

**St. Vincent's Catholic Medical Center:
Community Health Assessment**

Community Survey Report
August 4, 2011

Submitted to:

The St. Vincent's Hospital Community Health Assessment Steering Committee

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EXECUTIVE SUMMARY

A community health needs assessment was conducted to determine the impact of the closure of St. Vincent's Catholic Medical Center ("St. Vincent's") on individuals who used its services. This is the second of two reports on the St. Vincent's Community Health Assessment; the first report was on the key informant interviews and focus groups we conducted and this report is on the community survey (the "survey"). The idea for the survey came out of a discussion by members of the St. Vincent's Hospital Community Health Assessment Steering Committee ("Steering Committee"), including Community Board 2 and Community Board 4, who were concerned that there were community members who might not be represented through the key informant interviews and focus groups that were conducted. As such, a survey instrument was developed from the extensive collaboration of Steering Committee members for dissemination to the broader community affected by the closure of St. Vincent's. The online and paper-based survey was made available in English, Spanish, Chinese, and large-print, and was completed anonymously. This report provides 1) descriptive findings of the survey, that is, a snapshot, or the frequency, of the responses; 2) further, in-depth analysis of subgroups of the sample (eg, those with chronic health problems); and 3) analyses of respondents' answers to open-ended responses. A total of 1,609 individuals began the survey; however, approximately 180 did not proceed beyond the first few questions. Thus, the results presented in this report pertain to a sample size starting at 1,438, but varies depending on the number of people who answered specific questions. We summarize the findings in tabular or graphic form, accompanied by brief descriptions.

The majority of the respondents identified as white (85%), female (63%), have health insurance (94%), and live in the Primary Service Area¹ (75%). Almost 50% report having a physical or mental health condition that requires regular treatment or care. Approximately 64% had a doctor affiliated with St. Vincent's and 68% currently see the same doctor as before the hospital closed. With regard to utilization of services at St. Vincent's, 74% reported having sought services at St. Vincent's in the past five years. Of these, the emergency department was the most commonly used service (75%), followed by specialty tests (32%), inpatient care (30%), and outpatient services (22%). The majority of ratings of services at St. Vincent's were "excellent" or "very good" (range: 68% to 87%).

In terms of health care utilization *post* closure of the hospital, 26% of previous St. Vincent's users have gone to a different hospital emergency room since St. Vincent's closed, and 51% rated their experience as "excellent" or "very good." Sixty-five percent of former St. Vincent's users report that it is more difficult to obtain health care post closure. Additionally, 44% report a loss of services since the hospital closed, while 11% state they are able to access services that were previously *not* available to them. Of the 11% who have tried to access their medical records, 30% have not been able to obtain their records and 42% report their attempt as being "somewhat difficult" or "very difficult." A minority (12%) of those who needed to fill a prescription said it was more difficult since the hospital closed. In terms of travel time and distance, over 50% report spending more time traveling or traveling further, to get to their healthcare provider; and over one third report waiting longer to get an appointment, or to be seen when at an appointment.

Further analyses revealed that certain subgroups of respondents had significantly worse negative experiences associated with the closure of the hospital. Specifically, individuals with a health condition that required regular care were more likely to have visited an ER since St. Vincent's closed, and now travel further and spend more time traveling to their health care provider, compared to those without a physical and/or mental health condition. Similarly, a greater proportion of respondents who had a doctor affiliated with St. Vincent's reported greater challenges accessing care since the closing,

compared to those who did not have a doctor affiliated with St. Vincent's (eg, longer travel to get to health care provider now, waiting longer to get an appointment and be seen at an appointment). Finally, the same health care challenges were being experienced by those who are not seeing the *same doctor* as prior to the closing.

The final open-ended question asked all respondents, regardless of past utilization of services at St. Vincent's, to share their current experiences with health care services compared to when the hospital was open. Over 630 people responded, from which we created 37 initial codes or themes (eg, "unsure of where to go for general healthcare," "need for 'full' hospital"), which were further combined and reduced to 13 themes. The three most frequently mentioned themes were: 1) a negative anecdote about a post-closure experience, or about another hospital (eg, distance, crowdedness, cost); 2) feelings of insecurity, fear, anxiety, sadness, or unhappiness; and 3) that there is no nearby ER/trauma center now, and uncertainty of where to go for ER, health care, or specialty care.

BACKGROUND²

On April 30, 2010, St. Vincent's Catholic Medical Center (St. Vincent's) closed after 160 years of providing health care services to residents of Greenwich Village and the surrounding New York City (NYC) neighborhoods. The loss of the hospital and access to the various services it provided is of special concern to the affected population. Included in the closure of St. Vincent's is the loss of an emergency room, in-patient hospital facilities, a Level 1 trauma center, several outpatient clinical services, and capacity to address a widespread public health emergency such as a natural disaster or act of terrorism. Even though health services are available in alternative settings in the community, questions remain as to the gap in the health care available to this community and the greater Lower West Side of Manhattan. In order to better understand the impact of the closing of the hospital, a Community Health Needs Assessment Steering Committee (the "Steering Committee"), convened by Community Boards 2 and 4 and involving various community-based organizations (CBOs) and elected official's offices was formed.

The CUNY School of Public Health at Hunter College (CUNY SPH) was first asked to collaborate on a Community Health Needs Assessment in the form of qualitative data collection and analysis of the impact of the closure of St. Vincent's, using key informant interviews and focus groups. Subsequently, CUNY SPH was asked to assist with development and fielding of a quantitative community health survey, which was conducted separately. Findings from the initial qualitative research are reported in the *Qualitative Data Collection Report (June 10, 2011)*. The focus of this report is on the quantitative survey and analyses that we conducted, which is distinct from a quantitative analysis of NYS SPARCS data conducted by colleagues at North Shore-Long Island Jewish Health System (NLIJ).³ While the NLIJ analysis used hospital-level data of utilization patterns, our survey collected individual-level data from community residents and other users of services at St. Vincent's. These two complementary analyses should provide a rich picture of health care utilization patterns and individual experiences when St. Vincent's was open as well as since its closure.

The idea for the Community Health Survey (the "survey") came out of a discussion by members of the Steering Committee who were concerned that there were members of the community who might not be represented through the key informant interviews and focus groups. As such, a survey instrument was developed from the extensive collaboration of Steering Committee members, for dissemination to the broader community⁴ affected by the closure of St. Vincent's. Upon approval of the final version of the survey by the Steering Committee, an amendment to the original research plan to incorporate the

survey was submitted to the Hunter College Institutional Review Board (IRB) and received approval on 3/21/2011. The survey was officially launched on April 5, 2011, and closed on May 16, 2011.

METHODS

Survey Development

The survey consists of 39 questions and is comprised predominantly of closed-ended questions (ie, with pre-established response categories), in addition to seven open-ended questions. The questions cover the following domains: how and where respondents heard about the survey; demographic characteristics (eg, zip code, length of residence, age, race/ethnicity, language); health status (eg, health conditions, whether respondent has a doctor, insurance); experiences with St. Vincent's (eg, services used and satisfaction/ratings); experiences at other emergency departments post closure; accessing health care post closure; medical records; prescriptions; traveling time and distance to appointments; scheduling and waiting for an appointment.

The Community Health Survey is an anonymous, web- and paper-based survey. It was created in SurveyMonkey® in English (see Appendix 1: Community Survey [English]), and then translated into Spanish (see Appendix 2: Community Survey [Spanish]) and Chinese (see Appendix 3: Community Survey [Chinese]) in collaboration with the office of New York City Council Speaker Christine Quinn. A paper version was created and modified to account for skip patterns (ie, questions not applicable to all respondents), allowing for non-electronic self-administration. Large-print versions were also produced for respondents with visual impairments.

Dissemination

A strategy was developed to allow for electronic and paper dissemination of the survey, by a sub-group of members of the Steering Committee and their respective organizations to their clients, constituents, and other community members. This included mapping out the multiple ways in which the survey could be disseminated via SurveyMonkey® (ie, emailed directly from SurveyMonkey®; general web link sent out to organization listservs; link posted on organization websites) and how to handle data entry of the paper surveys (see Appendix 4: Survey Dissemination Procedures/Strategy). In practice, the survey was disseminated by organizations by emailing the survey link to their constituencies, posting it on their websites, and/or handing out paper copies to their memberships at their respective locations. In addition, a small number of organizational email lists were provided to us so that we could email the survey directly from SurveyMonkey.®

Extensive efforts were made to broaden the dissemination of the survey in order to reach as many constituents and former users of St. Vincent's as possible. As mentioned above, hard copy versions of the survey were created in order to accommodate people without access to the Internet; large-print versions were created for respondents both without Internet access and with visual impairments; and the survey was translated into Spanish and Chinese to address potential language barriers. While the original intention was to also reach low-income, racial/ethnic minority residents from the community with this survey, a decision was subsequently made by the Steering Committee to distribute a different survey to these groups via largely in-person, door-to-door administration by adolescent members of the community. Because these different datasets cannot be merged, this segment of the community may not be as well represented in this dataset as might have otherwise been possible.

ANALYSIS

The data from the survey were downloaded from SurveyMonkey® directly into PASW Statistics 18 (formerly SPSS). After the data were cleaned and several variables recoded, either frequencies or means were run on all variables. These descriptive findings are presented in the first part of the Results of this report. Bivariate analyses to identify possible statistically significant differences in outcomes (eg, continuity of care, services no longer available) by select sub-groups (eg, those with physical or mental health conditions, fewer resources) are reported next. Depending on the variable type, either a *t*-test or chi-square test was used to determine if there were significant differences between groups. The extent to which a statistically significant difference exists is denoted with asterisks in the following manner: $p < 0.05$ (*), $p < 0.01$ (**), $p < 0.001$ (***). Finally, extensive responses to several open-ended questions were analyzed through standard qualitative data analysis procedures that identify salient themes and reduce the responses into a smaller number of meaningful categories.

RESULTS

The following section presents descriptive and bivariate, or sub-group, findings from the survey, including modes of dissemination, respondent demographics, health-related indicators, utilization and ratings of services at St. Vincent's, and experiences post-closure accessing health care.

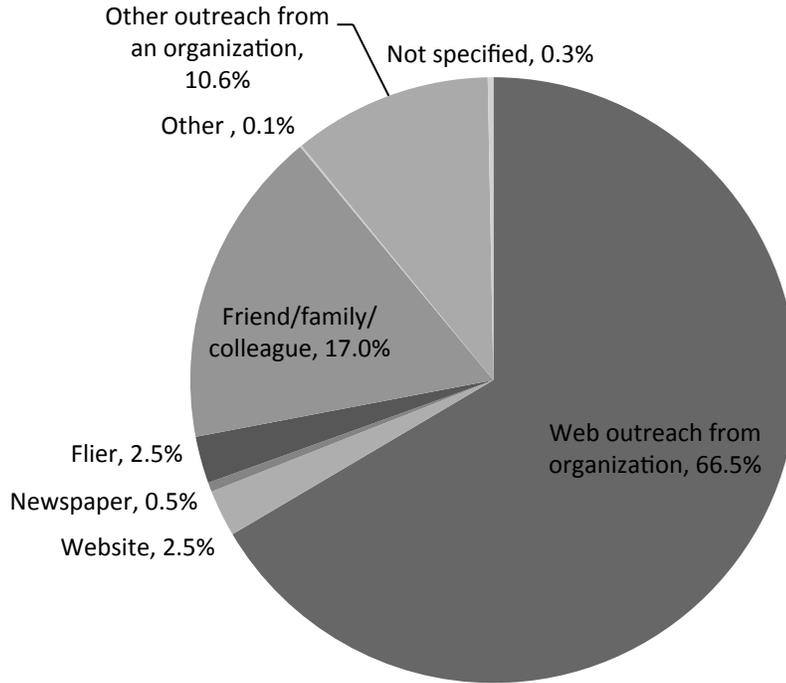
With regard to the sample size, it is important to note that it is specified for each question as it varies depending on the question. This is due to skip patterns (eg, depending on respondents' answers to certain questions, subsequent questions may or may not have been applicable), and general inconsistencies in responses (eg, respondents who chose to skip certain questions). Thus, a total of 1,609 people started the survey, but approximately 180 of them did not continue beyond the third question. As such, the relevant total sample size starts at approximately 1,438, and will vary depending on the specific question.

Modes of Dissemination

With regard to the mode of dissemination, 1,609 respondents answered the English survey, 8 the Spanish survey, and 1 the Chinese survey. Approximately 96% of respondents completed the survey online (vs. by paper).

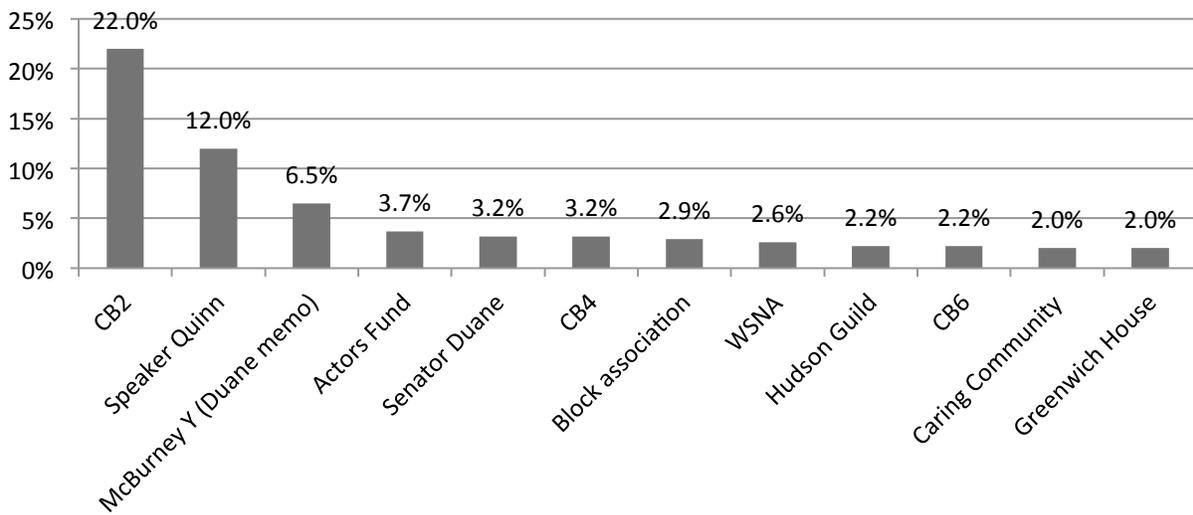
With regard to how respondents found out about the survey, the majority (67%) were reached directly by organizations, through emails, Facebook postings, or other Internet-based means (Figure 1). Another 11% noted that they found out through an organization, but did not specifically mention whether this was directly via email. We suspect the majority of these were indeed website-based, given the dissemination strategies employed by many of the collaborating dissemination team members. Seventeen percent found out about the survey through a friend, family member or colleague.

Figure 1: Please let us know HOW you learned about this survey (Q2) (n=1416)



We also asked from which organization respondents received the survey (Figure 2). About one quarter of the total sample heard about the survey from Manhattan Community Board 2 (22%), followed by Speaker Quinn’s office (12%), the McBurney YMCA (which had included a memo from Senator Duane) (7%), the Actors Fund (4%), directly from Senator Duane’s office (3%), and Manhattan Community Board 4 (3%). The remaining half was widely dispersed over more than 70 other sources each accounting for 2% or less.

Figure 2: Please let us know through which organization you learned about this survey (Q3) (n=1437)



Sample Description

Characteristics of the sample (n=1,438) are summarized in Table 1. Please note, the total sample size varies for individual characteristics listed below, as some respondents may have answered some questions but not others. The mean age of the respondents was 58 years old. The majority were White (85%), followed by Hispanic/Latino (7%), Asian/Pacific Islander (3%), African-American/African (2%), more than one race (2%) and other (2%). English was the primary language for 96% of respondents. Sixty-three percent of respondents identified as female and 37% identified as male. With regard to sexual orientation/identity, 76% identified as heterosexual and 14% as gay. The majority (75%) live in the Primary Service Area (PSA), and on average, residents have lived in their zip code for 24 years.

| Table 1: Demographic Variables | | % (n) |
|---|--|--------------------------------|
| Age (mean years) | | 58.3 (SD=13.9) Range: 18-98 |
| Gender | | |
| Female | | 62.7 (850) |
| Male | | 36.7 (498) |
| Transgender (identify as female, identify as male) | | 0.4 (6) |
| Other | | 0.1 (2) |
| Race/Ethnicity | | |
| White | | 84.8 (1196) |
| Hispanic | | 6.7 (94) |
| Asian/Pacific Islander | | 3.1 (44) |
| African-American/African | | 2.1 (29) |
| More than one race | | 1.8 (25) |
| Other (including Caribbean/West Indian/American Indian/Alaska Native) | | 1.6 (23) |
| Primary Language | | |
| English | | 95.8 (1355) |
| Spanish | | 2.3 (32) |
| Chinese (Cantonese/Mandarin) | | 0.3 (4) |
| Other | | 1.4 (20) |
| Sexual Orientation | | |
| Heterosexual | | 75.8 (990) |
| Gay | | 13.9 (182) |
| Lesbian | | 4.6 (60) |
| Bisexual | | 2.3 (30) |
| Queer | | 0.6 (8) |
| More than one | | 0.5 (7) |
| Other | | 2.2 (29) |
| Zip Code | | |
| 10014* | | 31.9 (456) |
| 10011* | | 30.3 (433) |
| 10012* | | 6.9 (98) |
| 10001* | | 5.7 (81) |
| 10003† | | 4.8 (69) |
| 10036 | | 4.0 (57) |
| 10013† | | 1.9 (27) |
| Other | | 14.5 (217) |
| Length of residence in this zip code (mean years) | | 23.7 (SD=15.0) |
| *Primary service area (PSA) †Secondary service area-I (SSA-I) SD=standard deviation | | |

Health Status and Health Insurance

A variety of health-related questions were asked of respondents, including health conditions, insurance status, and doctor affiliations (Table 2). Regarding health status, 37% have a physical health condition that requires regular treatment or care, and 11% have a mental health condition also in need of regular care. When examining these two variables together, 40% report having a physical and/or mental health condition; 6% report having a visual and/or hearing impairment. Over 500 respondents specified their physical health condition. The majority (23%) were cardiac-related conditions (eg, hypertension, high cholesterol, atherosclerosis, heart attack), followed by diabetes (8%), musculoskeletal (eg, amputation, arthritis, osteoporosis) (8%), respiratory illnesses (eg, asthma, allergies) (7%), infectious diseases (eg, HIV/AIDS, hepatitis) (7%), and cancer (eg, breast, prostate, skin) (6%) (Table 3a). Regarding mental health conditions, over 150 specified their condition, the majority being depression/dysphoria (41%), followed by anxiety (10%), bipolar disorder (6%) and other mental health conditions (eg, cognitive impairment, insomnia) (6%). Approximately 28% said they had a mental health condition but did not specify (Table 3b).

With respect to health insurance status, almost all (94%) reported having some form of insurance. The majority (62%) has private insurance (self- or employer-paid), followed by Medicare (30%), Medicaid and Family Health Plus (4%) and mixed sources of insurance (4%).

| | % (n) |
|---|--------------|
| Deaf, or have serious difficulty hearing? (n=1,422) | 4.2 (60) |
| Blind, or have serious difficulty seeing even when wearing glasses? (n=1,422) | 1.9 (27) |
| Physical health condition? (n=1,422) | 37.1 (527) |
| Mental health condition? (n=1,422) | 10.9 (155) |
| Health insurance (yes) (n=1,432) | 94.3 (1350) |
| Private through employment | 47.8 (637) |
| Private, self-pay | 12.8 (171) |
| Medicare (mixed) | 29.6 (395) |
| Medicaid | 3.1 (41) |
| Family Health Plus | 0.7 (10) |
| Combined public sources | 2.2 (30) |
| Combined private and public sources | 1.3 (17) |
| Other (unspecified) | 2.5 (33) |

| Physical Health Condition | % (n) |
|----------------------------------|--------------|
| Cardiac | 22.8 (120) |
| Diabetes | 8.3 (44) |
| Musculoskeletal | 7.6 (40) |
| Respiratory | 7.4 (39) |
| Infectious disease | 6.6 (35) |
| Cancer | 6.3 (33) |
| Neurological | 3.2 (17) |
| Metabolic/endocrine | 3.0 (16) |
| Eye | 2.7 (14) |
| Gastrointestinal | 2.7 (14) |
| Autoimmune | 2.7 (14) |
| Other | 2.5 (13) |
| Genitourinary/renal/hepatic | 2.3 (12) |
| Blood | 1.7 (9) |
| Psychiatric/Psychological | 0.6 (3) |
| Condition not specified | 19.7 (104) |

| Mental Health Condition | % (n) |
|------------------------------------|--------------|
| Depression/dysphoria | 41.3 (64) |
| Anxiety | 9.7 (15) |
| Bipolar | 5.8 (9) |
| Other mental health condition | 5.8 (9) |
| PTSD | 4.5 (7) |
| Psychiatric meds or sees therapist | 3.9 (6) |
| Schizophrenia | 1.3 (2) |
| Condition not specified | 27.7 (43) |

Utilization of and Experiences with Services at St. Vincent’s

Among the survey respondents who needed to go to a health care facility in the past five years (n=1,215), 74% (n=898) have sought some form of services at St. Vincent’s during this time period. The remaining questions (with the exception of the last, open-ended question) were asked specifically of this group.

First, we asked the respondents who had used services at St. Vincent’s in the past five years about the specific services they utilized (Figure 3). The most commonly sought services were the emergency room (75%), specialty tests (32%), inpatient care (30%), outpatient services (22%), which include mental health, surgery and the HIV/AIDS center, and other outpatient clinics (14%). Among those that used *other outpatient services*, respondents specified cancer-related clinics (12%), orthopedic services (9%), gynecology/maternity/childbirth services (9%), general primary care services (9%), dermatology (7%), physical therapy (6%), cardiology (6%), mammography (5%), and emergency services (3%). We also asked whether there were additional services respondents used at St. Vincent’s that were *not already listed*. There was some overlap with the responses given in the previous question, as the most frequent responses to this open-ended question were primary care services, including pediatric and faculty practice (12%), emergency room (11%), inpatient care (9%), gynecological services (8%), specialty tests (8%), and other services (8%). (See Appendix 5 for the complete list of other services utilized at St. Vincent’s.)

When asked to rate a range of services accessed at the hospital, the majority consistently rated their experience as being “excellent” or “very good” for each of the services listed (range: 68% to 87%) (Figure 4).

Figure 3: Utilization of Services at St. Vincent's (Q21) (n=898)

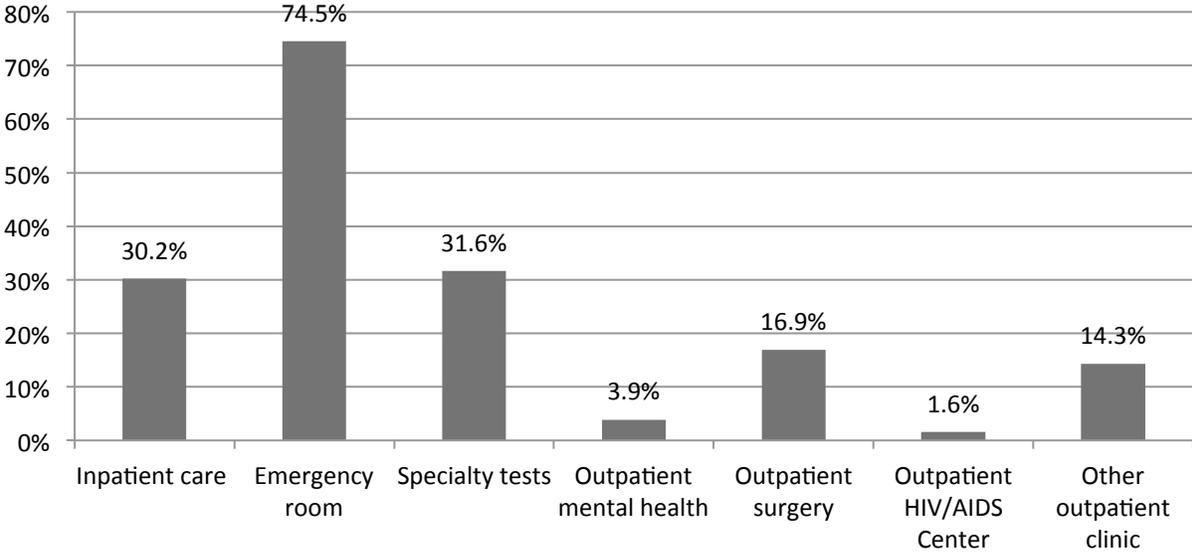
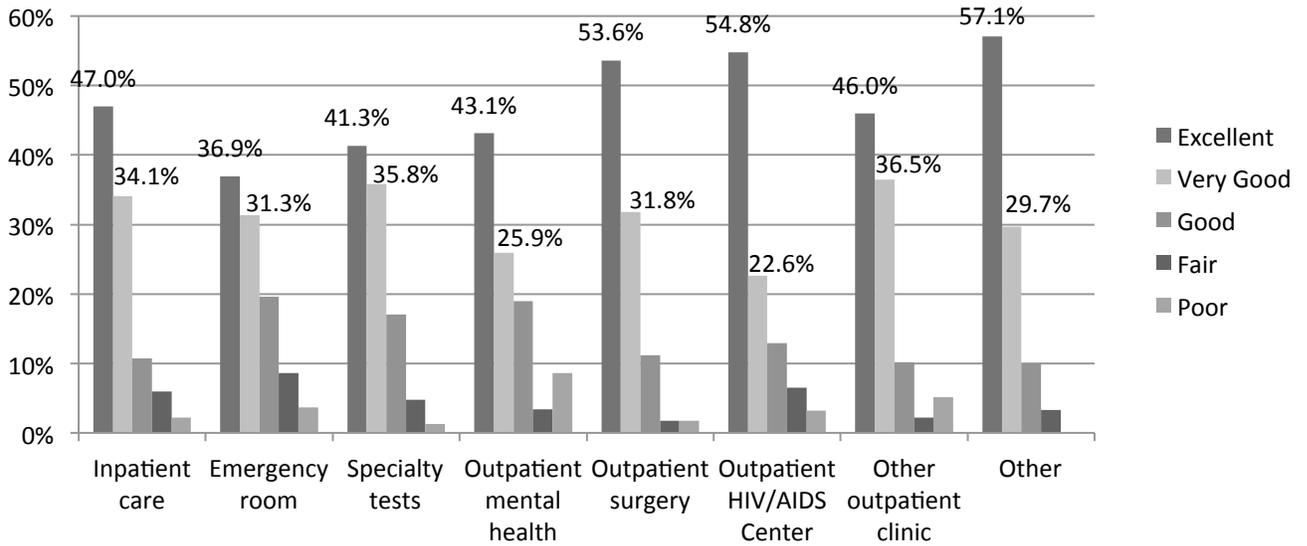


Figure 4: Rating of Services Utilized at St. Vincent's (Q23) (n=898)



Continuity of Care

We asked whether in the past five years, respondents had a doctor affiliated with St. Vincent’s. Among these respondents, 64% (n=843) had a doctor affiliated with the hospital, and 36% (n=474) did not.⁵ A separate question asked respondents whether they were seeing the same doctor for their medical care, as they did prior to the closing of St. Vincent’s. Sixty-eight percent (n=921) said yes, while 32% (n=434) said no. We probed deeper to see if there was a relationship between having a doctor affiliated with St. Vincent’s and seeing the same doctor since the hospital closed. Indeed, respondents whose doctor was affiliated with the hospital were significantly *less likely* to currently see the same doctor compared to respondents whose doctor was not affiliated with the hospital (59.7% vs. 81.3%) (Table 4).

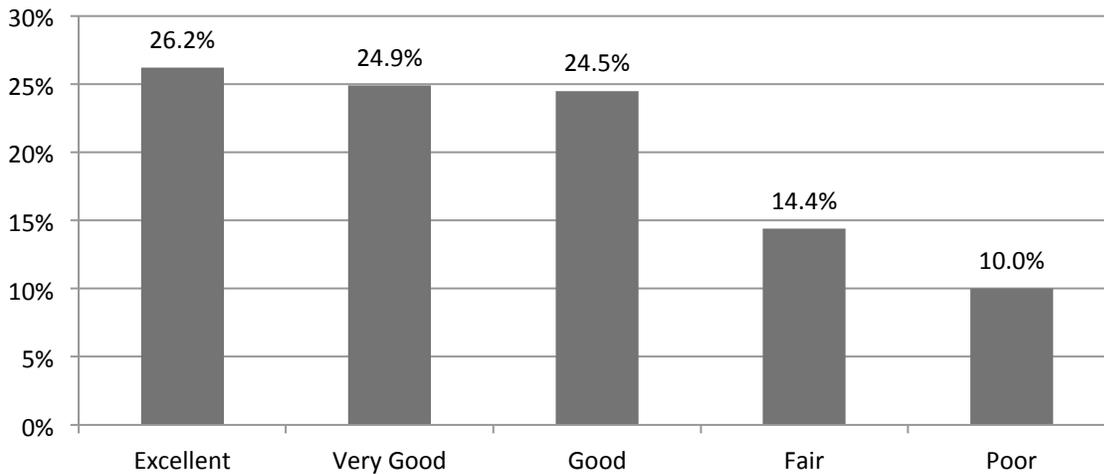
Table 4: Continuity of Care (Q16-17)

| | Total % (n) | Currently see same doctor (%) | | |
|---|-------------|-------------------------------|------|---------|
| | | Yes | No | p-value |
| Had doctor affiliated with St. Vincent’s | | | | |
| Yes | 64.0 (843) | 59.7 | 40.3 | *** |
| No | 36.0 (474) | 81.3 | 18.8 | |
| Currently see same doctor as prior to closing | | | | |
| Yes | 68.0 (921) | -- | -- | |
| No | 32.0 (434) | -- | -- | |

Experience with Other ERs Post-Closure

Among those who have used St. Vincent’s in the past five years, approximately one-quarter (26%) have gone to an emergency room for care since St. Vincent’s closed. We asked how they would rate their overall experience at the emergency room (Figure 5). Fifty-one percent rated their experience at this other ER as being “excellent” or “very good,” compared to 68% who rated their ER experience at St. Vincent’s similarly.

Figure 5: Experience with Other ERs Post-Closure (Q25) (n=229)



Approximately 90 respondents described their experiences at these other ERs in their own words (Table 5). Among these, the large majority (44%) noted long waits, overcrowded settings, or long distances traveled. For example, one respondent commented: “NYU ER more crowded and hectic than St. Vincent’s.” Almost one quarter (23%) described a positive experience at the other ER, while 15% simply described their reason for visiting an ER, without bias in any direction. Ten percent described good or excellent care at the ER, but also noted crowdedness. For example, one respondent wrote: “I went in an ambulance to Beth Israel; had to wait 3 hours for treatment. However, the treatment was excellent and the staff was very caring.” Meanwhile, 6% described a negative experience, separate from the wait time or distance traveled.

Table 5: Experience at Other ER (Q25) (N=91)

| Code/Theme | % (n) |
|--|-----------|
| Noted long wait, overcrowded, or long distance | 44.0 (40) |
| Positive experience | 23.1 (21) |
| Described reason for visit, but no judgment | 15.4 (14) |
| Good/excellent care but crowded | 9.9 (9) |
| Negative experience, other than long wait/distance | 5.5 (5) |
| Inapplicable response | 2.2 (2) |

Access to Care Post-Closure

When asked how it has been finding a new place to get care since St. Vincent’s closed, approximately two-thirds (65%) reported that it was more difficult to obtain care while about one-quarter (27%) said it was the same as when St. Vincent’s was open (Figure 6). Just over 6% stated that they needed care but have not tried to find a new provider. When combined, accessing care was more difficult or had been put off by about three quarters (71%) of respondents, while the remainder (29%) found it easier or the same to obtain health care as when the hospital was open.

Respondents were also asked whether there were health care services that are no longer available to them since the closing of St. Vincent’s, in addition to whether they have now been able to access

services that were previously *not* available. Forty-four percent reported a loss of services since the hospital closed (Figure 7) and 11% state they are able to access services that were previously *not* available to them (Figure 8).

Figure 6: Accessing Care Post-Closure (Q26) (n=667)

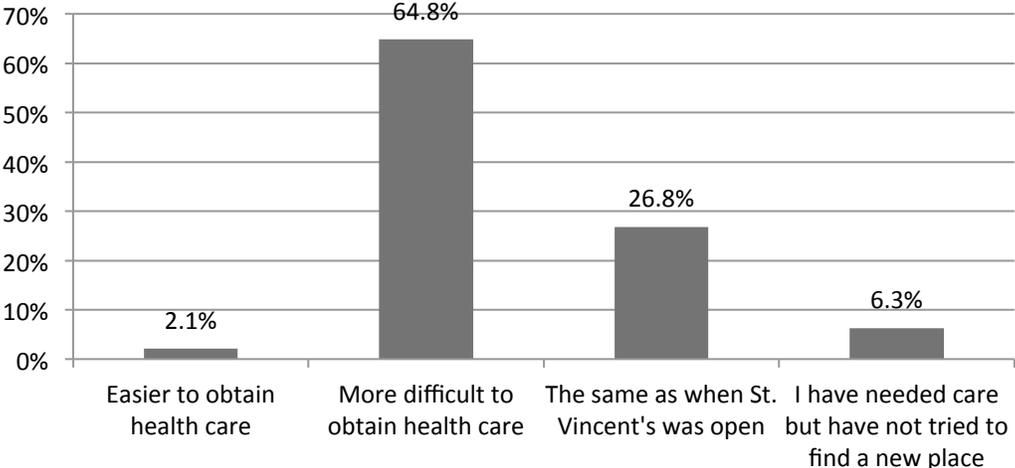


Figure 7: Any Health Care Services No Longer Available? (Q27) (n=679)

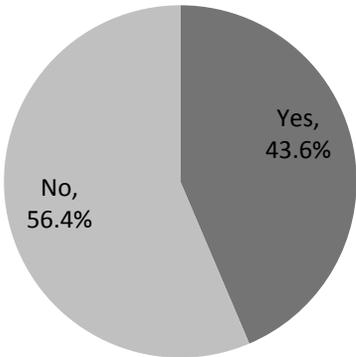
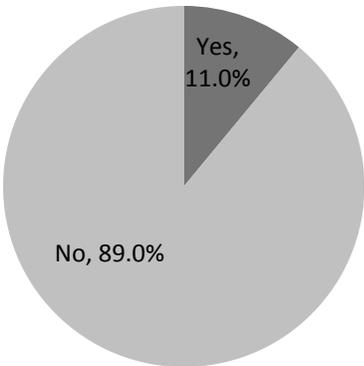


Figure 8: Now Accessing Health Care Services Previously Not Available? (Q28) (n=630)



Medical Records and Prescriptions

We asked individuals who had used St. Vincent’s in the past five years about their experiences with their medical records and recent prescriptions. Eleven percent (n=94) of respondents who previously used services at St. Vincent’s have tried to access their medical records since the hospital closed. Among these, over 30% have not been able to obtain their records, and 42% report their experience as being “somewhat difficult” or “very difficult” (Figure 9). With regard to prescriptions, among the 95% who received a prescription since the hospital closed (n=834), 12% (n=91) have had a more difficult time filling their prescriptions since the closure of the hospital (Figure 10).

Figure 9: Experience Obtaining Medical Records (Q30) (n=92)

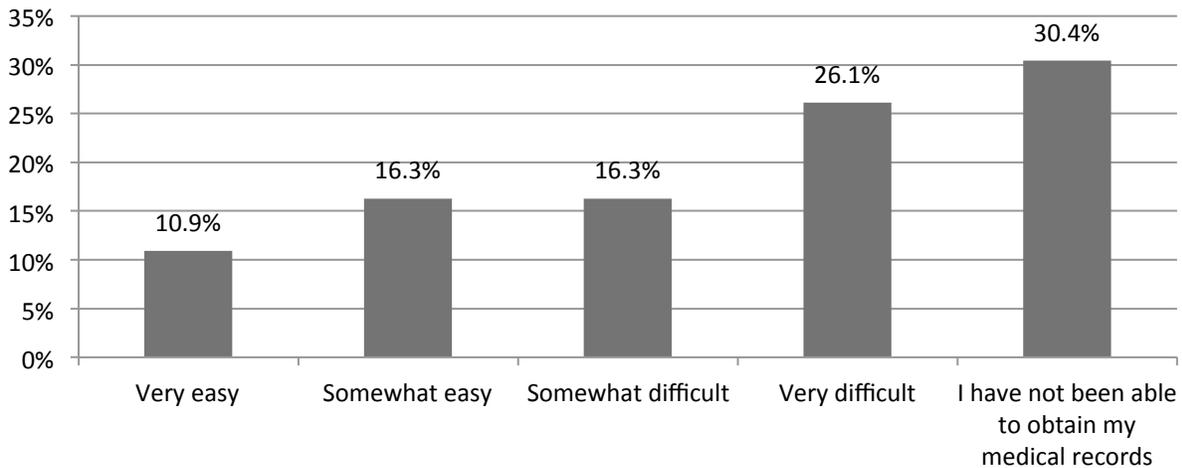
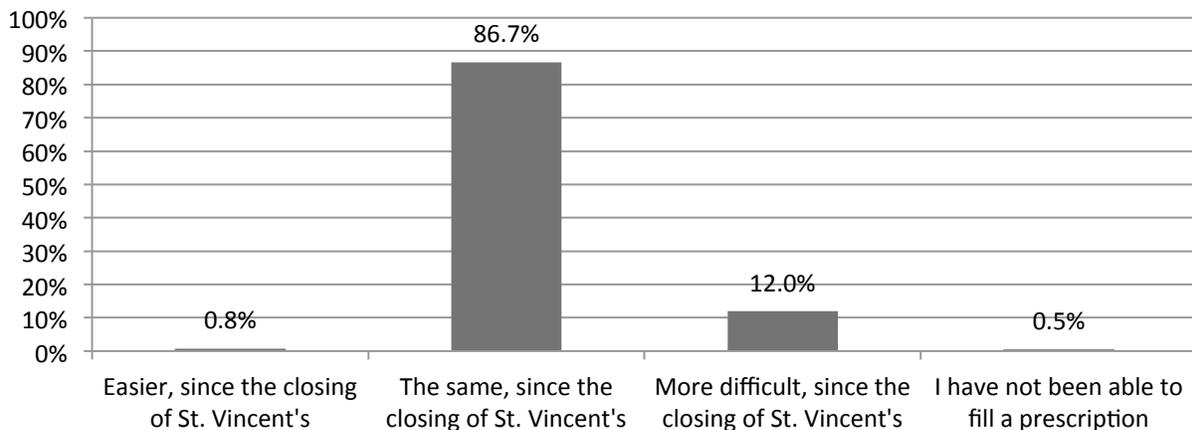


Figure 10: Experience Filling a Prescription (Q32) (n=766)



Travel Time, Distance, and Appointments

The next series of questions asked respondents about travel *time* and *distance* to get to a new health care provider, compared to when St. Vincent’s was open. Just under half reported they travel the same amount of time (47%) and distance (46%), respectively, to get to their current health care provider. Yet, just over half are spending more time traveling (51%) and traveling further (52%), as compared to when St. Vincent’s was open (Figure 11). We also asked what their experiences are like *getting* an appointment and *waiting to be seen* at an appointment, before and after the hospital closed. Approximately 62% said they wait the same amount of time to get an appointment, as well as to be seen when at an appointment, while slightly more than one third have to wait a longer amount of time for both (Figure 12).

Figure 11: Distance (n=795) and Time (n=792) Spent Traveling to Health Care Provider (Q33-34)

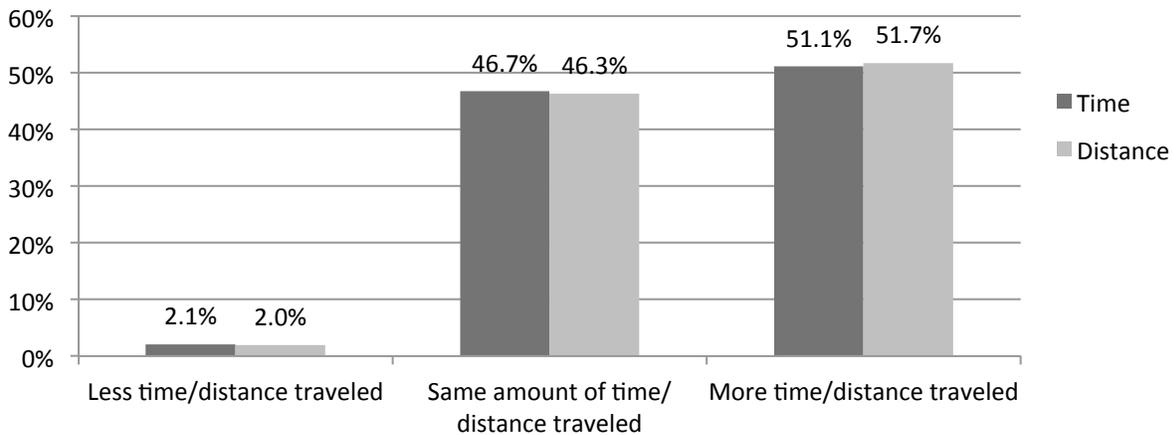
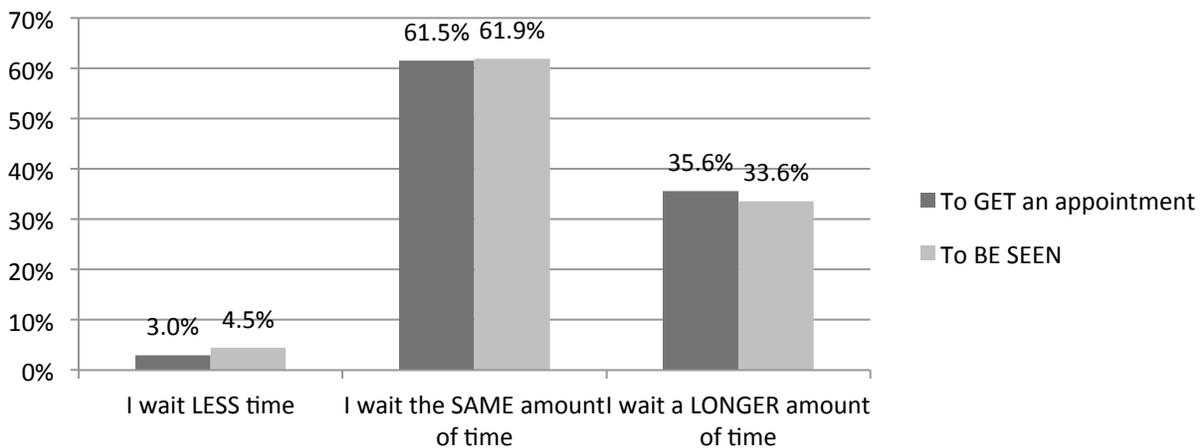


Figure 12: Time to Get Appointment (n=779) and Be Seen (n=776) (Q35-36)



Access to and Continuity of Care by Demographics, Doctor, and Health Status

Table 6 shows the list of select variables we used in the bivariate, or sub-group, analyses and how each variable was measured. Demographic variables of interest include age, gender, race/ethnicity, health insurance status, and length of residence. Key variables of interest include health status, continuity of care, and access to care (before and after the closing the St. Vincent's). For these analyses, some variables may have been combined (eg, type of health insurance, racial/ethnic group) either due to small numbers in certain categories or to facilitate interpretation of the findings.

| Table 6: List of Variables | |
|--|---|
| Descriptive Variables | How measured? |
| Age | Years |
| Gender | Female, Male |
| Race/Ethnicity | White, Hispanic, Other |
| Health insurance status | Private, Medicaid, Medicare, Combined |
| Length of residence | Years at residence |
| Key Variables | How measured? |
| Health Status | |
| Hearing and/or visual impairment | Yes, No |
| Physical and/or mental health condition | Yes, No |
| Continuity of Care | |
| Had doctor affiliated with St. Vincent's | Yes, No |
| Seeing same doctor now | Yes, No |
| Experience accessing new place for care | Easier/same, More difficult/needed care but haven't found new place |
| Gone to ER since hospital closed | Yes, No |
| Access to Care (pre/post) | |
| Distance spent traveling to new provider | Less/Same, More |
| Time spent traveling to new provider | Less/Same, More |
| Wait time to get an appointment | Less/Same, More |
| Wait time to be seen at an appointment | Less/Same, More |
| Services no longer available | Yes, No |
| New services available | Yes, No |

In this sample, individuals reporting visual and/or hearing impairments were significantly older (69 yrs vs. 58 yrs), more likely to be male, Hispanic, and have a combination of sources of health insurance (eg, Medicaid and Medicare). A similar picture emerged among those who reported having a physical or mental health condition requiring regular care, although the larger proportion of Hispanics with a health condition (48% vs. 40% White and 38% Other) was not statistically significant (Table 7). In addition, individuals who had a health condition had lived in their current residence for a longer period of time.

| Table 7: Demographic Variables by Health Status | | | | | | | |
|---|----------------|-------------------------------|------|---------|--------------------------------------|------|---------|
| | Total % (n) | Visual/Hearing Impairment (%) | | | Physical/Mental Health Condition (%) | | |
| | | Yes | No | p-value | Yes | No | p-value |
| Age (mean years) | 58.3 (SD=13.9) | 69.1 | 57.8 | *** | 61.7 | 56.2 | *** |
| Length of residence in zip code (mean years) | 23.7 (SD=15.0) | 25.6 | 23.5 | | 25.8 | 22.2 | *** |
| Gender | | | | | | | |
| Female | 63.1 (850) | 4.5 | 95.5 | ** | 36.8 | 63.2 | ** |
| Male | 36.9 (498) | 8.0 | 92.0 | | 46.4 | 53.6 | |
| Race/Ethnicity | | | | | | | |
| White | 84.8 (1196) | 5.2 | 94.8 | * | 39.9 | 60.1 | |
| Hispanic | 6.7 (94) | 12.0 | 88.0 | | 47.8 | 52.2 | |
| Other | 8.6 (121) | 5.9 | 94.1 | | 37.8 | 62.2 | |
| Health Insurance Status | | | | | | | |
| Private insurance | 62.1 (808) | 2.9 | 97.1 | *** | 32.5 | 67.5 | *** |
| Medicare | 30.4 (395) | 8.9 | 91.1 | | 50.0 | 50.0 | |
| Medicaid/Family Health Plus | 3.9 (51) | 5.9 | 94.1 | | 74.5 | 25.5 | |
| Combined sources (eg, Medicaid +) | 3.6 (47) | 23.4 | 76.6 | | 74.5 | 25.5 | |
| Visual and/or hearing impairment | 5.8 (82) | -- | -- | | -- | -- | |
| Physical and/or mental health condition | 40.4 (575) | -- | -- | | -- | -- | |
| * p<0.05 ** p<0.01 *** p<0.001 | | | | | | | |

A greater proportion of respondents who had a doctor affiliated with St. Vincent's is having a more difficult time accessing care (or have needed, but haven't tried to access care) since the closing, compared to those who did not have a doctor affiliated with St. Vincent's (Table 8). Moreover, a significantly greater proportion of respondents who had a doctor affiliated with St. Vincent's are traveling further and spending more time traveling to get to their health care provider now, in addition to waiting longer to get an appointment and be seen at an appointment, compared to when St. Vincent's was open. Those who are *not seeing the same doctor* as prior to the closing are also experiencing greater challenges in accessing care. Specifically, a larger proportion is experiencing increased travel times and greater distances, and longer wait times to get and be seen at an appointment.

There were no significant differences between those with and without a visual and/or hearing impairment on access to care variables. However, a greater proportion of those with a physical and/or mental health condition have visited an ER since St. Vincent's closed, and now travel further and spend more time traveling to their health care provider, compared to those without a health condition (Table 8).

| Table 8: Association Between Doctor Affiliation, Continuity, and Respondent's Health Status with Different Aspects of Accessing Care Post Hospital Closure | | | | | | | | | | | | |
|---|--|--------------------------------------|---|-----------|--------------------------|----------------|-----------------------------|-------------|--------------------------------|-------------|------------------------|-------------|
| | Experience accessing care since closing | | Have gone to an ER since hospital closed | | Distance Traveled | | Time Spent Traveling | | Time to get appointment | | Time to be seen | |
| | Easier/Same | More Difficult/Have not tried | Yes | No | Less/Same | Further | Less/Same | More | Less/Same | More | Less/Same | More |
| Had a doctor affiliated with St. Vincent's | | | | | | | | | | | | |
| Yes | 25.3*** | 74.7 | 24.9 | 75.1 | 43.6*** | 56.4 | 44.1*** | 55.9 | 62.4*** | 37.6 | 64.6** | 35.4 |
| No | 46.3 | 53.7 | 29.1 | 70.9 | 72.4 | 27.6 | 71.8 | 28.2 | 80.2 | 19.8 | 80.2 | 19.8 |
| Seeing same doctor as prior to closing | | | | | | | | | | | | |
| Yes | 31.3 | 68.8 | 25.6 | 74.4 | 58.1*** | 41.9 | 57.7*** | 42.3 | 71.1*** | 28.9 | 71.7*** | 28.3 |
| No | 26.2 | 73.8 | 27.0 | 73.0 | 32.8 | 67.2 | 34.8 | 65.2 | 54.7 | 45.3 | 58.3 | 41.7 |
| Visual and/or hearing impairment | | | | | | | | | | | | |
| Yes | 30.4 | 69.6 | 31.0 | 69.0 | 38.5 | 61.5 | 38.0 | 62.0 | 53.1 | 46.9 | 63.3 | 36.7 |
| No | 28.8 | 71.2 | 25.7 | 74.3 | 49.0 | 51.0 | 49.6 | 50.4 | 65.2 | 34.8 | 66.6 | 33.4 |
| Physical and/or mental health condition | | | | | | | | | | | | |
| Yes | 27.1 | 72.9 | 32.0*** | 68.0 | 42.7** | 57.3 | 44.4* | 55.6 | 62.1 | 37.9 | 63.2 | 36.8 |
| No | 30.9 | 69.1 | 21.1 | 78.9 | 53.3 | 46.7 | 52.9 | 47.1 | 66.6 | 33.4 | 69.2 | 30.8 |

* p<0.05 ** p<0.01 *** p<0.001

Overall Health Care Experience Pre and Post Hospital Closure

The final open-ended question was asked of *all* respondents, regardless of past utilization of services at St. Vincent’s. Respondents were asked if there was “anything else that you want to tell us comparing your *current* experience with health care services to your experiences prior to the closing of St. Vincent’s Medical Center?” Over 630 people responded to this question, from which we initially created 37 codes or themes and further reduced to 13 after combining similar themes (eg, fear/anxiety expressed, loss of “security” after closing) (Table 9). On average, respondents provided between 1 and 5 comments, of which the three most frequently mentioned were: 1) a negative anecdote about a post-closure experience, or about another hospital (eg, distance, crowdedness, cost) (19%); 2) feelings of insecurity, fear, anxiety, sadness, or unhappiness (17%); and 3) that there is no nearby ER/trauma center now, uncertainty of where to go for ER, health care, or specialty care (16%). These sentiments accounted for over half of the responses, while just over 13% also spoke about a positive aspect of St. Vincent’s, such as its charitable approach, “one-stop shop” and the high quality of care received there.

| Table 9: Overall Health Care Experience Pre and Post Hospital Closure (Q39) (N=633) | |
|--|--------------|
| Code/Theme | % (n) |
| Negative anecdote at other place or post closing (eg, too far, traffic, crowded, understaffed, expensive) | 19.4 (123) |
| Insecurity, fear, anxiety, sadness, unhappiness expressed | 16.6 (105) |
| No nearby ER/trauma center now; unsure where to go for ER, health care, or specialty care | 16.1 (102) |
| General/neutral response (eg, former employee, health care costs in general are expensive, no changes experienced) | 13.6 (86) |
| Positive anecdote about St. Vincent’s (eg, “family,” charitable, one-stop shop, gave birth there, better/best) | 13.4 (85) |
| Experienced doctor changes or affected decisions about doctor | 4.4 (28) |
| Negative anecdote about St. Vincent’s (eg, poor quality of care, mismanaged) | 3.0 (19) |
| Health care professional or other professional on effect on clients/referrals | 1.6 (10) |
| Positive feelings about other places | 1.6 (10) |
| Specifically stated need for ‘full’ hospital | 0.8 (13) |
| Negative comment about politicians | 0.8 (5) |
| Neighborhood business loss | 0.6 (4) |
| Inapplicable response | 6.8 (43) |

The following series of quotes were selected from among the comments provided by survey respondents as illustrative of the sentiments of many.

One person expressed the feeling of loss of a nearby ER:

“What I miss very much is the knowledge that there is a qualified emergency facility close at hand. My children and grandchildren, as well as myself, have all had recourse to the St. Vincent’s ER. I am also very saddened that the community health services provided by St. Vincent’s are no longer there.”

Related to this sense of loss is an associated feeling of anxiety or fear, around having to travel further in case of an emergency, as well as anger at the closing of the hospital:

“My experience living in a neighborhood that once had a first-rate emergency room that closed because of managerial incompetence is currently terrifying. I’m 54 with Parkinson’s. Any number of things may occur—taking a bad fall, hitting my head, fumbling with a knife and cutting myself

badly—that would force me to travel longer distances to get to an emergency room. The Catholic Church is partly responsible for the quality of the old St. Vincent's; it is entirely responsible for the hospital's closure. They might sell off some of the obscene wealth of the Vatican to make up for the loss they incurred, a loss that puts all of our lives at risk. But that's like asking a penny-pinching king to give his subjects some gruel: it won't happen. This whole thing is a complete outrage, inexcusable, and thoroughly immoral.”

Many also spoke about other health care facilities, and the challenges faced with accessing care post closing of the hospital:

“I pass the site of St. Vincent's every day. It is depressing and frightening to think that this facility was closed down so abruptly with no explanation to the public. The absence of an emergency room in this neighborhood is truly disturbing, with PS 41 on the corner and many older people living down here. Condos will not solve our problem. I hope we can all get to Beth Israel alive. Unfortunately my neighbor on the first floor (age 83) did not make it two weeks ago. After the EMS workers told us that she would be all right, she died in the ambulance going across town. This is a true story, and this is what the closing of St. Vincent's is about. Shame.”

These quotations are illustrative of the several hundred comments that pertained to concern with loss of a local hospital and emergency room, ensuing anxiety with the uncertainty associated with a future medical emergency, and negativity regarding accessing care at other, more distant facilities. They also overlap with the findings of the qualitative research we conducted (referred to earlier and involving key informant interviews and focus groups).⁶ In the next section we endeavor to pull these research findings together.

DISCUSSION

The data from the St. Vincent's Community Health Survey have provided community-level insight into the nature of service utilization at St. Vincent's, as well as respondents' health-related experiences since it closed. Given that three quarters of the total (n=1438) survey sample reported residing predominantly in the zip codes that comprise the Primary Service Area (ie, 10001, 10011, 10012, 10014), the majority of respondents are from the community immediately surrounding the hospital. Almost two thirds of respondents had a doctor who was affiliated with the hospital and three quarters had used the hospital in the past 5 years, suggesting that respondents had a close relationship, or contact, with the hospital. As such, we believe the sample surveyed was appropriate for providing information regarding the *community's* utilization of the hospital's services when it was open, as well as an informed perspective of changes since the hospital closed in April 2010. In addition, the sample had a good distribution of those reporting a health condition “requiring regular treatment or care” (37% physical; 11% mental) and those not reporting a health condition (ie, presumably in relatively good or better health), which likely provides a more complete picture of the ways in which community members with different health care needs utilized, or engaged with, the hospital.

Although survey respondents specified a wide range of physical and mental health conditions, there were several categories that accounted for a large proportion of the health conditions. The top five health conditions included cardiac, diabetes, musculoskeletal, respiratory, and infectious disease. The top three mental health conditions were depression/dysphoria, anxiety, and bipolar disease. These complaints comprised over half of the physical and mental health problems, respectively, reported by survey respondents. They align closely with the types of health concerns highlighted by participants in the focus groups of the qualitative component of this Community Health Needs Assessment.⁶ Difficulties in maintaining preventive health practices related to high blood pressure, diabetes, HIV/AIDS, and

depression were stated by many, as were concerns regarding access to emergency services for conditions such as asthma and anxiety disorders.

Clearly, respondents reported using the hospital's emergency (ER) services substantially more (74%) than any other aspect of the hospital (specialty tests, 32%; inpatient care, 30%; specific outpatient services, 22%). The very high "Excellent" and "Very Good" ratings – ranging from 68% to 87% – across the range of hospital services utilized is noteworthy. Further, despite the fact that the ratings for ER services were on the lower end (68% rated it "Excellent-Very Good"), this was substantially *higher* than the 51% "Excellent-Very Good" rating of other hospital ER services since St. Vincent's closed. These findings appear to validate favorable statements made by individuals who participated in the key informant interviews and focus groups of the qualitative study, which highlighted the importance of and high regard for the hospital's emergency services.

Among key concerns when a hospital or other health care provider is no longer serving a community is whether or not individuals' health care needs will be met by other providers and if health outcomes will worsen.^{7,8} This concern was clearly articulated in the key informant interviews and focus groups that we conducted, as many participants described having postponed or gone without care in the year since the hospital closed. This experience was further confirmed in the larger sample that participated in the survey, with two thirds of previous hospital users stating that it has been more difficult to obtain health care since the hospital closed. In addition, the reports of between one third and one half of the sample regarding lack of services that were previously available, and additional travel and wait times associated with accessing care elsewhere, are all in line with concerns about the potential negative consequences of the hospital closure. Indeed, we consider increased difficulty in accessing care among a substantial portion of survey respondents to be a negative effect of the hospital closure.

Although only a minority (11%) of respondents had tried to access their medical record, it is concerning that more than half of them had encountered much difficulty in obtaining them, or were not successful. Not surprisingly, lack of information about individual's medical records emerged as a key theme in the findings from the key informant interviews and focus groups in the qualitative study. As such, it is plausible that some portion of the 89% who had not tried to access their medical records may not have done so due to the confusion and resulting inertia from not knowing where to get the information.

While the survey has provided us with information describing the health and hospital-related experiences of the larger community, we were also able to obtain a more detailed picture of the experiences of specific *sub-groups* within the population. That those with health conditions requiring regular care reported worse health care experiences, such as having to travel further or longer to get to their provider, in addition to waiting longer to get and be seen at an appointment, points to a differential impact of the hospital closure on those in greater need of health care. Our findings also show that those who had a doctor who was *not* affiliated with St. Vincent's were faring better in terms of access to care. Thus, these data suggest that not only did community members lose a health care facility, but they have subsequently experienced reduced access to health care if their doctor was affiliated with the hospital. The finding that people with health conditions (ie, visual/hearing, physical/mental) are older is not surprising, although the higher proportion of Hispanics with a visual and/or hearing impairment is noteworthy, particularly given that there is an underrepresentation of Hispanics in the sample overall (discussed in greater detail below).

As with any research endeavor, there are some limitations associated with the study design and sample that should be taken into account when considering the results contained in this report. The study

design incorporated a collaborative approach reflected in the involvement of many community-based organizations in the sampling and distribution of the survey. Specifically, organizations primarily involved in the delivery of health and social services to the community, as well as civic (ie, community board members) and elected officials, assisted in the dissemination of the survey to their clients and constituents. As such, it was clear from the outset that individuals most likely to complete the survey would be those who are connected to community organizations, as well as those with a particular interest in the closure of St. Vincent’s hospital. If the sample had an underrepresentation of residents who are less connected to community-based organizations (eg, marginalized or vulnerable groups, such as the homeless, home-bound, undocumented immigrants, etc), that might be associated with an under-report of the negative consequences associated with closure of the hospital (eg, if they were not able to find alternative health care services since the hospital closed but did not complete the survey to report that). Conversely, individuals who were motivated to complete the survey due to strong feelings about the hospital may have been inclined to over-report the negative consequences associated with its closure. Thus, to some extent, these two biasing influences may have “cancelled” each other, resulting in a fairly accurate representation of the experiences of community members since the hospital closed.

Another possible concern is the underrepresentation of racial/ethnic minorities in the sample compared to the larger population of the surrounding neighborhoods. Specifically, compared to the most recent Community Health Survey report from the NYC Department of Health and Mental Hygiene for the Chelsea/Clinton neighborhood,⁹ our sample had relatively fewer Hispanics, Asians, and African Americans. The sample, however, was not so different from the racial/ethnic composition of the Greenwich Village/Soho neighborhood,¹⁰ except for the relatively smaller proportion of Asian respondents (see Table 10). It is unclear to what extent this may affect the survey findings. That said, given the extensive national, state, and local data that have documented health disparities among racial/ethnic minorities (particularly Latinos and African Americans)¹¹—including health status, access to care, utilization, and outcomes—it is plausible that the findings from this survey may under-report the negative impact of the hospital closure. In other words, since Latinos and African Americans have a higher prevalence of certain health conditions (eg, diabetes, asthma), closure of the hospital may have had a disproportionately negative impact on them compared to other previous St. Vincent’s users. As such, with relatively fewer individuals from these groups in the survey sample, we would suggest that the negative experiences that survey respondents reported (eg, loss of health-related services, longer appointment wait and travel times, deferred health-care seeking, uncertainty about medical records) are likely *underestimates* of the actual experience.

Table 10: Racial/Ethnic Comparison: CHA Survey vs. Area Neighborhoods

| Race/Ethnicity | CHA Survey (%)* | Chelsea-Clinton CHS (%) | GV-Soho CHS (%) |
|------------------|-----------------|-------------------------|-----------------|
| White | 85 | 65 | 67 |
| Hispanic/Latino | 6.7 | 16 | 6 |
| Asian | 3.1 | 10 | 21 |
| African American | 2.1 | 6 | 3 |
| Other | 1.6 | 3 | 3 |

**Percents do not sum to 100 because of other groups not shown here.*

From the outset it was clear that the composition of the survey sample would more closely represent previous users of St. Vincent’s hospital and individuals interacting with community organizations that provide health-related services, given the broad community collaboration in dissemination of the

survey. However, a subsequent decision was made by the Steering Committee to not disseminate the survey in a portion of the community with substantial numbers of low-income and Latino residents, and to instead undertake a separate data collection activity. As a result, the post-hospital closure experiences of members of this community were not captured by the survey data to the extent that was possible. Therefore, we recommend that the separate data analysis of lower income and minority residents being conducted by others be viewed together with our findings to provide a more complete picture of how the hospital's closure affected these population groups.

The findings from the community health assessment survey have provided us with much concrete and useful information concerning the health status and utilization of health care services of individuals who reside predominantly in the community surrounding St. Vincent's hospital. While approximately 50% of survey respondents had a physical and/or mental health problem, these individuals were more likely to be older, male, Latino, and receiving Medicaid, suggesting that this sub-group of individuals be given special attention with regard to outreach for health care services. The particularly negative health care experiences reported by individuals with health problems and those whose doctor was previously affiliated with St. Vincent's also warrants extra consideration. To the extent that health-related outreach activities can be conducted in the community, a special effort to identify individuals who either (1) have a physical or mental health problem requiring regular care, (2) had a doctor affiliated with St. Vincent's, and/or (3) are not seeing the same doctor as when the hospital was open, should be undertaken. That these groups reported greater difficulty accessing health care and longer travel and wait times points to the need for information about health care providers in the community *and* assistance in getting to them. This corresponds with one of the key suggestions from the qualitative study that a comprehensive inventory be developed of health care providers in the community. Assuming that assistance accessing health care is provided, patients (and their new providers) would ideally have access to their medical records. This pertains to another concern raised from the qualitative study: the lack of information regarding medical records from St. Vincent's caused much distress among focus group participants. And although relatively few survey respondents had tried to access their records, the majority of those who did found the process difficult or were not successful. As such, it seems that providing assistance to community members and other former users of the hospital with access to their medical records would be a valuable and timely service, particularly in light of recent news concerning the costs associated with continuing to store these documents.¹²

In closing, we believe that the findings from this survey, taken together with the findings from the qualitative study, provide an informative depiction of health care utilization and experiences before and after St. Vincent's closed, and the differential impact of the closure on specific, vulnerable sub-groups. We suggest that the members of the St. Vincent's Hospital Community Health Assessment Steering Committee and other community leaders consider these findings together with those from the separate survey of low-income communities conducted by other Steering Committee members, as well as with the quantitative analysis of state hospital data by individuals at the North Shore-Long Island Jewish Health System. In this way, rich data from the individual, community and hospital levels can be used to develop the best plan for addressing community health needs in the wake of the closure of St. Vincent's.

REFERENCES

- ¹ Primary Service Area includes the following zip codes: 10001, 10011, 10012, 10014.
- ² For completeness, some of this information was previously included in the first report of this Community Health Assessment project (*Qualitative Data Collection Report*, June 10, 2011).
- ³ North Shore-Long Island Jewish Health System. *Community Health Assessment Discussion Papers*. Reported to Community Health Assessment Steering Committee. #1: Defining the Service Area; #2: St. Vincent's Medical Center; #3: Socio-demographic Description of the Service Area and Overview of Health Status Indicators; #4: Post-Closure Review of Service Area Access and Utilization of Inpatient and Emergency Services. (10/1/10-2/3/11)
- ⁴ The definition of "community" was informed both by the NLIJ analyses as described in their third report² (which specified zip codes surrounding St. Vincent's, referred to as the Primary Service Area [PSA], Secondary Service Area-I [SSA-I], and Secondary Service Area-II [SSA-II]), as well as by members of the Steering Committee who advocated for consideration of individuals and groups that might not live within these zip codes but used St. Vincent's services nonetheless. The zip codes in the PSA include 10001, 10011, 10012, 10014; the SSA-I zip codes include 10003 and 10013; and, the SSA-II zip codes include 10002, 10009, and 10038. In following suggestions from Steering Committee members, our data sources include individuals who reside both within and outside of the primary and secondary service areas.
- ⁵ Approximately 6% reported they didn't know whether their doctor was affiliated with St. Vincent's; we set these respondents to "missing."
- ⁶ Romero D, Kwan A, Swearingen J, Nestler S, Cohen N. St. Vincent's Catholic Medical Center: Community Health Assessment. *Qualitative Data Collection Report*. June 10, 2011.
- ⁷ Sun BC, Mohanty SA, Weiss R, Tadeo R, Hasbrouck M, Koenig W, Meyer C, Asch S. Effects of hospital closures and hospital characteristics on emergency department ambulance diversion, Los Angeles County, 1998 to 2004. *Annals of Emergency Medicine*. 2006;47:309-316.
- ⁸ Capps C, Dranove D, Lindrooth R. Hospital closure and economic efficiency. *Journal of Health Economics*. 2010;29:87-109.
- ⁹ Olson EC, Van Wye G, Kerker B, Thorpe L, Frieden TR. Take Care Chelsea and Clinton. NYC Community Health Profiles, Second Edition; 2006; 24(42):1-16.
- ¹⁰ Olson EC, Van Wye G, Kerker B, Thorpe L, Frieden TR. Take Care Greenwich Village and SoHo. NYC Community Health Profiles, Second Edition; 2006; 26(42):1-16.
- ¹¹ US Department of Health and Human Services. *HHS Action Plan to Reduce Racial and Ethnic Health Disparities: A Nation Free of Disparities in Health and Health Care*. April 7, 2011.
<http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=285>
- ¹² Benson B. St. Vincent's mountain of biz, medical records. *Crain's New York Business.com*. July 25, 2011.

APPENDICES

- Appendix 1: St. Vincent's Community Health Assessment Survey (English)
- Appendix 2: St. Vincent's Community Health Assessment Survey (Spanish)
- Appendix 3: St. Vincent's Community Health Assessment Survey (Chinese)
- Appendix 4: Survey Dissemination Procedures/Strategy
- Appendix 5: Additional Services Utilized at St. Vincent's Hospital

St. Vincent's Community Health Assessment Survey

A task force of elected officials, community boards, community organizations, and others was developed to do a community needs assessment, together with researchers from the CUNY School of Public Health at Hunter College, following the closing of St. Vincent's Medical Center in April 2010. In an effort to get feedback from residents, we have developed this survey and the results will be included in the needs assessment.

This survey is completely anonymous and voluntary and should take approximately 15 minutes of your time.

All information that you provide will be confidential. We are not asking for your name or other individual identifying information, so your responses cannot be connected to you. This respects and protects your privacy.

If you have already completed this survey, please do not fill it out again.

Thank you for agreeing to participate in this survey. Your thoughts are extremely valuable.

By answering "Yes" to the first question, you will be giving your consent to participate in this survey.

* 1. I give my consent to participate in this survey

Yes

No

First, a little about yourself ...

2. Please let us know HOW you learned about this survey

Email from an organization

Website

Newspaper

Flier

Friend/family/colleague

Other (please specify) _____

* 3. Please let us know through which organization you learned about this survey

* 4. What is your home zip code?

Zip Code _____

5. How long have you lived in this zip code?

Years # Months

*** 6. How old are you?**

_____ Years

7. What is your race? (Check all that apply)

- African-American
- African
- Asian/Pacific Islander
- Caribbean/West Indian
- American Indian/Alaska Native
- White
- Other _____

8. Are you Latino/Hispanic?

- Yes
- No

9. What is your primary language?

- English
- Spanish
- Chinese - Cantonese
- Chinese - Mandarin
- Other _____

Now, a few questions about your health status...

*** 10. Do you have any type of health insurance?**

Yes

No

→ Skip to Question 12

11. What type of health insurance do you have?

Private insurance through employment

Private insurance I pay for on my own

Medicare

Medicaid

Family Health Plus

Other _____

*** 12. Are you deaf or do you have serious difficulty hearing?**

Yes

No

*** 13. Are you blind or do you have serious difficulty seeing even when wearing glasses?**

Yes

No

*** 14. Do you have a physical health condition that requires regular treatment or care?**

Yes

No

If yes, please specify:

* **15. Do you have a mental health condition that requires regular treatment or care?**

Yes

No

If yes, please specify:

Some questions about your doctor...

* **16. In the past 5 years, did you have a doctor who was affiliated with St. Vincent's Medical Center?**

Yes

No

Don't know

I haven't had a doctor in the past 5 years

→ Skip to Question 19

* **17. Do you currently see the same doctor for your medical care, as you did prior to the closing of St. Vincent's Medical Center?**

Yes

No

I don't have a doctor

→ Skip to Question 19

18. Which hospital(s) is/are your doctor currently affiliated with?

I don't know

Bellevue Hospital

Beth Israel Medical Center

NY Downtown

NYP-Weill Cornell Medical Center

NYU Medical Center

St. Luke's - Roosevelt

Other (please specify) _____

Questions about your experience with St. Vincent's Medical Center

*** 19. Did you go to St. Vincent's Medical Center in the past 5 years for ANY health care services?**

Yes  Skip to Question 21 (page 6)

No, I went somewhere else  Skip to Question 20

No, I did not need to go to any health care facility in the past 5 years  Skip to Question 37 (page 10)

20. What hospital(s) or other providers of health services did you go to, in the past 5 years? (Check all that apply)

- Bellevue Hospital
- Beth Israel Medical Center
- NY Downtown
- NYP-Weill Cornell Medical Center
- NYU Medical Center
- St. Luke's - Roosevelt
- Callen-Lorde Community Health Center
- Charles B. Wang Community Health Center
- Other (please specify OR enter "DK" if you don't remember)

- GMHC (Gay Men's Health Crisis)
- Greenwich House
- Institute for Family Health
- Ryan/Chelsea-Clinton Community Health Center
- Ryan-NENA Community Health Center
- St. Vincent's Medical Center Physicians
- VillageCare
- I don't know

Skip to Question 37 (page 10)

*** 21. Please tell us what services you used (for yourself or a family member) at St. Vincent's Medical Center in the past 5 years. (Check all that apply)**

- Inpatient care (for example, hospitalization)
- Emergency room
- Specialty tests
- Outpatient mental health
- Outpatient surgery
- Outpatient HIV/AIDS Center
- Other outpatient clinic (please specify) _____

22. Please list any other services you used at St. Vincent's Medical Center that are not listed above.

*** 23. How would you rate your experience at St. Vincent's Medical Center, in the past 5 years?**

| | Excellent | Very Good | Good | Fair | Poor | I did not use this service |
|----------------------------|-----------|-----------|------|------|------|----------------------------|
| Inpatient care | jn | jn | jn | jn | jn | jn |
| Emergency room | jn | jn | jn | jn | jn | jn |
| Specialty tests | jn | jn | jn | jn | jn | jn |
| Outpatient mental health | jn | jn | jn | jn | jn | jn |
| Outpatient surgery | jn | jn | jn | jn | jn | jn |
| Outpatient HIV/AIDS Center | jn | jn | jn | jn | jn | jn |
| Other outpatient clinic | jn | jn | jn | jn | jn | jn |
| Other | jn | jn | jn | jn | jn | jn |

Recent experiences with other emergency departments...

*** 24. Since St. Vincent's closed, have you gone to an emergency room for care?**

Yes

No Skip to Question 26

25. How would you rate your overall experience at the emergency room?

- Excellent
- Very Good
- Good
- Fair
- Poor

Please tell us about your experience

Recent experiences with accessing health care...

*** 26. How has it been finding a new place to get care since St. Vincent's Medical Center closed in April 2010? Has it been...**

- Easier to obtain health care
- More difficult to obtain health care
- The same as when St. Vincent's was open
- I have not needed health care services since April 2010
- I have needed care but have not tried to find a new place

*** 27. Since the closing of St. Vincent's Medical Center, are there health care services that are NO LONGER AVAILABLE to you?**

- Yes
- No
- I haven't needed health care services since April 2010

Please tell us about your experience

*** 28. Since the closing of St. Vincent's, have you been able to access health care services that were PREVIOUSLY NOT AVAILABLE?**

Yes

No

I haven't needed health care services since April 2010

Please tell us about your experience

Experiences accessing your medical records...

*** 29. Have you tried to get access to your medical records since St. Vincent's Medical Center closed?**

Yes

No → Skip to Question 31

30. Has your attempt to obtain your medical records been ...

Very easy

Somewhat easy

Somewhat difficult

Very difficult

I have not been able to obtain my medical records

I have not tried to obtain my medical records

Experiences with prescriptions...

*** 31. In the past 5 years, have you received a prescription for medication?**

Yes

No → Skip to Question 33

32. Since St. Vincent's closed in April 2010, would you say filling a prescription for medication has been...

- Easier, since the closing of St. Vincent's
- The same, since the closing of St. Vincent's
- More difficult, since the closing of St. Vincent's
- I have not been able to fill a prescription
- I have not needed to fill a prescription since April 2010

Traveling, time, and distance before and after...

*** 33. How FAR do you have to travel to your health care provider now, compared to when St. Vincent's was open?**

- I travel FURTHER to get to my health care provider now
- I travel the SAME DISTANCE to get to my health care provider now
- I travel LESS to get to my health care provider now
- I have not visited a health care provider since April 2010

*** 34. How much TIME do you spend traveling to your health care provider now, compared to when St. Vincent's was open?**

- I spend LESS time traveling
- I spend the SAME amount of time traveling
- I spend MORE time traveling
- I have not visited a health care provider since April 2010

*** 35. How long do you have to wait to GET an appointment now, compared to when St. Vincent's was open?**

- I wait LESS time
- I wait the SAME amount of time
- I wait a LONGER amount of time
- I have not visited a health care provider since April 2010

*** 36. How long do you have to wait to BE SEEN when you go for an appointment, compared to when St. Vincent's was open?**

- I wait LESS time
- I wait the SAME amount of time
- I wait a LONGER amount of time
- I have not visited a health care provider since April 2010

Lastly...

37. What is your gender?

- Female
- Male
- Transgender-Identify as female
- Transgender-Identify as male
- Other _____

38. What is your sexual orientation/identity?

- Lesbian
- Gay
- Bisexual
- Queer
- Heterosexual
- Other

Other (please specify)

39. Is there anything else that you want to tell us comparing your CURRENT experience with health care services to your experiences prior to the closing of St. Vincent's Medical Center?

Thank you so much for your time. Your feedback is extremely valuable.

If you have any questions or concerns about this survey, you may reach Dr. Diana Romero at diana.romero@hunter.cuny.edu or Dr. Neal Cohen at ncohen@hunter.cuny.edu, both faculty members at the CUNY School of Public Health at Hunter College.

Centro Medico de San Vicente – Encuesta de Evaluación de la Salud en la Comunidad

Un destacamento de fuerzas de oficiales electos, juntas comunales, organizaciones comunitarias, y otros se desarrolló, junto con investigadores de la Escuela de Salud Pública de Hunter College, para hacer una evaluación de las necesidades de la comunidad tras el cierre del Centro Medico de San Vicente en abril de 2010. En un esfuerzo para recibir comentarios de los residentes, hemos desarrollado esta encuesta y los resultados se incluirán en la evaluación de las necesidades.

Esta encuesta es completamente anónima y voluntaria y le tomará aproximadamente 15 minutos de su tiempo.

Toda la información que usted proporcione será confidencial. No pedimos su nombre ni otros datos de identificación personal, por lo que sus respuestas no se pueden conectar a usted. Esto respeta y protege su privacidad.

Si usted ya ha completado esta encuesta, por favor, no lo llene de nuevo.

Gracias por aceptar y participar en esta encuesta. Sus pensamientos son de gran valor.

Al responder "Sí" a la primera cuestión, le va a dar su consentimiento para participar en esta encuesta.

1. Yo doy mi consentimiento para participar en esta encuesta

- Sí
 No

En primer lugar, un poco de ti...

2. Por favor, háganos saber cómo usted aprendió sobre esta encuesta

- Correo electrónico de una organización
 Sitio web
 Periódico
 Volante
 Amigo/Familia/Colega
 Otro (por favor especifique) _____

3. Por favor, háganos saber a través de cual organización ha aprendido acerca de esta encuesta

4. ¿Cuál es el código postal de su residencia? _____

5. ¿Cuánto tiempo ha vivido en este código postal?

_____ # Años _____ # Meses

6. ¿Cuánto años tiene?

_____ Años

7. ¿Cuál es su raza? (Marque las que corresponden)

- Africano-Americano
- Africano
- Asiático / Islas del Pacífico
- Caribe / Las Antillas
- Indios Americanos / Nativos de Alaska
- Blanca
- Otro _____

8. ¿Eres Latino/Hispano?

- Sí
- No

9. ¿Cual es su idioma principal?

- Ingles
- Español
- Chino - Cantones
- Chino - Mandarín
- Otro _____

Ahora, algunas preguntas acerca de su estado de salud...

10. ¿Tiene algún tipo de seguro de salud?

- Sí
 No → *Pase a la pregunta numero 12*

11. ¿Que tipo de seguro medico tiene usted?

- Seguro privado a través del empleo
 Seguro privado que pago por mi cuenta
 Medicare
 Medicaid
 Family Health Plus
 Otros _____

12. ¿Es usted sordo o tiene dificultad para oír?

- Sí
 No

13. ¿Es usted ciego o tienes dificultades para ver incluso con gafas?

- Sí
 No

14. ¿Tiene un problema de salud física que requiere un tratamiento regular o de atención?

- Sí
 No

En caso afirmativo, especifique:

15. ¿Tiene usted una condición de salud mental que necesita un tratamiento regular o atención?

- Sí
 No

En caso afirmativo, especifique:

Algunas preguntas sobre su doctor...

16. En los últimos 5 años, ¿tiene usted un doctor que estaba afiliado con el Centro Medico de San Vicente?

- Sí
- No
- No lo se
- No he tenido un doctor en los últimos 5 años → *Pase a la pregunta numero 19*

17. ¿Actualmente usted tiene el mismo doctor para su atención médica, como antes del cierre del Centro Medico de San Vicente?

- Sí
- No
- No tengo doctor → *Pase a la pregunta numero 19*

18. ¿Qué hospital(es) está afiliado corrientemente su doctor?

- No lo se
- Hospital Bellevue
- Centro Medico de Beth Israel
- NY Downtown
- Centro Medico de NYP-Weill Cornell
- Centro Medico de NYU
- St. Luke's - Roosevelt
- Otros (por favor especifique) _____

Preguntas sobre su experiencia con el Centro Medico de San Vicente

19. ¿Fuiste al Centro Médico de San Vicente en los últimos 5 años para cualquier servicio de salud?

- Sí → *Pase a la pregunta numero 21 (pagina 6)*
- No, me fui en otra parte → *Pase a la pregunta numero 20 (pagina 5)*
- No, yo no tenía necesidad de ir al cualquier centro médico en los últimos 5 años → *Pase a la pregunta numero 37 (pagina 11)*

20. ¿En qué hospital(es) u otros proveedores de servicios de salud fue a, en los últimos 5 años? (Marque todo lo que corresponda)

- Hospital Bellevue
- Centro Medico de Beth Israel
- NY Downtown
- Centro Medico de NYP-Weill Cornell
- Centro Medico de NYU
- St. Luke's - Roosevelt
- Centro Comunitario de Salud de Callen-Lorde
- Centro Comunitario de Salud de Charles B. Wang
- GMHC (Gay Men's Health Crisis)
- Casa de Greenwich
- Instituto de Salud Familiar
- Centro Comunitario de Salud de Ryan/Chelsea-Clinton
- Centro Comunitario de Salud de Ryan-NENA
- St. Vincent's Medical Center Physicians
- VillageCare
- No lo se
- Otros (especificar o escriba "DK" si no recuerda) _____

→ Pase a la pregunta numero 37 (pagina 11)

21. Por favor, díganos cuáles son los servicios que utilizó para Ud. mismo, un amigo o para un miembro de su familia en el Centro Médico de San Vincent en los últimos 5 años. (Marque todo lo que corresponda)

- Los servicios de paciente interno (por ejemplo, hospitalización)
 - Sala de emergencia
 - Pruebas Especializadas
 - Servicios de salud mental para pacientes externos
 - Cirugía paciente externo
 - Paciente externo del Centro de VIH / SIDA
 - Otros clínicas de paciente externo (por favor especifique)
-

22. Por favor escriba cualquier otro servicio que utilizó en el Centro Medico de San Vicente que no está incluido.

23. ¿Cómo calificaría su experiencia en el Centro Médico de San Vicente, en los últimos 5 años?

| | Excelente | Muy Bueno | Bueno | Regular | Pobre | Yo no utilice este servicio |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| Servicios de paciente interno | <input type="checkbox"/> |
| Sala de emergencia | <input type="checkbox"/> |
| Pruebas Especializadas | <input type="checkbox"/> |
| Servicios de salud mental para pacientes externos | <input type="checkbox"/> |
| Cirugía paciente externo | <input type="checkbox"/> |
| Paciente externo del Centro de VIH / SIDA | <input type="checkbox"/> |
| Otras clínicas de paciente externo | <input type="checkbox"/> |
| Otros | <input type="checkbox"/> |

Las experiencias recientes con otras salas de emergencia...

24. ¿Desde que el Centro Medico de San Vicente cerro, ha ido a una sala de emergencia para atención?

- Sí
- No → *Pase a la pregunta numero 26*

25. ¿Cómo calificaría su experiencia general en la sala de emergencia?

- Excelente
- Muy Bueno
- Bueno
- Regular
- Pobre

Por favor díganos sobre su experiencia:

Las experiencias recientes con el cuidado de la salud el acceso a...

26. ¿Cómo ha sido encontrando un nuevo lugar para recibir atención médica desde que el Centro Medico de San Vicente cerró en abril de 2010? Ha sido ...

- Más fácil de obtener atención de salud
- Más difícil en obtener atención de salud
- Lo mismo que cuando San Vicente estaba abierto
- No he necesitado los servicios de salud desde abril 2010
- He necesitado atención, pero no he tratado de encontrar un nuevo lugar

27. ¿Desde el cierre del Centro Medico de San Vicente, hay servicios de salud que YA NO ESTAN DISPONIBLE para usted?

- Sí
- No
- No he necesitado servicios de salud desde abril 2010

Por favor, díganos sobre su experiencia:

28. ¿Desde el cierre del Centro Medico de San Vicente, ha podido tener acceso a servicios de salud que ANTERIORMENTE NO ESTÁBAN DISPONIBLE?

- Sí
- No
- No he necesitado servicios de salud desde abril 2010

Por favor, díganos sobre su experiencia:

Experiencias de acceso a sus archivos médicos...

29. ¿Ha tratado de obtener acceso a sus archivos médicos desde que el Centro Médico de San Vicente cerró?

- Sí
- No → *Pase a la pregunta numero 31*

30. Su intento de obtener sus archivos médicos ha sido...

- Muy fácil
- Algo fácil
- Algo difícil
- Muy difícil
- No he podido obtener mis archivos médicos
- No he tratado de obtener mis archivos médicos

Experiencias con las recetas...

31. ¿En los últimos 5 años, ha recibido una receta para medicación?

- Sí
- No → *Pase a la pregunta numero 33*

32. Desde que el Centro Médico de San Vicente cerró en abril de 2010, diría que llenando una receta para la medicación ha sido...

- Más fácil, desde el cierre del Centro Medico de San Vicente
- Lo mismo, desde el cierre del Centro Medico de San Vicente
- Más difícil, desde el cierre del Centro Medico de San Vicente
- No he podido llenar una receta
- No he necesitado llenar una receta desde abril 2010

33. ¿Hasta dónde tienes que viajar a su proveedor de servicios de salud ahora, en comparación a cuando el Centro Médico de San Vicente estaba abierto?

- Mi viaje es MÁS LEJOS para llegar a mi proveedor de servicios de salud ahora
- Me viaje es la MISMA DISTANCIA para llegar a mi proveedor de servicios de salud ahora
- Viajo MENOS para llegar a mi proveedor de servicios de salud ahora
- No he visitado un proveedor de servicios de salud desde abril 2010

34. ¿Cuánto tiempo le toma en viajar a su proveedor de servicios de salud ahora, en comparación a cuando el Centro Medico de San Vicente estaba abierto?

- Paso MENOS tiempo viajando
- Me paso la MISMA cantidad de tiempo de viajando
- Paso MÁS tiempo viajando
- No he visitado un proveedor de atención médica desde abril 2010

35. ¿Cuánto tiempo tiene que esperar para conseguir una cita ahora, en comparación a cuando el Centro Médico de San Vicente estaba abierto?

- Espero MENOS tiempo
- Espero la MISMA cantidad de tiempo
- Espero MÁS tiempo
- No he visitado un médico desde abril 2010

36. ¿Cuánto tiempo tiene que esperar para SER VISTO cuando usted va a una cita, en comparación a cuando el Centro Medico de San Vicente estaba abierta?

- Espero MENOS tiempo
- Espero la MISMA cantidad de tiempo
- Espero MÁS tiempo
- No he visitado un proveedor de atención médica desde abril 2010

Por último...

37. ¿Cuál es su género?

- Mujer
- Hombre
- Transexual - identifica como mujer
- Transexual - identifica como hombre
- Otros _____

38. ¿Cuál es su orientación sexual o identidad?

- Lesbiana
- Gay
- Bisexual
- Queer
- Heterosexuales
- Otros _____

39. ¿Hay algo más que quieras decirnos comparar su experiencia actual con los servicios de salud a sus experiencias previas al cierre del Centro Medico de San Vicente?

Muchas gracias por su tiempo. Su opinión es muy valiosa.

Si tiene cualquier pregunta o preocupación acerca de esta encuesta, puede comunicarse con la Dra. Diana Romero en diana.romero@hunter.cuny.edu o con el Dr. Neal Cohen en ncohen@hunter.cuny.edu, ambos miembros de la facultad en la Escuela de Salud Pública CUNY de Hunter College.

圣云仙社区健康评估调查

一个由民选官员，社区委员会，社区组织，纽约城市大学公共健康学校亨特学院的研究员以及其他工作队组成的团队做了一个社区需求评估；继圣云仙医学中心在 2010 年 4 月时的结束。为了得到居民的反馈，我们开发了 this 调查，结果将包括在需求评估之内。

这项调查是完全匿名的，自愿的，只需要您 15 分钟的时间。

您所提供的信息将被保密，我们不要求您的姓名或其他个人的资料。所以您的回应就不会与您有关连。这么做是为了尊重并保护您的隐私。

如果您已经完成了这项调查，请不要再填写一遍。

感谢您同意参与本次的调查。你的想法是极其宝贵的。

第一个问题回答“是”代表您同意参加本次调查。

*1. 本人同意参加本次调查

- 是
- 不是

首先，关于您的一些问题。。。

2. 您是如何得知这个调查？

- 收到一个组织的电邮
- 网站
- 报纸
- 传单
- 朋友/家人/同事
- 其他(请解释) _____

3. 请告诉我们的，您是从哪个组织拿到这个调查？

4. 您家的邮区号是什么？

邮区编号 _____

5. 您在这个邮区住了多久？

_____年_____月

6. 您几岁？

_____岁

7. 您是什么种族？（请选所有适用的）

- 非洲裔美国人
- 非洲
- 亚洲/太平洋岛民
- 加勒比海/西印度裔
- 美国印第安人/阿拉斯加原住民
- 白人
- 其他 _____

8. 您是拉丁美裔或西班牙裔？

- 是
- 不是

9. 您的第一语言是什么？

- 英语
- 西班牙语
- 中文-粤语
- 中文-普通话
- 其他 _____

现在，一些关于您健康状况的问题。。。

10. 您有任何医疗保险吗？

- 有
- 没有 ----- 跳到第 12 号问题

11. 您有哪一种医疗保险？

- 通过就业的私人保险
- 自付的私人保险
- 退休老人保险/红蓝白卡
- 低收入医疗保险/白卡
- 家庭保健
- 其他 _____

12. 您是不是耳聋或有其他严重的听力困难？

- 有
- 没有

13. 您是不是盲人，或您的有严重的视力困难，即使戴了眼镜？

- 是
- 不是

14. 您有没有身体健康状况是需要定期治疗或护理？

- 是
- 不是

如果有，请说明：

15. 您有没有心理健康状况是需要定期治疗或护理？

- 有
- 没有

如果有，请说明：

一些关于您家庭医生的问题。。。

16. 在过去的 5 年，您有没有一个医生是附属圣云仙医学中心？

- 有
- 没有
- 不知道
- 我在过去的五年都没有医生——跳到第 19 号问题

17. 您现在所看的医生是否与圣云仙医学中心关闭前一样？

- 是
- 不是
- 我没有医生——跳到第 19 号问题

18. 您的医生现在是附属哪个/那些医院？

- 我不知道
- 表维医院
- 以色列医疗中心
- 纽约下城医院
- 魏尔康奈尔医学中心
- 纽约大学医疗中心
- 圣卢克-罗斯福医院
- 其他（请说明）_____

问题有关您与圣云仙医学中心的经验。。。

19. 您在过去的 5 年，有没有去圣云仙医学中心寻求任何医疗服务？

- 有——— 跳到第 21 号问题
- 没有，我去了其他医疗服务中心——— 跳到第 20 号问题
- 没有，在过去的 5 年我从不需要去任何医疗服务中心——— 跳到第 37 号问题（第 8 页）

20. 在过去 5 年，您去过哪些医院或其他医疗服务提供者？（选择所有适用）

- Bellevue Hospital 表维医院
- Beth Israel Medical Center 以色列医院
- NY Downtown 纽约下城医院
- NYP-Weill Cornell Medical Center
- NYU Medical Center 纽约大学医学中心
- St. Luke's – Roosevelt 圣卢克-罗斯福医院
- Callen-Lorde Community Health Center
- Charles B. Wang Community Health Center 王嘉廉社区医疗中心
- GMHC (Gay Men's Health Crisis)
- Greenwich House
- Institute for Family Health
- Ryan/Chelsea-Clinton Community Health Center
- Ryan-NENA Community Health Center
- St. Vincent's Medical Center Physicians 圣云仙医学中心医生
- Village Care
- 我不知道
- 其他（请写详细或写 DK 如果您不记得）

跳到第 37 号问题，第 8 页

21. 请告诉我们，在过去 5 年，您用过圣云仙医学中心哪几项服务？

（选择所有适用）

- 住院服务
- 急诊室
- 专业测试
- 心理健康门诊
- 手术门诊
- 艾滋病毒/艾滋病门诊中心
- 其他门诊（请说明）_____

22. 请列出您在圣云仙医学中心用过的服务，如果在上一个问题中没有列出的。

23. 您如何评价您在圣云仙医学中心过去五年的体验？

| | 非常好 | 很好 | 好 | 还可以 | 不好 | 我没有用过这项服务 |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 住院服务 | <input type="checkbox"/> |
| 急诊室 | <input type="checkbox"/> |
| 专业测试 | <input type="checkbox"/> |
| 心理健康门诊 | <input type="checkbox"/> |
| 手术门诊 | <input type="checkbox"/> |
| 艾滋病毒/艾滋病门诊中心 | <input type="checkbox"/> |
| 其他门诊 | <input type="checkbox"/> |
| 其他 | <input type="checkbox"/> |

最近与其他急救部门的经验。。。

24. 自从圣云仙医学中心关闭后，您有去过急诊室寻求护理吗？

- 有
- 没有 —————跳到第 26 号问题

25. 您如何评价您在急诊室的整体经验？

- 非常好
- 很好
- 好
- 还可以
- 不好

请告诉我们您的经验

最近获得医疗保健的经验。。。。

26. 自从 2011 年 4 月圣云仙医学中心关闭后，您寻找新的医疗服务时的经验如何？你的经验是：

- 更容易获得医疗保健
- 更难获得医疗保健
- 跟圣云仙还在时一样
- 从 2010 年 4 月起，我就不需要医疗保健
- 我需要医疗保健，但是没有去找新的地方

27. 自从圣云仙医学中心关闭后，有没有医疗服务是您已经不可再用的？

- 有
- 没有
- 我在 2010 年 4 月后，就不再需要医疗服务

请告诉我们您的经验

28. 自从圣云仙医学中心关闭后，您有没有获得医疗服务是您以前不可以用的？

- 有
- 没有
- 我在 2010 年 4 月后，就不再需要医疗服务

请告诉我们您的经验

寻求您医疗记录的经验。。。。

29. 自从圣云仙医学中心关闭后，您有没有尝试过寻求您的医疗纪录？

- 有
- 没有 ————— 跳到第 31 号问题

30. 您在尝试获取您的医疗纪录时是：

- 非常简单
- 有些简单
- 有些难
- 非常难
- 我没能获取我的医疗纪录
- 我没有尝试去获取我的医疗纪录

与处方有关的经验。。。

31. 在过去的 5 年，您有没有获得医药处方？

- 有
- 没有—— 跳到第 33 号问题

32. 自从圣云仙医学中心关闭后，您认为领取处方会是

- 更简单，自从圣云仙医学中心关闭后
- 一样，自从圣云仙医学中心关闭后
- 更难，自从圣云仙医学中心关闭后
- 我没能获得处方
- 自从 2010 年 4 月后，我没有尝试去领取处方

过去和现在的交通，时间，路程。。。

33. 与圣云仙医学中心还营业时相比，您现在去医疗服务提供者的路程有多远？

- 我现在去医疗服务提供者的路程变得**更远**
- 我现在去医疗服务提供者的路程**不变**
- 我现在去医疗服务提供者的路程变得**更近**
- 自从 2010 年 4 月后，我就没有看过医疗服务提供者

34. 与圣云仙医学中心还营业时相比，您现在去医疗服务提供者要多少时间？

- 我花的时间比以前花更少
- 我花的时间不变
- 我花的时间比以前花更多
- 自从 2010 年 4 月后，我就没有看过医疗服务提供者

35. 与圣云仙医学中心还营业时相比，您现在预约时间要等多久？

- 我等的的时间更短
- 我等的的时间不变
- 我等的的时间更长
- 自从 2010 年 4 月后，我就没有看过医疗服务提供者

36. 与圣云仙医学中心还营业时相比，当您赴约时您要等多久才能被看到？

- 我等的的时间更短
- 我等的的时间不变
- 我等的的时间更长
- 自从 2010 年 4 月后，我就没有看过医疗服务提供者

最后。。。

37. 您的性别是？

- 女性
- 男性
- 变性后，识别为女性
- 变性后，识别为男性
- 其他 _____

38. 您的性倾向是？

- 女同性恋
 - 男同性恋
 - 双性恋
 - 古怪
 - 异性恋
 - 其他（请注明）
- _____

39. 将您现在的经验与圣云仙医学中心关闭前比较，您有其他与医疗服务经验有关的意见想告诉我们吗？

非常感谢您宝贵的时间，您的意见是非常宝贵的。

如果您有任何疑问或对这次调查的关注，您可以通过电邮联系 Dr. Diana Rornero, Diana.rornero@hunter.cuny.edu, 或 Dr. Neal Cohen, ncoh@hunter.cuny.edu, 这两位都是纽约城市大学公共健康学校亨特学院的教职员工。

St. Vincent's Community Health Assessment: Survey Dissemination Strategy (2011)

Scenario I: Organization provides client/constituency email list to CUNY SPH

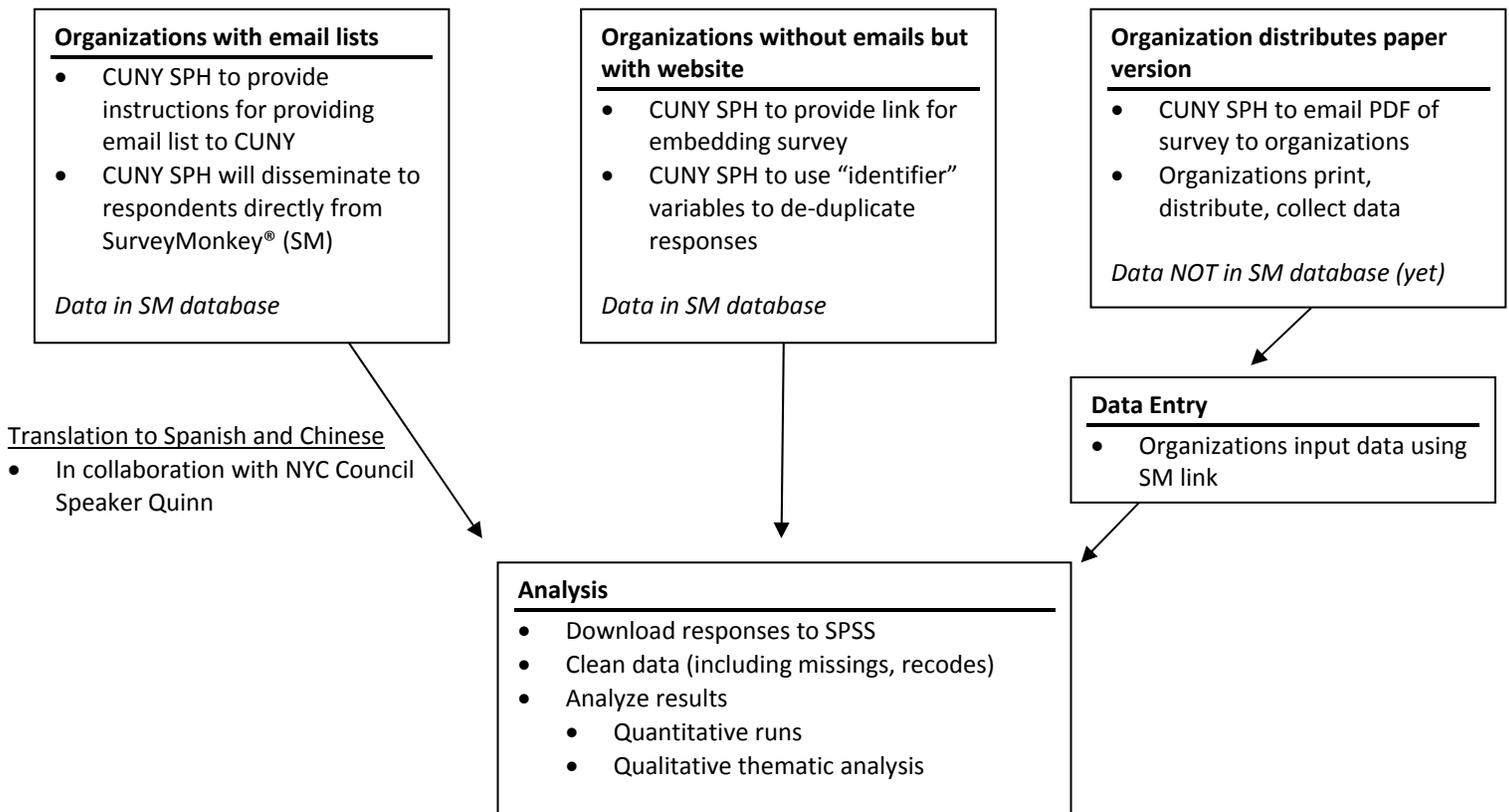
- Organization emails CUNY SPH Excel spreadsheet with emails only
- CUNY sends survey through Email Invitation Collector (http://help.surveymonkey.com/app/answers/detail/a_id/140/kw/email%20collector)
 - Recipient's information is encoded to link
 - This eliminates duplicate responses – only one response allowed per person
 - This also allows for a respondent to start a survey, and finish later, from a different or same computer
 - Can also send email reminders to those who have not completed (or partially completed) survey
- Survey results are immediately in SurveyMonkey®
- Re: privacy:
 - Emails will not be used for any purposes other than sending survey
 - SurveyMonkey's privacy policy for survey respondents
<http://blog.surveymonkey.com/2010/10/privacy-for-survey-respondents/>

Scenario II: CUNY SPH provides organization with SurveyMonkey® link (to post on website or distribute to newspapers, etc)

- CUNY SPH will provide link for embedding survey on website (eg, pop up survey) and/or link for distribution
 - Need to coordinate with IT/webmaster to embed link
- Less control of duplicate responses
 - CUNY can use identifiers (eg, zip code, years of residence, age, race, gender, IP address) to potentially identify duplicate responses
- Survey results are immediately in SurveyMonkey®

Scenario III: Organization/Individual distributes paper version

- CUNY SPH to email pdf version of survey
- Organizations print, distribute, and collect paper versions of the survey
- Survey results must be hand-entered into SurveyMonkey® (through provided link) – organizational contact to implement



Appendix 5: Additional Services Utilized at St. Vincent's Hospital

| Table 1: Other Outpatient Clinics Utilized at St. Vincent's Hospital (Q21) (N=128)* | | | |
|--|--------------|--|--------------|
| Outpatient Clinic | % (n) | Outpatient Clinic | % (n) |
| Cancer related | 11.7 (15) | Hand | 1.6 (2) |
| Gynecology/maternity/childbirth | 9.4 (12) | Neurological | 1.6 (2) |
| Orthopedic | 9.4 (12) | Eye | 1.6 (2) |
| PCP, general, faculty practice, O'Toole, pediatrician | 9.4 (12) | Podiatry | 1.6 (2) |
| Dermatology | 7.0 (9) | Pulmonology | 1.6 (2) |
| Physical therapy | 6.3 (8) | Inpatient care, including surgeries | 0.8 (1) |
| Cardiology | 5.5 (7) | Specialty tests (not including colonoscopy, mammogram) | 0.8 (1) |
| Mammogram | 4.7 (6) | Outpatient mental health | 0.8 (1) |
| Emergency room or pediatric ER | 3.1 (4) | Hepatic/Liver | 0.8 (1) |
| Other | 3.1 (4) | Pain management | 0.8 (1) |
| Colonoscopy | 1.6 (2) | Rape crisis | 0.8 (1) |
| Employee health | 1.6 (2) | Senior health | 0.8 (1) |
| Diabetes/Endocrinology | 1.6 (2) | Dental | 0.8 (1) |
| Flu shot | 1.6 (2) | Inapplicable | 8.6 (11) |
| Gastroenterology | 1.6 (2) | | |

**Note: these categories are recodes (ie, collapsed groups) of the original open-ended responses*

| Table 2: Other Services Utilized at St. Vincent's Hospital (Q22) (N=181)* | | | |
|--|--------------|--------------------------|--------------|
| Service | % (n) | Service | % (n) |
| PCP, general, faculty practice, O'Toole, pediatrician | 11.6 (21) | Acupuncture | 1.7 (3) |
| Emergency room | 10.5 (19) | Urology/Nephrology | 1.7 (3) |
| Inpatient care, including surgeries | 8.8 (16) | Homecare | 1.7 (3) |
| Gynecology/maternity/childbirth | 8.3 (15) | Diabetes/Endocrinology | 1.1 (2) |
| Specialty tests (other than colonoscopy/mammography; including x-rays) | 7.7 (14) | Senior health | 1.1 (2) |
| Other services | 7.7 (14) | Substance use | 1.1 (2) |
| Cancer related | 6.4 (11) | Wound care | 1.1 (2) |
| Physical therapy | 5.5 (10) | Outpatient surgery | 0.6 (1) |
| Orthopedic | 5.0 (9) | Employee health | 0.6 (1) |
| Outpatient mental health | 3.3 (6) | Hand | 0.6 (1) |
| Cardiology | 2.2 (4) | Eye | 0.6 (1) |
| Flu shot | 2.2 (4) | Podiatry | 0.6 (1) |
| Mammogram | 1.7 (3) | Rape crisis | 0.6 (1) |
| Colonoscopy | 1.7 (3) | No response/Inapplicable | 3.3 (6) |
| Dermatology | 1.7 (3) | | |

**Note: these categories are recodes (ie, collapsed groups) of the original open-ended responses*