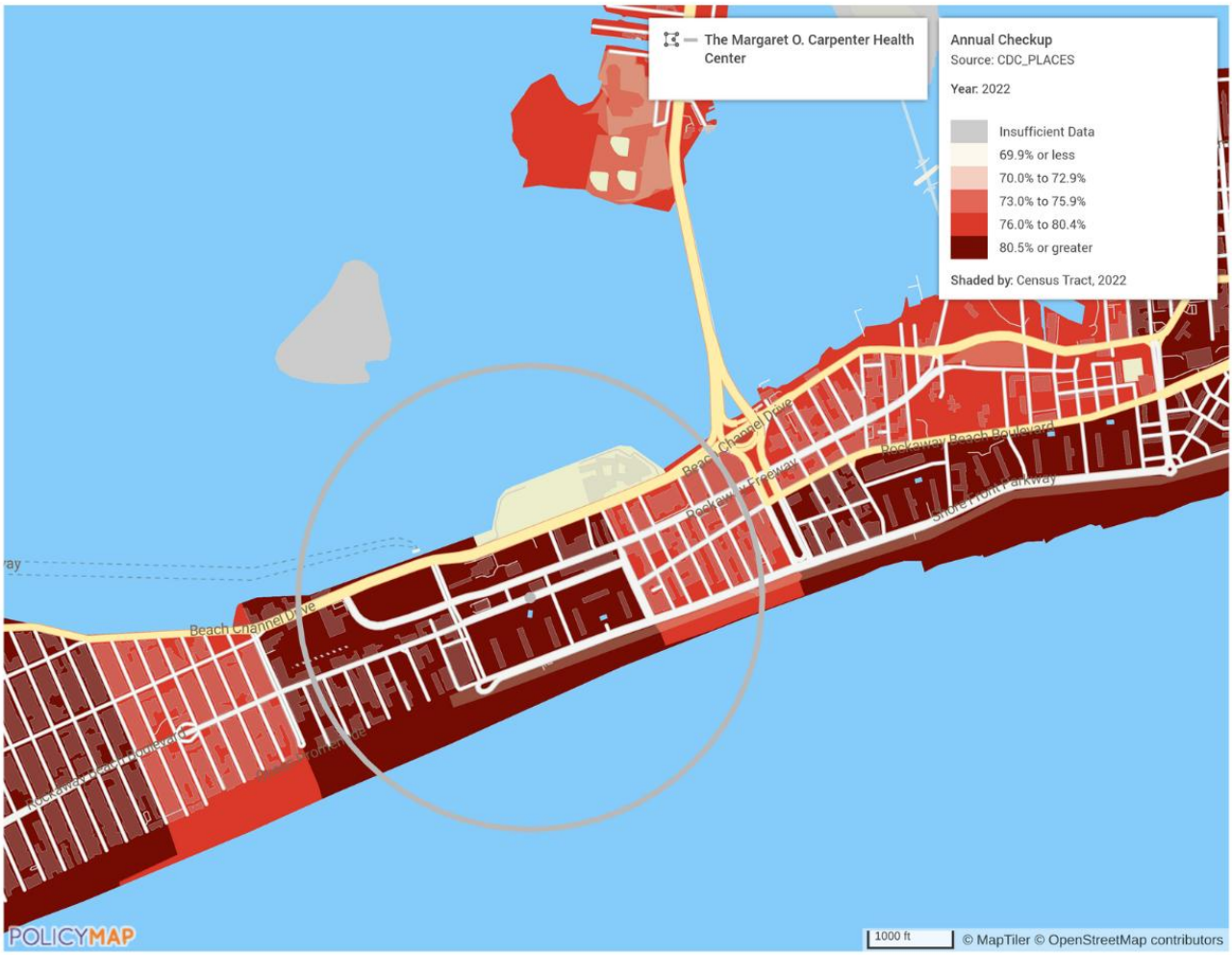
14.1%

Age 19 to 64 with a Disability without Health Insurance

8.4%

Percent of Population with a Routine Annual Check-up

Darker shades = more people receiving routine care



In 2022, adults in several areas near The Margaret O. Carpenter Health Center had **lower rates of routine checkups** than those in some surrounding neighborhoods, with rates under **80.4%**.

Neighborhood Spotlight: **St. John's Medical Group**

0.5 mile radius surrounding 495 Beach 20 Street, Rockaway Park, NY 11691

Demographics

31,941
Total Population

+9.3%
Projected Population Change 2023-2032

23.4%
Population Under 18

56.3%
Population Age 18-64

20.3%
Population Age 65+

22.4%
Race: White

45.7%
Race: Black

15.3%
Race: Some Other

27.5%
Ethnicity: Hispanic/Latino

35.5%
Speak a Language Other than English at Home

Economic Stability

Median Household Income
$62,497

Households Below Poverty Level
28.1%

Change in Poverty Rate, 2010-2023
+2.3%

Unemployment Rate
8.3%

Households Receiving SNAP Benefits
32.5%

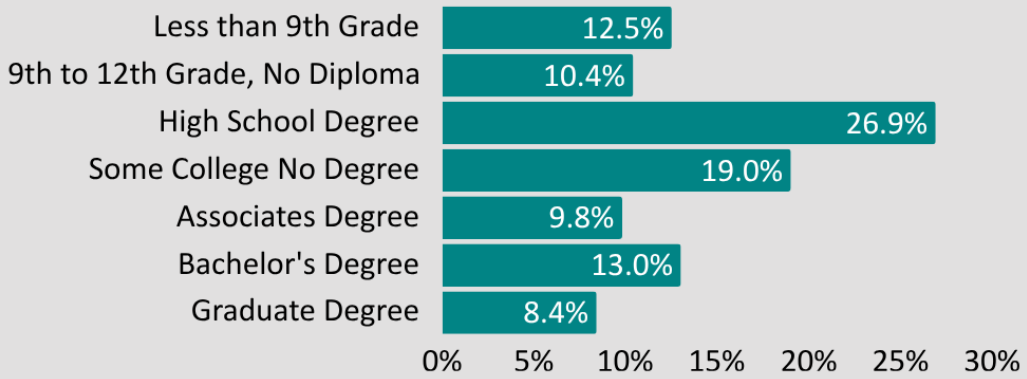
Population Experiencing Excessive Housing Costs

36.6%
Homeowners

55.9%
Renters

Education Access & Quality

Highest Level of Educational Attainment



22.9% of residents have **not graduated high school.**

Social & Community Context

Households with Grandparents Raising Grandchildren
0.9%

Households with Children
29.2%

Neighborhood & Built Environment

Households Without a Vehicle
45.7%

Households Without Internet Access
9.3%

Neighborhood Spotlight: **St. John's Medical Group**

0.5 mile radius surrounding 495 Beach 20 Street, Rockaway Park, NY 11691

Healthcare Access & Quality

Total Uninsured Population

7.6%

Uninsured: Under Age 6

6.4%

Uninsured: Over Age 65

1.2%

Population with Public Health Insurance

61.0%

Population Living With a Disability

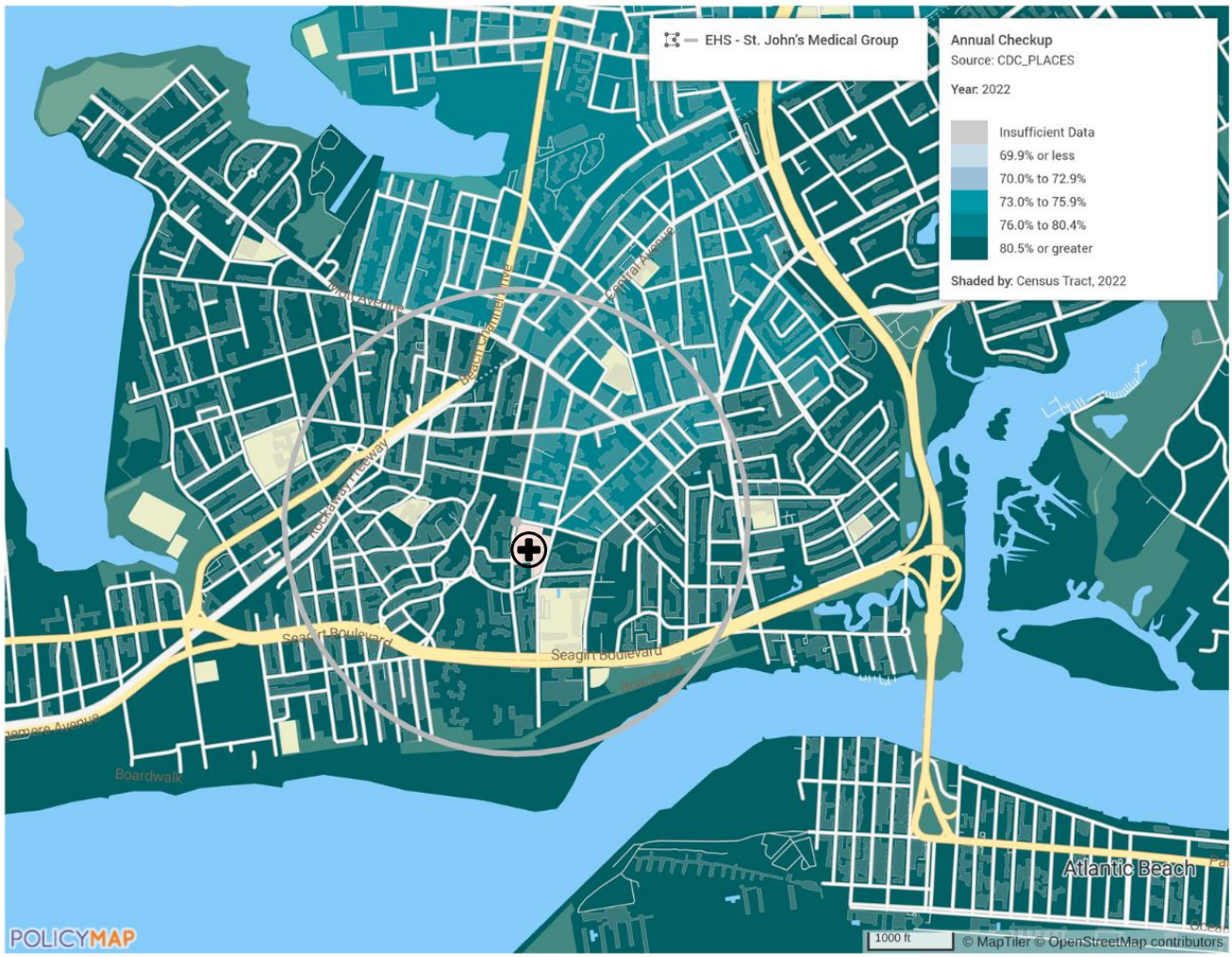
14.9%

Age 19 to 64 with a Disability without Health Insurance

10.5%

Percent of Population with a Routine Annual Check-up

Darker shades = more people receiving routine care



In 2022, adults in several areas near St. John's Medical Group had **lower rates of routine checkups** than surrounding neighborhoods, with rates between **76.0–80.4%** compared to 80.5% or higher elsewhere.

Qualitative Data Findings

Methodology

The qualitative research efforts sought to better understand the needs of the community and how these needs impact health and well-being. Qualitative activities included one-on-one stakeholder interviews and focus groups. Stakeholder interviews and focus groups were conducted with individuals who work closely with populations that may have unique or significant health needs. Stakeholder interviews were conducted virtually. Seven focus groups were conducted in person, and one was conducted virtually.

Both interviews and focus groups followed a similar question format that centered the conversation on the strengths, resources, gaps, and barriers present in the community and their impact on residents' well-being. The one-on-one stakeholder interviews provided an opportunity for in-depth discussions on the health of the community. Focus groups allowed participants to provide their firsthand experience and to identify areas of consensus and discordance with other community members.

Content and thematic analyses[9] were conducted using ATLAS.ti software to extrapolate the Strengths, Themes, and Needs of the community.

> **Strengths** can serve as resources to address the needs identified.
>
> **Themes** are conceptual considerations that provide context so that needs are addressed in a way that is responsive to the culture and identity of the community.
>
> **Needs** are actionable areas that participants highlighted as the most pressing challenges, barriers, and concerns they face in their community.

These three concepts are intertwined and must be considered holistically to better understand and utilize the data collected to make positive changes. Narrative summaries are based on qualitative data unless otherwise noted. Quotes from participants have been selected as a representation of the strengths, themes, and needs identified throughout the data.

[9] Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. https://doi.org/10.1111/nhs.12048

Strengths

Strengths are characteristics, resources, or other factors in a community that promote members' quality of life and community sustainability.

Tight-Knit Community with Strength in Diversity

A sense of community and willingness to collaborate are strong assets that can be used to work toward common goals. Participants reflected on the tight-knit nature of the community, noting that residents embrace their community identity and its diversity. Many participants also noted that the connections they have with friends, family, and other residents enable them to face adversity with resilience as well as collaborating and advocating for the changes they want to see in the community.

> *"This is a very close-knit community. It's important to rely on each other. People support one another in everything they do. They may not be related, but they treat each other like family."*
>
> - Community Member

Coastal Environment

Individuals who participated in stakeholder interviews and focus groups noted the many ways that the proximity to the coast benefits the community. Being close to the water and nature offers community members the opportunity to engage in recreational activities that benefit both their physical and mental health.

Community members enjoy…

- Access to the ocean and boardwalk
- Long-standing community relationships
- Community events

Impacts of a Tight-Knit Community:

Strong partnerships among organizations and long-standing relationships

Volunteer time and resources

Resiliency when facing a crisis, such as Hurricane Sandy

Themes

Themes are systemic factors that impact how a community functions and should be considered when leveraging strengths to meet the needs.

Diversity

Diversity in a community encompasses not only racial and ethnic diversity, but also socioeconomic, age, military experience, religious, and cultural differences among various groups.[1] It can lead to a variety of perspectives and innovative ideas that can be beneficial for a community, but it can also lead to health disparities if these differences are not considered. Throughout stakeholder interviews and focus groups, participants identified the ways in which diversity impacts the needs of religious, racial, ethnic, and socioeconomically disadvantaged community members.

> *"People who don't speak English are afraid to go to the hospital because they don't know how they'll be treated or if they'll be able to communicate."*
>
> - Community Member

Impact of Geographical Location and Community Growth

Because the Rockaway is a peninsula, transportation and infrastructure are inherently limited, and participants noted that traffic is an issue. Participants describe experiencing geographic isolation as well as distinct differences between available resources in certain parts of the island. This isolation impacts access to recreational opportunities for families and youth, access to specific healthcare services such as trauma care, as well as access to job opportunities. As the community continues to grow, this impacts the accessibility of transportation systems and infrastructure concerns.

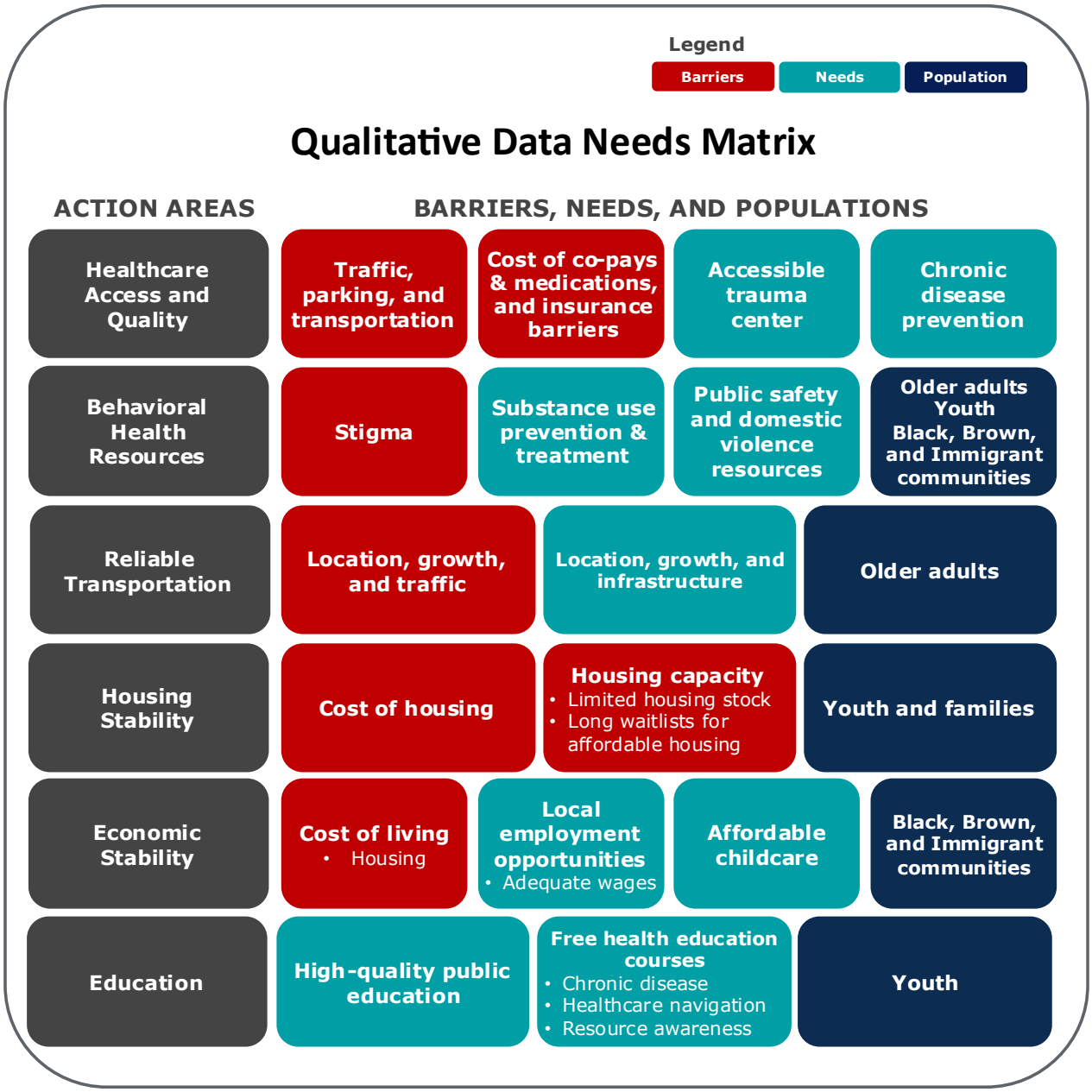
> *"We have seniors who can't go to local doctors because of traffic and wait times. […] I'd have to go to the hospital hours in advance just to find a parking spot. They have a free cab service, but even those on a good day, it can take 20 minutes to go one mile."*
>
> - Community Member

[1] Servaes et al., 2022.

Needs

Needs are actionable areas that participants highlighted as the most pressing challenges, barriers, and concerns they face in their community.

Needs Matrix



Healthcare Access and Quality

Community members repeatedly noted that there is a need for a trauma center. Participants shared stories about preventable deaths that occurred because it took too long to get to a trauma center. Though many acknowledged the positive aspects and changes of the healthcare system, it was still noted that chronic diseases such as diabetes, obesity, and hypertension are a concern, which participants tied to low levels of health education and lack of local access to healthy food.

> *"Having a trauma unit. It's something our community has been crying out for. The numbers show that when there's a gunshot wound, it takes a while to get them over to Jamaica Hospital for treatment, and it often means there aren't good outcomes if it takes 45 minutes to get to the hospital with a serious injury. Sometimes those people are pronounced dead by the time they get to the hospital because we don't have a trauma unit here."*
>
> - Community Member

Chronic Disease Prevention

Participants identified chronic disease-related concerns, including food insecurity and a lack of knowledge regarding healthy behaviors. They noted that nutrient dense foods are expensive, and options at food pantries are often low in nutritional value. The need for low-cost or free culturally competent cooking and nutrition education classes in the community was also noted.

> *"Nutrition and nutrition education. We don't have healthy food options. The cost of organic food is high. Health education classes are needed. Zoom can reach more people, but a classroom setting ensures people are paying attention. […] One supermarket is price gouging and it's higher than Stop and Shop, and you still need to take a bus to get there."*
>
> - Community Member

Behavioral Health Resources

Behavioral health encompasses mental health, substance use disorders, and the impacts of stress and crises. Access to behavioral healthcare increases positive health outcomes, promotes care for the whole person, and reduces the risk of self-harm.[2] Community members cite substance use, violence, and crime as community concerns that are connected to a lack of behavioral health support. The relationship between substance use as a coping mechanism for untreated or undiagnosed mental health issues was also noted throughout discussions.

Participants noted that a stigmatization of mental health support prevents some of those living on the Rockaway from seeking care. They shared that this particularly affects certain populations, such as older adults, African American individuals, men, and immigrants. Because the community is tight-knit, it was noted that residents may experience embarrassment when seeking services.

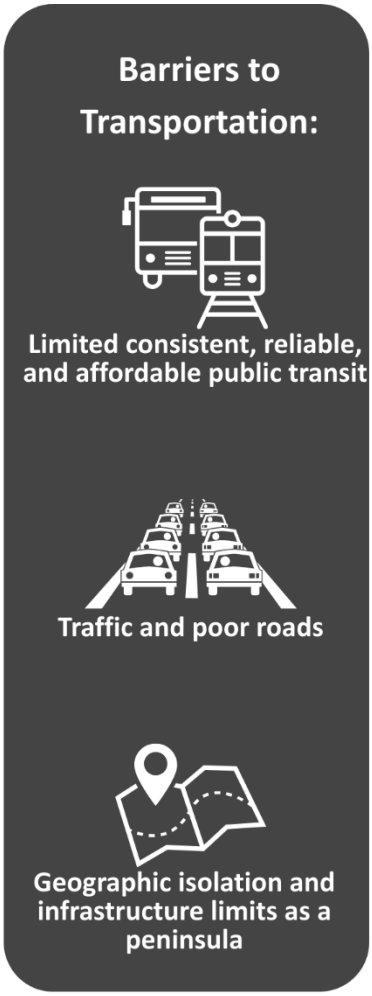
Individuals also expressed concern regarding the lack of behavioral health resources for those experiencing crises, especially youth. They noted that youth with intellectual and developmental disabilities, especially autism, do not have a clinic to go to, and mental health clinics in the Rockaways have long wait lists.

> *"Many people suffer from mental health issues. We see an increase in it on the streets; we're talking about it more. Our center is right next to one of the most populated areas where people experience mental health and substance misuse. I see it all day, every day. […] It's highly concentrated in this area, although I don't know the numbers. Many people sell drugs, deal with mental health issues. Many of these people deal with other issues, like housing or economic challenges."*
>
> - Community Member

[2] AMA, 2022. What is Behavioral Health?

Built Environment: Housing and Transportation

Transportation on the Rockaway Peninsula is a challenge for many, particularly for those who have mobility difficulties, do not own or have access to a vehicle, and older adults who may struggle with the multiple buses or trains required to get off the peninsula and return. Participants noted concerns about road and street conditions, issues with heavy traffic and traffic management, unreliable medical transport, and preferences to access services closer to where they live.



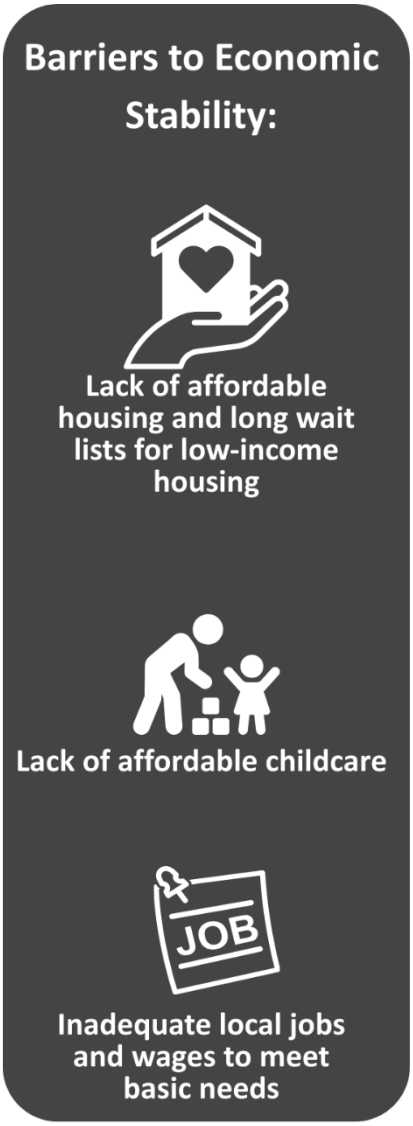
> *"We're on an island. Uber is too expensive. There are traffic jams all day long. They keep building new buildings, but we need better parking and more schools. We have one main drag and the traffic is horrendous, thanks to the new buildings going up."*
>
> - Community Member

Housing is also a big concern for community members, who noted various issues pertaining to the housing issue, such as increased levels of homelessness, a lack of affordable housing for low-income individuals and families, unaffordable rentals and homes for purchase, and years-long wait lists for affordable housing.

> *"Housing is a great challenge throughout the community and the number one issue. We have affordable housing, but our population of homeless – especially homeless teenagers due to family dynamics, or families can't afford housing, so their kids are unhoused. This provides a gap into how kids see themselves, their mental health and self-worth. […] Kids go to school but come home to a shelter – they don't have a place to really feel at home. We need real affordable housing for families, because people will struggle with their health if they don't have a place to live. As our community grows, several developments are being built on the peninsula, and the top concern is will it really be affordable; how will we move the unhoused into the new housing, and how will being unhoused affect all areas of their health?"*
>
> - Community Member

Economic Stability

Community members noted that a lack of affordable childcare impacts individuals' ability to work and access resources and healthcare. Some participants described inequitable access to job opportunities for immigrants, as well as individuals in Black and Brown communities. It was noted that many people work outside of Rockaway in other parts of New York City, and there are few local opportunities that provide livable wages.



> *"No good jobs on the peninsula, except for mine! [We] need more job opportunities. Many people work outside of Rockaway, and if you work in Rockaway you work for a non-profit or hospital. The small stores don't offer a ton of jobs. People leave Rockaway to get jobs in Manhattan or the Bronx, or other parts of the city."*
>
> - Community Member

Education

Community members described the need for an improved public school system as a means to improve both economic stability and health. They identified a need for free or low-cost engaging educational opportunities to learn about preventative measures, healthy eating and cooking, mental health, and assistance in navigating the healthcare system. Participants discussed difficulties learning about available resources as well as accessing and receiving various services.

> *"Very few of the schools meet the standards, and a lot are failing based on test scores. We have a 17% pass rate on state tests in some of our schools. It's what our community is used to."*
>
> *"The education system has crumbled since the pandemic and it's having a huge impact on the youth in the community."*
>
> - Community Members

Survey Findings

Methodology

The community survey was made available online and via print copies in English, Spanish, Russian, and Haitian Creole. The questionnaire included demographic questions and closed-ended, need-specific questions. Invitations to participate were distributed through internal promotions as well as through channels including community partners, social media, flyers, newspaper advertisements, and email listservs, among other methods.

There were 88 valid survey responses included in this analysis. To ensure valid responses, only participants who answered at least one question beyond basic demographics were included in the analysis. The survey was carefully designed to reduce potential sources of bias, such as how questions were worded or ordered.

While the survey served as a practical tool for capturing insights of individuals across EHS St. John's Episcopal Hospital service area, this was not a random sample. Findings should not be interpreted as representative of the full population.

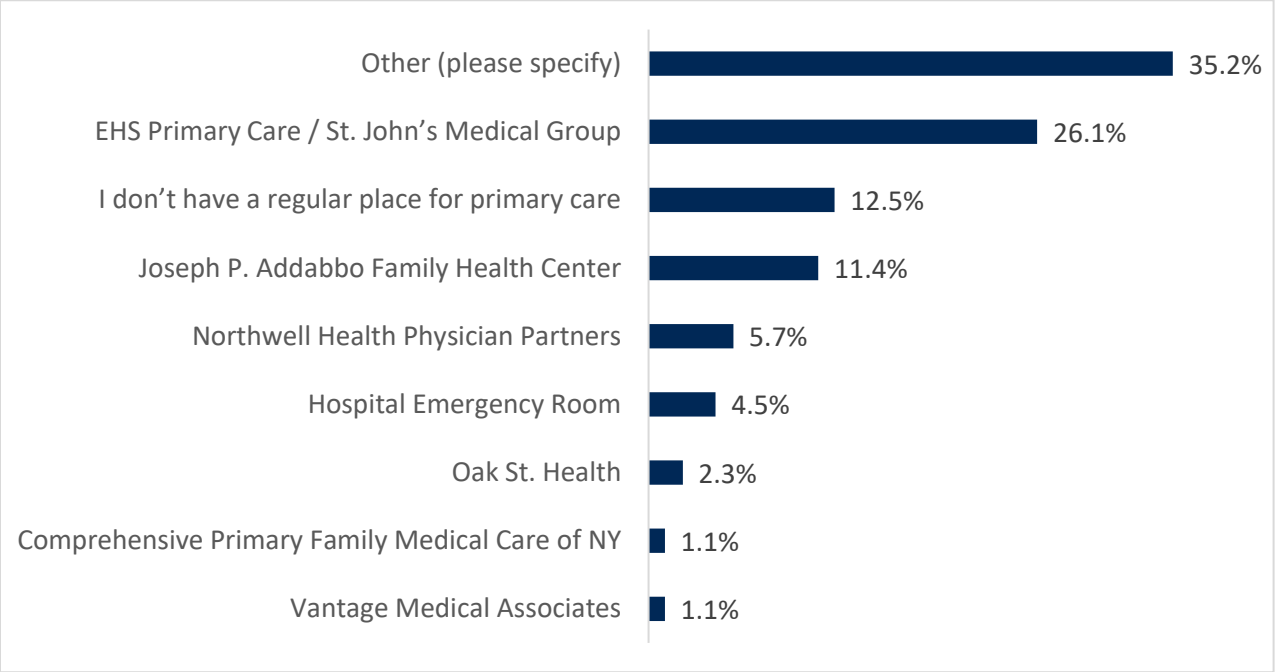
Additionally, sample sizes of demographic subpopulations are too small to be representative of their respective subgroupings. Differences in responses have not been tested for statistical significance as part of this assessment.

See Appendix F for the survey instrument.

Healthcare Access and Quality

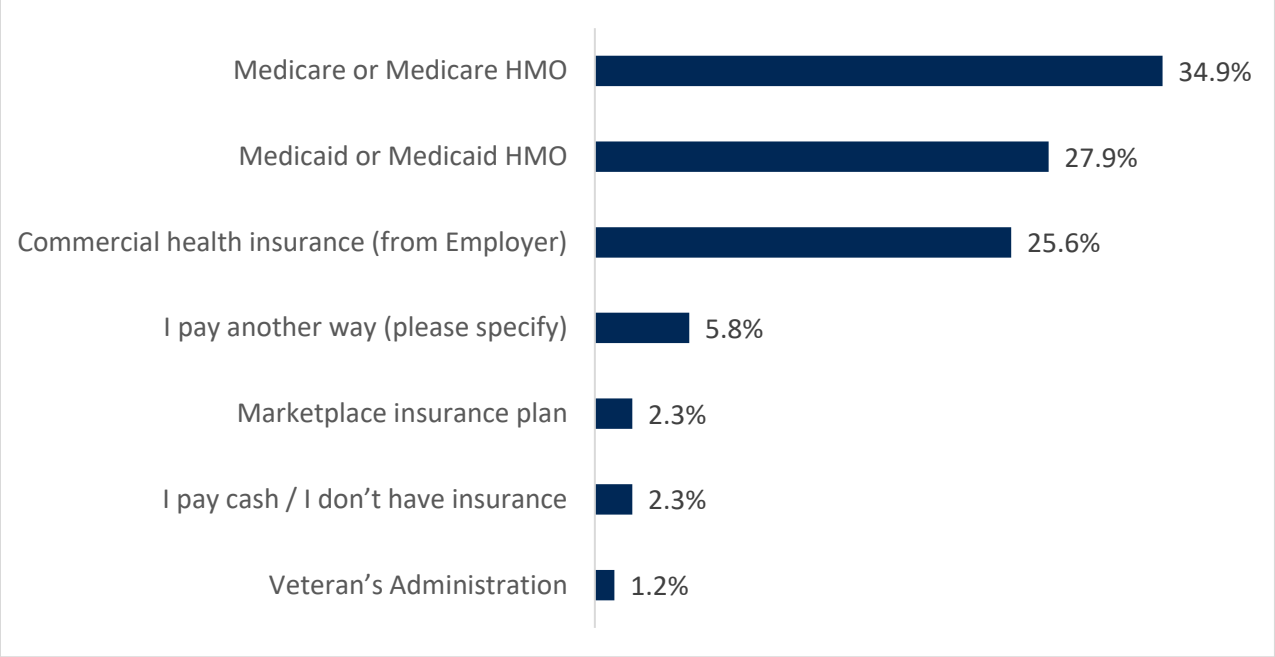
As shown in Exhibit 40, about one in three respondents (35.2%) reported they go to other facilities for primary care such as Platinum Healthcare, Gotham Health, etc. A little more than one in four respondents (26.1%) said they go to EHS Primary Care / St. John's Medical Group.

Exhibit 40: Where do you go for primary care?



As shown in Exhibit 41, about one in three respondents (34.9%) reported they have Medicare or Medicare HMO, followed by Medicaid or Medicaid HMO (27.9%). About one in four respondents (25.6%) have commercial health insurance through an employer.

Exhibit 41: What coverage do you have for health care?



As shown in Exhibit 42, in the past year, about one in five respondents (19.0%) reported there was time when they needed medical care but could not get it.

Exhibit 42: Have you needed medical care but did not receive it in the past 12 months?

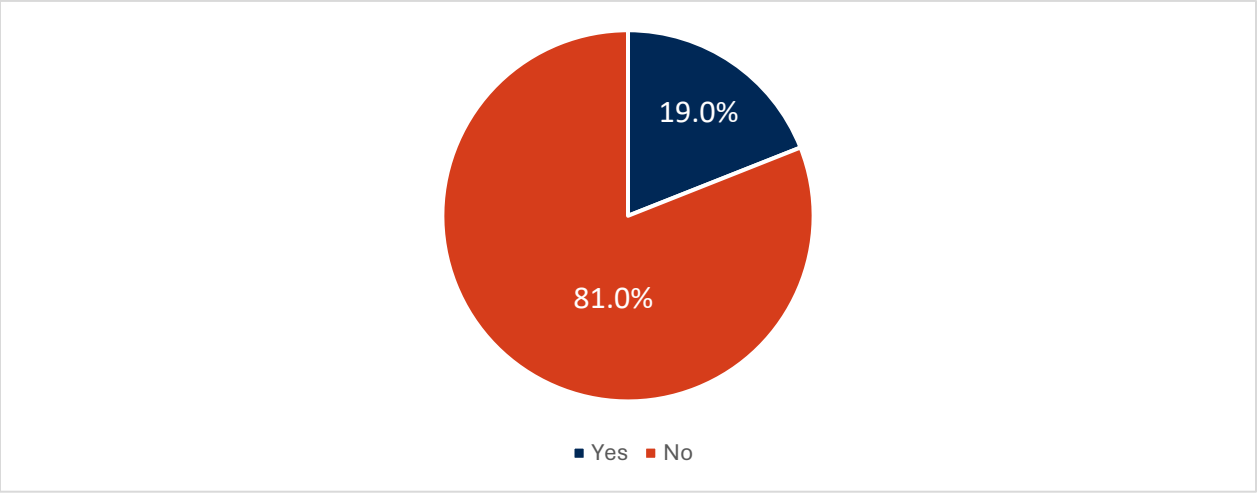
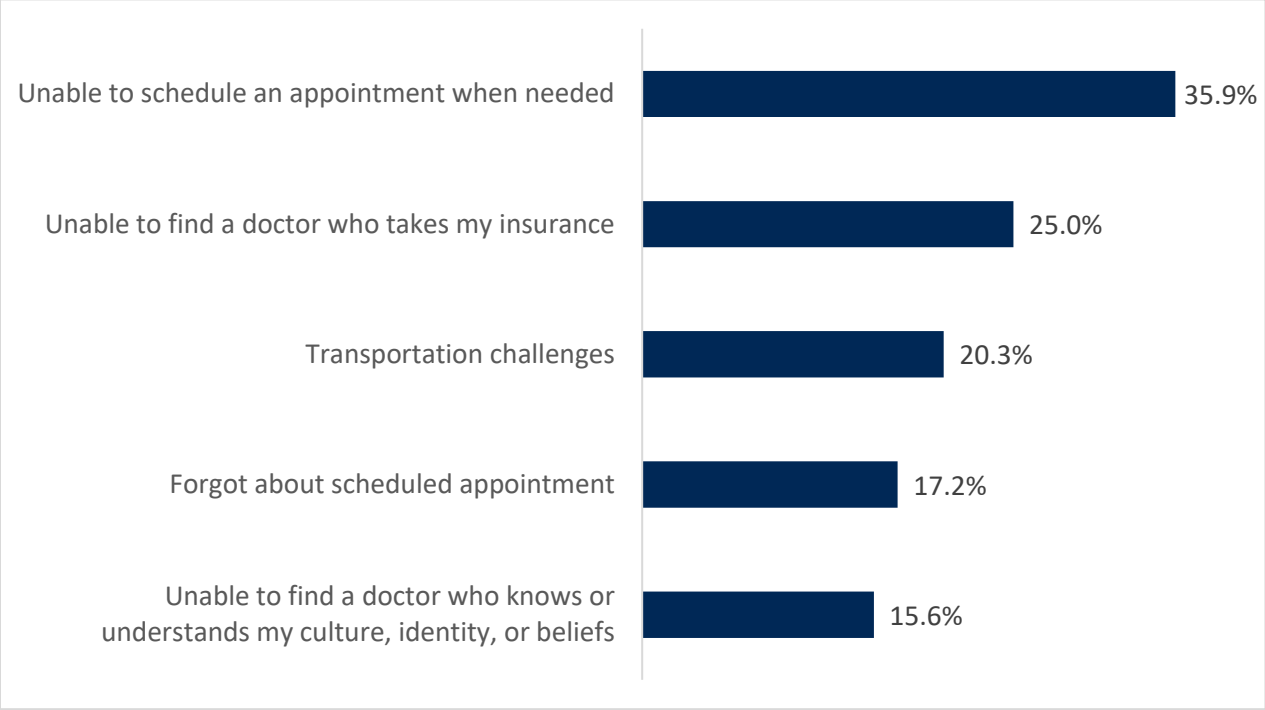


Exhibit 43 shows the reasons why respondents were unable to access medical care when they needed it. The top reasons included 'unable to schedule an appointment when needed' (35.9%), 'unable to find a doctor who takes my insurance' (25.0%), 'transportation challenges' (20.3%), 'forgot about scheduled appointment' (17.2%) and 'unable to find a doctor who knows or understands my culture, identity, or beliefs' (15.6%).

Exhibit 43: What are some reasons that kept you from getting medical care?



As shown in Exhibit 44, in the past year, about one in eight respondents (12.2%) reported there was time when they needed mental health care but could not get it.

Exhibit 44: Have you needed mental health care but did NOT receive it in the past 12 months?

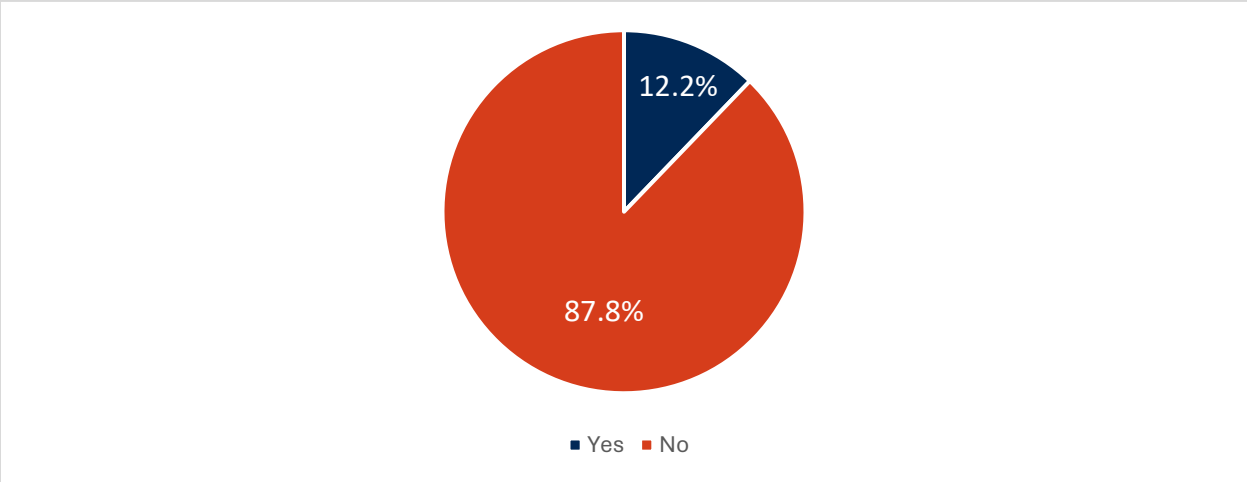


Exhibit 45 shows the reasons why respondents were unable to access mental health care when they needed it. The top reasons included 'unable to schedule an appointment when needed' (54.5%), 'transportation challenges' (27.3%), 'doctor's office does not have convenient hours' (27.3%), 'unable to find a doctor who understands my culture, identity, or beliefs' (18.2%), 'unable to find a doctor who takes my insurance' (18.2%) and 'not sure how to find a doctor' (9.1%).

Exhibit 45: What are some reasons that kept you from getting mental health care?

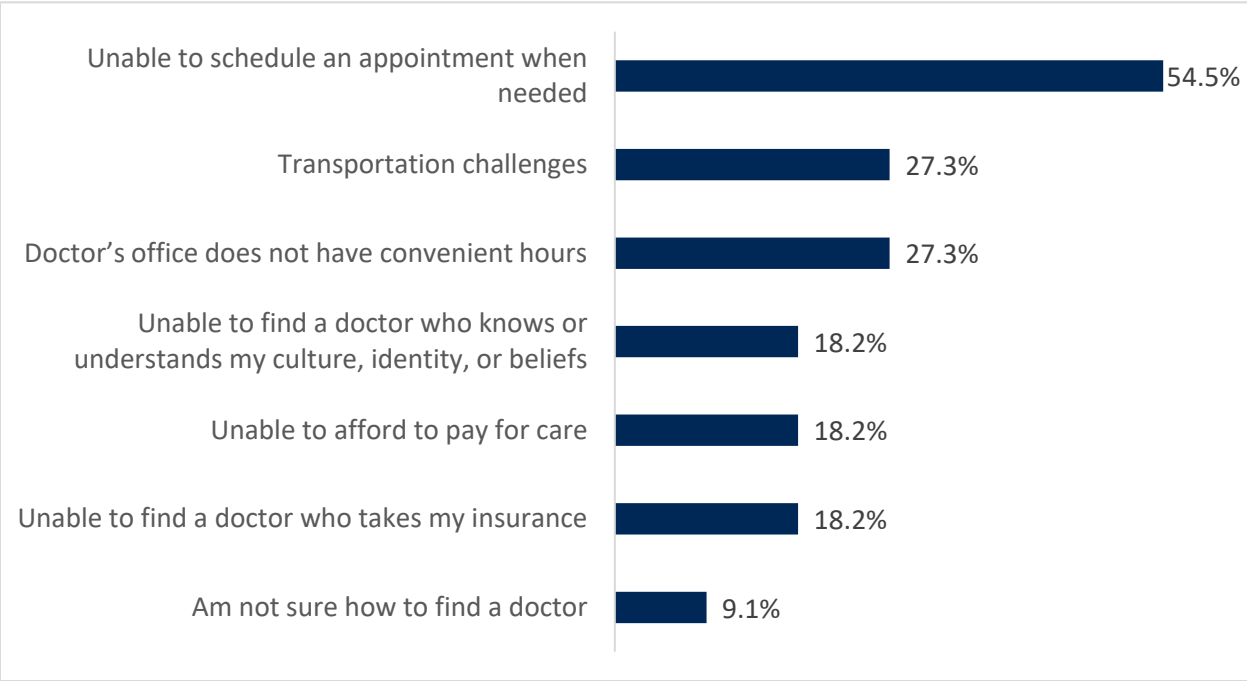


Exhibit 46 shows respondents who travel off the Peninsula for any services. A little over three in five respondents (61.0%) reported they have traveled off the Peninsula for specialty care, followed by primary care (46.3%), and emergency care (39.0%).

Exhibit 46: Do You Travel Off the Peninsula for Any of the Following Services?

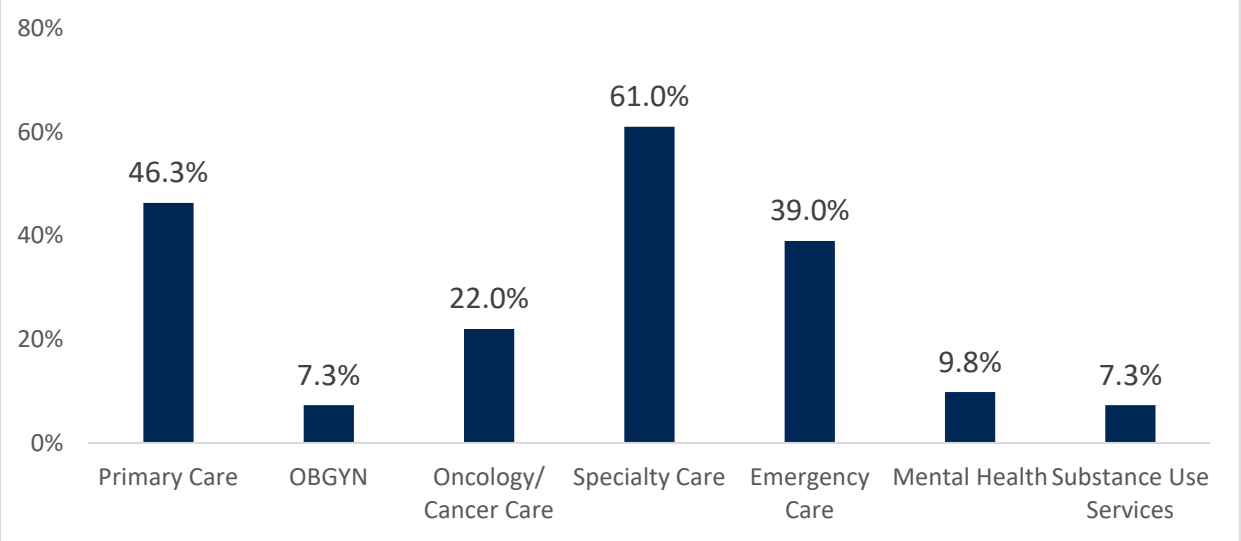


Exhibit 47 shows how frequently respondents go off the Peninsula for health care services. About one in four respondents (25.3%) reported they go to services one-two times every six months and about one in eight respondents (13.3%) reported they go to services one-two times a month.

Exhibit 47: How Often Do You Travel Off the Peninsula for Health Care?

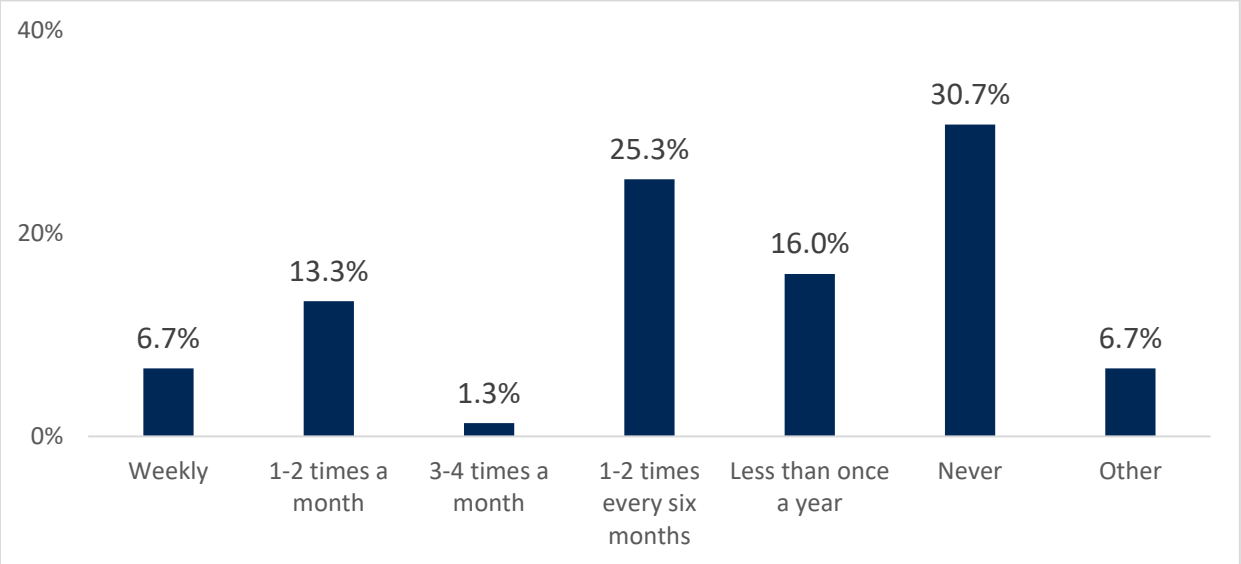
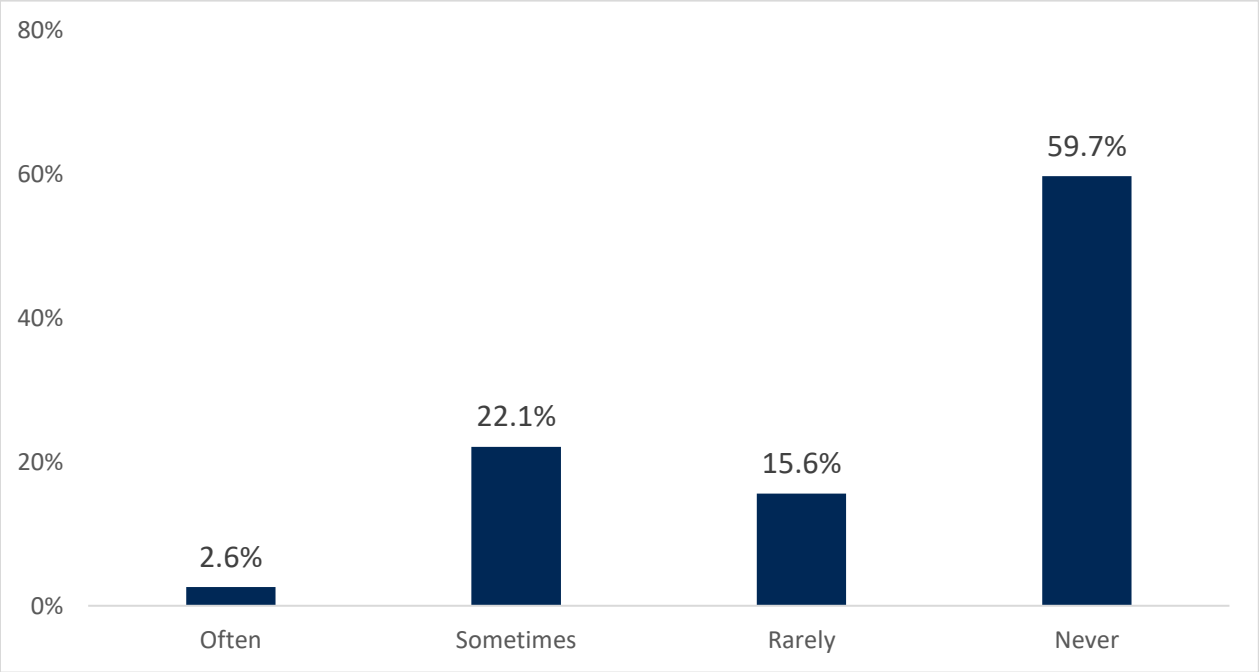


Exhibit 48 shows the frequency of how often people struggle to pay for medications. More than half of respondents (59.7%) reported they never struggle with medication payments. A little over one in five respondents (22.1%) reported they sometimes struggle with medication payments. About one in six respondents (15.6%) reported they rarely struggle with medication payments. Only a small portion of respondents (2.6%) said they often struggle with medication payments.

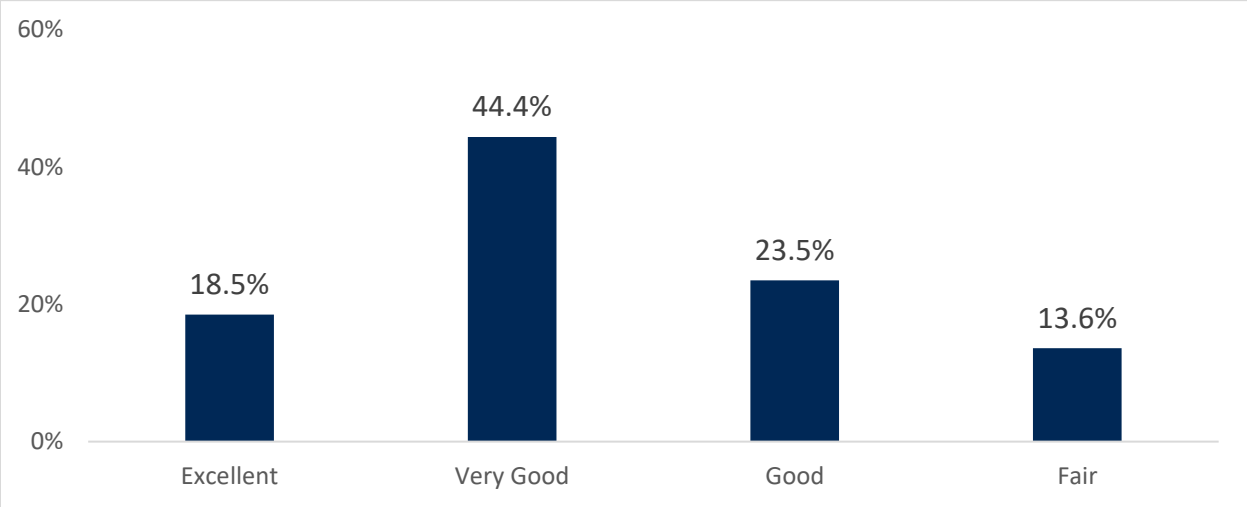
Exhibit 48: Do You Struggle with Paying for Your Medications?



Health Status

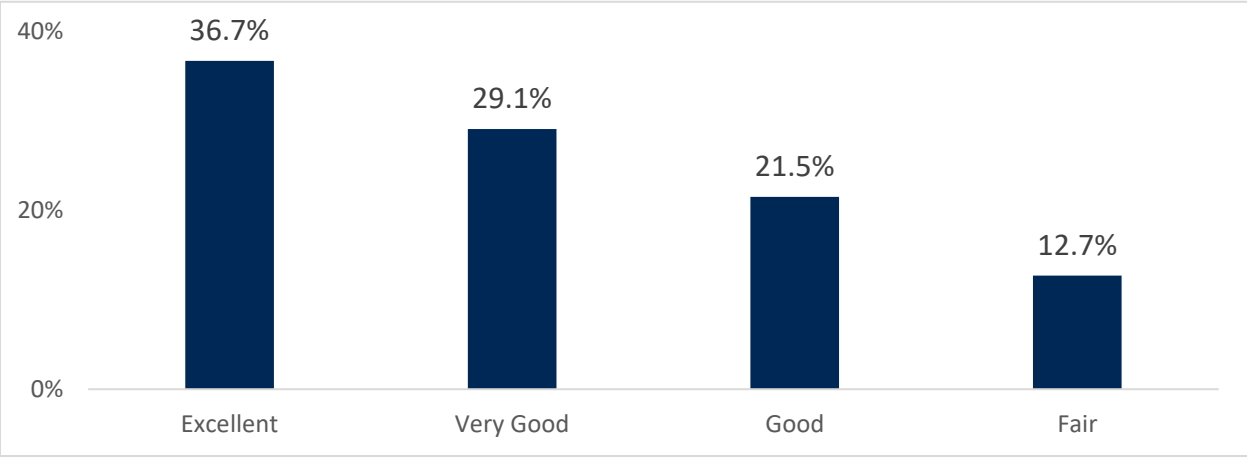
As shown in Exhibit 49, about three in five respondents reported their physical health as 'excellent' (18.5%) or 'very good" (44.5%). About one in four respondents reported their physical health as 'good' (23.5%). A little more than one in eight respondents (13.6%) reported their physical health as 'fair'.

Exhibit 49: Overall, How Would You Rate Your Physical Health?



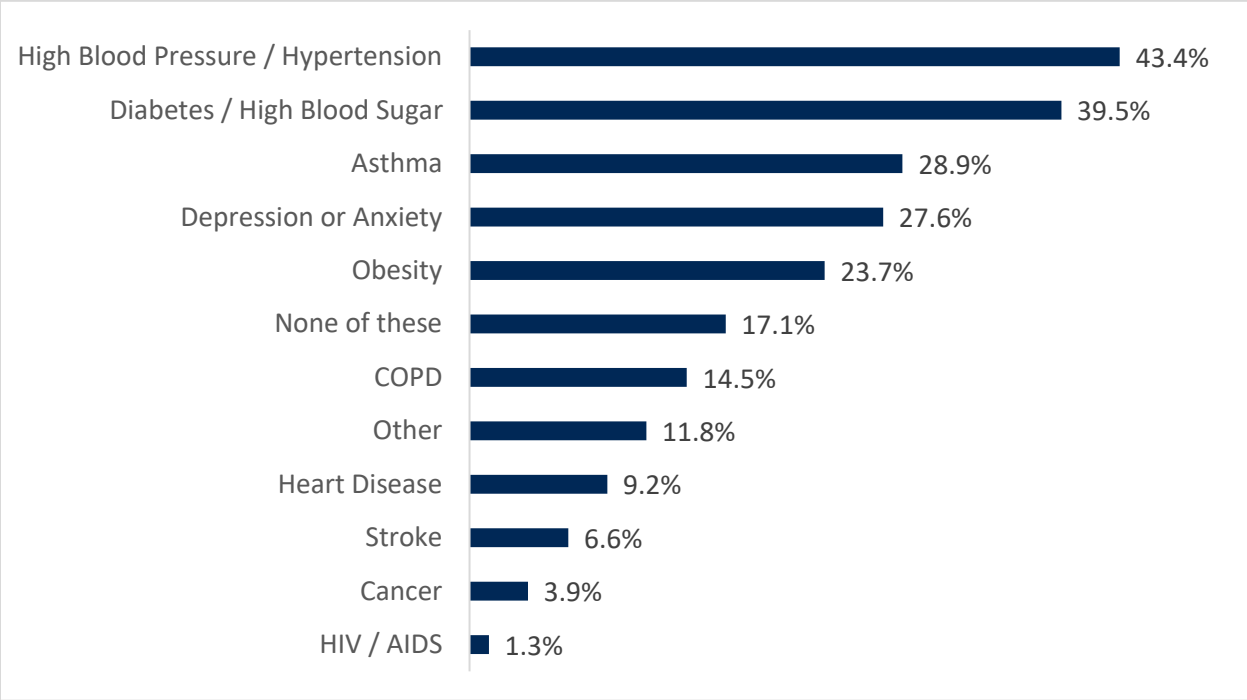
As shown in Exhibit 50, about two in three respondents reported their mental health as 'excellent' (36.7%) or 'very good' (29.1%). About one in five respondents (21.5%) reported their mental health as 'good'. About one in eight respondents (12.7%) reported their mental health as 'fair'.

Exhibit 50: Overall, How Would You Rate Your Mental Health?



As seen in Exhibit 51, respondents were asked if they had ever been told by a doctor or medical provider if they had certain health issues. Nearly half of respondents (43.4%) reported they have high blood pressure / hypertension, followed by diabetes / high blood sugar (39.5%), asthma (28.9%), depression or anxiety (27.6%), and obesity (23.7%).

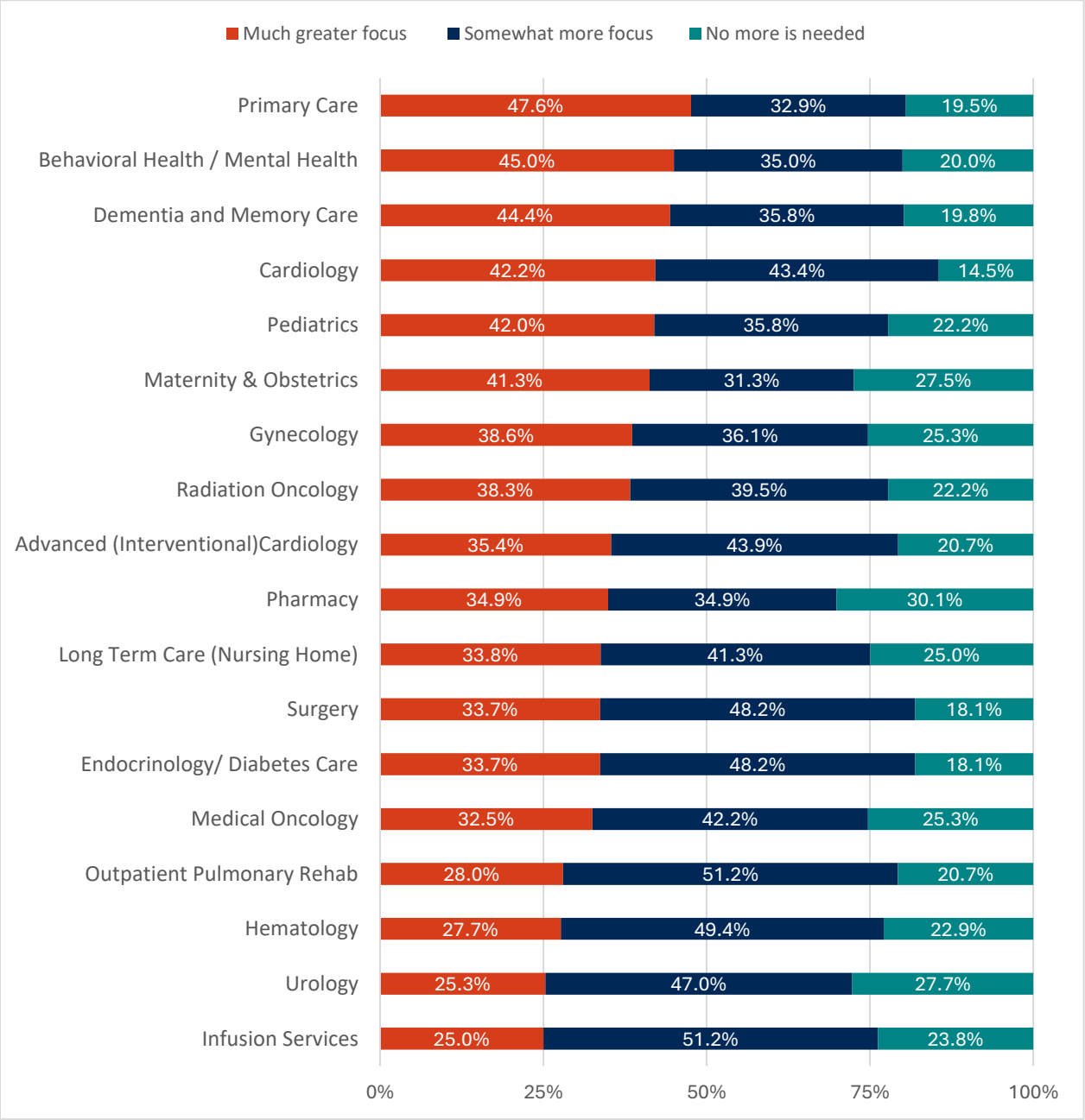
Exhibit 51: Have You Ever Been Told by a Doctor or Other Medical Provider That You Had Any of the Following Health Issues?



Social and Community Context

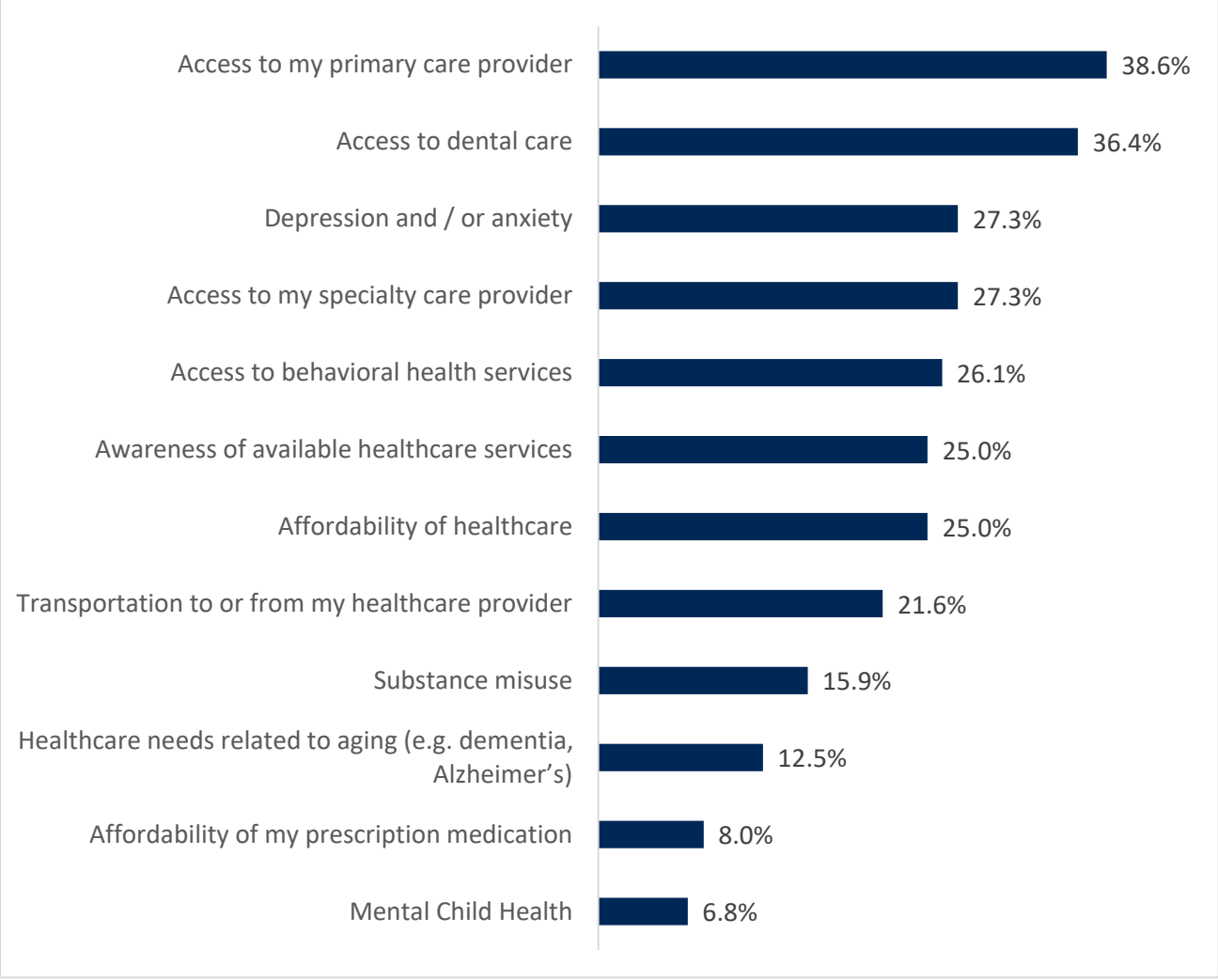
As seen in Exhibit 52, respondents were asked about services that need more attention within the community. Nearly half of the respondents (47.6%) identified primary care as needing greater focus. Other services that were identified as needing greater focus include behavioral health / mental health (45.0%), dementia and memory care (44.4%), cardiology (42.2%) and pediatrics (42.0%).

Exhibit 52: Please Indicate If You Feel the Service Below Needs Much Greater Focus, Slightly More Focus or No Additional Focus Is Needed Within the Community.



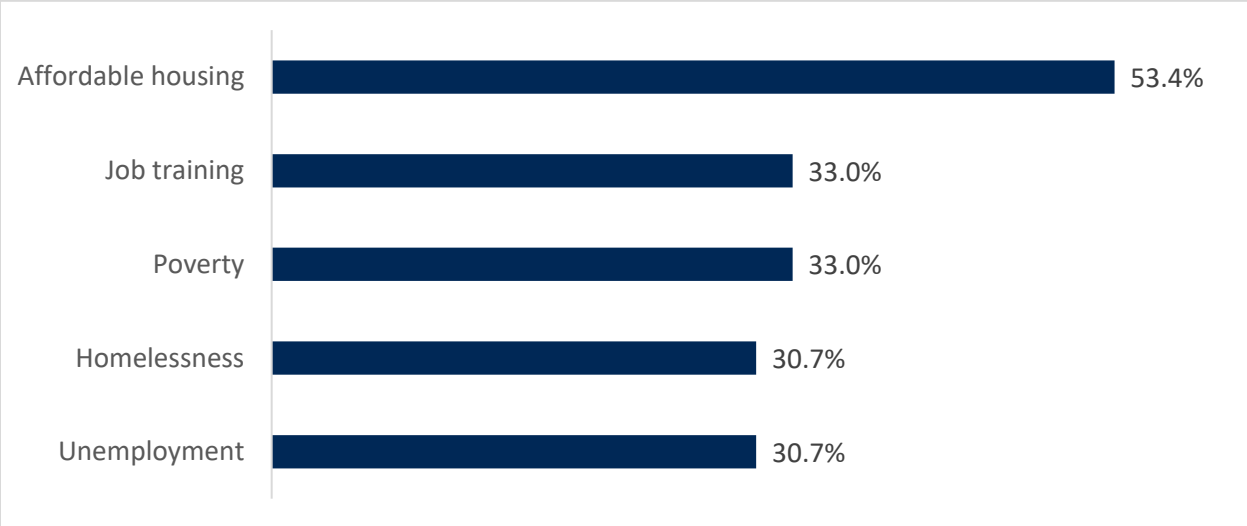
As seen in Exhibit 53, respondents were asked about the most pressing **health-related needs** within the community. A little over one in three respondents (38.6%) identified that access to a primary care provider is the most pressing health need within the community. This was followed by access to dental care (36.4%), depression and / or anxiety (27.3%), and access to specialty care provider (27.3%).

Exhibit 53: What Are the Top Three Most Pressing Healthcare-Related Community Needs with Which People Struggle?



As seen in Exhibit 54, respondents were also asked about the most pressing **non-healthcare related needs**. More than half of respondents (53.4%) identified that affordable housing is the most pressing non-healthcare related need. Followed by job training (33.0%), poverty (33.0%), homelessness (30.7%), and unemployment (30.7%).

Exhibit 54: What Would You Say Are the Top Three Most Pressing Non-Healthcare Related Needs?



Service Awareness

Respondents were asked about their level of familiarity with EHS or its primary care offices, as shown in Exhibit 55. More than half of respondents (53.4%) reported they are 'very familiar'. A little more than one in four respondents (28.4%) reported they are 'somewhat familiar' with EHS and its primary care or its primary care offices. A little under one in five respondents reported they are either 'not familiar' (8.0%) or 'not at all familiar'.

Exhibit 55: How Familiar Are You with Episcopal Health Services (EHS) Or Its Primary Care Offices?

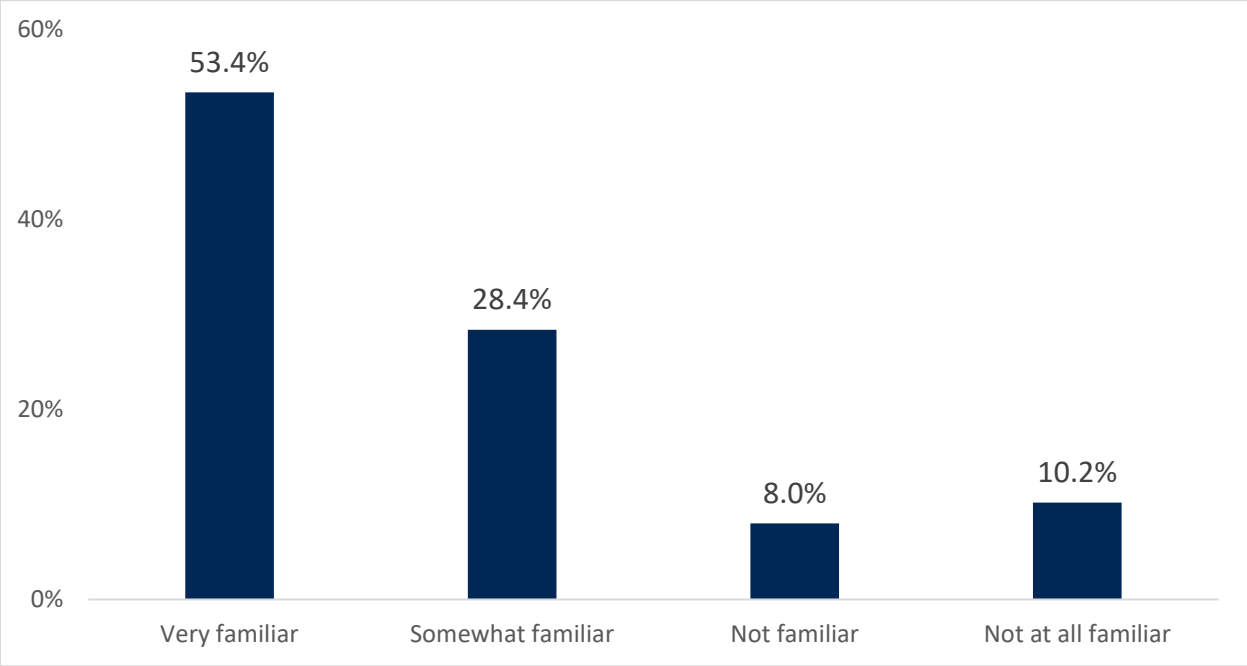
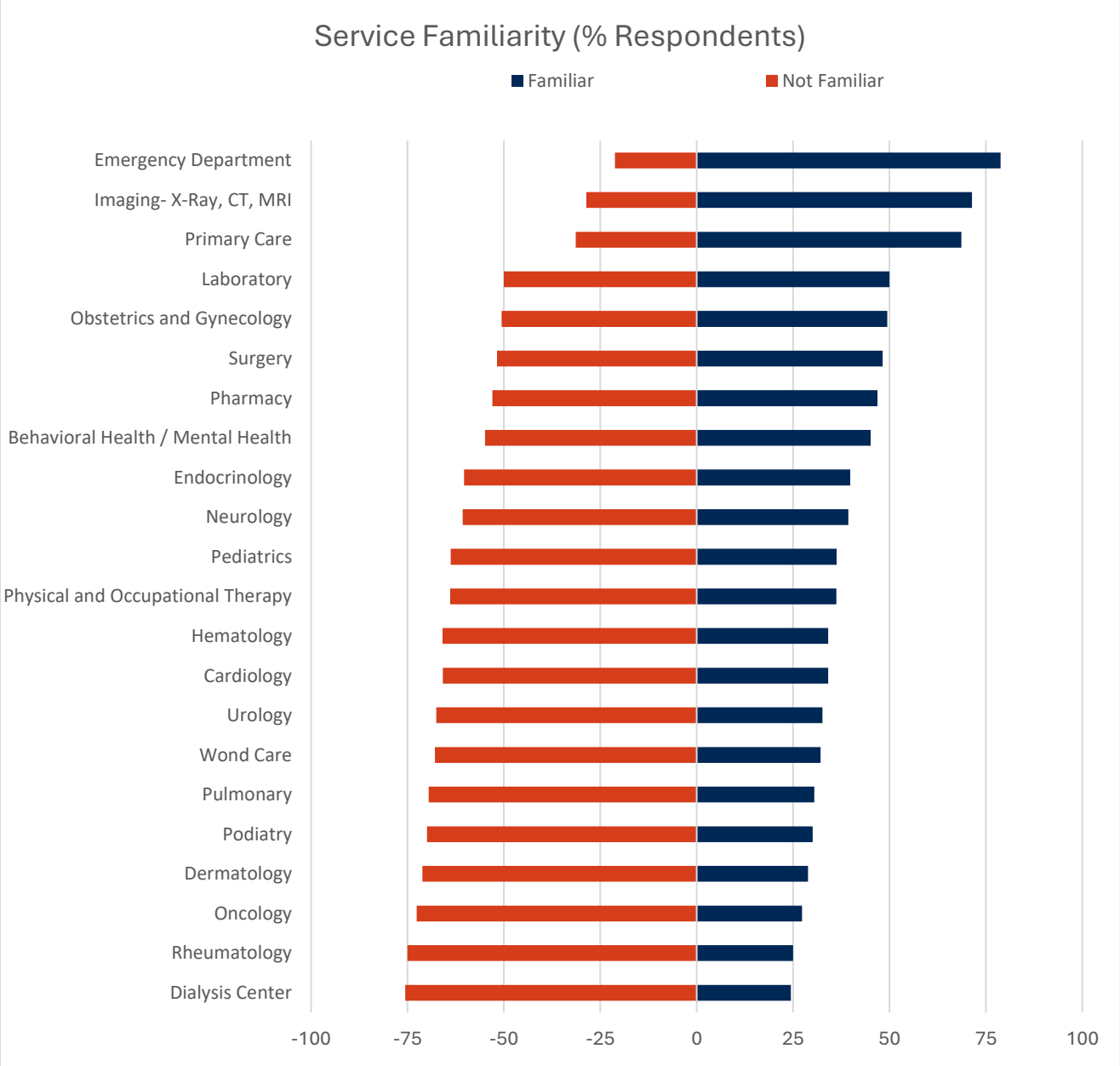


Exhibit 56 asks respondents about their familiarity with some of the services. Nearly four in five respondents (78.8%) are either 'very familiar' or 'somewhat familiar' with the emergency department service, followed by imaging, X-ray, CT, MRI (71.4%) and primary care (68.6%). About three in four respondents (75.6%) reported they are either 'not familiar' or 'not at all familiar with the dialysis center, followed by rheumatology (75.0%) and oncology (72.6%).

Exhibit 56: Thinking About EHS, How Familiar Are You with the Following Services Offered By EHS?



Community members were additionally asked about what services they would like to see at EHS that are not currently offered. As seen in Exhibit 57, survey respondents highlighted a range of services they would like to see offered or expanded in their community. Common themes included **specialty care services**, such as endocrinology surgery, chemotherapy infusion (which was noted as discontinued), and pain management. **Pediatric and mental health care** were mentioned, including requests for inpatient pediatric services, pediatric behavioral health, and a dedicated emergency department space for children awaiting mental health transfers.

Respondents also called for access to **basic and preventive care**, including dental and eye care, drug rehabilitation, and urgent care options to avoid unnecessary emergency department visits. **Support services** such as grief counseling, medically tailored meals for chronic conditions, and services for older adults (like exercise or wellness classes) were also named.

Exhibit 57: What Services Would You Like to See Offered at EHS That Are Not Currently Offered?

OPEN ENDED COMMENT ANSWERS
"Auditory hearing aids, kids need testing at an early age"
"Better service of the ED Grief support group for parents"
"Chemotherapy infusion. It has been discontinued."
"Culturally appropriate meal plans, or medically tailored meals is rare but vital, especially post discharge. Could be especially helpful for patients with diabetes, heart disease, or cancer"
"Dental"
"Drug rehabilitation"
"Endocrinology surgery"
"Eye care"
"Help with curing Azoospermia and semen analysis"
"Inpatient pediatrics, inpatient pediatric for behavioral health"
"More follow-up without patient who is being difficult to follow proper protocols or regulations that leads to defiance"
"Pain management"

"Pediatric mental health services specifically a pediatric inpatient even if it's short term. Or a dedicated area in the ed for pediatric patients especially when they are awaiting transfers for mental health services."
"Services for people 55 years or older, like Zumba classes and credo classes"
"Trauma center"
"Urgent Care center for small things so you don't have to go to the ER"

Prioritized Needs

The CHNA identified a range of health and related needs affecting the community served by EHS. These needs reflect themes and issues that emerged across the assessment and represent the collective findings of the CHNA.

The sections that follow first present the full set of identified community health needs and then highlight the subset of needs that were prioritized for further focus.

List of Identified Community Health Needs

- Access to low-cost or free primary care
- Access to maternal health care (prenatal and post-partum care), especially for minority populations
- Affordable childcare
- Affordable prescription medications
- Affordable, safe housing
- Chronic disease prevention and treatment
- Culturally competent providers that represent the diverse community
- Dental
- Domestic violence resources and services
- Food insecurity, including access to healthy, nutritious foods
- Health literacy
- Healthcare system navigation
- Insurance or financial barriers to accessing healthcare services
- K-12 public education
- Lack of trauma center
- Livable wage jobs
- Mental health services for all ages
- Safe places for physical activity
- Stigma
- Substance use services (full continuum of care services)
- Transportation

Prioritized Needs

Following completion of the CHNA, the findings were reviewed at an EHS Board Meeting. This review focused on prioritizing health issues identified as top of mind for the community.

Based on this Board review, EHS identified the following set of prioritized community health needs:

- Access to primary care
- Mental health services
- Chronic disease prevention
- Maternal health

These prioritized needs will inform the hospital's strategic planning, through which EHS will translate CHNA findings into actions to address identified community needs.

Appendices

Appendix A: Additional Secondary Data Tables

Domain 1: Demographics

EXHIBIT 58: CDC SOCIAL VULNERABILITY INDEX - SOCIOECONOMIC STATUS, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Population Below Poverty Level	20.7%	12.8%	27.3%	18.8%	11.0%	8.1%	7.3%	15.5%	19.8%	17.4%	12.2%	13.7%	12.4%
Unemployment Rate	8.7%	5.2%	11.4%	12.4%	7.7%	6.7%	4.0%	10.0%	8.3%	7.7%	7.0%	6.2%	5.2%
Percent of Low-Income Households Severely Cost Burdened	34.0%	40.3%	34.1%	31.1%	43.0%	38.6%	50.0%	33.5%	32.3%	40.3%	39.4%	37.3%	31.0%
No High School Diploma	21.9%	24.8%	14.6%	14.6%	10.3%	12.6%	3.7%	16.7%	22.9%	16.3%	17.3%	12.1%	10.6%
Uninsured Population	8.6%	8.7%	4.8%	6.2%	2.8%	5.2%	3.9%	5.1%	7.6%	6.4%	8.5%	5.0%	8.4%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 59: CDC SOCIAL VULNERABILITY INDEX - HOUSEHOLD CHARACTERISTICS & MINORITY STATUS, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Population Under Age 18	28.2%	28.2%	29.3%	23.1%	22.3%	22.8%	13.6%	18.6%	23.4%	20.4%	19.8%	20.7%	22.2%
Population Age 65 and Over	16.3%	12.1%	12.8%	19.1%	21.7%	13.3%	20.9%	21.9%	20.3%	16.0%	17.2%	17.4%	16.8%
Living with a Disability	13.6%	8.9%	14.9%	16.5%	12.1%	11.7%	8.7%	14.1%	14.9%	11.6%	10.2%	12.1%	12.8%
Ability to Speak English - Less Than Very Well per capita over 5	15.3%	32.2%	14.0%	12.5%	6.2%	8.8%	5.5%	10.1%	16.5%	22.1%	28.0%	13.3%	8.4%
Racial & Ethnic Minority	76.1%	69.8%	87.8%	56.5%	27.2%	42.6%	26.5%	50.3%	81.6%	68.7%	76.4%	46.6%	41.8%
Single-Parent Households	ND	ND	ND	ND	ND	ND	ND	ND	ND	33.1%	25.0%	26.3%	24.8%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 60: CDC SOCIAL VULNERABILITY INDEX - HOUSING TYPE & TRANSPORTATION, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Overcrowded Housing Units	12.0%	12.6%	8.4%	5.6%	3.9%	2.6%	2.3%	7.6%	10.6%	9.1%	9.8%	5.2%	3.4%
Group Quarters	3.8%	0.2%	5.1%	1.3%	6.6%	0.8%	3.3%	12.7%	5.8%	2.5%	1.4%	3.0%	2.4%
Multi-Unit Housing Structures	ND	ND	ND	ND	ND	ND	ND	ND	ND	83.5%	71.3%	51.0%	26.7%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 61:PROJECTED PERCENT CHANGE IN POPULATION, 2010 TO 2032

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Total Population (2010)	59,428	8,262	18,996	12,145	20,320	26,730	37,189	8,056	29,220	8.2M	2.2M	19.4M	308.7 M
Total Population (2023)	68,157	10,272	23,726	13,578	20,986	27,315	38,723	7,961	31,941	8.5M	2.3M	19.8M	332.4 M
Percent Change (2010-2023)	+14.7%	+24.3%	+24.9%	+11.8%	+3.3%	+2.2%	+4.1%	-1.2%	+9.3%	+4.2%	+4.5%	+2.6%	+7.7%
Total Population (2032)	77,511	11,127	27,893	15,375	22,611	28,473	38,778	9,337	35,405	9.1M	2.5M	20.8 M	364.1 M
Percent Change (2023-2032)	+13.7%	+8.3%	+17.5%	+13.2%	+7.7%	+4.2%	+0.1%	+17.3%	+10.8%	+7.0%	+7.7%	+4.5%	+9.5%

Sources: U.S. Census Bureau, n.d. American Community Survey One-year Estimates, 2010.| U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 62: MEDIAN AGE PERCENT CHANGE, 2010 TO 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Median Age (2010)	ND	ND	ND	ND	ND	ND	ND	ND	ND	37.3	39.6	39.2	36.9
Median Age (2023)	37.5	35.6	35.7	45.1	46.1	40.7	46.1	48	42.7	38.0	40.4	39.6	38.7
Percent Change	ND	ND	ND	ND	ND	ND	ND	ND	ND	1.9%	2.0%	1.0%	4.9%

Sources: U.S. Census Bureau American Community Survey 2010 Five-year Estimates | U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 63: POPULATION BY AGE GROUP, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Under Age 18	28.2%	28.2%	29.3%	23.1%	22.3%	22.8%	13.6%	18.6%	23.4%	20.4%	19.8%	20.7%	22.2%
Age 18 to 64	55.6%	59.7%	57.9%	57.7%	56.0%	63.9%	65.4%	59.5%	56.3%	63.5%	63.1%	61.9%	61.0%
Age 65 and Over	16.3%	12.1%	12.8%	19.1%	21.7%	13.3%	20.9%	21.9%	20.3%	16.0%	17.2%	17.4%	16.8%
Age Under 5	8.3%	9.1%	6.8%	5.8%	6.1%	5.4%	4.0%	6.3%	8.5%	5.9%	5.6%	5.6%	5.7%
Age 5 to 9	7.2%	8.4%	8.3%	6.4%	7.1%	6.4%	3.5%	7.8%	5.8%	5.4%	5.2%	5.6%	6.0%
Age 10 to 14	8.7%	7.3%	10.2%	6.5%	6.4%	6.7%	3.7%	3.5%	6.7%	5.9%	5.7%	6.0%	6.5%
Age 15 to 19	6.6%	6.4%	6.3%	6.4%	4.9%	6.9%	4.5%	3.8%	4.6%	5.4%	5.2%	6.1%	6.6%
Age 20 to 24	5.7%	4.9%	5.4%	4.2%	2.9%	6.1%	4.8%	2.5%	5.7%	5.9%	5.4%	6.3%	6.5%
Age 25 to 34	12.3%	20.9%	10.5%	10.8%	9.1%	12.6%	16.2%	8.5%	12.8%	17.0%	15.2%	14.3%	13.7%
Age 35 to 44	10.8%	9.0%	14.9%	11.3%	14.2%	12.8%	12.2%	16.2%	11.2%	13.9%	13.7%	12.9%	13.1%
Age 45 to 54	11.4%	8.3%	11.5%	11.3%	12.9%	13.8%	12.3%	14.7%	10.0%	12.4%	13.2%	12.5%	12.3%
Age 55 to 59	5.9%	7.8%	5.5%	9.8%	7.3%	9.7%	7.8%	6.9%	7.3%	6.3%	7.0%	6.8%	6.4%
Age 60 to 64	6.8%	5.7%	7.7%	8.4%	7.4%	6.2%	10.1%	7.8%	7.3%	5.9%	6.6%	6.6%	6.4%
Age 65 to 74	9.0%	5.7%	7.6%	11.4%	12.3%	9.5%	12.5%	9.6%	10.6%	9.2%	10.0%	10.1%	10.0%
Age 75 to 84	5.3%	4.6%	4.2%	5.2%	6.8%	2.4%	5.6%	9.4%	7.1%	4.8%	5.0%	5.1%	4.9%
Age Over 85	2.1%	1.8%	1.0%	2.5%	2.6%	1.5%	2.8%	3.0%	2.5%	2.0%	2.2%	2.2%	1.9%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 64:POPULATION BY RACE (ALONE), 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
White	28.3%	37.1%	16.0%	50.2%	77.9%	67.3%	79.0%	54.8%	22.4%	35.9%	28.3%	57.1%	63.4%
Asian	4.2%	8.7%	5.3%	3.9%	2.3%	4.4%	4.9%	4.8%	4.1%	14.6%	26.0%	8.9%	5.8%
Black or African American	42.1%	17.1%	56.2%	26.6%	7.4%	9.8%	4.2%	19.2%	45.7%	22.7%	17.4%	14.7%	12.4%
Some Other Race	12.7%	29.8%	7.8%	7.2%	5.2%	7.4%	4.9%	7.3%	15.3%	15.5%	16.2%	9.8%	6.6%
Two or More Races	12.1%	7.0%	14.3%	11.9%	7.1%	10.9%	6.8%	13.7%	11.6%	10.5%	11.2%	8.9%	10.7%
American Indian and Alaska Native	0.6%	0.3%	0.4%	0.2%	0.1%	0.2%	0.1%	0.2%	1.0%	0.7%	0.7%	0.5%	0.9%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 65:POPULATION BY ETHNICITY, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Hispanic or Latino	25.6%	44.3%	24.2%	22.5%	16.2%	27.1%	13.8%	24.6%	27.5%	28.4%	27.9%	19.6%	19.0%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 66:POPULATION BY SEX, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Females	52.3%	46.8%	52.8%	57.5%	51.8%	47.6%	48.8%	53.6%	53.6%	52.0%	51.1%	51.2%	50.5%
Males	47.7%	53.2%	47.2%	42.5%	48.2%	52.4%	51.2%	46.4%	46.4%	48.0%	48.9%	48.8%	49.5%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 67:LANGUAGE SPOKEN AT HOME (PEOPLE OVER AGE FIVE), 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
English Only	66.4%	40.0%	66.2%	69.5%	80.2%	74.1%	83.8%	74.4%	64.6%	52.5%	44.8%	69.4%	78.0%
Spanish	20.9%	39.6%	18.7%	15.6%	7.0%	18.6%	7.5%	14.2%	22.9%	22.7%	23.2%	14.7%	13.4%
Asian-Pacific Islander	2.0%	2.4%	2.6%	1.5%	2.1%	1.6%	2.8%	1.3%	2.7%	8.7%	14.6%	5.1%	3.5%
Other Indo-European	6.9%	12.7%	7.2%	12.3%	7.2%	4.4%	5.3%	8.9%	7.3%	13.1%	15.4%	8.9%	3.8%
Other	3.8%	5.4%	5.2%	1.1%	3.5%	1.3%	0.6%	1.2%	2.6%	3.0%	2.0%	1.9%	1.2%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 68: FOREIGN-BORN POPULATION, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Naturalized US Citizen	22.4%	22.3%	20.1%	18.1%	9.8%	5.9%	9.8%	11.8%	25.1%	21.5%	28.3%	13.5%	7.3%
Not US Citizen	12.5%	19.1%	10.1%	7.5%	4.5%	7.3%	4.4%	8.5%	14.1%	15.0%	19.3%	9.1%	6.6%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 69:POPULATION LIVING WITH DISABILITY BY AGE, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Age Under 5	1.7%	4.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.4%	0.5%	0.7%	0.6%	0.7%
Age 5 to 17	5.5%	1.6%	12.7%	5.9%	7.3%	6.6%	0.6%	3.2%	5.7%	5.2%	4.1%	5.7%	6.1%
Age 18 to 34	6.7%	6.2%	11.6%	4.4%	7.5%	7.8%	3.0%	6.9%	6.7%	5.0%	4.2%	6.6%	7.7%
Age 35 to 64	16.5%	10.4%	17.6%	16.9%	13.1%	13.1%	7.3%	18.3%	15.9%	10.8%	8.4%	11.2%	12.4%
Age 65 to 74	29.8%	13.6%	18.7%	33.6%	15.3%	23.4%	16.9%	31.3%	34.3%	24.4%	21.4%	22.1%	24.0%
Age 75 and Over	47.9%	42.9%	54.7%	49.3%	33.3%	28.1%	39.1%	24.6%	50.8%	48.9%	45.8%	45.4%	46.5%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 70: POPULATION LIVING WITH DISABILITY BY TYPE, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Vision Difficulty Disability	2.7%	2.3%	4.7%	4.7%	1.1%	2.0%	1.7%	1.5%	3.0%	2.4%	2.0%	2.2%	2.4%
Hearing Difficulty Disability	2.3%	1.6%	2.8%	3.2%	2.1%	2.0%	2.9%	1.6%	3.0%	2.2%	2.2%	2.8%	3.6%
Cognitive Difficulty Disability	5.2%	3.6%	4.7%	3.4%	5.9%	4.3%	2.3%	7.2%	5.5%	4.5%	3.6%	4.7%	5.1%
Ambulatory Difficulty Disability	8.9%	4.3%	7.8%	10.3%	5.5%	5.9%	5.3%	7.7%	10.3%	6.9%	6.1%	6.3%	6.3%
Independent Living Disability	5.3%	3%	5.6%	6.1%	4.8%	4.7%	3.5%	6.3%	6.2%	4.9%	4.4%	4.8%	4.5%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 71:POPULATION LIVING WITH DISABILITY BY RACE, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
American Indian and Alaska Native	41.8%	30.8%	4.9%	0.0%	0.0%	0.0%	0.0%	0.0%	49.0%	15.4%	14.1%	15.5%	15.7%
White	12.9%	9.2%	20.8%	19.0%	11.5%	13.6%	9.9%	15.3%	15.0%	10.9%	12.3%	12.5%	13.9%
Black or African American	14.8%	15.3%	12.8%	11.2%	22.4%	11.5%	9.1%	17.4%	14.4%	13.7%	11.6%	13.7%	14.5%
Two or More Races	12.1%	5.8%	17.0%	14.8%	11.7%	7.1%	4.1%	7.9%	15.7%	12.4%	9.4%	11.6%	10.9%
Some Other Race	14.8%	4.8%	22.4%	24.3%	7.6%	4.0%	6.0%	15.2%	16.8%	13.2%	8.9%	12.0%	10.0%
Asian	12.5%	14.9%	15.3%	14.1%	28.3%	7.9%	5.7%	28.2%	20.1%	8.2%	8.4%	7.8%	7.9%
Native Hawaiian and Other Pacific Islander	ND	ND	ND	ND	ND	0.0%	0.0%	ND	ND	12.9%	7.4%	15.5%	12.7%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 72:POPULATION LIVING WITH DISABILITY BY ETHNICITY, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Hispanic or Latino	13.4%	5.8%	15.8%	14.4%	11.3%	7.2%	4.1%	12.6%	14.0%	13.5%	9.3%	12.2%	9.9%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

Domain 2: Education

EXHIBIT 73: HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Less than 9th Grade	11.7%	14.0%	7.2%	6.5%	5.4%	6.0%	2.0%	7.4%	12.5%	8.8%	10.4%	6.0%	4.7%
9th to 12th Grade, No Diploma	10.2%	10.8%	7.5%	8.1%	4.9%	6.6%	1.7%	9.3%	10.4%	7.5%	6.9%	6.2%	5.9%
High School Degree	27.8%	26.2%	31.5%	28.6%	24.3%	37.4%	20.0%	27.0%	26.9%	23.0%	25.6%	24.6%	26.2%
Some College / No Degree	18.1%	16.1%	18.3%	14.3%	17.0%	23.2%	16.7%	22.5%	19.0%	13.2%	14.1%	14.9%	19.4%
Associate's degree	8.7%	6.7%	9.7%	6.3%	5.2%	9.7%	6.9%	5.1%	9.8%	6.5%	7.8%	8.9%	8.8%
Bachelor's Degree	12.7%	16.7%	15.9%	21.8%	22.7%	11.4%	29.1%	17.5%	13.0%	23.6%	21.5%	22.0%	21.3%
Graduate Degree	10.8%	9.4%	10.0%	14.5%	20.5%	5.7%	23.7%	11.2%	8.4%	17.4%	13.7%	17.5%	13.7%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 74:EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY RACE, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
White	44.0%	28.7%	40.2%	44.4%	47.2%	16.8%	54.8%	33.3%	41.7%	59.2%	45.9%	45.3%	37.7%
Asian	40.9%	27.2%	48.5%	41.3%	37.6%	23.9%	60.5%	34.6%	32.9%	45.2%	40.7%	49.3%	57.0%
Two or More Races	15.3%	15.5%	15.6%	23.5%	37.5%	19.2%	48.9%	19.2%	19.7%	34.6%	29.6%	34.1%	28.2%
Black or African American	17.9%	35.0%	22.8%	25.5%	17.0%	16.7%	18.2%	20.8%	16.3%	26.7%	28.2%	26.7%	24.7%
Native Hawaiian and Other Pacific Islander	ND	ND	ND	ND	ND	0.0%	0.0%	ND	ND	22.8%	25.2%	22.5%	19.0%
American Indian and Alaska Native	0.0%	0.0%	0.0%	100.0 %	100.0 %	63.6%	63.6%	100.0 %	0.0%	21.1%	21.4%	20.1%	16.2%
Some Other Race	6.0%	13.4%	8.1%	19.9%	33.3%	13.2%	32.9%	15.4%	8.2%	17.0%	17.0%	18.0%	15.6%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 75: EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY ETHNICITY, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Hispanic or Latino	10.5%	13.6%	14.4%	31.5%	35.5%	12.2%	40.9%	17.4%	15.3%	21.5%	20.4%	22.6%	19.9%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 76:CHILD CARE CENTERS, 2021

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / RockawayBeach	11694 Harbor / RockawayPark	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius
Child Care Centers	28	6	6	4	0	12	8	0	15

Source: U.S. Census Bureau, County Business Patterns, 2021.

Domain 3: Economic Stability

EXHIBIT 77: POVERTY PERCENT CHANGE, 2010 TO 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Total Households Below Poverty Level per household (2010)	29.2%	13.6%	25.1%	14.2%	7.6%	6.9%	8.4%	11.5%	27.4%	18.0%	13.3%	13.7%	13.1%
Total Households Below Poverty Level per household (2023)	25.6%	17.0%	25.7%	15.7%	11.5%	8.1%	7.0%	12.6%	28.1%	17.2%	12.7%	13.8%	12.5%
Percent Change (2010-2023)	-12.3%	+24.9%	+2.6%	+10.9%	+51.9%	+17.2%	-16.3%	+9.1%	+2.3%	-4.2%	-4.5%	+0.5%	-5.2%

Sources: U.S. Census Bureau, n.d. American Community Survey One-year Estimates, 2010.| U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 78:INCOME TO POVERTY RATIOS, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
100% to 124% FPL	6.0%	5.0%	3.6%	3.4%	3.7%	4.5%	1.1%	7.5%	8.0%	4.3%	4.1%	3.6%	3.8%
125% to 149% FPL	3.7%	12.5%	5.5%	2.3%	3.3%	2.8%	1.8%	7.2%	3.6%	4.3%	4.1%	3.6%	4.0%
150% to 184% FPL	7.5%	3.6%	6.2%	5.4%	3.4%	6.6%	3.3%	5.5%	8.4%	5.6%	6.0%	5.0%	5.7%
185% to 199% FPL	3.2%	1.5%	3.1%	2.6%	2.2%	2.4%	0.8%	3.9%	2.8%	2.4%	2.6%	2.2%	2.6%
200% and Over FPL	58.8%	64.6%	54.4%	67.4%	76.5%	75.5%	85.7%	60.4%	57.4%	66.0%	71.0%	71.9%	71.5%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 79:PERCENT OF POPULATION LIVING IN POVERTY, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Total People Below Poverty Level	20.7%	12.8%	27.3%	18.8%	11.0%	8.1%	7.3%	15.5%	19.8%	17.4%	12.2%	13.7%	12.4%
American Indian and Alaska Native	11.5%	0.0%	29.5%	63.0%	0.0%	0.0%	0.0%	0.0%	1.4%	25.2%	12.6%	22.7%	21.8%
Asian	9.8%	8.5%	17.0%	24.8%	32.4%	24.6%	3.6%	21.9%	12.4%	15.1%	13.2%	13.9%	9.9%
Black or African American	20.1%	5.8%	31.3%	34.0%	18.2%	16.0%	20.4%	14.8%	20.8%	21.2%	12.5%	20.6%	21.3%
Native Hawaiian and Other Pacific Islander	ND	ND	ND	ND	ND	0.0%	0.0%	ND	ND	24.6%	13.7%	22.2%	17.2%
Some Other Race	27.8%	20.4%	25.9%	28.4%	8.9%	13.9%	24.5%	10.2%	15.5%	24.5%	13.9%	21.9%	18.2%
Two or More Races	23.2%	12.1%	23.3%	15.9%	20.4%	3.7%	8.7%	25.1%	19.0%	18.0%	12.6%	16.0%	14.7%
White	19.7%	14.6%	20.3%	8.2%	9.3%	6.1%	5.6%	13.7%	23.3%	12.3%	10.1%	10.0%	9.9%
Hispanic or Latino	29.5%	20.4%	30.4%	18.3%	17.7%	7.9%	10.6%	19.0%	19.6%	23.3%	14.4%	20.1%	16.9%
Age Under 5 Below Poverty Level	26.7%	16.3%	30.5%	25.6%	8.8%	5.0%	2.3%	10.7%	16.8%	22.1%	15.1%	18.6%	17.6%

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Age Under 18 Below Poverty Level	21.1%	16.4%	35.1%	31.2%	10.0%	8.3%	11.0%	22.0%	14.3%	23.2%	15.2%	18.2%	16.3%
Age 18 to 64 Below Poverty Level	19.2%	12.9%	24.7%	11.8%	9.9%	7.5%	6.3%	12.2%	18.3%	15.1%	10.7%	12.5%	11.6%
Age 65 and Over Below Poverty Level	26.7%	17.0%	20.5%	20.7%	15.6%	10.9%	7.5%	20.5%	32.6%	18.9%	14.7%	12.7%	10.4%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 80:MEDIAN HOUSEHOLD INCOME PERCENT CHANGE, 2010 AND 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Median Household Income (2010)	$43,393	$60,997	$44,020	$55,094	$78,443	$85,977	$85,353	$47,981	$39,587	$59,836	$59,558	$56,951	$52,762
Median Household Income (2023)	$64,213	$91,477	$63,937	$74,871	$111,659	$111,473	$134,789	$77,377	$62,497	$79,713	$84,961	$84,578	$78,538
Percent Change (2010-2023)	+48.0%	+50.0%	+45.2%	+35.9%	+42.3%	+29.7%	+57.9%	+61.3%	+57.9%	+33.2%	+42.7%	+48.5%	+48.9%

Sources: U.S. Census Bureau, n.d. American Community Survey One-year Estimates, 2010. | U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 81:MEDIAN HOUSEHOLD INCOME BY RACE, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
White	$62,021	$84,434	$81,525	$79,221	$111,893	$104,621	$133,773	$74,085	$47,576	$108,555	$94,997	$94,737	$83,784
American Indian and Alaska Native	ND	ND	ND	ND	ND	ND	ND	ND	ND	$61,491	$83,595	$63,315	$59,393
Asian	$43,600	$21,750	$183,797	$129,118	$112,813	$135,651	ND	$112,813	$10,685	$87,197	$83,261	$94,665	$113,106
Black or African American	$55,717	$78,125	$65,348	$65,781	$41,671	$104,886	ND	$52,083	$56,085	$60,673	$83,180	$61,528	$53,444
Two or More Race	$57,930	$59,750	$80,677	$65,400	$113,447	$156,548	$155,135	$102,099	$39,659	$71,942	$82,618	$78,026	$73,412
Other Race	$67,287	$85,109	$33,599	ND	ND	$107,008	$173,042	ND	$35,120	$52,727	$74,751	$58,747	$65,558

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 82:MEDIAN HOUSEHOLD INCOME BY ETHNICITY, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Hispanic or Latino	$52,183	$71,587	$53,516	$64,797	$84,440	$136,044	$140,198	$62,292	$53,721	$55,817	$74,722	$64,615	$68,890

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 83:EMPLOYMENT BY INDUSTRY, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Office and Administrative Support	7.1%	8.3%	11.2%	7.5%	8.7%	9.6%	9.5%	9.7%	7.0%	9.2%	10.0%	9.9%	10.1%
Sales	6.4%	7.1%	3.0%	7.1%	7.6%	8.3%	7.1%	6.8%	6.4%	7.5%	7.6%	8.2%	8.8%
Education, Training and Library	8.3%	3.7%	6.5%	5.1%	10.9%	4.2%	11.4%	4.9%	6.2%	6.2%	5.6%	7.3%	5.9%
Business and Finance	2.3%	5.0%	2.1%	6.7%	4.6%	5.9%	8.3%	6.4%	1.7%	6.4%	5.3%	5.9%	5.6%
Healthcare Support	11.9%	5.7%	9.9%	9.2%	3.2%	6.6%	3.4%	4.9%	14.9%	6.3%	6.0%	4.6%	3.1%
Health Diagnosis and Treating Practitioners	5.4%	7.1%	1.4%	4.1%	5.3%	2.7%	6.1%	5.2%	5.4%	3.8%	3.9%	4.5%	4.2%
Food Preparation and Serving	3.3%	3.1%	2.9%	4.8%	3.1%	3.6%	2.0%	3.3%	3.9%	4.5%	5.3%	4.4%	4.9%
Construction and Extraction	4.5%	9.5%	3.6%	3.0%	5.6%	8.4%	4.6%	7.5%	3.0%	3.6%	5.3%	4.0%	4.7%
Transportation	4.9%	3.1%	8.7%	3.8%	2.1%	4.8%	2.8%	2.9%	5.2%	4.2%	5.4%	3.6%	3.6%

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Building, Grounds Cleaning, and Maintenance	7.2%	13.0%	4.3%	2.3%	2.6%	4.7%	1.7%	3.1%	6.3%	3.6%	4.3%	3.3%	3.2%
Computer and Mathematical	2.0%	0.9%	1.5%	1.1%	2.1%	1.4%	2.7%	1.1%	1.3%	3.5%	3.2%	3.1%	3.5%
Production	1.1%	2.5%	2.1%	2.0%	2.1%	4.7%	1.4%	4.0%	1.1%	2.0%	2.6%	3.1%	5.1%
Arts, Design, Entertainment, Sports and Media	1.1%	0.1%	2.7%	3.4%	3.3%	1.3%	3.1%	3.6%	1.4%	4.4%	2.8%	3.0%	2.0%
Personal Care and Service	4.1%	2.4%	4.1%	2.0%	2.9%	1.2%	2.7%	2.9%	5.6%	3.1%	3.5%	2.7%	2.4%
Material Moving	2.6%	3.1%	0.9%	1.7%	3.9%	2.2%	0.8%	4.4%	3.0%	1.9%	2.2%	2.3%	3.6%
Installation, Maintenance, and Repair	2.0%	1.2%	2.2%	2.1%	0.7%	4.5%	1.9%	1.1%	2.2%	1.5%	2.0%	2.2%	2.9%
Community and Social Service	2.6%	0.4%	4.6%	6.0%	0.8%	2.6%	2.2%	0.0%	2.1%	2.0%	1.8%	2.0%	1.7%
Management	4.8%	9.5%	8.9%	6.9%	7.7%	8.2%	11.1%	3.1%	4.5%	10.4%	8.5%	10.6%	10.8%
Legal	1.1%	0.1%	0.1%	2.1%	2.5%	1.1%	3.6%	2.2%	0.6%	2.0%	1.4%	1.8%	1.1%

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Health Technologist and Technicians	2.3%	2.4%	3.1%	1.5%	0.7%	2.6%	2.1%	1.7%	2.4%	1.4%	1.6%	1.8%	1.8%
Architecture and Engineering	0.4%	1.7%	0.3%	1.0%	1.6%	0.9%	2.3%	0.6%	0.2%	1.1%	1.2%	1.6%	2.1%
Fire Fighting and Prevention	3.2%	1.2%	3.6%	2.6%	6.5%	1.8%	1.9%	7.7%	3.1%	1.7%	1.6%	1.5%	1.1%
Law Enforcement	0.8%	3.5%	3.1%	2.3%	2.4%	1.6%	2.5%	1.8%	1.0%	0.9%	1.0%	1.2%	0.9%
Life, Physical, and Social Science	0.8%	1.1%	0.2%	1.2%	1.3%	0.3%	1.3%	1.8%	1.0%	1.1%	0.8%	1.1%	1.1%
Farming, Fishing and Forestry	0.1%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.2%	0.6%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 84:HOUSEHOLDS RECEIVING SNAP, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Households Receiving Food Stamps/SNAP	31.7%	19.0%	33.8%	20.3%	6.9%	11.0%	4.9%	14.8%	32.5%	20.2%	14.7%	15.0%	11.8%

Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 85: FOOD INSECURITY TRENDS, 2020 TO 2023

	Queens County	New York State	United States
Overall Food Insecurity			
Percent Change 2020 to 2023	**+16.5%**	**+51.0%**	**+21.2%**
2023	14.1%	14.5%	14.3%
2022	12.5%	13.4%	13.5%
2021	10.9%	11.4%	10.4%
2020	12.1%	9.6%	11.8%
Child Food Insecurity			
Percent Change 2020 to 2023	**-4.4%**	**+30.1%**	**+19.3%**
2023	19.6%	19.0%	19.2%
2022	18.7%	18.8%	18.5%
2021	15.9%	15.4%	12.8%
2020	20.5%	14.6%	16.1%

Source: Hunger & Poverty in the United States | Map the Meal Gap, n.d.

Domain 4: Neighborhood & Built Environment

EXHIBIT 86:HOUSING COSTS & HOME VALUE, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Median Household Income	$43,393	$60,997	$44,020	$55,094	$78,443	$85,977	$85,353	$47,981	$39,587	$59,836	$59,558	$56,951	$52,762
Homeowner Excessive Housing Costs	36.3%	40.4%	36.3%	24.5%	33.5%	32.1%	33.6%	37.8%	36.6%	34.3%	36.9%	26.9%	22.1%
Renter Excessive Housing Costs	55.6%	60.1%	59.6%	47.9%	43.9%	65.1%	50.9%	45.1%	55.9%	49.4%	49.6%	48.7%	46.9%
Renter Housing Mobile Homes	0.5%	0.0%	0.5%	0.0%	0.0%	0.0%	1.1%	0.0%	0.4%	0.1%	0.2%	1.0%	4.0%
Homeowner Vacancy Rate	0.1%	0.0%	0.0%	0.4%	1.1%	1.6%	2.6%	0.0%	0.2%	1.8%	1.2%	1.1%	1.0%

Sources: U.S. HUD CHAS 2015-2019 | U.S. Census Bureau, n.d. American Community Survey One-year Estimates, 2010. | U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 87: FAIR MARKET RENT (FMR), 2023

	Queens County	New York State	U.S.
0 Bedrooms	$2,123.00	ND	ND
1 Bedrooms	$2,170.00	ND	ND
2 Bedrooms	$2,451.00	ND	ND
3 Bedrooms	$3,078.00	ND	ND
4 Bedrooms	$3,316.00	ND	ND

Source: U.S. Department of Housing and Urban Development HOME Rent Limits 2023

EXHIBIT 88:HOUSEHOLD COMPOSITION, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Household with Children	34.2%	42.3%	38.5%	29.2%	25.5%	36.5%	17.9%	22.0%	29.2%	26.8%	28.3%	27.8%	29.9%
Households with Grandparents Responsible for Grandchildren	1.1%	0.0%	1.7%	1.4%	1.2%	0.9%	0.5%	2.7%	0.9%	1.2%	1.3%	1.1%	1.3%

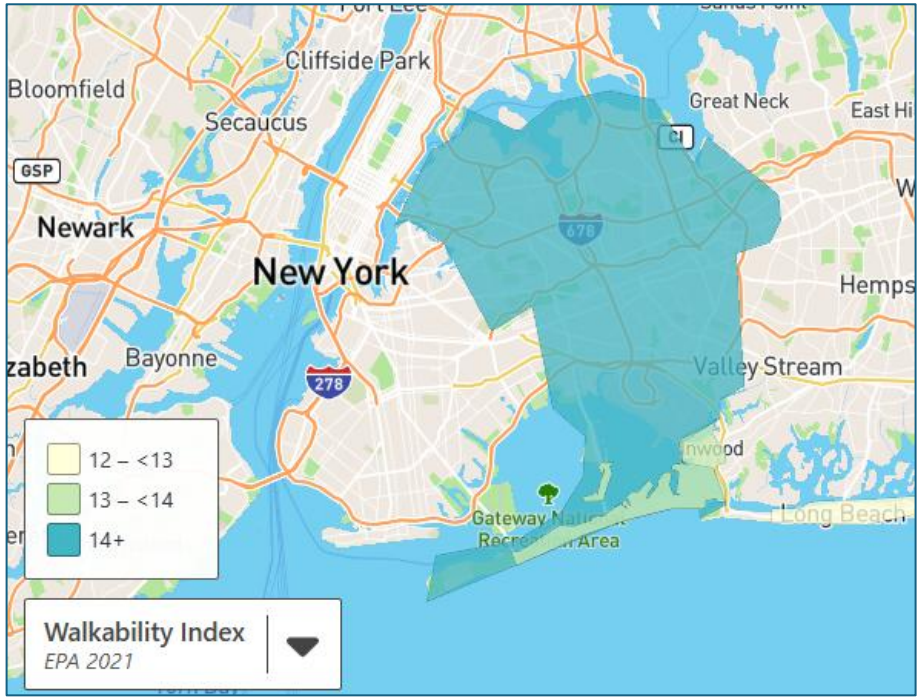
Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 89:TRANSPORTATION, 2023

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Mean Travel Time to Work (in minutes)	45.3	34.5	51.9	50.1	44.8	33.7	41.5	51.9	46.9	40.6	43.1	32.8	26.6
Commute Transportation by Public Transit	31.6%	16.0%	40.5%	31.7%	26.7%	2.7%	15.7%	42.7%	30.8%	45.6%	42.4%	22.4%	3.5%
Commute Transportation by Drive Alone	41.2%	45.7%	40.6%	48.7%	53.6%	78.7%	59.9%	42%	38.8%	21.9%	32.1%	49.7%	70.2%
Walkability Index	ND	ND	ND	ND	ND	ND	ND	ND	ND	14	14	12	10

Sources: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 90:TRANSPORTATION, 2023



Sources: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 91:BROADBAND

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Household Without Internet Access (2023)	9.4%	8.6%	9.1%	8.3%	5.1%	6.8%	3.7%	6.8%	9.3%	8.7%	7.5%	8%	7.7%
Number of Internet Providers (2024)	ND	ND	ND	ND	ND	ND	ND	ND	ND	16.0	12.0	67	2,126

Sources: Federal Communications Commission Fixed Broadband Deployment Data 2021 | U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

Domain 5: Health & Behavioral Health

EXHIBIT 92:HEALTH CARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2024

	New York City	Queens County	New York State	U.S.
Primary Care Physician	574,831:1	1,501:1	891:1	980:1
Primary Care Nurse Practitioner	1,231,781:1	2,279:1	985:1	1,303:1
Dentist	783,861:1	1,774:1	1,468:1	1,648:1
Mental Health Provider	226,907:1	1,164:1	589:1	624:1
Pediatrician	886,280:1	826:1	623:1	873:1
Obstetrics Gynecology OBGYN	ND	5,765:1	3,058:1	3,782:1
Midwife and Doula	4,473,748:1	20,775:1	10,203:1	12,248:1

Sources: CMS, n.d. NPPES NPI, 2024.

EXHIBIT 93:UNINSURED POPULATION, 2023[1]

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Uninsured Population	8.6%	8.7%	4.8%	6.2%	2.8%	5.2%	3.9%	5.1%	7.6%	6.4%	8.5%	5.0%	8.4%
Age Under 6 without Health Insurance	7.2%	0.8%	5.1%	25.1%	4.9%	2.3%	0.0%	11.0%	6.4%	1.9%	2.5%	2.4%	4.5%
Age 6 to 18 without Health Insurance	3.8%	3.2%	3.2%	3.3%	0.3%	2.9%	3.8%	0.0%	5.0%	2.5%	3.2%	2.6%	5.8%
Age 19 to 64 without Health Insurance	13.0%	12.7%	6.5%	6.6%	4.7%	7.2%	5.4%	7.8%	10.5%	9.1%	12.1%	7.2%	12.0%
Age 65 and Over without Health Insurance	0.9%	4.3%	0.9%	1.1%	0.4%	0.5%	0.8%	0.0%	1.2%	1.6%	2.2%	0.9%	0.8%
People with Private Health Insurance	50.8%	59.2%	51.1%	58.8%	76.0%	76.0%	82.6%	63.8%	51.6%	62.1%	63.4%	69.7%	73.6%
People with Public Health Insurance	60.5%	58.1%	56.6%	51.9%	36.7%	38.4%	30.6%	45.3%	61.0%	48.4%	47.9%	43.7%	39.7%

[1] Since many individuals in the United States have more than one health plan, private and public insurances can add up to more than 100%. U.S. Census Bureau, 2023.

	11691 Far Rockaway	11096 Inwood	11692 Arverne / Edgemere	11693 Broad-channel / Rockaway Beach	11694 Harbor / Rockaway Park	11967 11967 Breezy Point	11694 Long Beach	The Margaret O. Carpenter Women's Health Center 0.5-mile radius	St. Johns Medical Group 0.5-mile radius	New York City	Queens County	New York State	U.S.
Age 18 and Under with a Disability without Health Insurance	3.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%	2.0%	1.9%	1.8%	4.0%
Age 19 to 64 with a Disability without Health Insurance	4.8%	26.8%	3.5%	1.4%	4.3%	3.5%	4.4%	8.4%	3.7%	5.9%	8.2%	4.9%	10.0%
People in Labor Force without Health Insurance	14.7%	14.0%	6.6%	8.3%	4.8%	7.7%	5.1%	8.4%	11.2%	8.6%	11.5%	6.9%	11.2%

Sources: U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

Domain 6: Health Outcomes

EXHIBIT 94:DEATH RATE (RATE PER 100,000 PEOPLE), 2021

	Queens County	New York State	U.S.
Death Rate	7.4	9.1	10.4

Source: CDC WONDER, n.d. Causes of Death, 2021.

EXHIBIT 95: NEW YORK CITY LIFE EXPECTANCY BY RACE AND ETHNICITY, 2022

	Asian and Pacific Islander	Hispanic / Latino	Non-Hispanic / Latino White	Non-Hispanic / Latino Black	New York City
Age in Years	86.0	82.1	82.3	76.9	8.5

Source: Bureau of Vital Statistics, New York City Department of Health and Mental Hygiene et al., n.d.

EXHIBIT 96: CANCER INCIDENCE RATE PER 100.000 POPULATION, ALL SITES, 2018-2022

	Nassau County	Queens County	New York City	New York State
All Sites Combined	**499.3**	**399.6**	**418.5**	**466.8**
Breast	150.0	126.4	127.5	135.5
Prostate	146.0	111.6	127.7	135.5
Lung and Bronchus	49.0	38.7	40.9	52.4
Colon and Rectum	33.1	30.1	29.9	31.6
Non-Hodgkin Lymphoma	23.4	17.2	18.5	20.3
Thyroid	23.1	19.3	18.3	17.7
Bladder	22.6	13.9	14.8	20.5
Kidney	17.5	14.2	13.8	16.4
Skin Melanoma	17.0	5.3	7.3	14.7
Leukemia	15.7	12.1	12.8	15.2
Pancreas	15.6	12.8	13.2	14.4
Oral Cavity	11.2	8.6	9.2	11.1
Stomach	6.6	9.3	7.8	6.4
Liver	6.6	8.9	9.1	8.1

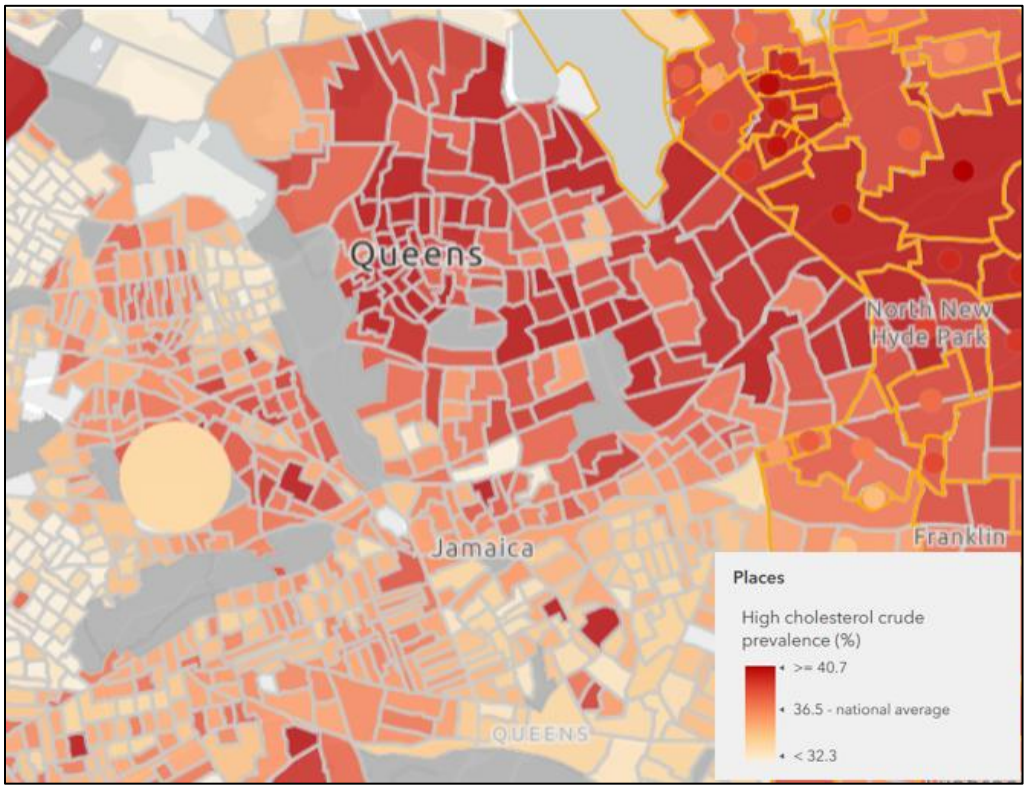
Source: New York State Cancer Statistics, n.d. https://www.health.ny.gov/statistics/cancer/registry/ratebyCounty.htm

EXHIBIT 97: CHRONIC DISEASE AMONG ADULTS, 2021, 2022, AND 2023

	Nassau County (2022)	Queens County (2022)	New York City (2022)	New York State (2023)	United States
Obesity	26.9%	24.7%	27.0%	27.9%	27.0%
High Blood Pressure (2021)	25.0%	28.8%	28.3%	32.1%	28.3%
Arthritis	19.4%	17.7%	19.5%	20.4%	19.5%
Depression	16.6%	14.8%	17.7%	17.0%	17.7%
Current Asthma	9.0%	8.6%	10.1%	9.9%	10.1%
Diabetes	9.0%	10.7%	11.2%	9.4%	11.2%
Chronic Obstructive Pulmonary Disease (COPD)	6.0%	5.8%	5.2%	4.5%	5.2%
Coronary Heart Disease	4.7%	4.9%	5.6%	5.2%	5.6%
Stroke	2.3%	2.7%	3.2%	2.5%	3.2%
Kidney Disease	ND	ND	ND	2.7%	14.0%

Source: NYS: BRFSS Prevalence & Trends Data: Home | DPH | CDC, n.d.; NYC and Counties: *City Compare Measure | PLACES DTM Open Data*, n.d.; Centers for Disease Control and Prevention & New York State Department of Health, 2023; Centers for Disease Control and Prevention. (2023). *Chronic Kidney Disease in the United States, 2023*.

EXHIBIT 98: HIGH CHOLESTEROL PREVALENCE AMONG ADULTS, QUEENS COUNTY[13]



Source: PLACES: Local Data for Better Health, n.d.

[13] The model-based estimates were generated using BRFSS 2022 or 2021, Census 2020 population counts or census county population estimates of 2022, and ACS 2018-2022. *PLACES: Health Outcomes, n.d.*

EXHIBIT 99: LEADING CAUSES OF DEATH, RATE PER 100,000 POPULATION, 2022

	Nassau County	Queens County	New York City	New York State	United States
All Causes	**597.9**	**542.4**	**586.3**	**679.6**	**798.8**
Heart Disease	177.9	154.3	159.9	163.7	167.2
Cancer	119.8	97.4	103.2	123.7	142.3
COVID-19	35.7	42.0	43.2	42.7	44.5
Unintentional Injury	34.4	36.2	45.9	50.6	64.0
Cerebrovascular Disease	25.4	21.1	21.2	25.1	39.5
Chronic Lower Respiratory Disease	14.6	11.7	13.9	22.8	34.3
Diabetes	10.3	15.0	17.2	18.4	24.1

Source: New York State Leading Causes of Death, n.d.; Murphy, S. L., Kochanek, K. D., Xu, J., & Arias, E. (2024). *Mortality in the United States, 2023*. https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#state

EXHIBIT 100: PREVENTIVE HEALTH MEASURES AMONG ADULTS, 2022

	Nassau County	Queens County	New York City	United States
Routine Check-up within Last Year	79.1%	79.5%	77.8%	74.2%
Dental Visit within Last Year	68.6%	60.8%	58.6%	63.4%
Cholesterol Screening within Last Five Years	89.2%	87.2%	86.9%	84.3%
Mammography among Women Aged 50-74 Years	75.8%	78.2%	78.3%	76.0%
Colorectal Screening Among Adults Aged 45-75 Years	63.2%	58.0%	59.6%	54.1%

Source: City Compare Measure | PLACES DTM Open Data, n.d.

EXHIBIT 101: YOUTH ASTHMA EMERGENCY DEPARTMENT VISIT RATES PER 10,000 POPULATION, 2020-2022

	Nassau County	Queens County	New York City	New York State
Aged 0-4 Years (2020-2022)	54.0	98.6	121.5	88.0
Aged 0-17 Years (2022)	49.5	104.9	144.7	93.8

Source: New York State Asthma Dashboard. (n.d.).

EXHIBIT 102: INFECTIOUS DISEASE RATES, 2020-2022

	Nassau County	Queens County	New York City	New York State
Pneumonia / Flu Hospitalization Among Adults Aged 65 and Older Rate per 10,000	47.1	37.5	44.4	53.7
Lyme Disease Incidence Rate per 100,000	18.5	5.7	11.4	46.5
Tuberculosis Incidence Rate per 100,000	2.8	8.6	5.6	3.2

Source: New York State Community Health Indicator Reports Dashboard. (n.d.).

EXHIBIT 103: POSITIVE COVID TESTS RATE PER 100,000 POPULATION, 2025

	Nassau County	Queens County	New York City	New York State
Positive COVID Test Rate	2.5	2.6	2.5	1.9

Source: Positive tests over time, by region and county. (n.d.). New York State Department of Health; CDC. (2020, March 28). COVID Data Tracker. Centers for Disease Control and Prevention.

EXHIBIT 104: HEPATITIS A AND B INCIDENCE RATES PER 100,000 POPULATION, 2020-2022

	Nassau County	Queens County	New York City	New York State	United States (2021 and 2020)
Hepatitis B	0.3	0.3	0.4	0.2	5.9
Hepatitis A	0.5	0.6	0.7	0.9	3.0

Source: New York City Department of Health and Mental Hygiene & Bureau of Hepatitis, HIV, and Sexually Transmitted Infections, 2023; (*2021 Reported Hepatitis B Cases & Estimated Infections | CDC*, n.d.)
https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti_surveillance_report_2023.pdf

EXHIBIT 105: SEXUALLY TRANSMITTED INFECTIONS, RATES PER 100,000 POPULATION, 2023

	Nassau County	Queens County	New York City	New York State	United States
Persons Living with Diagnosed HIV	88.1	308.5	454.4	254.1	13.7
Persons Living with Diagnosed AIDS	81.3	245.6	436.6	234.4	160.6
Chlamydia	374.1	644.1	803.7	595.3	492.2
Gonorrhea	79.8	239.3	390.7	249.8	179.5
Primary and Secondary Syphilis	8.4	16.5	21.0	15.4	15.8
Early Latent Syphilis	20.8	31.0	42.4	40.0	16.0

Source: Centers for Disease Control and Prevention. (2023). Surveillance report on sexually transmitted infections in New York State, 2023 https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti_surveillance_report_2023.pdf; New York State Community Health Indicator Reports Dashboard, n.d.; HIV Diagnoses, Deaths, and Prevalence: 2025 update. (2025, April 29). HIV Data.
https://www.health.ny.gov/diseases/aids/general/statistics/annual/2023/2023_annual_surveillance_report.pdf

EXHIBIT 106: SUICIDE MORTALITY RATE PER 100,000 POPULATION, 2022

	Nassau County	Queens County	New York City	New York State
Among Youth Aged 15-19 (2020-2022)	ND	ND	3.6	4.8
Among Adults	5.5	5.7	6.0	8.0

Source: New York State Department of Health Prevention Agenda Tracking Dashboard, n.d.

EXHIBIT 107: HEALTH STATUS, 2023

	Nassau County	Queens County	New York City	New York State	United States
14+ Poor Mental Health Days	14.2%	14.6%	16.2%	14.8%	16.4%
14+ Poor Physical Health Days	9.5%	10.9%	12.7%	12.1%	12.0%
Fair or Poor Health Status	11.7%	16.2%	19.2%	16.2%	17.0%

Source: NYS: BRFSS Prevalence & Trends Data: Home https://www.cdc.gov/brfss/brfssprevalence/index.html | DPH | CDC, n.d.; Counties: City Compare Measure | PLACES DTM Open Data, n.d. https://places.cdc.gov/?view=place&locationIds=3651000

EXHIBIT 108: BEHAVIORAL HEALTH, 2022 AND 2023

	Nassau County (2022)	Queens County (2022)	New York City (2023)	New York State (2023)	United States
Binge Drinking	20.1%	15.3%	15.6%	14.9%	18.0%
Current Cigarette Smoking	9.4%	10.6%	9.7%	11.3%	13.2%
No Physical Activity	19.6%	27.0%	28.3%	26.1%	23.0%
Less than Seven Hours of Sleep (2022)	41.8%	37.3%	39.5%	ND	36.8%

Source: *City Compare Measure | PLACES DTM Open Data*, n.d.; Centers for Disease Control and Prevention & New York State Department of Health, 2025 https://www.health.ny.gov/statistics/brfss/reports/docs/2025-03_brfss_binge_heavy_drinking

EXHIBIT 109: ADULT PSYCHIATRIC INPATIENT SERVICES RATE PER 10,000 POPULATION, 2023

	Nassau County	Queens County	New York City	New York State
Average Daily Census Population Rate	2.4	3.9	4.2	3.6

Source: New York State Office of Mental Health Mental Health Inpatient Use https://omh.ny.gov/omhweb/tableau/county-profiles.html

EXHIBIT 110: HIGH SCHOOL YOUTH SUBSTANCE USE, 2021

	Queens County	New York City	New York State
Currently Smoke Cigarettes	ND	ND	2.2%
Currently Drink Alcohol	18.0%	13.3%	20.0%
Currently Binge Drink	7.4%	5.3%	10.2%
Currently Use Marijuana	15.0%	11.7%	14.2%
Ever Used Cocaine	4.4%	2.7%	3.6%
Ever Used Heroin	4.8%	2.5%	1.3%
Ever Used Methamphetamines	4.4%	2.9%	3.5%

Source: New York State High School Substance Use Trends, n.d. https://www.nyc.gov/assets/doh/downloads/pdf/episrv/trend-report-yrbs-2021.pdf *;* New York City High School Youth Risk Behavior Survey, 2021 https://www.nyc.gov/assets/doh/downloads/pdf/episrv/trend-report-yrbs-2021.pdf

EXHIBIT 111: NEW YORK STATE SUBSTANCE USE DISORDER TREATMENT BY RACE, 2022

	White	Black	Hispanic	Non-Hispanic	Total
Alcohol	43.8%	52.3%	43.3%	46.9%	45.9%
Heroin	26.1%	15.4%	29.5%	21.0%	23.9%
Opioids	8.5%	2.8%	5.1%	7.0%	6.3%
Cannabis	4.3%	11.8%	9.3%	10.0%	7.5%
Cocaine	8.5%	14.2%	8.4%	8.3	9.9%
All Others	8.9%	3.4%	4.5%	6.7%	6.5%

Source: New York State Office of Addiction Services and Supports Addiction Data Bulletin, Sept 2023
https://oasas.ny.gov/system/files/documents/2023/09/addiction_data_bulletin.pdf

EXHIBIT 112: SUBSTANCE USE DEATH RATES PER 100,000, 2021

	Queens County	New York City
Overdose Death Rate	**20.5**	**38.6**
Alcohol	ND	14.8
Cocaine	ND	18.4
Opioids	ND	32.8
Fentanyl	ND	31.0
Heroin	ND	14.3

Source: NYC Office of Chief Medical Examiner & NYC Department of Health and Mental Hygiene Bureau of Vital Statistics, 2024
https://www.nyc.gov/assets/doh/downloads/pdf/epi/databrief142.pdf

EXHIBIT 113:BIRTH RATE (RATE PER 1,000 PEOPLE), 2021

	New York City	Queens County	New York State	U.S.
Birth Rate	ND	10.2	10.6	11

Source: CDC WONDER, n.d. Natality Birth Rate, 2021.

EXHIBIT 114: MATERNAL AND CHILD HEALTH, 2020 AND 2022

	Nassau County	Queens County	New York City	New York State
Teen Birth Rate per 1,000 Females, Aged 15-19	10.8	21.0	23.8	19.3
Infant Mortality Rate per 1,000 Live Births (2022)	3.6	3.7	3.8	4.3
Maternal Mortality Rate per 100,000 Live Births	ND	16.7	20.4	21.6

Source: Table 30: Total Pregnancies and Teenage Pregnancies by Type and Resident County, New York State - 2020, n.d.; Low Birth-weight Babies | KIDS COUNT Data Center, n.d; n.d.; Table 45: Infant Deaths, Neonatal Deaths, Post Neonatal Deaths and Perinatal Mortality by Resident County, New York State - 2020, n.d.

EXHIBIT 115: LOW BIRTHWEIGHT, 2023

	New York State
Low Birthweight	8.6%

Source: Low Birth-weight Babies | KIDS COUNT

EXHIBIT 116: ESTIMATED AVERAGE NURSING HOME RATES, 2024

	Daily Rate	Annual Rate
New York City	$469	$171,276
Long Island Counties (Nassau, Suffolk)	$482	$176,016

Source: Long Term Care Insurance - New York State Partnership for Long-Term Care, n.d

Appendix B: 2022 Implementation Strategy Plan Progress to Date

The 2022 Community Service Plan identified the following needs for their Implementation Strategy Plan:

- Mental and Substance Use Disorders Prevention
- Prevent Chronic Disease.

The following tables contain progress made over the past three years on the above priority areas.

Priority Area #1: Mental and Substance Use Disorders Prevention

Goal	Intervention(s)	Progress since 2022
Strengthen opportunities to build well-being and resilience across the lifespan	1) Screen all new patients presenting for outpatient treatment (medical or MH) for alcohol use using an evidenced based tool and provide SBIRT intervention for those who screen positive 2) Train all BH staff on trauma informed care and motivational interviewing	Number of adults screened at behavioral health clinics :661 • 9% positive for alcohol use • 22% received MAT • 85% received MI Intervention 100% of clinical staff are trained in SBIRT/MI Total patients screened at PCP clinic (495) location is 1960, 15% were positive for alcohol
Prevent opioid overdose deaths	(1) Clinics will use standardized OUD specific screens for all patients at intake, (2) Clinics will prescribe Naloxone to clients with OUD, (3) Clinics will provide or refer patients with OUD to a Mediation Assisted Treatment provider, (4) Clinics will have waivered Buprenorphine provider (5) Clinics will prescribe Buprenorphine, Naltrexone/ Vivitrol)	Total patient screened at behavioral health clinics: 661 Percent of Patients screened positive for opioid - 1% Percent of patients screened positive that received an MAT - 85% Percent of patients screened positive received Narcan 2%. Total number of prescriptions for Suboxone: 13, Narcan: 7, Naltrexone Injectable: 5,

		Naltrexone tables: 62, Vivitrol injection: 31.
Prevent suicides	1) Screen and assessed positive patients using the C-SSRS screening and assessment tool. 2) Practice evidenced based model of warm hand offs and safety planning	Total patients screened at behavioral health clinics :661 Percent screened positive 25 % Percent screened positive that completed Stanley Brown Safety Plan - 100% 80% received a warm hand off
Reduce the mortality gap between those living with serious mental illnesses and the general population	1) Screening and assessment for tobacco use for all patients being treated at BH clinics 2) Use of medication assistance treatment and evidenced based cessation techniques	Total patients screened at behavioral health clinics :661 • 20% screened positive for tobacco use 100% received intervention 1% has reduced use or went in remission. Total NRT Prescriptions including NicoDerm CQ, Nicorette Lozenge, Gum, Inhalation cartridge, Transdermal patch, nasal spray, and Chantix tablets: 518

Priority Area #2: Prevent Chronic Diseases

Goal	Intervention(s)	Progress since 2022
Increase cancer screenings rates	SJEH is now a credentialed provider of the NYS DOH Cancer Services Program Free breast, cervical l cancer screenings, diagnostic follow-up services, and referrals to treatment for uninsured and underinsured women and men who are at or below 250% of the Federal Poverty Level and	Total number of patients who received clinical breast exam at no charge - 529 Total number of patients who received pap tests at no charge - 233

	meet other program requirements	Total number of patients who received mammograms at no charge - 257
Increase early detection of cardiovascular disease, diabetes, prediabetes, and obesity	Aggressive mobile health outreach project Phase One: Free BP screenings, health coach education and linkages to hospital PCP and other clinical services, as required Phase Two: Offering random glucose and cholesterol screening to community residents Linkage to hospital's diabetes wellness program and diabetes self-management education services, if indicated	Number of people received blood pressure screening -2,986 Number of people who received A1C poct – 326 Number of people who received lipid profile and glucose poct - 248 Mobile Health Unit has been credentialed through NYSDOH to provide article 28 services and is now Mobile Clinic (2024)
Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity	Provide evidence-based asthma education to students and their families at local elementary schools in the Rockaways. Provide linkage to hospital pediatric asthma program	Five (5) asthma workshops conducted in the schools. Engaged 100-150 students in the workshops.
In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity.	Collaboration with IPRO-Diabetes and Chronic Disease Self-Management Education Workshops at community-based organizations throughout the peninsula St. John's Episcopal Hospital has an Accredited Diabetes Self-Management Education Services Program since November 2018	Number of patients seen for DSMES in the last 12 months (came for at least one visit): 80 Number of patients who attended more than one DSMES visit in the last 12 months: 70 Number of referrals for DSMES received in the last 12 months: 116 DSME program has been successfully re-accredited for 2026.

Appendix C: Community Engagement Summary

Below is a list of groups who participated in either a stakeholder interview and/or focus group to support the 2025 Community Health Needs Assessment.

Organization
EHS Patient Family Advisory Council
EHS Community Advisory Committee
EHS Patient Experience and Pastoral Care
EHS Social Work
EHS Transitions in Care/Case Management
EHS Population Health
EHS Faith-Based Advisory Committee
Achiezer
Bayswater Senior Center
Community Board 14
Family Enrichment Center
FDNY/EMS Division 4
FRANC (Far Rockaway/Arverne Nonprofit Coalition
Joseph Addabbo Health Center (FQHC)
NAACP
NYC Department of Health and Mental Hygiene
NYPD 100th Pct
Queens Defenders
Queens Community Justice Center
RDRC (Rockaway Development & Revitalization Corporation))
TCAH - Campaign Against Hunger

Appendix D: Stakeholder Interview Guide

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Banner Health to conduct an interview for the Episcopal Health Services Community Health Needs Assessment.

The purpose of this conversation is to learn more about the strengths and resources in the community, as well as collect your insights regarding community health and related service needs. Specifically, we are interested in learning about the ways people seek services, and your insights about equal access to health care across the community. While we will describe our discussion in a written report, specific quotes will not be attributed to individuals.

Do you have any questions for me before we start?

Introductory Questions

1. Please tell me a little about yourself and how you interact with your local community (i.e., what does your organization do?)

2. When you think of good things about living and/or working in your community, what are the first things that come to mind?
   [PROBE: things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity]

3. What does a "healthy" community look like to you? How has the health of your community changed in the past three years (good or bad)?

4. If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind? *[PROBE: behavioral health, access to care, housing, etc.]*

Access to Care and Delivery of Services

5. What, if any, health care services are difficult to find and/or access? And why?
   PROBE List (As needed):
   Quality primary care (Services for adults, children & adolescents).
   Specialty care services
   Maternal and prenatal care for expectant mothers Other OB/GYN services
   Labs/imaging
   Immunizations and preventative testing
   Senior Services (PROBE: hospice, end-of-life care, specialists, etc.).
   Post-COVID-19/impacts of COVID-19 care
   Dental

6. What health-related resources are available or working well in your community?

Behavioral Health

7. What, if any, behavioral health care services (including mental health and substance use) are difficult to find and/or access? Why?
   PROBE LIST: Crisis Services, Inpatient Beds; Autism specialists, Outpatient services, transitional housing, integrated care/primary care, crisis services. Etc.

8. What behavioral-health resources are available or working well in your community?
   PROBE LIST: Treatment (IP & OP), Crisis, Recovery

9. What types of stigma, if any, exist when it comes to seeking treatment for mental health and/or substance use disorders?

Health Equity, Vulnerable Populations, Barriers

10. Would you say health care services are equally available to everyone in your community regardless of gender, race, age, or socioeconomics? What populations are especially vulnerable and/or underserved in your community?
    [PROBE: veterans, youth, immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities]

11. What barriers to services and resources exist, if any?
    PROBE: based on economic, race/ethnicity, gender, or other factors?

    Do community health care providers care for patients in a culturally sensitive manner?

Social Determinants, Neighborhood & Physical Environment

12. From your perspective what are the top three non-health-related needs in your community and why?
    PROBE LIST AS NEEDED:

    Affordable housing
    Services for people experiencing homelessness
    Food insecurity and access to healthy food
    Childcare
    Transportation
    Internet and technology access
    Employment and job training opportunities
    Others

Enhancing Outreach & Disseminating Information

13. How do individuals generally learn about access to and availability of services in your area?
    PROBE: Social media, Text WhatsApp, word of mouth, etc.

    To what degree is health literacy in the community an advantage or challenge?

14. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

Magic Wand

15. If there was one issue that you personally could change about community health in your area with the wave of a magic wand, what would it be?

Thank you for your time and participation!

RESEARCHER FOOTNOTES

Bring up each of the following topics and include probes and subcategories in the dialogue as needed.

Not all topics may be covered in all interviews. Discussion content will be modified to respond to the interviewees' professional background and availability of time during the interview.

Appendix E: Focus Group Guide

Good morning [or afternoon]. My name is [Name] from Crescendo Consulting Group. We are working with the EHS St. John's Episcopal Hospital to conduct a community health needs assessment in your community.

The purpose of this focus group discussion is to learn more about the strengths and resources in the community. We will also gather your insights about health and related social needs. We are interested in learning about how you and people you know interact with health care systems. We would also like to hear about access to health care and social services in your community.

Your input is important because the information you and others share will be used to identify and describe important health needs in your community. EHS will then use this information to work to address these challenges.

We will describe our discussion and will include a list of populations and communities represented by focus group participants in a written report. Specific quotes may be reported by the geographic area or population of the focus group. Quotes will not be associated with individuals by name or by other characteristics that, in combination, could be used to identify you. **Please consider what you say in our conversation to be confidential and voluntary.**

We have some group agreements to consider before we start our conversation today. It is essential that this is a safe place, free from abusive words and actions, threats, and disrespectful behaviors. That includes words and behaviors directed towards us, your facilitators, or anyone else. It is really important that we have a rich conversation that is respectful and that we use language that does not put down other people or cause them to feel unsafe. It's also important to allow all people to speak.

As a facilitator, I will sometimes interject so I want you to know that up front. Due to time constraints, I may also need to move the conversation along.

I will sometimes come into the conversation to make sure we are allowing for all voices and to ensure that the conversation stays respectful. I recognize that I am interrupting at times, but it's an important part of my job as the facilitator, so I want you to know to expect that from me.

Do you have any questions for me before we start?

Facilitator Note: Only use probes as needed. We want to avoid leading questions as much as possible.

Introductory Questions

1. To start, please briefly introduce yourself and share something you like about your community.

2. What does a "healthy" community look like to you?

3. What are the two or three most important health needs in your community?
   [PROBE: mental health, substance and alcohol use, cancer, heart disease, COVID-19, unintentional injury, chronic lower respiratory disease]

Access to Care and Delivery of Services

4. What services and resources for becoming and staying healthy are difficult to find? What services and resources are difficult to access? Why?

   PROBE: Arthritis
   Cancer
   Cardiovascular disease
   Children with Special Health Care Needs
   Cognitive health
   Community-based supports
   Diabetes
   Early intervention programs
   Immunizations
   Infectious disease
   Mental health
   Oral health
   Physical activity, nutrition, and wellness
   Pregnancy and birth outcomes
   Prevention programs
   Respiratory health
   Substance use
   Tobacco treatment

5. What health resources or services are easier to find? Why?

Social Determinants, Neighborhood & Physical Environment

6. What are the top three social driver/determinant of health needs or challenges in the community? Why?

   PROBE: Affordable housing
   Air/water pollution
   Childcare
   Employment and job training opportunities
   Extreme weather events
   Food insecurity and access to healthy food
   Internet and technology access
   Power and internet outages
   Services for people experiencing homelessness
   Social isolation; loneliness
   Transportation
   Others

7. What resources and services are <u>available and/or missing</u> in your community to help people with *[needs or challenges identified in Question 6]*?

Health Equity and Vulnerable Populations

8. What populations in your community experience more challenges than others? *PROBE: veterans, youth, immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities, people with lower income*

9. What are the two or three biggest needs or challenges faced by these groups/your group?

10. What health or social services are not equally available to everyone in your community regardless of gender, race, age, income, or ability? Why?

Protective and Risk Factors

11. In your community, what factors or lifestyle choices help people stay healthier and happier?
PROBE: Cancer prevention
Economic opportunity
Family/parental resilience
Health status
Immunizations and vaccinations
Nutrition
Oral care
Physical activity
Public policy protections
Safety
Screening and preventative visits
Social connections

12. What factors or lifestyle choices contribute the most to the health problems people in your community face?
PROBE: Cannabis Use
Tobacco Use
Alcohol Use
Opioid Use
Substance Use
Health Status
Pregnancy & Birth Outcomes
Overweight

Magic Wand

13. If you had all the money and resources in the world and could do any <u>one</u> thing to make your community healthier, what would it be?

MODERATOR FOOTNOTES

During the discussion, these are tools that can be used to help redirect participants:

Validation. “I appreciate you sharing this. Sometimes getting deep into the details can be retraumatizing, so I want you to know that we’ve recorded what you are saying and it’s very meaningful. Thank you.”

Assurance. “We’ve noted your thought/opinion/concern” “You’ve been really clear in your statement and we’ve got it written down.” “I see this is important to you, I’ve got it captured in the notes.”

Space. “I’m going to create some space for another voice here. Does anyone else have a thought on this matter?”

Movement. “Moving on to the next question…” “I’m bringing us back to the questions at hand now.”

Respond. “A reminder that this group is a place for us to talk respectfully” “Each person deserves dignity and respect, so let’s be mindful of our language here in this group.” “I’m asking you to refrain from that language in this group.”

Appendix F: Community Survey Tool

Introduction

Episcopal Health Services is conducting its Community Health Needs Assessment and would like your insights and opinions about community strengths and resources, healthcare-related needs, ways that people generally seek services, and to collect your insights regarding service gaps and ways to better meet community needs.

The survey will take less than 12 minutes to complete, and your responses will be anonymous.

Please complete the survey by July 29, 2025.

1. What language would you like to take the survey in?

   - ☐ English
   - ☐ Spanish
   - ☐ Russian
   - ☐ French

2. What zip code do you live in?

3. Where do you go for primary care?

   - ☐ EHS Primary Care / St. John's Medical Group
   - ☐ Hospital Emergency Room
   - ☐ Oak St. Health
   - ☐ Northwell Health Physician Partners
   - ☐ Vantage Medical Associates
   - ☐ Jospeh P Addabbo Family Health Center
   - ☐ Comprehensive Primary Family Medical Care of NY
   - ☐ Cedarhurst Medical Associates
   - ☐ I don't have a regular place for primary care
   - ☐ Other (please specify)

4. What coverage do you have for health care? (Please choose only one)

- ☐ I pay cash / I don't have insurance
- ☐ Medicare or Medicare HMO
- ☐ Medicaid or Medicaid HMO
- ☐ Commercial health insurance (from Employer)
- ☐ Indian Health Services
- ☐ TRICARE
- ☐ Veteran's Administration
- ☐ Marketplace insurance plan
- ☐ I pay another way (please specify)

5. How familiar are you with Episcopal Health Services (EHS) or its Primary Care offices?

- ☐ Very familiar
- ☐ Somewhat familiar
- ☐ Not familiar
- ☐ Not at all familiar

6. Thinking about EHS, how familiar are you with the following services offered by EHS?

Service	Very familiar	Somewhat familiar	Not familiar	Not at all
Primary Care				
Emergency Department				
Imaging – X-Ray, CT, MRI				
Dialysis Center				
Endocrinology				
Neurology				
Oncology				
Cardiology				
Rheumatology				
Obstetrics and Gynecology				
Pediatrics				
Physical and Occupational Therapy				
Behavioral Health/Mental Health				
Surgery				
Dermatology				
Hematology				
Podiatry				
Gynecology				
Urology				
Wound Care				
Laboratory				
Pharmacy				
Pulmonary				
Other:				

The following is a list of healthcare services and other services in the community that impact the ability of people to stay healthy.

7. Please indicate if you feel the service needs much greater focus, slightly more focus or no additional focus is needed within the community.

Service	Much greater focus	Somewhat more focus	No more is needed
Maternity & Obstetrics			
Pediatrics			
Cardiology			
Advanced (Interventional) Cardiology			
Behavioral Health/Mental Health			
Medical Oncology			
Radiation Oncology			
Long Term Care (Nursing Home)			
Dementia and Memory Care			
Primary Care			
Gynecology			
Hematology			
Infusion Services			
Pharmacy			
Urology			
Outpatient Pulmonary Rehab			
Endocrinology/Diabetes Care			
Surgery			
Other:			

8. What services would you like to see offered at EHS that is not currently offered?

9. What are the **top three most pressing healthcare-related community needs** with which people struggle? (Choose three)

- ☐ Access to my primary care provider
- ☐ Access to my specialty care provider
- ☐ Access to behavioral health services
- ☐ Access to dental care
- ☐ Depression and/or anxiety
- ☐ Substance misuse
- ☐ Affordability of healthcare
- ☐ Affordability of my prescription medication
- ☐ Transportation to or from my healthcare provider
- ☐ Awareness of available healthcare services
- ☐ Maternal Child Health
- ☐ Healthcare needs related to aging (e.g., dementia, Alzheimer's,)
- ☐ Other (please specify)

10. What would you say are ***the top three most pressing*** non-healthcare-related needs? (Choose three)

- ☐ Unemployment
- ☐ Poverty
- ☐ Affordable housing
- ☐ Homelessness
- ☐ Job training
- ☐ Transportation
- ☐ Food insecurity
- ☐ Childcare
- ☐ Early childhood education (ages 0 to 5)
- ☐ K-12 education
- ☐ Post-secondary education
- ☐ Access to the internet
- ☐ Recreational activities
- ☐ Social isolation
- ☐ Reducing violent crime
- ☐ Access to religious services and facilities
- ☐ Other (please specify)

11. Overall, how would you rate your physical health?

- Excellent
- Very Good
- Good
- Fair
- Poor

12. Have you needed medical care but did NOT receive it in the past 12 months?

- Yes
- No (skip to #14)

13. What are some reasons that kept you from getting medical care? (Choose all that apply)

- Unable to schedule an appointment when needed
- Cannot take time off work
- Am not sure how to find a doctor
- Unable to find a doctor who takes my insurance
- Unable to afford to pay for care
- Do not have insurance to cover medical care
- Doctor's office does not have convenient hours
- Transportation challenges
- Unable to find a doctor who knows or understands my culture, identity, or beliefs
- Forgot about scheduled appointment
- Other (please specify)

14. Overall, how would you rate your mental health?

- Excellent
- Very Good
- Good
- Fair
- Poor

15. Have you needed mental health care but did NOT receive it in the past 12 months?

- ☐ Yes
- ☐ No (skip to #17)

16. What are some reasons that kept you from getting mental health care? (Choose all that apply)

- ☐ Unable to schedule an appointment when needed
- ☐ Cannot take time off work
- ☐ Am not sure how to find a doctor
- ☐ Unable to find a doctor who takes my insurance
- ☐ Unable to afford to pay for care
- ☐ Do not have insurance to cover medical care
- ☐ Doctor's office does not have convenient hours
- ☐ Transportation challenges
- ☐ Unable to find a doctor who knows or understands my culture, identity, or beliefs
- ☐ Other (please specify)

17. Do you travel off the peninsula for any of the following services? (Check all that apply)

- ☐ Primary care
- ☐ OBGYN
- ☐ Oncology / Cancer Care
- ☐ Specialty Care
- ☐ Emergency Care
- ☐ Mental Health
- ☐ Substance Use Services
- ☐ Other (please specify)

18. How often do you travel off the peninsula for health care?

- ☐ Weekly
- ☐ 1-2 times a month
- ☐ 3-4 times a month
- ☐ 1-2 every six months
- ☐ Less than once a year
- ☐ Never
- ☐ Other (please specify)

19. Do you struggle with paying for your medications?

- Often
- Sometimes
- Rarely
- Never

20. Have you ever been told by a doctor or other medical provider that you had any of the following health issues? (Check all that apply)

- Asthma
- Cancer
- COPD
- Depression or Anxiety
- Diabetes / High Blood Sugar
- Heart Disease
- High Blood Pressure / Hypertension
- HIV / AIDS
- Obesity
- Stroke
- None of these
- Other (please specify)

DEMOGRAPHICS

So that we can better understand the community's needs, please answer a few questions about yourself.

21. What is your gender?

- Man
- Women
- Trans lived experience
- Non-binary / Genderqueer
- Prefer not to disclose

22. What is your age?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older
- Prefer not to disclose

23. What is your race or ethnicity? (Check all that apply)

- White or Caucasian
- African American / Black
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Hispanic or Latino
- Middle Eastern and North African
- More than one race
- Don't know/Refused
- Other (please specify)

24. What is the highest grade or year in school you completed?

- Less than high school
- Graduated high school
- Some college or vocational training
- Completed a 2-year college degree or a vocational training program
- Graduated college (4-year Bachelor Degree)
- Completed Graduate or Professional School (Masters, PhD, etc.)
- Prefer not to disclose

25. What was your total annual household income last year?

- ☐ Less than $20,000
- ☐ $20,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $64,999
- ☐ $65,000 to $79,999
- ☐ $80,000 to $94,999
- ☐ $95,000 to $149,999
- ☐ Over $150,000

26. Do you identify with any of the following faith-based groups? [Check all that apply]

- ☐ Catholicism
- ☐ Protestantism
- ☐ Christianity
- ☐ Judaism
- ☐ Islam
- ☐ Buddhism
- ☐ Hinduism
- ☐ Native American Religion or Spirituality
- ☐ Inter/Non-denominational
- ☐ Taoism
- ☐ No religion
- ☐ Other (please specify)

Thank you for your time and participation!

Appendix G: Additional Community Survey Tables

Exhibit 117: Respondents Demographic?

AGE	
Under 18	5.1%
18 to 24	10.1%
25 to 34	3.8%
35 to 44	6.3%
45 to 54	19.0%
55 to 64	19.0%
65 to 74	22.8%
75 or older	8.9%
Prefer not to disclose	5.1%
GENDER	
Male	20.0%
Female	78.7%
Prefer not to disclose	1.3%
ETHNICITY & RACE	
White or Caucasian	24.4%
African American or Black	48.7%
Asian	3.8%
American Indian or Alaska Native	0.0%
Native Hawaiian or Pacific Islander	0.0%
Hispanic or Latino	24.4%
Middle Eastern or North African	3.8%
More than one race	1.3%
Prefer not to disclose	1.3%
Other	2.6%

Exhibit 118: Respondents Education, Income, & Faith groups?

EDUCATION	
Less than high school	6.7%
Graduated high school	17.3%
Some college or vocational training	14.7%
Completed a 2-year college degree or vocational training program	14.7%
Graduated college (4-year Bachelor's Degree)	13.3%
Completed Graduate or Professional School (Masters, PhD, etc.)	30.7%
Prefer not to disclose	2.7%
INCOME	
Less than $20,000	27.0%
$20,000 to $34,999	13.5%
$35,000 to $49,999	16.2%
$50,000 to $64,999	10.8%
$65,000 to $79,999	4.1%
$80,000 to $94,999	9.5%
$95,000 to $149,999	13.5%
Over $150,000	5.4%
FAITH GROUPS	
Catholicism	36.7%
Protestantism	16.5%
Christianity	26.6%
Judaism	6.3%
Islam	3.8%
Buddhism	1.3%
Hinduism	1.3%
Native American Religion or Spirituality	2.5%
Inter / Non-denominational	1.3%
Taoism	0.0%
No religion	13.9%
Other	6.3

Exhibit 119: Where Do You Go For Primary Care?

PRIMARY CARE	
EHS Primary Care / St. John's Medical Group	26.1%
Hospital Emergency Room	4.5%
Oak St. Health	2.3%
Northwell Health Physician Partners	5.7%
Vantage Medical Associates	1.1%
Joseph P. Addabbo Family Health Center	11.4%
Comprehensive Primary Family Medical Care of NY	1.1%
Cedarhurst Medical Associates	0.0%
I don't have a regular place for primary care	12.5%
Other (please specify)	35.2%

Exhibit 120: What Coverage Do You Have For Health Care?

HEALTH CARE COVERAGE	
I pay cash / I don't have insurance	2.3%
Medicare or Medicare HMO	34.9%
Medicaid or Medicaid HMO	27.9%
Commercial health insurance (from Employer)	25.6%
Indian Health Services	0.0%
TRICARE	0.0%
Veteran's Administration	1.2%
Marketplace insurance plan	2.3%
I pay another way (please specify)	5.8%

Exhibit 121: How Familiar Are You With Episcopal Health Services (EHS) Or Its Primary Care Offices?

FAMILIARITY	2022	2025
Very familiar	58.9%	53.4%
Somewhat familiar	28.4%	28.4%
Not familiar	8.5%	8.0%
Not at all familiar	4.2%	10.2%

Exhibit 122: Thinking About EHS, How Familiar Are You With The Following Services Offered By EHS? (2025)

	VERY FAMILIAR	SOMEWHAT FAMILIAR	NOT FAMILIAR	NOT AT ALL
Primary Care	44.2%	24.4%	12.8%	18.6%
Emergency Department	49.4%	29.4%	7.1%	14.1%
Imaging- X-Ray, CT, MRI	39.3%	32.1%	11.9%	16.7%
Dialysis Center	17.1%	7.3%	25.6%	50.0%
Endocrinology	20.5%	19.3%	21.7%	38.6%
Neurology	26.2%	13.1%	20.2%	40.5%
Oncology	19.0%	8.3%	28.6%	44.0%
Cardiology	25.6%	8.5%	25.6%	40.2%
Rheumatology	17.9%	7.1%	25.0%	50.0%
Obstetrics and Gynecology	33.7%	15.7%	15.7%	34.9%
Pediatrics	17.5%	18.8%	17.5%	46.3%
Physical and Occupational Therapy	22.9%	13.3%	24.1%	39.8%
Behavioral Health/ Mental Health	30.5%	14.6%	17.1%	37.8%
Surgery	33.7%	14.5%	21.7%	30.1%
Dermatology	20.5%	8.4%	24.1%	47.0%
Hematology	20.0%	14.1%	24.7%	41.2%
Podiatry	19.3%	10.8%	28.9%	41.0%
Urology	16.9%	15.7%	27.7%	39.8%
Wond Care	19.8%	12.3%	24.7%	43.2%
Laboratory	29.8%	20.2%	19.0%	31.0%
Pharmacy	29.6%	17.3%	16.0%	37.0%
Pulmonary	22.0%	8.5%	31.7%	37.8%

Exhibit 123: Thinking About EHS, How Familiar Are You With The Following Services Offered By EHS? (2022)

	VERY FAMILIAR	SOMEWHAT FAMILIAR	NOT FAMILIAR	NOT AT ALL
Primary Care	47.1%	29.3%	14.1%	9.4%
Emergency Department	51.3%	28.1%	11.8%	8.8%
Imaging- X-Ray, CT, MRI	41.6%	30.5%	14.6%	13.3%
Dialysis Center	16.5%	12.1%	24.1%	47.4%
Endocrinology	13.4%	17.1%	24.3%	45.2%
Neurology	15.8%	15.8%	23.9%	44.5%
Oncology	10.3%	13.5%	27.4%	48.9%
Cardiology	17.9%	18.1%	23.6%	40.4%
Rheumatology	11.6%	12.0%	27.7%	48.7%
Obstetrics and Gynecology	28.9%	18.4%	17.3%	35.4%
Pediatrics	27.0%	16.8%	18.2%	37.9%
Physical and Occupational Therapy	17.3%	18.4%	20.7%	43.5%
Behavioral Health/ Mental Health	20.0%	15.6%	19.7%	44.7%
Surgery	23.9%	20.5%	18.3%	37.3%
Dermatology	16.6%	14.7%	21.5%	47.1%
Hematology	13.7%	12.8%	22.2%	51.3%
Podiatry	15.1%	15.4%	21.9%	47.5%
Gynecology	23.1%	20.3%	17.8%	38.8%
Urology	10.8%	14.4%	23.3%	51.5%
Wond Care	18.3%	17.6%	20.2%	43.9%
Laboratory	24.1%	24.6%	17.7%	33.6%
Pharmacy	20.6%	17.9%	18.9%	42.7%
Pulmonary	14.5%	14.3%	19.7%	51.6%

Exhibit 124: Please Indicate If You Feel The Service Below Needs Much Greater Focus, Slightly More Focus Or No Additional Focus Is Needed Within The Community (2025)

	MUCH GREATER FOCUS	SOMEWHAT MORE FOCUS	NO MORE IS NEEDED
Maternity & Obstetrics	41.3%	31.3%	27.5%
Pediatrics	42.0%	35.8%	22.2%
Cardiology	42.2%	43.4%	14.5%
Advanced (Interventional)Cardiology	35.4%	43.9%	20.7%
Behavioral Health/ Mental Health	45.0%	35.0%	20.0%
Medical Oncology	32.5%	42.2%	25.3%
Radiation Oncology	38.3%	39.5%	22.2%
Long Term Care (Nursing Home)	33.8%	41.3%	25.0%
Dementia and Memory Care	44.4%	35.8%	19.8%
Primary Care	47.6%	32.9%	19.5%
Gynecology	38.6%	36.1%	25.3%
Hematology	27.7%	49.4%	22.9%
Infusion Services	25.0%	51.2%	23.8%
Pharmacy	34.9%	34.9%	30.1%
Urology	25.3%	47.0%	27.7%
Outpatient Pulmonary Rehab	28.0%	51.2%	20.7%
Endocrinology / Diabetes Care	33.7%	48.2%	18.1%
Surgery	33.7%	48.2%	18.1%

Exhibit 125: Please Indicate If You Feel The Service Below Needs Much Greater Focus, Slightly More Focus Or No Additional Focus Is Needed Within The Community (2022)

	MUCH GREATER FOCUS	SOMEWHAT MORE FOCUS	NO MORE IS NEEDED
Maternity & Obstetrics	46.9%	34.2%	19.0%
Pediatrics	49.0%	32.8%	18.2%
Cardiology	51.7%	33.1%	15.2%
Advanced (Interventional) Cardiology	49.3%	34.8%	15.9%
Behavioral Health / Mental Health	56.1%	29.2%	14.7%
Medical Oncology	42.2%	39.4%	18.4%
Radiation Oncology	40.2%	41.1%	18.7%
Long Term Care (Nursing Home)	42.5%	32.5%	25.0%
Dementia and Memory Care	50.2%	33.6%	16.1%
Primary Care	54.2%	33.0%	12.7%
Gynecology	45.8%	38.3%	15.9%
Hematology	33.2%	46.5%	20.3%
Infusion Services	32.9%	46.1%	21.0%
Pharmacy	35.8%	39.5%	24.7%
Urology	32.1%	47.8%	20.1%
Outpatient Pulmonary Rehab	42.3%	41.4%	16.3%
Endocrinology / Diabetes Care	49.5%	34.0%	16.4%
Surgery	46.4%	33.9%	19.7%

Exhibit 126: What Services Would You Like To See Offered At EHS That Are Not Currently Offered?

ANSWERS
“Services for people 55 years or older, like Zumba classes and credo classes”
“Dental”
“Auditory hearing aids, kids need testing at an early age”
“Drug rehabilitation”
“Trauma center”
“Culturally appropriate meal plans, or medically tailored meals is rare but vital, especially post discharge. Could be especially helpful for patients with diabetes, heart disease, or cancer”
“Pain management”
“More follow-up without patient who is being difficult to follow proper protocols or regulations that leads to defiance”
“Eye care”
“Better service of the ED Grief support group for parents”
“Pediatric mental health services specifically a pediatric inpatient even if it’s short term. Or a dedicated area in the ed for pediatric patients especially when they are awaiting transfers for mental health services.”
“Inpatient pediatrics, inpatient pediatric for behavioral health”
“Endocrinology surgery”
“Chemotherapy infusion. It has been discontinued.”
“Urgent Care center for small things so you don't have to go to the ER”

Exhibit 127: What Are The Top Three Most Pressing Healthcare-Related Community Needs With Which People Struggle?

PRESSING HEALTHCARE NEEDS	2022	2025
Access to my primary care provider	31.1%	38.6%
Access to my specialty care provider	15.3%	27.3%
Access to behavioral health services	15.3%	26.1%
Access to dental care	17.9%	36.4%
Depression and / or anxiety	21.3%	27.3%
Substance misuse	42.1%	15.9%
Affordability of healthcare	13.9%	25.0%
Affordability of my prescription medication	23.4%	8.0%
Transportation to or from my healthcare provider	18.4%	21.6%
Awareness of available healthcare services	21.8%	25.0%
Mental Child Health	37.1%	6.8%
Healthcare needs related to aging (e.g. dementia, Alzheimer's)	8.4%	12.5%

Exhibit 128: What Would You Say Are The Top Three Most Pressing Non-Healthcare Related Needs?

NON-HEALTHCARE NEEDS	2022	2025
Unemployment	70.6%	30.7%
Poverty	37.3%	33.0%
Affordable housing	31.5%	53.4%
Homelessness	30.1%	30.7%
Job training	12.8%	33.0%
Transportation	7.7%	10.2%
Food insecurity	29.4%	22.7%
Childcare	17.7%	10.2%
Early childhood education (ages 0 to 5)	7.5%	3.4%
K-12 education	12.1%	5.7%
Post-secondary education	4.9%	4.5%
Access to the internet	7.2%	4.5%
Recreational activities	10.3%	8.0%
Social isolation	27.5%	12.5%
Reducing violent crime	30.5%	20.5%
Access to religious services and facilities	8.4%	2.3%
Other	--	2.3%

Exhibit 129: Overall, How Would You Rate Your Physical Health?

PHYSICAL HEALTH	
Excellent	18.5%
Very Good	44.4%
Good	23.5%
Fair	13.6%
Poor	0.0%

Exhibit 130: Have You Needed Medical Care But Did Not Receive It In The Past 12 Months?

MEDICAL CARE ACCESS	
Yes	19.0%
No	81.0%

Exhibit 131: What Are Some Reasons That Kept You From Getting Medical Care?

REASONS	
Unable to schedule an appointment when needed	35.9%
Cannot take time off work	15.6%
Am not sure how to find a doctor	14.1%
Unable to find a doctor who takes my insurance	25.0%
Unable to afford to pay for care	9.4%
Do not have insurance to cover medical care	10.9%
Doctor's office does not have convenient hours	15.6%
Transportation challenges	20.3%
Unable to find a doctor who knows or understands my culture, identity, or beliefs	15.6%
Forgot about scheduled appointment	17.2%

Exhibit 132: Overall, How Would You Rate Your Mental Health?

MENTAL HEALTH	
Excellent	36.7%
Very Good	29.1%
Good	21.5%
Fair	12.7%
Poor	0.0%

Exhibit 133: Have You Needed Mental Health Care But Did Not Receive It In The Past 12 Months?

MENTAL HEALTH ACCESS	
Yes	12.2%
No	87.8%

Exhibit 134: What Are Some Reasons That Kept You From Getting Mental Health Care ?

REASONS	
Unable to schedule an appointment when needed	54.5%
Cannot take time off work	0.0%
Am not sure how to find a doctor	9.1%
Unable to find a doctor who takes my insurance	18.2%
Unable to afford to pay for care	18.2%
Do not have insurance to cover medical care	0.0%
Doctor's office does not have convenient hours	27.3%
Transportation challenges	27.3%
Unable to find a doctor who knows or understands my culture, identity, or beliefs	18.2%

Exhibit 135: Do You Travel Off The Peninsula For Any Of The Following Services?

SERVICES	
Primary Care	46.3%
OBGYN	7.3%
Oncology / Cancer Care	22.0%
Specialty Care	61.0%
Emergency Care	39.0%
Mental Health	9.8%
Substance Use Services	7.3%

Exhibit 136: How Often Do You Travel Off The Peninsula For Health Care?

FREQUENCY	2022	2025
Weekly	5.1%	6.7%
1-2 times a month	12.3%	13.3%
3-4 times a month	7.2%	1.3%
1-2 every six months	33.1%	25.3%
Less than once a year	18.8%	16.0%
Never	23.4%	30.7%
Other	--	6.7%

Exhibit 137: Do You Struggle With Paying For Your Medications?

	2022	2025
Often	8.6%	2.6%
Sometimes	23.7%	22.1%
Rarely	24.9%	15.6%
Never	42.7%	59.7%

Exhibit 138: Have You Ever Been Told By A Doctor Or Other Medical Provider That You Had Any Of The Following Health Issues?

HEALTH ISSUES	
Asthma	28.9%
Cancer	3.9%
COPD	14.5%
Depression or Anxiety	27.6%
Diabetes / High Blood Sugar	39.5%
Heart Disease	9.2%
High Blood Pressure / Hypertension	43.4%
HIV / AIDS	1.3%
Obesity	23.7%
Stroke	6.6%
None of these	17.1%
Other	11.8%