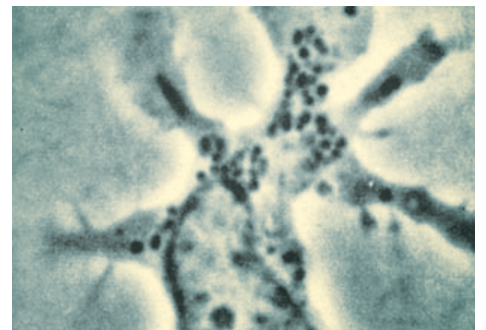
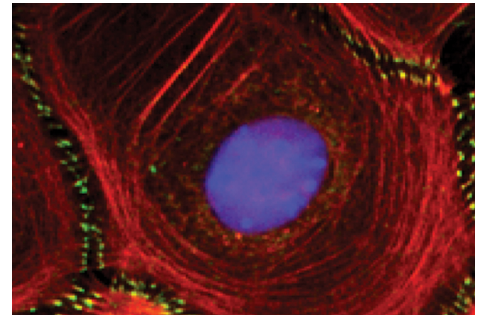




THE ROCKEFELLER UNIVERSITY HOSPITAL

CENTER FOR CLINICAL AND TRANSLATIONAL SCIENCE



Community Health Needs Assessment and Community Health Improvement Plan Comprehensive 3-Year Plan 2022-2024

Table of Contents

Introduction/ Executive Summary-----	3
Community Health Assessment-----	5
Community Health Improvement Plan/Community Service Plan-----	8
Appendix:-----	13
Data Sources and Reports Referenced-----	13
CHNA Survey-----	14

The Rockefeller University Hospital Community Health Assessment and Community Service Plan was adopted by the Hospital Committee Leadership Team on November 2, 2022

Contact: Maija Williams, MPH, COO
mwilliams@rockefeller.edu

**The Rockefeller University Hospital
Community Health Assessment
Community Service Plan
Comprehensive 3-Year Plan 2022-2024**

Introduction

Section 501 (r) (3) (A) requires hospital organizations to conduct a community health needs assessment (CHNA) every year and to adopt an implementation strategy to meet the community health needs identified through the CHNA. The CHNA includes a definition of the community served, a description of the process and methods used to conduct the assessment, a description of the health priorities and community health needs, and methods and resources used to address the community needs identified.

The Rockefeller University Hospital was the first medical institution in this country devoted solely to clinical research. Its mission, to serve as a clinical site for the conduct of medical research and to provide a place to educate young physicians in the laboratory sciences relevant to clinical investigation, remains essentially unchanged since its founding in 1910. All patients are voluntary research subjects who are not charged for their participation or care. These volunteer subjects are recruited both nationally and locally with a commitment to ensuring representation of women, children, and ethnic and racial minorities. The service area covered by this 3 Year Plan is New York City and the Tri State area. The Rockefeller University Hospital CHNA and Community Service Plan (CSP) builds on the previous assessments but will focus on assessing the impact the NYS Prevention agenda priorities selected on the communities we serve. We will continue to work in collaboration building collaborations with The New York City Department of Health and Mental Hygiene, The Greater NY Hospital Association (GNYHA) and neighboring hospitals and health centers to achieve the goals outlined in this 3-year comprehensive plan.

B. Executive Summary

1. Prevention Agenda priorities and the health disparity priority for The Rockefeller University Hospital

Prevent Chronic Disease Action Plan

Intervention Focus Area 1: Healthy Eating and Food Security

Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices.

Prevent Communicable Diseases

Intervention Focus Area: Antibiotic Resistance and Healthcare-Associated Infections

Goal 5.1 Improve infection control in healthcare facilities

2. **Criteria of Public Health Priorities/Priority Setting (data reviewed to identify and confirm Prevention agenda priorities):**

The Rockefeller University Hospital prevention agenda priorities were selected based on data from the Community Health Assessment conducted in collaboration with Greater New York Hospital Association CHNA survey collaborative, New York City Department of Health and Mental Hygiene's Take Care New York initiatives, neighborhood health snapshots, community health profiles and the New York State 2021 Health Equity reports and 2019-2024 prevention agenda. The New York State Department of Health prevention agenda identifies 5 key areas (priorities) for New Yorkers. A review and assessment of current research being conducted at The Rockefeller University Hospital links to CHNA survey data and state prevention priorities. After a thorough review of the priority areas The Rockefeller University Hospital identified two focus areas as our prevention agenda priorities over the next 3 years.

3. **Partners**

The Rockefeller University Hospital is collaborating with The Clinical Directors Network (CDN) a Practice Based Research Network (PBRN) on our prevention agenda priorities identified in our Community Service Plan for 2022-2024. CDN is the oldest and largest PBRN providing and improving comprehensive and accessible community-oriented primary and preventative health care services for poor, minority, and underserved populations. In addition, the Rockefeller University Hospital is working with local organizations such as community health centers, senior centers and senior housing centers to implement the prevention agenda priorities outlined above. Community partners assist with education, screening, identification, and recruitment of research participants.

The Rockefeller University is also collaborating with Carder Burden Network, a network of centers, programs and services that work together with government, corporate, individual, private and community partners to provide aging services to older residents in New York City who are poor, in declining health and are isolated.

The broad community will also be engaged in these efforts through the development of the Rockefeller Community Advisory Board (CAB), town hall meetings, access to education regarding healthy eating, onsite training of staff and CA-MRSA (barbershops, community health centers, senior centers, senior living centers), and Webcasts hosted by Carter Burden, CDN and facilitated by Rockefeller University Investigators.

4. **Evidence Based-Intervention Strategies**

To improve infection control in healthcare facilities and reduce infections caused by multi drug resistant organisms and increase skills and knowledge to support healthy food and beverage choices staff will provide education to clinicians, community members, and research participants on the prevention agenda priorities identified above.

In addition to activities related to community education will include hospital-developed PSAs focused on healthy eating and proper nutrition, including educational seminars conducted by the Bionutrition Department on healthy eating habits.

5. **Tracking and Evaluation**

Progress and improvement on all prevention agenda priorities will be stored in Research Electronic Data Capture (REDCap), a password-protected software and database program developed at Vanderbilt University used by CTSA's and their affiliates. This program is written in PHP configured to run on the web under the encrypted HTTPS protocol and acts as an interface to a customizable MySQL database. This database is further backed up daily into a secure and fully encrypted copy. Data export can be readily accomplished via user-designed reports or file downloads formatted for Excel, R, SAS, and other statistical software packages. No identifiers will be stored in REDCap, so files exported from REDCap for analysis confer no risk of breach of confidentiality. Nonetheless, only the Rockefeller and CDN data managers will be exporting from REDCap. In addition, internal monitoring to assure safe and proper conduct of protocols and all elements of each intervention following the general principles of quality management will be conducted quarterly.

The Rockefeller University Hospital Mission

To promote health and enhance the quality of life by conducting clinical research and providing quality patient care in an environment where science, medical practice and learning blend to advance medical scholarship and alleviate human suffering.

C. Community Health Assessment

a. Community Assessment

The Rockefeller University Hospital is located on the Upper East Side of Manhattan in Community District 8. The Rockefeller University Hospital is a unique institution. As an institution solely committed to conducting clinical research our community/service area is defined as the New York Metropolitan Area. The Rockefeller University Hospital has provided an array of clinical research and patient care services since its founding in 1910. Research participants are culled from all over New York City as well as through collaborations with neighboring hospitals, Universities, and clinics. As an institution that only provides services to health volunteers who have agreed to participate in a research study our participant demographics follow those of New York City overall.

Although not unique, our research community aligns with the geographic makeup of New York City 41.3% white, 23.8% Black or African American, and 28.9% Hispanic (www.census.gov). In calendar year 2021 7% of research participants identified as Hispanic, 19% identified as Black or African American and 42% identified as white (RUH subject race and ethnicity report 2021).

Table 1. Basic Demographic Data for NYC and the Upper East Side of Manhattan

	New York City	Upper East Side
Population	8,804,190 (2020)	225,914 (2018)
Percentage change since 2010	8%	14%
Age and Sex		
% Female	52.3%	56%
0-17	21%	14%
18-64	20.7%	66%
65 and older	14.9%	20%
Race		
White (non-Hispanic)	41.3%	78%
Hispanic	28.9%	7%
Black or African American	23.8	3%
More than one Race	5.6%	2%

Source: U.S. Census Bureau

<https://www.census.gov/quickfacts/newyorkcitynewyork?>

Community Health Profiles

<https://www1.nyc.gov/assets/doh/downloads/pdf/data/2018chp-mn8.pdf>

The Rockefeller University Hospital is owned by the University and is licensed for 40 inpatient beds for clinical research. The Hospital provides researchers with an opportunity to conduct clinical studies and offers both normal volunteers and people with diseases under study the opportunity to stay in the hospital and help to contribute to important advances in science. The Hospital has an inpatient unit as well as an outpatient center where prospective patients are screened, and many outpatient studies are conducted.

Medical services, surgical services, emergency care, specialized care and ambulatory care are provided by New York Presbyterian Hospital. In addition, cancer care, education and research are provided by Memorial Sloan-Kettering Cancer Center. Both institutions are located adjacent to Rockefeller University Hospital. The Rockefeller University Hospital does not provide medical care for research participants enrolled in a study. Should a research participant become ill they are immediately

transferred to New York Presbyterian Hospital since they are equipped to respond to the health needs of the community.

The inpatient unit is staffed 5 days a week, 24 hours a day with professional nurses and has nutritional research services, social work, as well as its own research pharmacy. Our staff Hospitalist and on-call physicians provide additional medical support to the clinical research teams. Social service needs, primary and chronic disease needs, health issues of uninsured persons, low-income persons, and minority groups are assessed by our on-site social worker. The social worker then refers research participants based on needs to local institutions that can provide resources.

In 2020 the coronavirus pandemic had a significant impact on how health care is accessed and provided in New York City. The pandemic shed additional light on the many inequities in health care including access to care and the many racial disparities that exist based on socioeconomic and race. The global pandemic made clear that everyone can be affected and that isolation, mental and emotional health as well as the economic impact will continue to shape how health care is provided in this country and will be analyzed and assessed for years to come. The impact on our research during the global pandemic immediately affected participation in research. In 2021 The Rockefeller University Hospital had 163 inpatient days (41 admissions) and over 1,900 outpatient visits more than a 40 percent decrease in prior years.

The Rockefeller University Hospital conducted community health needs assessment in the summer of 2022 in collaboration with The Greater New York Hospital Association CHNA survey collaborative to determine health concerns of New York City residents. We reviewed and analyzed data provided by CHNA survey collaborative results, DOH 2021 Health Equity Reports, the New York State Department of Health and The New York City Department of Health and Mental Hygiene neighborhood health atlas, and snapshots with an in-depth look at health needs of the community in District 8 where Rockefeller University Hospital is located as well as New York City as a whole. This allowed us to review key health trends among New York City residents, as well as residents located near our research hospital. New York City residents identified the following health concerns:

The New York Metropolitan area has an array of health needs based on geographic location and socioeconomic status. According to the New York City Department of Health and Mental Hygiene 78% of New York City adults considered themselves to be in very good or good health ([Community Health Profiles 2018](#)). Chronic diseases such as diabetes, hypertension and obesity continue to severely affect the communities we serve. Nearly 2.4 million adult New Yorkers reported having hypertension, an increase of approximately 33% of the total population since 2016, and more than 24 percent of New York City residents are identified as overweight or obese ([Community Health Profiles 2018](#)). The number of New Yorkers who are uninsured has decreased since the initiation of the Affordable Care Act (ACA) from 20 percent to 12 however access and health equity in health care continue to be concern for many residents and research participants. While many research participants tend to seek care with a primary care physician in lieu of high utilization of the emergency room where there was no follow-up care to track disease progression, we know that environment, including housing, safety, and access to care continue to plague communities in New York City. Although The Rockefeller University Hospital does not provide direct care to research participants outside of the research protocol, the health of our participants is our highest priority and so, in addition to providing care as per the protocols free of charge, we identify resources and services to ensure access to support services and medical facilities

Health Needs NYC/Upper East Side Residents	
Violence (including gun violence)	Heart Disease
Mental health/depression	Access to healthy/nutritious food
Falls among the elderly	Cardiovascular disease
Dental Care	Chronic Disease care
COVID-19	Clinic/hospital access programs
Cancer	Support services

outside of our hospital to meet the health needs of our participant community. To that end, The Rockefeller University Hospital has a social worker on staff to conduct one-on-one consultations with, and assessments of, research participants to determine their needs and identify outside resources that can further assist them in receiving the care they require. As part of this service, The Rockefeller University Hospital maintains strong relationship with organizations in the New York Metropolitan area that can provide these services to expedite referrals.

The Rockefeller University Hospital community served/service area is determined based on research being conducted. Principal Investigators identify an area of interest and submit a protocol for review and approval by our institutional review board. When the protocol is approved, our recruitment office works with the investigator to develop and submit advertisements in local newspapers, magazines and online. Identification of lucrative places to advertise is determined by current trends in readership among local newspapers, magazines, and visits to websites such as Craigslist's and Facebook. Demographics of research participants recruited is similar to that of the demographic of New York City, 16% identified as Hispanic, 41% Black/African American and 31% identified as White (RUH recruitment repository data 2018). To assist the hospital in identifying health concerns to address as part of our community service plan, The Rockefeller University Hospital reviewed statistics from the New York State Department of Health Prevention Agenda towards a health state ([Prevention Agenda 2019-2024](#)), and [New York State Health Assessment 2018](#).

b. Community Engagement/Public Participation

The 2022 CHNA focused on identifying what health conditions New Yorkers in our service area were concerned about what their needs are post pandemic, access to care and their view of their overall general health and wellbeing. The Rockefeller University public participation and involvement process is designed to give the public sufficient opportunities for early and continuing participation in hospital projects, plans and decisions and to provide full access to key decisions. The Rockefeller University Hospital is committed to serving The Rockefeller University research needs and recognizes the importance of including the local neighboring community as well as New York Metropolitan Area in this process. The public is encouraged to participate through the following mechanisms: circulation of newsletters, pamphlets, and brochures; review of hospital website information; the hospital's patient satisfaction survey; and participation in patient support groups, focus groups, public information meetings, hearings, and open houses as they occur. Advisory committees that include community representatives are convened as necessary. The Hospital staff participate in community events and attends community and neighborhood board meetings.

Community health needs in New York City are determined by the New York City Department of Health and Mental Hygiene, by local community planning boards, community boards, hospitals, community-based organizations, local businesses, faith-based organizations, schools, and individuals. Rockefeller University Hospital reviews all prevention agenda priorities defined by these various institutions to determine which priority areas we can support based on current research conducted. This bidirectional method of engagement allows researchers the opportunity to learn about community priorities, align research with patient needs, foster collaborations across stakeholders to improve health and accelerate translation of research findings into practices that can be used to improve health.

The Rockefeller University Hospital also receives support and participation on its public health priorities and Community Service Plan from The Rockefeller University Center for Clinical and Translational Science ([RUCCTS](#)) [Community and Collaboration Core](#). The Community and Collaboration core membership includes representatives from local Practice Based Research Networks (PBRNs), community partners, as well as hospital administration. The Community and Collaboration Core coordinates community engagement research initiatives and activities for the RUCCTS as well as for the hospital, conducts strategic planning initiatives to identify successes, challenges and barriers focused on community engagement and recruitment. It should be noted that

Community and Collaboration members are members of local and national public health organizations such as the American Public Health Association (APHA), Health Care Leaders of New York (HLNY), Greater New York Hospital Association (GNYHA), and the National Association of Health Services Executives (NAHSE).

Outcomes

Hospital Administration staff participate in meetings, conferences and executive briefings throughout the year focused on the Prevention Agenda Priorities Toward a Healthy State and strategies hospitals can adopt to address public health priorities. In addition, we review community health data from the New York City Department of Health and Mental Hygiene and the New York State Department of Health annually to align community health needs with research conducted in the hospital.

c. Service to the Community

The Hospital provides support to the community it serves as befits its medical expertise and its facilities. For example, the Hospital participates in university committees, provides back up for the activities of the Occupational Health Service, maintains a campus-wide emergency medical response team, and opens its facility for campus health-screening programs conducted by the University Health and Wellness Center. It also participates in various public education activities and provides public education on obesity and diabetes at local health fairs.

C. Community Health Improvement Plan/Community Service Plan

Criteria of Public Health Priorities/Priority Setting:

The Rockefeller University Hospital prevention agenda priorities were selected based on data from the New York City Department of Health and Mental Hygiene's community health profiles, the Greater New York Hospital Association CHNA survey collaborative results, New York City Neighborhood Atlas, and New York State prevention agenda priorities. The prevention agenda identifies 5 key areas (priorities) for New Yorkers with a vision that New York is the Healthiest State in the Nation for people of all ages [NYS Prevention Agenda 2019-2024](#). A review and assessment of current research being conducted at The Rockefeller University Hospital links to prevention priorities identified by the New York State Department of Health and the New York City Department of Health and Mental Hygiene. After a thorough review of the priority areas The Rockefeller University Hospital identified 1 priority areas and two intervention focus areas as our prevention agenda priorities over the next 3 years.

Prevention Agenda priorities and the health disparity priority for The Rockefeller University Hospital

Prevent Chronic Disease Action Plan

Intervention Focus Area 1: Healthy Eating and Food Security

Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices.

Prevent Communicable Diseases

Intervention Focus Area: Antibiotic Resistance and Healthcare-Associated Infections

Goal 5.1 Improve infection control in healthcare facilities

a. Prevention Agenda Priority

Prevent Chronic Disease

Intervention Focus Area 1: Healthy Eating and Food Security

Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices.

According to the New York City Department of Health and Mental Hygiene 24% of children and adults self-reported as overweight or obese([CHP2018](#)). Investigators at The Rockefeller University Hospital are conducting studies on the natural history of obesity as well as insulin resistance and the

metabolic syndrome to determine optimal treatment for patients with obesity. We anticipate new research studies on metabolism, inflammation, and obesity over the next 3-year period. In addition, we will continue to identify opportunities to educate research participants and on health food and beverages choices. This will include but not limited to access to healthy food and beverages choices while participating in research and providing health food and beverage choices to staff during events. Nutritional assessments and guidance provided by licensed research dietician focused on making menu modifications, cooking nutritional classes and providing healthier food choices will also be offered. The Rockefeller University Hospital will work with The New York City Department of Health and Mental Hygiene and neighboring hospitals to address the prevention agenda priority above.

b. Prevent Communicable Diseases

Intervention Focus Area: Antibiotic Resistance and Healthcare-Associated Infections

Goal 1.2: Improve infection control in healthcare facilities

Drug-resistant infection in hospitals and other health care facilities represent important emerging clinical and public health challenges, with significant morbidity, mortality and impact on patients, their families, and caregivers, and on health care institutions. Drug-resistant infections can be associated with a variety of causes including complications following procedures, complications of using antibiotics, and medical devices. Untreated or incorrectly treated drug resistant infections can progress to worsened infection, infection recurrence, and/or bacterial resistance resulting in adverse clinical outcomes and patient suffering.

To promote a healthy and safe environment Rockefeller University Hospital will partner with Infection Control leadership, community health staff to provide education to clinicians, community members, and research participants on healthcare acquired infections, identification, treatment, and follow-up in order to reduce recurrences in research participants. We will engage the community in these efforts through town hall meetings, access to education regarding hospital acquired infections, and Webcasts hosted by CDN and facilitated by Rockefeller University Investigators.

c. Status of Priorities

The prevention agenda priorities selected above reflect the priorities set by the New York State Department of Health Prevention Agenda 2019-2024 and the New York City Department of Health and Mental Hygiene Community Health Assessment and Community Health Improvement Plan: Take Care New York 2024. The Rockefeller University supports the State and the City’s agenda for a Healthy New York and has implemented programs internally to address the priorities identified above. To implement the priorities, Rockefeller University will work with the hospital and campus community to identify ways to expand community programs focused on the prevention agenda priority areas described above.

2. Three-Year Plan of Action/Implementation Plan

Public Health Priority Area	Focus Area	Goal(s)	Objective(s)	Measure of Success	Strategies
Prevent Chronic Disease	Healthy eating and food security	Increase skills and knowledge to support healthy food and beverage choices.	By the end of 2024 provide information on Physical Activity and Nutrition in 100% of new patient information packets By the end of 2024, 80% of information received on Physical	# Of packets distributed # Of posters posted # Of healthy cooking demonstrations	Support the placement of DOHMH ads promoting healthy eating and active living in the hospital Post information on the hospital website about the importance of

			<p>Activity and Nutrition will be displayed in the outpatient research center and the inpatient unit of the hospital.</p> <p>By the end of 2024, 75% of special populations will participate in healthy cooking demonstrations</p> <p>Increase access to information about the importance of Physical Activity and healthy nutrition choices among adults and special populations (elderly, youth)</p> <p>Create community environments that promote and support healthy food and beverage choices and physical activity</p>	# Of healthy eating workshops provided	<p>physical fitness and proper nutrition</p> <p>Adopt hospital policies to support use of health, locally grown foods in patient meals</p> <p>Adopt healthy meal and beverage standards for meals served in hospital</p> <p>Conduct research to support evidence-based approaches to reducing obesity</p> <p>Use public service announcements to promote healthy eating and physical activity Provide education and training to special populations on healthy eating and nutrition</p>
Prevent Communicable Diseases	Antibiotic Resistance and Healthcare-Associated Infections	Improve infection control in healthcare facilities	<p>Increase education and communication to hospital staff, community members and community clinicians by 50% regarding hospital acquired infections and antibiotic resistance</p> <p>Decrease infection and re-infection and transmission of hospital acquired infections in research participants by 25%</p>	<p># Of investigators, community clinicians, participants educated on hospital acquired infections and antibiotic resistance</p> <p># Of Educational sessions to LIPs</p> <p># Of coalition, webcast, presentations and town hall meetings conducted focused on hospital acquired infections and antibiotic resistance</p> <p># Of new community partners</p>	<p>Provide access to hospital acquired infection and antibiotic resistance research to community members (recruitment and advertising)</p> <p>Reduce Disparity: Decrease the gap in rates of underrepresented populations and minorities groups in research associated with hospital acquired infections and antibiotic resistance.</p>

- a. The Rockefeller University Hospital will focus on special populations for the next 3 years to address the prevention agenda priorities identified above. We will accomplish this by building trust with potential partners, providing education and referral resources when requested. Nutritional counseling will be available as requested and ongoing education on ways to reduce the occurrence of hospital acquired infections and antibiotic resistance will be provided.

- b. The Rockefeller University Hospital will commit staffing resources, financial resources, and educational resources to address the health needs identified above.
- c. The Greater New York Hospital Association has coordinated prevention agenda priority meetings to foster collaboration with neighboring institutions to increase collaboration among institutions focusing on the same prevention agenda priorities. The Rockefeller University Hospital will continue to participate in these meetings as well as work with neighboring institutions as requested on events addressing priorities.
- d. The Rockefeller University will continue to engage local partners over the three years of the Community Service plan by attending local community meetings, attending local events sponsored by the state and local health departments, and providing programming focused on the public health priority areas identified above. In addition, we will design evaluation and monitoring methodologies to ensure progress towards meeting the goals and insure effective and efficient programming. In addition, the Rockefeller University Hospital will continue to work with research participants to identify additional strategies and interventions to address the priority areas. We will also work with investigators to explore new research opportunities.

3. Dissemination of the Report to the Public

The Rockefeller University Hospital Community Health Needs Assessment and Community Service Plan is available on our website www.rucares.org. It is also available by mail upon request. Our Community Health Needs Assessment and Community Service Plan is shared with local organizations as requested and is publicized annually through our eNewsletter. Community members and leaders can provide feedback to The Rockefeller University Hospital's community programs by contacting Maija Williams, MPH Chief Operating Officer at 212 327-8501 or by e-mail at mwilliams@rockefeller.edu.

4. Financial Aid Program

The Hospital conducts research funded primarily through a cooperative agreement with the U.S. Department of Health and Human Services (DHHS), National Center for Advancing Translational Sciences (NCATS) of the National Institutes of Health. Approximately 30% of the Hospital's operations are funded by this agreement. The balance of the operating costs is funded primarily by a subsidy from The Rockefeller University. All patients are voluntary research subjects who are not charged for their participation in clinical research studies at the Rockefeller University Hospital. In the process of performing patient-oriented research, the need for medically indicated and thus potentially reimbursable care could arise; however, the hospital does not bill patients or their insurance companies for such service. The Rockefeller University Hospital provides access to social services to help patients access care externally should the need arise. All patients are aware when they agree to participate in a research protocol that there are no fees for services rendered.

Financial Statement –Financial Statement will be made available upon request.

5. Emergency Medical Care

Trained physicians and registered nurses provide emergency medical care to research participants at the Rockefeller University Hospital around the clock. A licensed MD is on call at all times to respond immediately to clinical emergencies. Every MD on call and all clinical research nurses are trained in basic and advanced life support (BLS and ACLS). An emergency cart and defibrillator are located on each of two patient care units to support the rapid delivery of emergency care.

The hospitalist oversees the care of all inpatients and responds to changes in the clinical status of any research participant on the inpatient or outpatient unit. If a research participant has a clinical emergency that exceeds the capability of the hospital to provide appropriate care, the research participant is transferred immediately to the emergency room of NYPH or to the urgent care center of MSKCC. The transferring physician and nurse prepare transfer documents and make direct phone

contact with the clinicians at the receiving hospital before the transfer is made. The research participant is transported by emergency medical service ambulance. These transfers are conducted under the terms of transfer agreements between the Rockefeller University Hospital and the receiving hospital.

6. Changes Impacting Community Health/Provision of Charity Care/Access to Services

The Rockefeller University Hospital, like other healthcare organizations, faces many financial challenges that may impact community initiatives and the services we provide. Rockefeller continues to work within the confines of our institutional commitment, private and government support through grants and gifts, and our commitment to research, to meet our obligations. The Rockefeller University Hospital does not bill for patient-oriented care as part of research conducted at our facility. The Rockefeller University Hospital, however, is affected by the current economic environment and has sustained budget cuts that impact the availability of resources for new initiatives. The hospital has learned how to do more with less and is looking at ways of cost sharing with investigators who receive external funding for their research projects.

Even in the wake of the economic challenges described above, The Rockefeller University Hospital will continue to support our commitment to provide education information and programs for the community served by The Rockefeller University Hospital.

7. Board Approval:

The Community Health Needs Assessment Community Service Plan and was approved by The Rockefeller University Hospital Committee the governing board for our institution on November 2, 2022.

APPENDIX

Data Sources and Reports Accessed for the CHNA/CSP

[New York State Prevention Agenda 2019-2014: New York State's Health Improvement Plan](#)

[New York State Health Assessment 2018](#)

[New York State 2021 Health Equity Reports](#)

[United States Census Bureau](#)

[New York City Neighborhood Snapshots](#)

[New York City Department of Health and Mental Hygiene. New York City Neighborhood Health Atlas. \[October 2022\]](#)

[New York City Equity NYC](#)

[New York City Department of Health and Mental Hygiene. New York City Community Health Profiles \[October 2022\]](#)

[New York City Department of Health and Mental Hygiene 2019-2021 Community Health Assessment and Community Health Improvement Plan: Take Care New York 2024 \[October 2022\]](#)