

New York Eye and Ear Infirmary of Mount Sinai CHNA Implementation Strategy

Adopted by the New York Eye and Ear Infirmary of Mount Sinai Governing Board on
May 15, 2021

This document outlines the New York Eye and Ear Infirmary of Mount Sinai (NYEE) Implementation Strategy for improving the health of the population in the community it serves by addressing priorities identified through the Community Health Needs Assessment (CHNA).

The CHNA and Implementation Strategy were undertaken to better understand and address community health needs and to fulfill the requirements of the Internal Revenue Service (IRS) regulations, pursuant to the Patient Protection and Affordable Care Act of 2010.

The hospital may amend the Implementation Strategy as circumstances warrant. For example, certain needs may become more pronounced and merit enhancements to the described strategic initiatives. Alternatively, other organizations in the community may decide to address certain community health needs included in the plan. The full CHNA and Implementation Strategy are available at www.mountsinai.org/about-us/community.

The document contains the following information:

1. About New York Eye and Ear Infirmary of Mount Sinai
2. Definition of the Community Served
3. Summary of Significant Community Health Needs
4. Implementation Strategy to Address Significant Health Needs
5. Significant Health Needs New York Eye and Ear Infirmary of Mount Sinai Will Not Address Directly
6. Implementation Strategy Adoption

1. About New York Eye and Ear Infirmary of Mount Sinai

The New York Eye and Ear Infirmary of Mount Sinai is an affiliate of Mount Sinai Health System - a nationally recognized, not-for-profit charitable health care organization located in New York City. NYEE is a 69-bed teaching facility founded in 1820, located in Manhattan.

NYEE shares the mission, vision, brand promise, and brand positioning of the Mount Sinai Health System, which are below.

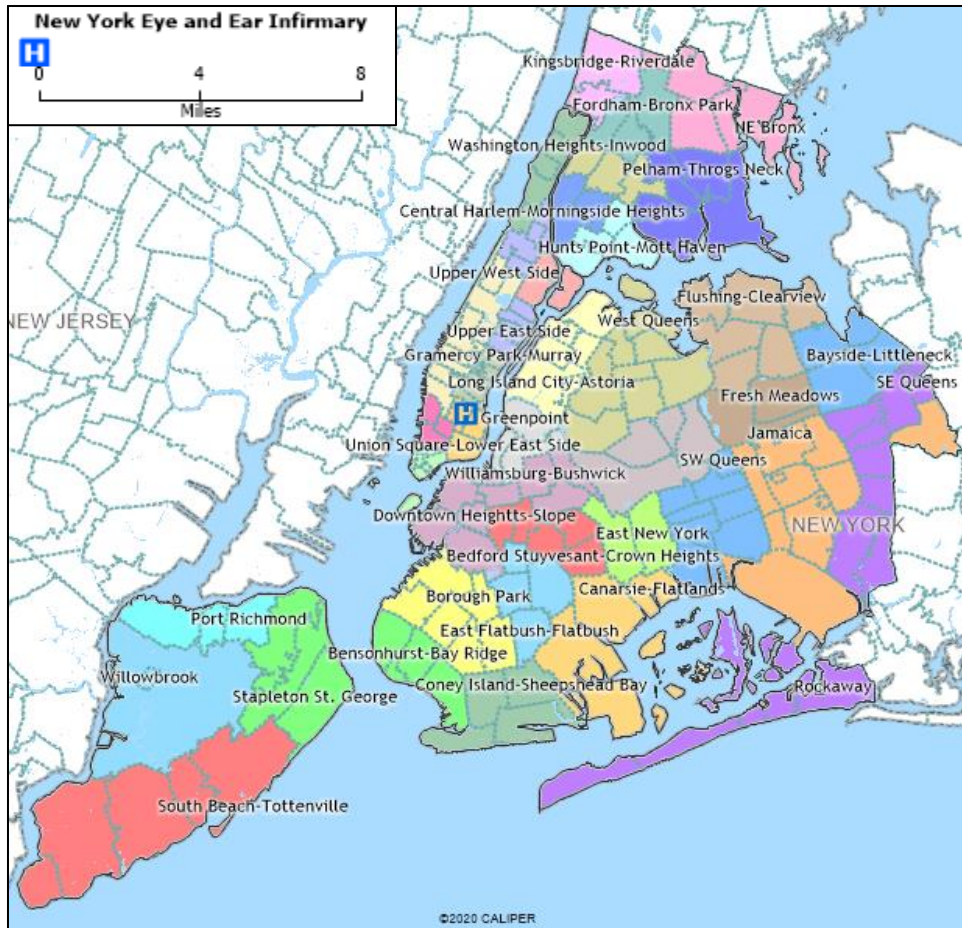
- **Mission.** The mission of the Mount Sinai Health System is to provide compassionate patient care with seamless coordination and to advance medicine through unrivaled education, research, and outreach in the many diverse communities we serve.
- **Vision.** The Mount Sinai Health System's vision is to continue to grow and challenge convention through our pioneering spirit, scientific advancements, forward-thinking leadership, and collaborative approach to providing exceptional patient care in the many unique communities we serve.
- **Brand Promise.** Mount Sinai is the choice for groundbreaking and compassionate health care. Our unrivaled education, translational research, and collaborative clinical leadership ensure that we deliver the best patient care—from prevention to treatment of the most serious and complex human diseases.
- **Brand Positioning.** At Mount Sinai, we reimagine what is possible and redefine the practice of modern medicine, both in our local community and across the world, in order to produce the only result that really matters: radically better outcomes for our patients.

Additional information about NYEE and its services is available at <http://www.mountsinai.org>.

2. Definition of the Community Served

For the purposes of the NYEE CHNA, the community was defined as the entirety of New York City. This community definition covers approximately 200 ZIP Codes across the five boroughs of the Bronx, Brooklyn, Manhattan, Queens, and Staten Island. The community is divided into neighborhoods utilized by the New York State Department of Health; all of the 42 neighborhoods in New York City are in the NYEE community.

The community is mapped below. In 2019, 56 percent of NYEE’s 466 inpatient discharges and 80 percent of NYEE’s 24,719 ambulatory surgeries originated from this area.



Sources: Caliper Maptitude (2020) and the Mount Sinai Health System.

In 2018, the community was estimated to have a population of 8,463,033 persons.

3. Summary of Prioritized Significant Community Health Needs

The 2020 NYEE CHNA identified a number of significant health needs in the community. The CHNA process considered and assessed a wide range of primary and secondary data sources including structured interviews with persons who represent the broad interests of the community and those with expertise in public health, and assessments and studies prepared by other organizations. The CHNA report identified twelve health needs as significant in the community, as listed below in alphabetical order.

Significant Community Health Needs Identified in the 2020 CHNA

- Aging Population
- Access to Mental Health Care and Poor Mental Health Status
- Access to Primary Health Care Services by Individuals with Limited Resources
- Chronic Diseases and Contributing Lifestyle Factors
- COVID-19 Pandemic and Effects
- Environmental Determinants of Health
- Homelessness
- Navigating a Changing Health Care Provider Environment
- Poverty, Financial Hardship, and Basic Needs Insecurity
- Safe and Affordable Housing
- Socio-Economic, Racial, Cultural, Ethnic, and Linguistic Barriers to Care
- Substance Abuse

4. Implementation Strategy to Address Significant Health Needs

NYEE has a proud tradition of serving the community and providing significant resources towards community benefit activities. Over the next three years, the hospital plans to continue this commitment to meet health needs in the community. To develop the planned response to significant community health needs identified in the 2020 CHNA, the hospital reviewed the CHNA findings and applied the following criteria to determine the most appropriate needs for the hospital to address:

- The extent to which the hospital has resources to address the need;
- The extent to which the hospital has expertise or competencies to address the need;
- The priority assigned to the need;
- The availability of effective interventions that address the need; and
- The extent of to which other hospital facilities and/or community organizations are addressing the issue.

By applying these criteria, the hospital selected the following significant needs to focus its efforts during the 2021-2023 time period:

- Aging Population;
- Chronic Diseases and Contributing Lifestyle Factors; and
- COVID-19 Pandemic and Effects.

Discussion of these focused efforts is below. Included in the discussion is the following:

- I. Actions NYEE intends to take, including programs and resources it plans to commit;
- II. Anticipated impact of these actions and a plan to evaluate that impact;
- III. Planned collaborations between the hospital and other organizations; and
- IV. Planned commitments of resources.

I. Actions NYEE intends to take, including programs and resources it plans to commit

Many intended activities of NYEE are expected to impact multiple needs identified in the CHNA. These activities are as described below.

Health professions education. The health professions education activities of NYEE respond to both the current and future community health needs for chronic disease treatment and prevention.

Participation in Medicaid. Medicaid provides health coverage to low-income individuals through federal and state funding. NYEE participation in New York State Medicaid includes inpatient and outpatient services. In 2018, the payments for services provided to Medicaid patients were approximately 93 percent of the cost to provide these services.

Community Health Improvement Activities. NYEE supports numerous activities to improve community health through grants and in-kind contributions. Community health improvement activities include facilitating support groups for head and neck cancer survivors as well as for individuals with macular degeneration, uveitis, and glaucoma.

Subsidized Health Services. NYEE provides numerous inpatient and outpatient service lines that operate as losses. NYEE continues to provide these services because the health of community members would diminish because other providers would be unlikely to provide these services. Subsidized health services provided by NYEE focus on helping patients receive pharmaceutical products at no out-of-pocket cost.

Health Care Services. A range of specialized health care services is available at the hospital, outpatient facilities, and physician practices throughout the community. As part of the Mount Sinai Health System, integrated resources such as electronic health records facilitate the referral of patients to needed services provided by other Mount Sinai Health System hospitals and health professionals.

Community Building. NYEE is involved in a wide array of activities to promote the health of the local community. Activities include specialty medical missions, vision screening in school and senior citizen center settings, participation in world voice screening day, charity walks, public service campaigns, health and wellness fairs, and audiology day.

Spiritual Care. As NYEE is committed to healing the body, mind, and spirit, chaplains contribute to caring for the whole person. Spiritual care staff is interfaith and highly respectful of everyone's individual beliefs. Counseling is offered to help patients and their families find comfort and hope while experiencing challenges.

Other activities of NYEE impact needs that the hospital selected to focus its efforts during the 2021-2023 time period. These activities, described below, impact the following selected needs:

- A. Aging Population;
- B. Chronic Diseases and Contributing Lifestyle Factors; and
- C. COVID-19 Pandemic and Effects.

A. Aging Population

The 2020 NYEE CHNA found that the population is aging and “aging in place.” This growth will increase needed support for healthcare, housing, transportation, and nutrition assistance.

Planned activities for healthcare directly and indirectly related to an aging population are described below. These activities are in addition to the NYEE activities that impact multiple needs.

Specialty Medical Services. Specialty medical services provided by NYEE treat conditions and diseases that are more prevalent in older populations. Treatments for these conditions and diseases enable seniors to be healthier and live independently. NYEE specializes in vision and hearing services, as follows:

- **Eye Services.** NYEE provides patients with comprehensive treatments to manage the full range of vision problems, including cataracts, glaucoma, corneal disease, eye trauma, uveitis, and retina conditions such as age-related macular degeneration; and
- **Ear Services.** NYEE provides patients with comprehensive treatments to manage the full range of hearing problems through the contributions of highly specialized professionals, including otolaryngologists (ear, nose, and throat physicians), otologists-neurotologists, audiologists, speech-language pathologists, and early intervention specialists.

Events. NYEE conducts special events throughout the year. Examples of special events include an annual Holiday Eyeglass Donations Drive, “Lunch & Learn” lectures and presentations at major organizations and associations to educate the public about preventing and treating eye disease as well as hearing/ENT and balance topics; corporate health fairs and events throughout the city; and tours of a local museum for people with low vision.

B. Chronic Diseases and Contributing Lifestyle Factors

The 2020 NYEE CHNA found that chronic diseases in the community include arthritis, asthma, cancers, cardiovascular disease, diabetes, hypertension, kidney disease, and pulmonary issues. Contributing lifestyle factors might also include poor nutrition, alcohol consumption, and physical inactivity.

Planned activities to help reduce the incidence of and manage current chronic disease, including increasing healthy life factors, are described below. These activities are in addition to the NYEE activities that impact multiple needs.

Health professions education. The health professions education activities of NYEE respond to both the current and future community health needs for chronic disease treatment and prevention. In addition to continuing medical education programs and the Jorge N. Buxton, MD, Microsurgical Education Center, NYEE actively participates in graduate medical education, including the following:

- Ophthalmology Residency;
- Otolaryngology Residency; and
- Ophthalmic Subspecialty Fellowships, including cornea and external disease, glaucoma, retina, pediatric ophthalmology, uveitis, and ophthalmic reconstructive surgery.

Chronic Disease Services. The hospital provides specialty care at its Manhattan campus, as well as the health system's physician practices throughout Manhattan. The hospital, together with The Mount Sinai Health System, is a leader in providing quality health care to its patients regardless of their ability to pay. Specific specialty health care services related to the management of chronic diseases include ones listed below.

- **Eye services**, including services for cataracts, glaucoma, age-related macular degeneration, corneal disease, and retina conditions;
- **Ear, nose and throat services**, including services for disorders of the ears, nose, throat, sinuses, head, and neck, such as thyroid and parathyroid tumors, sinus problems, voice and throat conditions, and hearing disorders;
- **Sleep services**, including comprehensive diagnostic services for patients affected by sleep disorders, such as obstructive sleep apnea, snoring, insomnia, narcolepsy, periodic limb movement disorder, and daytime sleepiness;
- **Plastic and reconstructive surgery**, including the newest technologies and multidisciplinary approaches;
- **Medical photography and imaging services**, including advanced radiology, diagnostic imaging, and medical photography services, to provide physicians the critical information necessary to accurately diagnose conditions and determine the best treatments;
- **Otology clinic**, including treatments for ear, nose, and throat disorders, such as sinus problems, ear infections, and swallowing disorders, by highly trained physicians and support staff; and
- **Eye clinic**, including specialty care for eye injuries and infections.

Research. NYEE works daily to uncover the next generation of medication treatments, surgical techniques, and prevention practices. Research resources include the Shelley and Steven Einhorn Clinical Research Center, the Eye and Vision Research Institute, and the Ophthalmic Innovation and Technology Program. Numerous clinical trials are available in both ophthalmology and otolaryngology to ensure patients have access to the newest available therapies. Research activities are subject to MSHS's ethical and legal requirements for the conduct and oversight of human research.

Support Groups. NYEE offers support groups so patients can share their stories, ask questions, and find out about useful resources. Support groups are facilitated by NYEE professionals, including nurses and social workers. Specific support groups include the following:

- Ophthalmology Support Groups;
- Macular Degeneration Support Groups;
- Uveitis Support Groups;
- Ocular Cancer Support Groups;
- Otolaryngology Support Groups;
- Head and Neck Cancer Support Group; and
- Cochlear Implant Support Groups for Ear Institute patients.

Social Work Services. NYEE Social Workers help patients understand and cope with issues related to treatments, work with the medical team to create a safe discharge plans, and link patients with other community resources.

Language & Communication Access Services. Language & Communication Access Services provide over the phone and in-person interpreter services, 24 hours a day, at no cost to patients. Included in translation services are sign language interpreters and telecommunication devices for the deaf (TDD). Phone interpretation services are available in over 200 languages, and video remote interpretation services are available in 35 languages. The New York State Patients' Bill of Rights is available in Braille as well as in English and Spanish on closed-circuit television.

C. COVID-19 Pandemic and Effects

The 2020 NYEE CHNA found that COVID-19 has become a health emergency for New York City, the nation, and the world since its emergence in 2019. The virus has wrought severe illness and death, and stressed New York City healthcare providers. Further, the pandemic has contributed to unmet basic needs from the resulting economic crises, chronic disease severity, increased mental health needs, and decreased access to health services.

Throughout the course of the COVID-19 outbreak in New York, the Mount Sinai Health System has been on the forefront of both treating and researching the disease. MSHS COVID-19 treatment innovations include the following:

- Developing an antibody test to identify individuals who have recovered from COVID-19, and using plasma from these individuals to help critically ill patients recover; and
- Applying research by colleagues at the Icahn School of Medicine at Mount Sinai to frontline physicians treat varied aspects of the disease—from thrombosis to the sudden inflammatory response known as a “cytokine storm.”

The Mount Sinai Health System remains committed to continuing its innovation surrounding COVID-19 prevention and treatment based on the most recent information. NYEE works with the Mount Sinai Health System and its others to help prevent and treat COVID-19, and future infectious disease incidences. Specific NYEE activities are described below. These activities are in addition to the NYEE activities that impact multiple needs.

COVID-19 Resources. In addition to testing, treatment, and post-COVID care, MSHS also provides a range of resources aimed at preventing and limiting the spread of COVID-19. These resources include COVID-19 resources translated into Spanish, Chinese, and Russian, as well as resources specifically for disabled residents and adolescents. As a member of MSHS, NYEE shares in the health system’s resource distribution and refers patients to COVID-19 resources as needed.

Social Work Services. NYEE Social Workers help patients understand and cope with issues related to treatments, work with the medical team to create a safe discharge plans, and link patients with other community resources.

Financial Assistance and Billing and Collections Policy. NYEE, together with the other MSHS hospitals, recognizes that many of the patients served may be unable to access quality health care services without financial assistance because of the economic impact of the pandemic.

A Financial Assistance and Billing and Collections Policy for MSHS hospitals enables each hospital to uphold its mission, while carefully taking into consideration the ability of the patient to pay. The Billing and Collections Policy is applied in a fair and consistent manner for Emergency Medical Care and other Medically Necessary Care rendered in the MSHS hospitals by providers who are directly employed by or contracted by Icahn School of Medicine at Mount Sinai. The Financial Assistance and Billing and Collections Policy, as well as the application for

Financial Assistance is available online¹ in English, Spanish, Chinese, Haitian Creole, Polish, and Russian. A uniform Financial Assistance Policy across hospital facilities and providers and robust social services can help low-income patients manage treatment plans. A uniform Financial Assistance Policy across hospital facilities and providers and robust social services can help low-income patients manage treatment while remaining in their homes.

¹ <http://www.wehealny.org/services/financialassistance/index.html>

II. Anticipated impact of these actions and a plan to evaluate that impact

The anticipated impact of activities is improved mental and physical health of community residents.

Reviews of individual activities are ongoing and an inclusion of an evaluation is anticipated in the next CHNA. Metrics used to assess activities include quantitative measures, such as the number of services provided, as well as qualitative considerations, such as continued interest in the programs by community members and medical professionals. While it is hoped that the intended impact will improve community health, identifying valid outcomes-based impact measures is difficult for multiple reasons, including lags in data collection, analysis, and reporting of community health indicators by independent measures of changes. Adding to the difficulty in measuring outcomes-based impact includes the size of the community population, changes in the population through in-migration and out-migration, and changes in the overall environment. Furthermore, assessing the causal impact of any correlation between this activity and outcome measures may not be possible.

Each health professions education activity is also evaluated individually. Evaluation criteria include interest from prospective students, participation by individual practicing professionals, and assessments by accrediting agencies.

III. Planned collaborations between the hospital and other organizations

Activities are provided through partnerships and collaborative contributions from numerous community entities and members. Collaborating partners include the following:

- Mount Sinai's Icahn School of Medicine;
- Individual practicing professionals; and
- Local religious leaders.

Health professions education involves numerous entities including educational institutions (such as schools, colleges, and universities), accrediting organizations (such as the Liaison Committee on Medical Education, the Accreditation Council for Graduate Medical Education, the Council on Podiatric Medical Education, the Accreditation Council for Pharmacy Education, and the Accreditation Commission For Education in Nursing), and individual practicing professionals.

IV. Planned commitments of resources

Planned commitments of resources include direct support for many activities, such as Health Professions Education, Community Health Improvement Activities, and Subsidized Health Services. Planned commitments of resources also include indirect and in-kind support, such as financial shortfalls for providing services to Medicaid enrollees and use of facilities by individuals attending support groups.

5. Significant Health Needs that Will Not Be Addressed (Directly)

NYEE is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a wide range of community benefits. However, no entity can address all of the health needs present in its community.

Reasons for not addressing a need include ones identified by the Internal Revenue Service (IRS):

- Resource constraints,
- Relative lack of expertise or competencies to effectively address the need,
- A relatively low priority assigned to the need,
- A lack of identified effective interventions to address the need, and/or
- Initiatives provided other facilities or organizations in the community.

The hospital evaluated the significant needs identified in the CHNA based on the IRS criteria. Based on these criteria, the hospital identified significant needs that it will not address with direct interventions, although planned interventions in the 2021-2023 time period may have indirect impact. These significant needs, discussed below, are as follows:

- A. Access to Mental Health Care and Poor Mental Health Status;
- B. Access to Primary Health Care Services by Individuals with Limited Resources;
- C. Environmental Determinants of Health;
- D. Homelessness;
- E. Navigating a Changing Health Care Provider Environment;
- F. Poverty, Financial Hardship, and Basic Needs Insecurity;
- G. Safe and Affordable Housing;
- H. Socio-Economic, Racial, Cultural, Ethnic, and Linguistic Barriers to Care; and
- I. Substance Abuse.

A. Access to Mental Health Care and Poor Mental Health Status

The 2020 NYEE CHNA found that mental health status is poor for many residents because of the impact of the COVID-19 pandemic, day-to-day pressures, substance abuse, and psychiatric disorders. The supply of mental health providers is insufficient to meet the demand for mental health services. NYEE has expertise and resources related to specialized medical services. The resulting lack of core competencies in mental health care services, combined with finite resources, restrict planned interventions in the 2021-2023 time period. Furthermore, numerous other resources in the community are responding to this issue including the NYC Department of Health and Mental Hygiene and the New York State Office of Mental Health.

Planned activities indirectly related to mental health care and poor mental health status are described below. These activities are in addition to the NYEE activities that impact multiple needs.

Referrals to Mental Health Services. NYEE refers patients to various providers of mental health care services. As part of the Mount Sinai Health System, the continuum of care can be enhanced with referrals to effective mental health services provided by other Mount Sinai hospital facilities and Mount Sinai health professionals. For example, patients in need of mental health consultations can be referred to services at the Petrie campus of Mount Sinai Beth Israel, which is within walking distance of NYEE.

B. Access to Primary Health Care Services by Individuals with Limited Resources

The 2020 NYEE CHNA found that New York City has a robust health provider network. However, access to this network can be limited to individuals with limited financial resources, including lack of health insurance and relatively high deductibles / co-pays. NYEE has expertise and resources related to specialized medical services. This focus on specialized health care services rather than primary health care services, combined with finite resources, restrict planned interventions in the 2021-2023 time period. Furthermore, numerous other resources in the community are responding to this issue including the NYC Department of Health and Mental Hygiene and NYC Health + Hospitals.

Planned activities indirectly related to increasing access to primary health care for individuals with limited resources are described below. These activities are in addition to the NYEE activities that impact multiple needs.

Referrals to Primary Health Care Services. NYEE refers patients to various providers of primary health care services. As part of the Mount Sinai Health System, the continuum of care can be enhanced with referrals to effective primary and specialized care services provided by other Mount Sinai hospital facilities and Mount Sinai health professionals. For example, patients in need of primary care services can be referred to services at Mount Sinai Beth Israel, which is within walking distance of NYEE.

C. Environmental Determinants of Health

The 2020 NYEE CHNA found that residents of local neighborhoods experience considerable traffic, pollution, crime, and noise. Transportation is difficult for individuals with limited mobility. NYEE, together with the Mount Sinai Health System, has expertise and resources related to medical services. The resulting lack of core competencies in traffic, pollution, crime, and noise, combined with finite resources, restrict planned interventions in the 2021-2023 time period. Furthermore, numerous other resources in the community are responding to this issue including the New York City Department of Environmental Protection and the New York City Department of Transportation.

Planned activities indirectly related to environmental determinants of health are described below. These activities are in addition to the NYEE activities that impact multiple needs.

Referrals to Health Care Services. The hospital refers patients to various providers of health care services. As part of the Mount Sinai Health System, the continuum of care can be enhanced with referrals to effective services provided by other Mount Sinai hospital facilities and Mount Sinai health professionals. For example, pediatric patients in need of specialized clinical consultation can be referred to the T32 Pediatric Environmental Health Research Fellowship at Mount Sinai Hospital.

D. Homelessness

The 2020 NYEE CHNA found that homelessness is increasing in the community, and that homelessness is complex and intertwines other issues including affordable housing, access to mental health care, substance abuse, and poverty. The impact of COVID-19 has contributed to recent increases. NYEE, together with the Mount Sinai Health System, has expertise and resources related to medical services. The resulting lack of core competencies in short-term shelter and long-term housing, combined with finite resources, restrict planned interventions in the 2021-2023 time period. Furthermore, numerous other resources in the community are responding to this issue including the New York City Department of Homeless Services.

Planned activities indirectly related to homelessness are described below. These activities are in addition to the NYEE activities that impact multiple needs.

Financial Assistance and Billing and Collections Policy. NYEE, together with the other MSHS hospitals, recognizes that many of the patients served may be unable to access quality health care services without financial assistance because of the economic impact of the pandemic.

A Financial Assistance and Billing and Collections Policy for MSHS hospitals enables each hospital to uphold its mission, while carefully taking into consideration the ability of the patient to pay. The Billing and Collections Policy is applied in a fair and consistent manner for Emergency Medical Care and other Medically Necessary Care rendered in the MSHS hospitals by providers who are directly employed by or contracted by Icahn School of Medicine at Mount Sinai. The Financial Assistance and Billing and Collections Policy, as well as the application for

Financial Assistance is available online² in English, Spanish, Chinese, Haitian Creole, Polish, and Russian. A uniform Financial Assistance Policy across hospital facilities and providers and robust social services can help low-income patients manage treatment plans. A uniform Financial Assistance Policy across hospital facilities and providers and robust social services can help low-income patients manage treatment while remaining in their homes.

E. Navigating a Changing Health Care Provider Environment

The 2020 NYEE CHNA found that many changes in the health care provider environment are leading to anxiety by residents. Additional changes, such as the emergence of Urgent Care Clinics, are leading to uncertainty among residents in how to access healthcare services. NYEE, together with the Mount Sinai Health System, has expertise and resources related to medical services but insurance coverage and financial resources are predominant factors related to access to evolving healthcare provider options. The resulting lack of proven interventions, combined with finite resources, restrict planned interventions in the 2021-2023 time period. Furthermore, other resources in the community have greater abilities to assist in navigation, notably insurance providers.

Planned activities indirectly related to navigation are described below. These activities are in addition to the NYEE activities that impact multiple needs.

Social Work Services. NYEE Social Workers help patients understand and cope with issues related to treatments, work with the medical team to create a safe discharge plans, and link patients with other community resources.

Mount Sinai Access. NYEE participates in Mount Sinai Access, a 24/7 concierge service available to assist physicians, patients, and family members connect with Mount Sinai specialists. Mount Sinai Access is staffed by nurses who work closely with physicians to arrange an outpatient appointment or peer to peer consultation as quickly as possible. Services are targeted to patients and families, as well as physicians to help coordinate patient care.

As part of the Mount Sinai Health System, integrated resources help NYEE refer patients to effective primary and specialized care services provided by other hospital facilities and Mount Sinai health professionals. Supporting services can assist patients access needed care both within the Mount Sinai Health System and with other community organizations.

² <http://www.wehealny.org/services/financialassistance/index.html>

F. Poverty, Financial Hardship, and Basic Needs Insecurity

The 2020 NYEE CHNA found that lower-income residents can experience considerable difficulty in accessing basic needs, including healthy food and safe, affordable housing. Primary care access can be limited due to the relatively high cost of deductible and/or co-pays. Unmet mental health needs may be an issue due to daily stress. NYEE, together with the Mount Sinai Health System, has expertise and resources related to medical services. The resulting lack of core competencies in economic development, combined with finite resources, restrict planned interventions in the 2021-2023 time period. Furthermore, numerous other resources in the community are responding to this issue including the New York City Human Resources Administration/Department of Social Services.

Planned activities indirectly related to Poverty, Financial Hardship, and Basic Needs Insecurity are described below. These activities are in addition to the NYEE activities that impact multiple needs.

Financial Assistance and Billing and Collections Policy. NYEE, together with the other MSHS hospitals, recognizes that many of the patients served may be unable to access quality health care services without financial assistance because of the economic impact of the pandemic.

A Financial Assistance and Billing and Collections Policy for MSHS hospitals enables each hospital to uphold its mission, while carefully taking into consideration the ability of the patient to pay. The Billing and Collections Policy is applied in a fair and consistent manner for Emergency Medical Care and other Medically Necessary Care rendered in the MSHS hospitals by providers who are directly employed by or contracted by Icahn School of Medicine at Mount Sinai. The Financial Assistance and Billing and Collections Policy, as well as the application for Financial Assistance is available online³ in English, Spanish, Chinese, Haitian Creole, Polish, and Russian. A uniform Financial Assistance Policy across hospital facilities and providers and robust social services can help low-income patients manage treatment plans. A uniform Financial Assistance Policy across hospital facilities and providers and robust social services can help low-income patients manage treatment while remaining in their homes.

³ <http://www.wehealny.org/services/financialassistance/index.html>

G. Safe and Affordable Housing

The 2020 NYEE CHNA found that inadequate housing contributes to poor health outcomes. Demand for housing in the community is increasing rents and new housing units will be market rates, unaffordable to some residents. NYEE, together with the Mount Sinai Health System, has expertise and resources related to medical services. The resulting lack of core competencies in residential housing, combined with finite resources, restrict planned interventions in the 2021-2023 time period. Furthermore, numerous other resources in the community are responding to this issue including the New York City Department of Housing Preservation and Development and the New York City Housing Authority.

Planned activities indirectly related to Safe and Affordable Housing are described below. These activities are in addition to the NYEE activities that impact multiple needs.

Referrals to Community Resources. NYEE refers patients to various community resources. As part of the Mount Sinai Health System, integrated resources help NYEE respond to patients in need. For example, robust social services can direct patients to community organizations that assist with housing needs, such as the Disability Rent Increase Exemption Program, the Senior Citizen Rent Increase Exemption Program, and others.

H. Socio-Economic, Racial, Cultural, Ethnic, and Linguistic Barriers to Care

The 2020 NYEE CHNA found that access to care may be limited for residents who do not feel welcomed by providers. Insufficient cultural competence and language limitations can serve as barriers. For some residents, barriers may be influenced by real or perceived differences in services based on race, ethnicity, socioeconomic background, sexual orientation, and/or other characteristics.

Planned activities to help reduce barriers to care are described below. These activities are in addition to the NYEE activities that impact multiple needs.

Social Work Services. NYEE Social Workers help patients understand and cope with issues related to treatments, work with the medical team to create a safe discharge plans, and link patients with other community resources.

Language & Communication Access Services. Language & Communication Access Services provide over the phone and in-person interpreter services, 24 hours a day, at no cost to patients. Included in translation services are sign language interpreters and telecommunication devices for the deaf (TDD). Phone interpretation services are available in over 200 languages, and video remote interpretation services are available in 35 languages. The New York State Patients' Bill of Rights is available in Braille as well as in English and Spanish on closed-circuit television.

MSHS Task Force to Address Racism. The Mount Sinai Health System is committed to addressing racism and its effects on faculty, staff, students, trainees, patients, visitors, and communities served. To this end, the system launched The Mount Sinai Health System Task

Force to Address Racism. The goal is for Mount Sinai to become an anti-racist health care and learning institution that intentionally addresses structural racism.

F. Substance Abuse

The 2020 NYEE CHNA found that substance abuse in the community includes alcohol and multiple illegal substances. Alcohol abuse is evidenced by binge drinking in local bars, and opioid abuse disproportionately impacts homeless individuals.

Planned activities indirectly related to helping manage and reduce substance abuse are described below. These activities are in addition to the NYEE activities that impact multiple needs.

Referrals to Substance Abuse Services. NYEE refers patients to various providers of substance abuse treatment services. As part of the Mount Sinai Health System, the continuum of care can be enhanced with referrals to effective substance abuse treatment services provided by other MSHS hospital facilities and Mount Sinai health professionals. For example, patients in need of substance abuse consultations can be referred to the Addiction Institute at Mount Sinai West.

6. Implementation Strategy Adoption

The Board of Directors for NYEE reviewed and adopted this plan on May 15, 2021.