NYAM

North Shore LIJ

AN OPPORTUNITY TO INNOVATE:

The Aging of Eastern Queens and Nassau County

ACKNOWLEDGEMENTS

North Shore-LIJ's Office of Strategic Planning provided the secondary data and maps included in this report.

Thank you to Davis Vision Retail and Eneslow Shoes at Little Neck Plaza for allowing customer photography, and to Project Independence in North Hempstead for allowing photography of its programs. All subjects and photos live in North Shore-LIJ's service area. None were interviewed for this report.

The following staff provided assistance:

Office of Strategic Planning, NSLIJ
Jerrold Hirsch, PhD
Stephanie Kubow
Tomasz Batok

Advanced Illness Management, NSLIJ
Kristofer L. Smith, MD, MPP
Alexandria Margolis, MPA

Department of Medicine, Division of Geriatric and Palliative Medicine, NSLIJ
Maria Torroella Carney, MD
Mary Curtis, PhD

Hospice Care Network, NSLIJ
Lori Ann Attivissimo, MD, FACP, FAAHPM
Maureen Hinkelman, RN
Christin Paglen, JD

Authors, NYAM
Ruth Finkelstein, ScD
Dorian Block, MS
Peter Schafer

Research Team, NYAM
Jonathan Martinez
Tracy Pugh, MHS
Shara Siegel, MSPPM
Caitlyn Smith, MPH

Photography
Craig Warga
Adam Cooper, RBP, FBCA
Brad Penner

Design, NYAM
David Nuñez

This report was made possible in part by support from the North Shore-LIJ Foundation.

CONTENTS

INTRODUCTION

Between 1900 and 1950, New York City absorbed the largest wave of immigrants in history, withstood the Great Depression, endured two World Wars, and celebrated a post-war boom which brought millions of returning GIs to the area to buy homes and start families. In this time, the population of Queens County experienced unprecedented growth, multiplying tenfold from 153,000 to 1.6 million, as people began settling further out of the city in larger numbers. The population of Long Island more than tripled from 1.4 million to 5.2 million.[1]

As people pressed eastward, the subway was extended to eastern Queens County, transforming farmland and small towns into commutable neighborhoods. And Queens' eastern neighbor Nassau County – previously a rambling landscape of farms, fishing communities, and summer estates – became home to one of the first limited access motorways in the world, and subsequently the country's first planned suburban communities. Known most widely for Levittown, a planned and mass-produced development of 17,000 homes, Nassau County became home to numerous communities of middle class people who could own their own properties with yards and garages and send their children to good schools.

1 U.S. Census data

Over the subsequent 60 years, Nassau County developed into one of the most prosperous counties in the nation. It is currently ranked twelfth in the U.S. for highest median income[2] and is home to four of the top 10 richest towns in the country.[3] Queens is one of the most diverse counties in the country, with wealthy, middle class and dense immigrant landing places side by side. There are more than 100 languages spoken, and the county is majority-minority.[4]

The people who moved to Eastern Queens and Nassau County to raise their families and chase the American dream have now aged and are living longer than they imagined. Life expectancy has increased from 58 in 1930 to 79 today.[5] Despite this stunning triumph of public health, the communities that they live in were not structurally or socially designed with older people in mind. Homes are often not equipped to accommodate people with evolving impairments. Resources are only accessible by car. Many of the children of these older residents have dispersed, and dear ones have passed away or moved. Community, social, and health services are not integrated or coordinated, so that each person feels that he or she has to figure out how to get what he or she needs. And many older people with skills and energy to participate in the community are viewed as receivers of services instead of individuals with skills to engage and contribute.

2 Mellnik, Ted. "Highest Income Counties in 2011." 20 September 2012. Washington Post. 10 January 2014 <http://www.washingtonpost.com/wp-srv/special/local/highest-income-counties/>.

3 Riper, Tom Van. "America's Most Affluent Neighborhoods." 13 2 2012. Forbes. 10 1 2014 <http://www.forbes.com/sites/tomvanriper/2012/02/13/americas-most-affluent-neighborhoods/>.

4 Mchall, H. Carl. "Queens: An Economic Review." 11 2000. Office of the State Comptroller. 10 1 2014 <http://www.osc.state.ny.us/osdc/rpt1100/rpt1100.htm>.

5 Noymer, Andrew. "Life expectancy in the USA, 1900-98." 9 2005. Andrew Noymer. 10 1 2014 <http://demog.berkeley.edu/~andrew/1918/figure2.html>.

As the largest integrated health system in New York state, with deep roots in Queens and Nassau County, North Shore-LIJ Health System (North Shore-LIJ) is uniquely equipped to improve the lives and health outcomes of some of the most diverse and populated counties in the U.S. North Shore-LIJ has the opportunity to emerge as a leader and innovator in addressing the needs of older adults, at a time when hospital systems around the country and world are facing the most rapidly aging population in history.

"Life expectancy has increased from 58 in 1930 to 79 today."

North Shore-LIJ has taken the first step in acknowledging this opportunity and responsibility by developing plans for a new Center for Aging and Advanced Illness. This report aims to describe the needs and desires of older adults living in the health system's service area, particularly those who are most frail, to inform North Shore-LIJ's proposed Center for Aging and Advanced Illness. This report brings together secondary data with findings from interviews with people who are aging in North Shore-LIJ's service area and their caregivers. The data makes a clear case for the need for a coordinated strategic plan to address health and well-being in an aging population.

METHODOLOGY

The New York Academy of Medicine (NYAM) was retained in November 2013 by North Shore-LIJ to describe the population of near frail and frail older adults living in the health system's central service area, from the point of view of older adults and their representative caregivers. The purpose of this work is to inform North Shore-LIJ of how to best address the needs of its constituents likely to receive geriatric, advanced illness, and end-of-life services. For the purpose of characterizing the central service area of North Shore-LIJ , we were directed to use 101 zip code areas comprising all of Nassau County and the eastern half of Queens County (drawing a dividing line north and south from the western border of Forest Hills).

NYAM spoke with 46 older adults and/or their caretakers in diverse circumstances. Individual interviews in people's homes provided the opportunity to capture a picture of lives lived over time and illustrate the circumstances which impact a person's health and quality of life. In addition to speaking with the frail population, in their homes or their health care setting, NYAM also conducted focus groups with comparatively active older adults who volunteered to attend sessions in the community. In this report, older adults are defined as individuals with a birth date before 1960 and frailty is defined as having at least one functional impairment and/or late-stage chronic disease.

The participants were recruited through North Shore-LIJ Health System and Hospice Care Network patient lists, and through area community organizations including the Samuel Field Y, Project Independence, and Services Now for Adult Persons (SNAP). All participation was voluntary and conducted with informed consent. All participants were guaranteed anonymity. The research protocol was overseen by NYAM's Institutional Review Board.

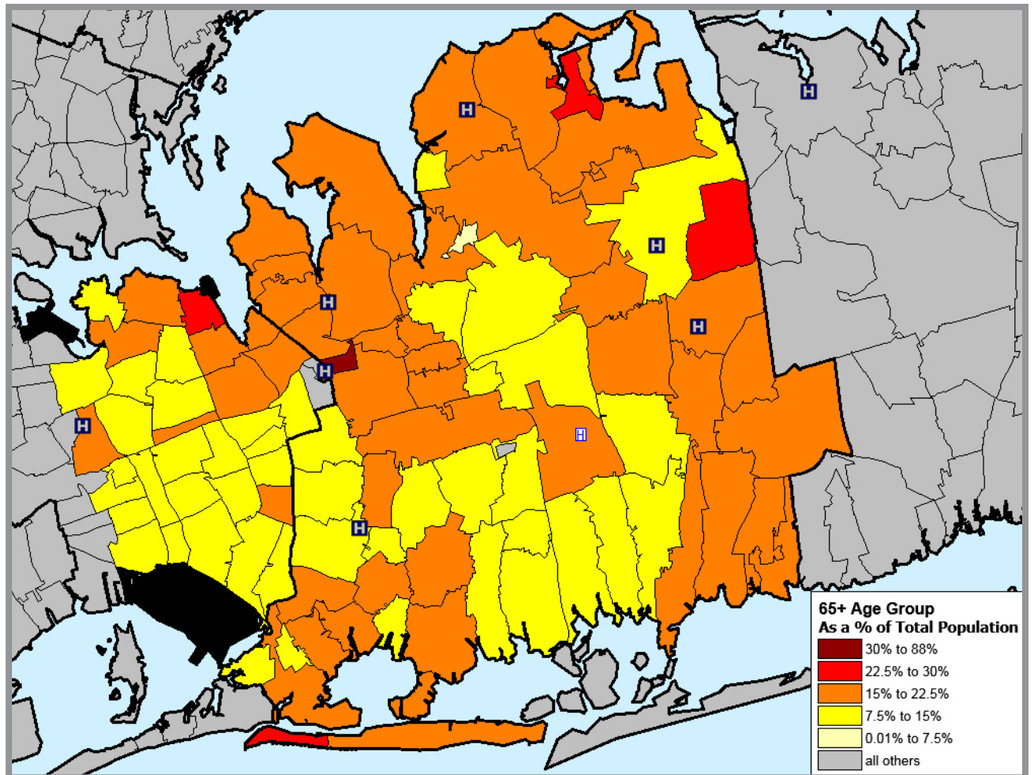
In December 2013, NYAM interviewed 15 individuals, or their representative caregivers, in their homes or at another location of their choice, and conducted focus groups with 31 participants. Twenty-nine women and 17 men participated overall. This includes nine by representative caregivers. The eldest was a 104-year-old retired railroad employee; the youngest was a 63-year-old pastor with a terminal illness. Discussion included the trajectory of individuals' personal and professional lives, their daily routines, their physical environment, their relationship to their family and community, and their experience with health and social services.

NYAM also analyzed available secondary data from the 2010 Census and the 2007-2011 American Community Survey 5-year population estimates, both produced by the US Census Bureau. Health utilization data and analytics support was provided by the North Shore-LIJ Office of Strategic Planning.

This report includes narrative profiles of four of the study participants. Their stories illustrate many of the themes that were raised by others who were interviewed. Participants' names have been changed.

DESCRIPTION OF OLDER ADULTS IN NORTH SHORE-LIJ HEALTH SYSTEM SERVICE AREA

There are 367,539 people 65 and older living in North Shore-LIJ's central region. This is about the size of the entire population of the city of New Orleans. This group makes up 14.3% of the total population living in this service area, which is higher than the 13% of the U.S. population that is 65 and older. The population that is 85 and older in the service area is dramatically higher than national numbers (2.2% in the service area; 1.5% nationally). The gender breakdown of older adults is the same nationally and in the service area - 59% female and 41% male (Appendix 1).

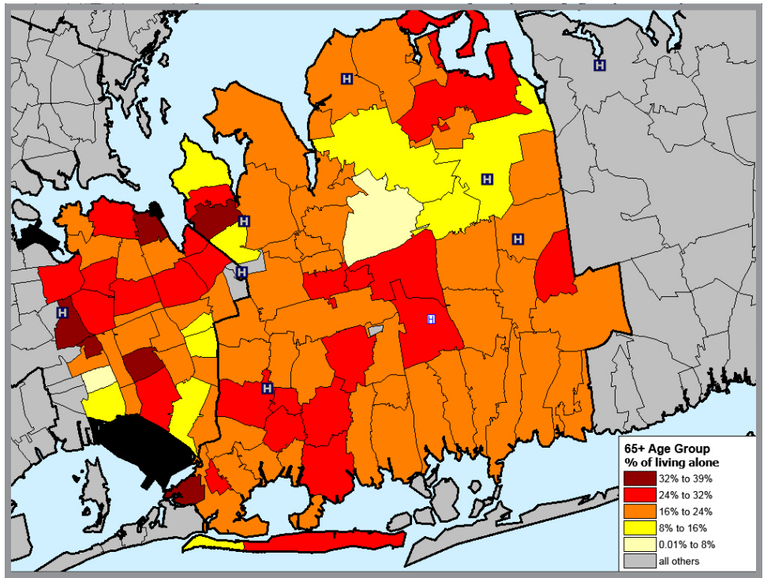


3 zipcodes with the highest percentage of older adults are shown here in red (11042, 11797, 11765)

What is striking about the service area when viewed by various demographic measures (detailed below) is its diversity, both within zip codes (or towns/neighborhoods) and even more so between them. There is tremendous range between towns and neighborhoods in the proportion of the population that is 65 and older in different communities, in the proportion of the population that is people of color, in the proportion that speaks English "less than very well," in education level, in the proportion living alone, in poverty levels, and in percent of income spent on housing. While some zip codes have minimal diversity within them, they look entirely different from a town or neighborhood just next door, often revealing great disparities and differing need. These wide ranges are often hidden in data for the service area overall as they average each other out.

Distribution of Older Adults

For instance, there are several zip codes with a very small percentage of older adults (e.g. Greenvale, 11548 with 5.7%), several with a very large percentage of older adults (e.g. Woodbury, 11797 with 28.5%) and many which fall closer to the area and national average. This uneven distribution may have major implications for targeting service delivery. Appendix 2 shows the average and range of the proportion of the population that is 65 and older and lists the twelve zip codes with the highest and lowest proportions of older adults.



The five zip codes with the highest percentage of older adults living alone are all in Queens or on the Nassau-Queens border (11096, 11375, 11415, 11433, 11021)

Living Alone

Women outnumber men living alone 62,211 to 20,197.

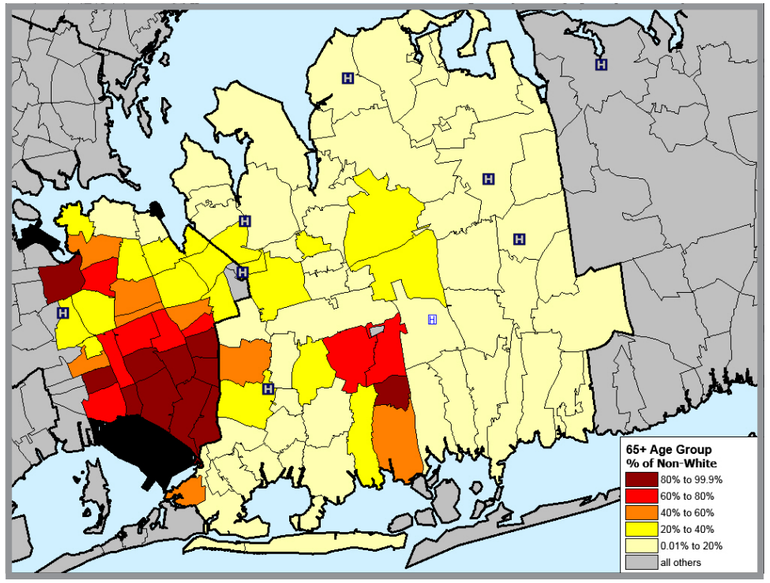
The area average of older adults living alone (22.8%) is lower than the average nationally (27.3%). The proportion of older adults living alone ranges greatly over the zip code areas in the service area, from 5.5% to 37.6%. Potential causes of this wide range include variation in housing stock, presence of immigrant communities, differences in the proportion of the population who is married and issues of financial security and affordability. The zip code areas with the lowest proportions of older adults living alone include Old Westbury (11568) in Nassau County and South Richmond Hill (11418) and Queens Village (11428) in Queens County; those with the highest proportion include Kew Gardens (11415) and Forest Hills (11375) in Queens County and Inwood (11096) in Nassau County (Appendix 3).

"Women outnumber men living alone 62,211 to 20,197."

Racial and Ethnic Diversity

In terms of racial and ethnic diversity, the non-White 65+ population ranges tremendously across the service area and between zip codes, from 99.2% in the densely populated South Ozone Park (11436) and St. Albans (11412) self-identifying as "non-white" compared to just 2.2 % in the small town of Point Lookout (11569) (Appendix 4). There is less racial diversity within zip codes than there is between zip codes. For example, in 30 of the 101 total zip codes reviewed more than 90% of the population is white and in 10 of the zip codes more than 90% is non-white (and self-identifying almost entirely as black).

Languages Spoken



Similarly, in terms of primary language, the proportion of the overall population (only the age 5+ group is available for this measure[1]) who speak English "less than very well" reflects the diversity of towns of the service area and some of the challenges in meeting the healthcare needs of older adults. Challenges for those who do not speak English well include: a lack of access to information, about health and more generally; difficulty communicating with health professionals; reluctance to seek care because of communication challenges; and cultural differences in interpersonal interactions and health decisions. Of note, the service area includes zip codes in Flushing and Corona, Queens, where 55.4% and 55.3% of the population, respectively, speak English "less than very well" (Appendix 5).

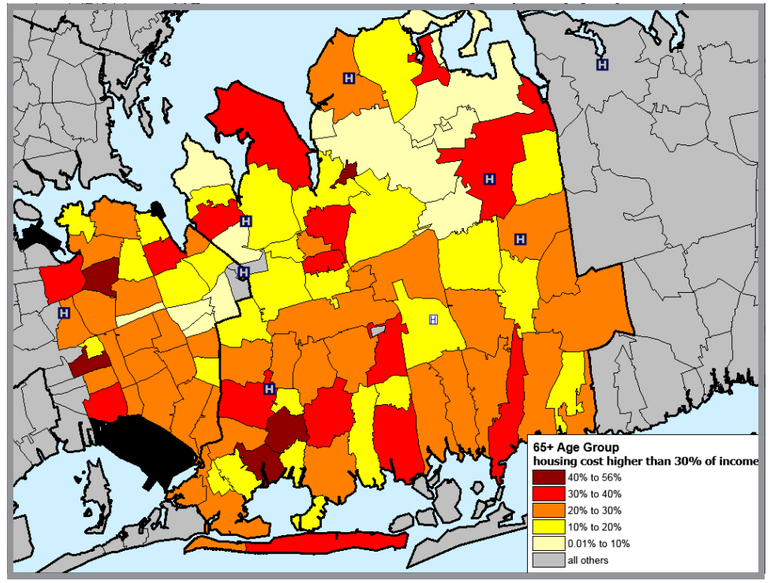
Almost 32% of older adults in the service area speak a language other than English (or in addition to English). This includes seven zip codes where more than 50% of the population speaks a language other than English (or in addition to English). These are Jamaica (11432), Queens Village (11428), Kew Gardens (11415), Corona (11368), Fresh Meadows (11367), Flushing (11355 and 11358) and Linden Hill (11354), all in Queens (Appendix 6).

1 These estimates, which are of people over the age of 5, probably understate the proportion of the age 65+ age group that speaks English "less than very well."

Educational Attainment

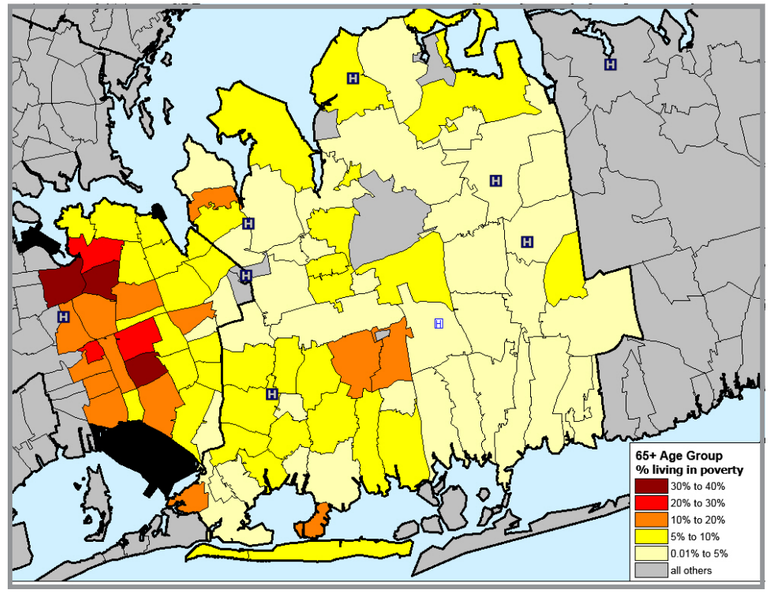
Low educational attainment, indicated by older adults with no High School diploma, is another measure that shows great range across the service area. Ninety-nine percent of people 65 and older in Mill Neck (11765) have a high school diploma, as compared to 49% in South Richmond Hill (11419) (Appendix 7). The service area average (23%) is slightly higher than the national average of people 65 and older nationwide who have no high school degree (20%).

"Of note, the service area includes zip codes in Flushing and Corona, Queens, where 55.4% and 55.3% of the population, respectively, speak English 'less than very well'"



Financial Strain

Finally, we look at two measures of economic disadvantage and financial strain.



The three zip codes with highest rates of older adults whose incomes fall under the Federal Poverty Level are Flushing (11355), Jamaica (11433) and Corona (11368), all over 20%. Comparably, 11 zip codes in the service area have less than 2% of older adults who fall under the federal poverty line (Appendix 8).

Also a measure of financial strain is older adult households with home ownership or rental costs greater than 30% of household income. More than half of the population in the service area pays more than 30% of their income on housing costs in twenty-eight of the zip codes in the service area. These neighborhoods include several of the towns with the lowest levels of poverty and cut across Queens and Nassau County (Appendix 9).

OLDER ADULTS AND THEIR UTILIZATION OF NORTH SHORE-LIJ'S HEALTH SYSTEM

Every year, North Shore-LIJ's hospitals admit nearly 60,000 older adults. Tens of thousands more are seen through outpatient and home visits. North Shore-LIJ's healthcare utilization data provide helpful insights into how the health system currently serves older adults living in Eastern Queens and Nassau Counties and where there are opportunities to improve access to care.

Data analyzed for this report include:

- Hospital admissions for patients 65+
- Ambulatory Care Sensitive Conditions (ACSC) discharges for patients 65+
- Emergency Department admissions for patients 65+
- Chronic disease discharges for patients 65+
- Hospice care user demographic information

Ambulatory Care Sensitive Conditions (ACSC)

Ambulatory Care Sensitive Conditions (ACSC) are conditions which should be able to be cared for through outpatient visits. Therefore, hospital discharges for ACSC indicate hospital admissions which could have been prevented. Examples include sickness associated with hypertension, diabetes and asthma. From 2008-2012, North Shore-LIJ Health System had 128,097 hospital discharges for ACSC by people 65 and older. This equals 69.7 per 1,000 population.[1]

Considering that this rate is for North Shore-LIJ hospitals only (data is unavailable for other non-North Shore-LIJ service providers in the area), the service area population of older adults clearly has a higher rate than the national average (66.6) and New York State (66.3).[2] It is widely accepted that ACSC discharges can be reduced by providing higher quality and more easily accessible outpatient care.

Emergency Department Admissions

North Shore-LIJ Emergency Department admissions of age 65+ patients for all causes numbered 46,660 in 2012. Of these, 33,251 or 71% were for patients age 75+. Across the zip code areas comprising the North Shore-LIJ service area, the numbers ranged from less than 25 in Point Lookout, Carle Place and Mill Neck (11569, 11514 and 11765) to over 1,000 in Valley Stream, New Hyde Park, Plainview, Glen Cove and Forest Hills (11580, 11040, 11803, 11542 and 11375) (see Appendix 10 for full break down by zip code). This geographic distribution may have implications for service delivery.

NSLIJ Service Area – NSLIJ discharge by diagnosis		
Diagnosis	2008-2012	2010
Heart disease	42,552	8,394
Cancer	14,649	2,892
Hypertension	4,146	827
Diabetes	4,026	981
Total	65,373	13,904

1 128,097 five year total divided by 5 for an average annual number of 25,619.4, divided by 367.539 thousand adults age 65 and older in the service are for an annual rate of 69.7 per 1,000 population

2 "Discharges for Ambulatory Care-Sensitive Conditions per 1,000 Medicare Enrollees," The Dartmouth Atlas of Health Care

NSLIJ Service Area – NSLIJ discharge by diagnosis			National Hospital Discharge Survey – discharge by diagnosis		
Diagnosis	2010	2010 (%)	2010 (%)	2010 (thousands)	Diagnosis
Heart disease	8,394	64.1%	72.6%	2,359	Heart disease
Cancer	2,892	22.1%	18.2%	590	Malignant neoplasms
Hypertension	827	6.3%	3.1%	101	Essential hypertension
Diabetes	981	7.5%	6.1%	198	Diabetes mellitus
Total	13,094	100.0%	100.0%	3,248	Total

Chronic Condition Hospital Discharges

North Shore-LIJ also collects data on chronic condition hospital discharges for the age 65+ population. The following table compares North Shore-LIJ data to national data, presenting in addition to the number of hospital discharges for select chronic conditions, their proportion relative to each other. The comparison between North Shore-LIJ discharges and national discharge data shows a relatively lower proportion of heart disease and higher proportion of cancer and hypertension discharges than what is found nationally. No patterns between discharge numbers and demographic variables or zip codes were found. North Shore-LIJ appears to provide inpatient chronic disease services to the older adult population in Eastern Queens and Nassau County rather evenly.

Hospice Utilization

North Shore-LIJ inpatient hospice services averaged 494 patients per year in 2011-2012. The range across zip codes areas was quite extensive with an annual average figure of 0 in Jamaica (11435) and Cedarhurst (11516) to over 30 in Valley Stream (11580) and Glen Cove (11542) (see Appendix 11).

The total number of patients using outpatient/home based hospice care was not provided but demographic information about users was provided. The third quarter of 2013 is the most recent data provided and it is largely similar to the other quarters that year. For example, in that quarter, 72.2% of hospice care patients were 65 or older. Sixty-one point nine percent (61.9%) were female and 38.1% were male, largely comparable to the overall population. However, a significant finding is that 89.4% of hospice patients were white, which is substantially higher than the proportion of the overall service area that is white (63.7%). As far as diagnoses, 48.9% of people using outpatient/home-based hospice care during the third quarter of 2013 had cancer, 13.2% heart or circulatory disease and 9.6% lung and breathing diseases.

In the outpatient/home-based hospice care, the median length of stay was 11.8 days. The average length of stay was 40.1. This is dramatically lower than the national median length of stay for Medicare recipients which was 19.1 days in 2011 and the national average length of stay which was 69.1 days.[3] This likely indicates that patients in the North Shore-LIJ service area are not entering hospice care as early as they could benefit from its services.[4]

3 Hospice Care in America," National Hospice and Palliative Care Organization. http://www.nhpco.org/sites/default/files/public/Statistics_Research/2012_Facts_Figures.pdf

4 http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice/Medicare_Hospice_Data.html

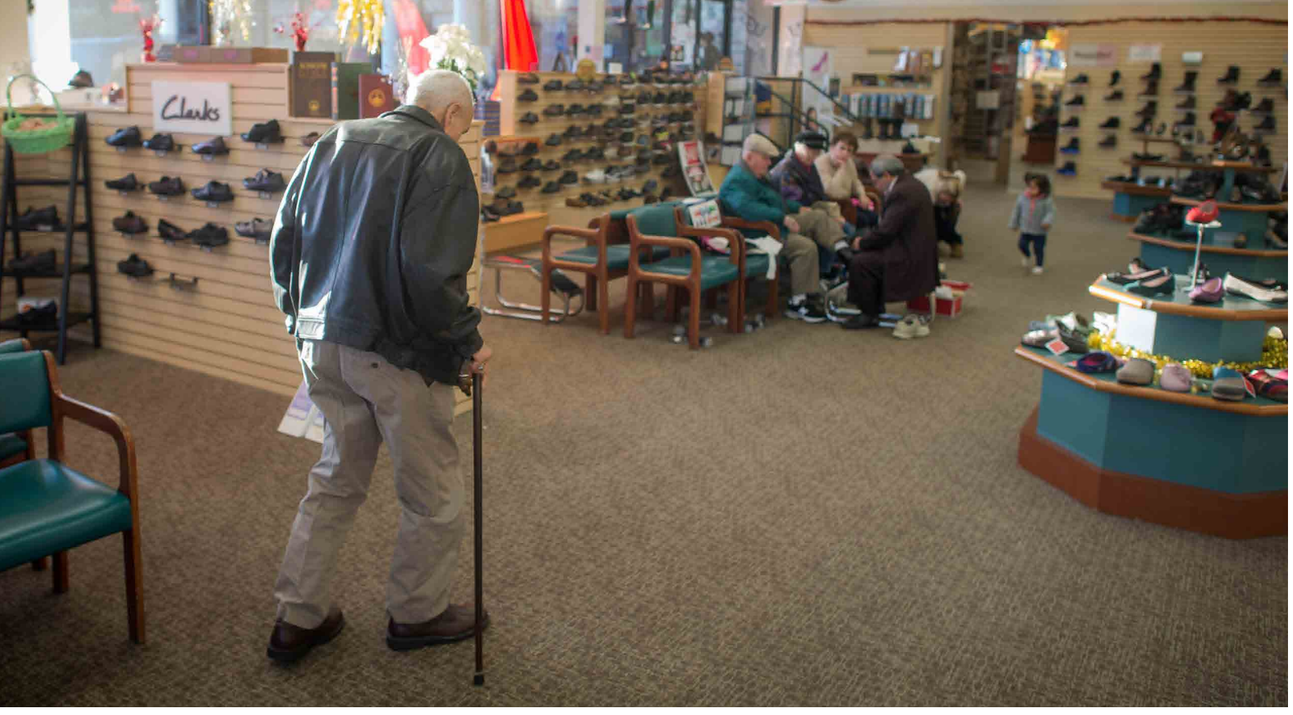
DESCRIPTION OF PARTICIPANTS IN THIS STUDY

Forty-six people participated in this study through focus groups and individual interviews. Those interviewed included a retired railroad worker, electrician, special education teacher, administrative assistant, seamstress, accountant, restaurant owner, hospital technician and dentist. Many of the men were veterans. Many of the women had never worked outside the home, but had been active volunteers.

With such a small sample, we did not draw a sample representative of the demographics of North Shore-LIJ's service area, but did identify people with a range of health conditions, functioning levels and living arrangements, residing in different towns and neighborhoods and with varied connections to community supports and interactions with the health care system. [1]

About half of the participants were married and had been for several decades. Several participants were single, many were widowed. Participants were parents to as many as six children, and grandparents and great-grandparents to dozens.

1 More data is available for those interviewed individually, than those interviewed in focus groups. All percentages in this section refer to all participants (n=46), unless otherwise noted.



Sixty-three percent of participants were female; 37% were male. This is about comparable to the gender breakdown of the overall service area. A somewhat higher percentage of participants were white than the service area's overall population (78% compared to 64%). Participants were comparably as financially secure as the overall population, although available indicators differ. Eight percent of the overall population lives below the Federal Poverty Line. As for the participants in this study: 9% receive Medicaid; 11% receive food stamps; 13% said they often or sometimes worry about paying for food; and 17% reported regularly or occasionally avoiding going to the doctor or filling prescriptions because they cost too much money.

It was clear that participants felt rooted in their communities, both because of their current connection to neighbors, friends, local businesses and community organizations and because of the long history and memories they have in their towns, neighborhoods and homes. Most people (83%) had lived in their house for more than 20 years. Others had moved in with their children or to smaller apartments sometime in the last decade. Several had adult children struggling financially who lived with them. Three lived with paid caregivers. All lived within a few miles of where they had lived their entire adult lives. Two-thirds of participants lived in single family homes. The remainder lived in a mix of multi-family homes, cooperative apartments; town houses or mixed-age rental apartments. All but a few own their homes.

Most of the participants who participated in the focus groups volunteered with local community organizations (including their own senior center) or worked part-time. Only four of the 17 people interviewed individually worked or volunteered. Many were homebound.

As far as health status, 65% of participants described their health as excellent, very good or good, including several people with a serious illness. Several participants anecdotally described their perception of health as being tied to how well their health conditions were managed. Thirty-five percent described their health as fair or poor. Eighty percent of participants reported having at least one of the five most common chronic conditions; 34% have two or more; 11% have three or more. This is lower than the proportion of adults age 65+ nationally with two or more chronic conditions (among the nine most prevalent chronic conditions) which increased from 37.2% in 1999-2000 to 45.3% in 2009-2010.[2]

"It was clear that participants felt rooted in their communities, both because of their current connections... and because of the long history and memories they have in their towns, neighborhoods and homes."

When asked whether symptoms of those conditions were controlled, all but two people who participated in this study (one in reference to lung disease and the other to diabetes), said their symptoms were either controlled "all of the time" or "most of the time."

All but two of the 17 people interviewed individually had fallen in the past year. Most of the people interviewed individually were only able to walk two blocks or less. In focus groups, several of the participants had fallen in the past year. Almost all expressed a great fear of falling, even if they were capable of walking more than a mile at a time.

Almost all described themselves as struggling with loneliness or feeling sad. Twenty-four percent of participants report feeling depressed, and 18% reported a lack of interest in pleasurable activities. Spousal caregivers spoke of feeling an overwhelming mix of emotions including anxiety, fear, guilt, sadness and loneliness.

As far as health care utilization, 23% of participants had visited the emergency room in the past year; 25% had been admitted to the hospital in the past year. Nationally, this is comparable to the 20% of people age 65-74 and the 27% of people age 75 and over who visit an emergency room every year. However, participants were admitted to the hospital at a much higher rate (25%) than the 16.7% national average for people 65 and over.[3]

All participants had a primary care doctor. Participants saw anywhere from between one to eight different doctors regularly. Some visited a doctor or nurse practitioner weekly; others had doctors visits a couple of times a year. Almost all participants said that their doctors shared information with each other. Fifteen of the participants (32%) had home health aides. About half were found and paid for privately and half were hired through a home care agency.

2 CDC/National Center for Health Statistics

3 http://www.cdc.gov/nchs/data/hus/hus12.pdf#085

KEY FINDINGS

As people age, their health declines. Participants told us that they have lost or let go of roles they have played in their family, in the community and professionally. Many of those they loved move away, are ill or have died. Communities in which they chose to live as young adults are not designed for their current needs. As these tremendous shifts are forced upon them, they reported feeling insecure, fearful or isolated. However, those who felt adequately connected to and cared for by family, friends, neighbors and professional services, and those who have access to appropriate housing, transportation and healthcare say they are able to live more active lives and are more comfortable.

The most clear finding of this study is that quality of life is not necessarily determined by age, severity of disease or number of health conditions, but by an individual feeling secure, supported and loved; and secondly, that a health care system can play a large role in creating or disrupting those feelings.

1. Older people in North Shore-LIJ's service area, like elsewhere in the U.S., want to spend as many days as possible at home and in their communities.

Consistent with national sentiment,[1] those we interviewed described wanting to remain at home and in their communities as they age. Different participants said they wish to remain home even in spite of advanced illness "at all costs," and "until I die". People are rooted in their towns, their neighborhoods and their social networks. Relationships with the people and places around them have been, more often than not, cultivated for many years and carry great importance. Independence is valued, and individuals want to continue living the lives they have chosen to live. Older adults are also attached to the houses where they have lived their lives for decades and often raised families. People often described their homes as where they felt most comfortable and safe or as the one recognizable part of their life after they had lost so much else.

Barriers to remaining at home include: accessibility (with stairs being the most common problem), affordability of in-home services, access to transportation, someone to call on and a method to call in case of a fall or other emergency, having a person to do "odds and ends" or basic repair (e.g. snow removal, changing light bulbs, installing air conditioners, opening windows, fixing or replacing appliances). Social isolation is also a major problem – the suburban landscapes that many of the participants live in were designed for families, commuters, and drivers and are not conducive to a robust social life for residents as they age.

Nassau County also has some of the highest taxes in the country.[2] Many participants described not being able to afford the homes that they have lived in as their incomes have declined and taxes have risen.

2. In-patient stays and long-term care facilities are viewed as having a negative effect on older adult health and are seen as both a cause and effect of decline.

Preventable hospital stays in Nassau County are 50% more days per year than the national average.[3] Participants described wanting to avoid hospital and rehabilitation stays at all costs, due to infections acquired in the hospital, potential for falls, lack of physical activity in a confined, unfamiliar space and a lack of comfort in the environment and food provided. Several participants attributed testing and hospital stays to doctors wanting to bill more money or wanting to avoid lawsuits.

In-patient stays of any length are viewed as a stepping stone to institutional living and, in turn, a loss of independence and a familiar community. People strongly prefer to remain living at home and wish to avoid living in nursing homes, rehabilitation facilities, and other long-term care facilities. In many cases, the only time it is viewed as palatable to move into a facility is if one's care places undue burden on family members or finances.

1 89% of people over 50 participating in an AARP survey report wanting to live in their current homes for as long as possible.

2 Unikexicz/JellyFever, Amy. Long Island Index. 2011. 2014 <http://www.longislandindex.org/explore/wdopt_i>.

3 Unikewicz/JellyFever, Amy. "How Healthy Are We." Long Island Index. 2014 <https://lii-production.s3.amazonaws.com/lii-data/download/hhaw_i/download_howhealthyarewe.jpg>.

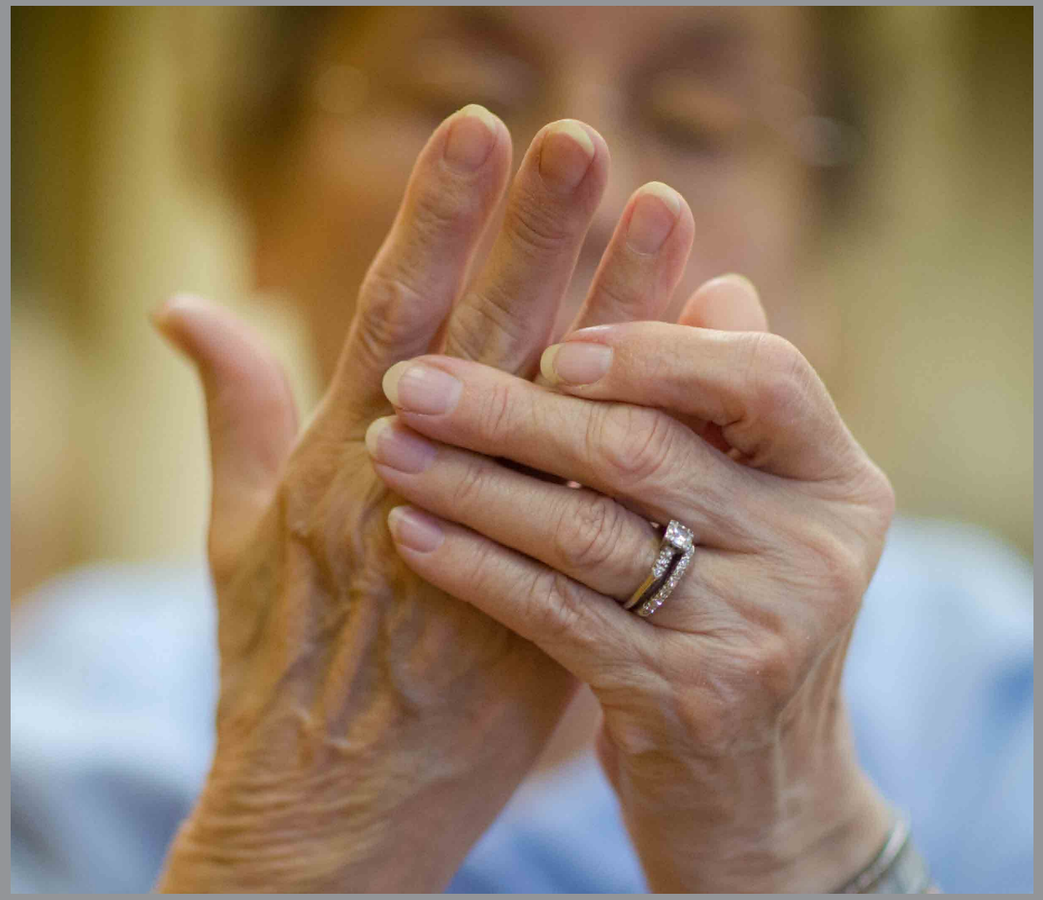
3. Home health services were called "godsends" and "gifts" to those who have access to them.

Traveling to and navigating appointments at doctor's offices becomes impossible or very challenging as people age, leaving some to miss appointments or to require ambulance transport for routine visits. Those who have access to home health nurses and doctors were unanimously thrilled with their care, largely because of the way it is delivered. They also feel that they have someone to call at all hours, increasing a feeling of security and preventing emergency room visits. Participants raved about a range of services including: a physical therapist who took one man on the only walks outside he takes in a week, a visiting nurse who is the only health care provider who understands one man's entire health situation and the North Shore-LIJ House Calls program, which provides home-based outpatient and primary care for homebound patients.

4. Compassion trumped all other qualities when people described their positive healthcare experiences.

When asked to describe their "best health care experience," all but two participants cited examples of compassion rather than examples demonstrating the quality of medical treatment or advice. This compassion came from a range of professionals in the health care system, including secretaries, nurses, social workers, and doctors. Many people described interactions as occurring during emotionally challenging times in their life. Others talked about how appointments with health care providers are the only or one of only a few regular interactions they have. Positive examples people recalled included the extra time that doctors and nurses took during home visits to ask about their well being or a caregiver's well-being; doctors and nurses who were available on the weekends and at night in emergencies; a dentist who helped a man to his car; secretaries proactively calling to make an appointment or share test results as soon as they became available; and nurses proactively calling to check in after illness.

In the same vein, when discussing negative experiences with health care, almost all of the examples included a lack of compassion, sensitivity or courtesy. Examples included a secretary scheduling a dying man's chemotherapy treatments, who said that even if there was a special circumstance, there could be no change to the schedule; a man who sat by his dying brother's hospital bedside for his final five hours alive and not a person came to check on him or his brother; a specialist who sent a man to the emergency room without taking the time to explain why to his wife; and doctors who do not return phone calls promptly or at all.



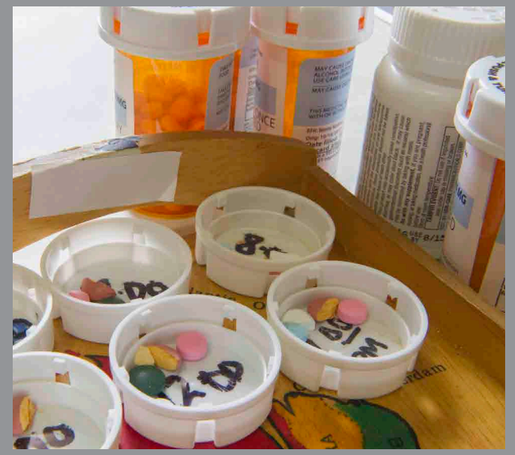
Helen, 98

St. Patrick's Church was built in 1913 in College Point, Queens, then an industrial town known for its summer resorts and beer gardens. The town was largely isolated from the rest of Queens because of marshland lying to its South. Only a ferry service linked the area to Manhattan. St. Patrick's bell tower and steeple towered over the surrounding houses and nearby waterfront dotted with factories.

May was born in 1915 in College Point. Her parents were patrons of St. Patrick's. She was a part of the first cohort of babies to be baptized in the church's new building – with its grand arched windows and stained glass.

Over the course of the next 98 years – May's 98 years - College Point became a hub of airplane parts manufacturing; the sound of planes roaring in and out of the new Laguardia Airport seeped into the rhythm of church services. The town largely remained protected from the development pushing from west and south, in part because the subway ended one neighborhood over.

May graduated from high school and got a job as a secretary. While friends married and raised families, she was a proud, single career woman. She remained the always eldest sister – caring for her two younger sisters and their growing families. Then over the decades, as she aged, she watched nearly everyone she once knew die. This includes an entire neighborhood of people, and both of her dear sisters, the second just this past year. A lifestyle that worked when she was younger, posed more challenges as she grew frail. College Point, the church and her home – that remains.



At 95, May could still take a bus and then a subway into Manhattan. At 98, she can't leave her home unattended. When she is walking outside, she inappropriately trusts that cars will stop or give her the right of way. She has fallen prey to several scams. May felt unprepared for this rapid decline from living actively to being near homebound.

May's niece helped her hire an aide three days a week, but then a fall down her basement steps on a day she was unattended left her bruised and shaky. She now has an aide five days a week during the day and another during the evenings, but neither manage her care, as her niece does. Her niece left her job almost a decade ago to focus on caring for her mother. She now manages care of her aunt.

May's niece, her two aides and North Shore-LIJ's House Calls Program make it possible for her to stay at home. The visiting doctor has arranged for a visiting home care nurse and home-based physical and occupational therapy. May and her niece fear institutional care and moving her out of the neighborhood where she has lived for her entire life.

On a typical day, May's aide walks with her down the block to the local firehouse and back. It is the furthest she can handle without being short of breath. Her aide occasionally drives her to a nearby senior center which serves lunch and has activities. When it's nice out, she drives her to the park to feed the ducks. At 4 P.M. every weekday, May watches Judge Judy and sips a glass of red wine. Since her sister's death this summer and her recent fall, May is sometimes disinterested in even these activities. Lately, it has become too difficult for May to attend St. Patrick's because of the parking and drop off situation, so she alternates going to a church that is closer to her house.

May's niece spends much time thinking about what would make her aunt happy. On a recent weekday, months since May has been to her church, her niece arranged for her former knitting group from her church to come over. She put out tea and cookies, so May could be a host. May's niece says it was the first time her Aunt woke up excited in a long while.

Names and identifying information have been changed for all participants

5. Advanced illness often comes with tremendous financial stress.

Cost of long term care at home can be prohibitive because so much of what is needed – from home health aides to medical supplies - is not covered by Medicare or secondary insurance. One woman (whose story is highlighted) pays $135,000 a year for her husband's home health care, including private home attendants 19 hours a day and $100 a week for diapers and bed pads. Some of the cost is covered by long term insurance which in this case will run out in a year. Others spoke about having effective support after a stint in rehab, but then losing the support when Medicare's coverage of the services ran out.

6. Remaining at home through advanced illness requires the support of many different services and a person capable of coordinating and managing them.

Paying for, finding and coordinating resources for this type of care requires complex, rigorous management that, for family caregivers, comes with no training. Every older person we spoke to, including those who have home attendants, still have another family member managing their care and household. Many of those we spoke to were only able to remain at home because their spouse (also elderly) coordinated care. Many of the single, more active older adults we consulted said they would prefer to remain at home through advanced illness, but imagined that they likely would not. Some said that they feared that they could not afford the care. Others said they would choose institutional care over putting a burden on younger generations to manage the complexity of the current home health care system. None of those people we spoke to had a non-family member coordinating care, although one caregiver is also the primary caregiver for a friend's parent.

7. The burden on family members caring for older adults with advanced illness is overwhelming and well-documented. A host of services could be made available to lessen this burden.

As has been well documented, family caregivers contribute greatly to those they care for, to other family members and to greater society.[4] In 2009, it is estimated that in the U.S., family caregivers gave $450 billion in unpaid hours of caregiving. In 2013, The United Hospital Fund released a report and agenda highlighting the dearth of training and support for family caregivers. The agenda calls on health care providers and payers to provide training and support and calls on health care institutions to more systematically involve family caregivers, especially during times when people are transitioning from one care environment to another (e.g. from a rehab center to a home).[5]

Participants in this research included several women caring for their husbands, adult children who lived nearby or in adjoining units with their parents, a niece coordinating care for her aunt and a son who lived across the country from his aging mother. Participants described several services or supports that were helpful to them including: home attendants, home health care, a service that bathes and shaves people at home, respite care, support groups and neighbors available to pitch in and check in and doctors willing to communicate by email.

Desired supports that people did not have access to included a way to video conference with an older relative without it being overly stressful for them, having an outside party convene a family to negotiate sharing responsibility, having access to more reliable transportation, valet parking at medical offices, and access to other caregivers going through similar circumstances.

8. People are unprepared to face advanced illness and end-of-life decisions.

Many active older adults do not want to discuss their end of life or increasing frailty despite its imminence. In contrast, those who are more frail are now faced with decisions involving end of life care and wish they had prepared by discussing it sooner. All of those we spoke to had a Health Care Proxy and many said they had a DNR (do-not-resuscitate order), but almost none had thought through decisions that arise before life or death situations. Several participants in the Hospice Care Network focus group comprised mostly of hospice volunteers said that they regretted the number of people who came to use hospice many months after it would have been helpful.

9. Long Island and Queens' governance structures and municipal boundaries mean that those living in different parts of North Shore-LIJ's service area do not have equal access to services.

Nassau County consists of 126 municipal corporations including 64 different villages, 56 school districts and 19 legislative districts, each with its own taxing authority and mandate to provide basic services to its residents. The County has three towns: Hempstead, North Hempstead and

4 Feinberg, Lynn, et al. "Valuing the Invaluable: 2011 Update/The Growing Contributions and Costs of Family Caregiving." 2011. AARP. 2014 <http://assets.aarp.org/rgcenter/ppi/ltc/i51-caregiving.pdf>.

5 de Luna, Robert. "United Hospital Fund Transitions in Care Action Agenda Calls on Health Care Providers, Payers, and Others to Train and Support Family Caregivers." 2013 15 5. United Hospital Fund. 10 1 2014 <http://www.uhfnyc.org/news/880906>.

Oyster Bay, and two cities, Long Beach and Glen Cove.[6] Eastern Queens is a part of and receives services through New York City. Eastern Queens, as defined here, encompasses eight community districts and 10 city council districts. However these are not separate service delivery units like in the towns in Nassau County.

This political fragmentation is a challenge for planning and leads to higher taxes.[7] It also means that those living in the North Shore-LIJ service area have access to varying and uneven services based on municipal borders. Some examples of exemplar programs that people wanted access to were: Project Independence, serving the town of North Hempstead, Deepdale CARES NORC which serves residents of Deepdale Gardens cooperative housing. Also raised was access to specialists who do home visits but only in certain municipal boundaries (even if a prospective patient lives within walking distance of the boundary), including ophthalmologists and dentists. Nearly every person interviewed knew of services offered in a different geographic boundary that they could not but wished to have access to. Unlike the municipal providers, North Shore-LIJ has the opportunity and capacity to provide services which cross these lines.

10. Supportive housing options in the North Shore-LIJ service area are expensive and limited.

Several participants, especially those caring for a spouse, were interested in moving into assisted living, but felt that few options were available in the area and that cost was exorbitant and prohibitive. While this is true throughout the U.S., costs for assisted living and nursing homes in the Northeast, and particularly New York, are some of the highest in the country.[8]

Several participants also reported that rental apartments, which are often more physically accessible, are in short supply in Nassau County, an issue that was highlighted in the Long Island Index's September 2013 report "Long Island's Rental Housing Crisis."[9] The report found that on average, the Hudson Valley, northern New Jersey and southwestern Connecticut have two-and-a-half times the number of available homes for rent per household than Long Island. Eighteen percent of Long Island housing is alternatives to single-family homes, as compared to 34% in New Jersey and 32% in Westchester/Connecticut.[10]

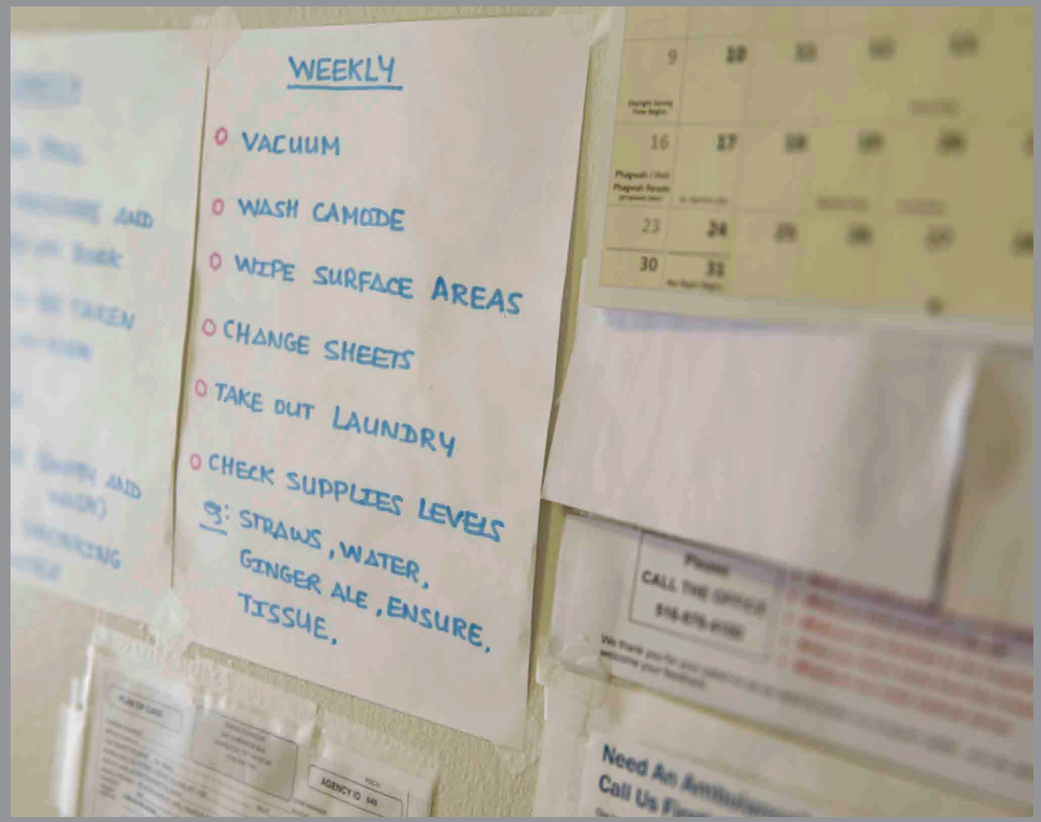
6 Long Island Index. 2014 < http://www.longislandindex.org/about/what-is-long-island#sthash.Gpt2zFxu.dpuf>.

7 —. "Long Island Service Providers." Long Island Index. 2014 < https://lii-production.s3.amazonaws.com/lii-data/download/ee9dc42d96afe0d-2166514f11ecf9fe0/download_liserviceproviders.jpg>.

8 Company, Metropolitan Life Insurance. "Market Survey of Long-Term Care Costs." 11 2012. Met Life. 1 2014 <https://www.metlife.com/assets/cao/mmi/publications/studies/2012/studies/mmi-2012-market-survey-long-term-care-costs.pdf>.

9 Mullon, Sharon. "Long Islands Rental Housing Crisis." 9 2013. Long Island Community Foundation. 1 2014 <http://www.licf.org/Portals/0/Uploads/Documents/Long-Islands-Rental-Housing-Crisis.pdf>.

10 —. "Suburban Blues." 2011. Long Island Index. 2014 <http://www.health.ny.gov/prevention/injury_prevention/docs/falls_in_older_adults_nys.pdf>.



Fred, 85

For fifty years, Fred worked as his town's dentist, serving generations of families in his community. Now 85, he lives with his wife of 60 years, Joan. They have three children, two who live nearby with their families.

"He practiced dentistry until he was 75. We went to Florida for three months out of the year. He played tennis, golf. He didn't smoke, didn't drink very much. He didn't miss a day of work. He was very healthy.

"All this," Joan said, nodding toward Fred lying in his bed in the dining room, "is mainly related to dementia and Parkinson's like symptoms."

Joan has done everything she can think of to keep Fred as active and engaged as possible as his health declines. Shortly after he was diagnosed, she installed bars along the hallways and in the bathrooms. She crafted a series of ramps out of each exit of their house, which is perched on a small hill overlooking the street. She has had to learn to be an employer to three full-time aides. There was speech therapy, occupational therapy, physical therapy. There were many visits to the emergency room whenever something went

Names and identifying information have been changed for all participants

wrong. Yet, despite all efforts, Fred's health deteriorated. It was nearly impossible to get him in and out of the car and onto an examining table. When he was down to three words and little energy, speech therapy stopped. When he had a mini-stroke in the waiting room of his doctor's office, office visits became no more.

Several times, going to the bathroom at home left Fred in a heap on the floor. Police officers had to come to lift him up. Joan and Fred now sleep separately – she upstairs in the bedroom; he downstairs in the dining room, attended by aides. He spends his days moving from bed to chair.

"We were trying to get him stronger doing exercises, but it didn't pay," Joan said. "He wasn't enjoying it. It was hard on everyone. The physical therapist wasn't getting anywhere. He was glad not to be taken to a speech therapist."

Fred's children and grandchildren visit, but it is difficult for them to know how to interact now that he no longer speaks.

After seven years of this effort, there has been some relief for Joan in accepting Fred's circumstances and building a system of care that allows him to remain at home. Her goal is to make him comfortable and have him feel loved. Inez, Fred's day-time aide, who hugs Joan while talking about her, dreams of making videos to help train other aides because she has had to invent methods of care herself. Inez gives Fred regular facials. She plays games with him through tasks like dressing and bathing. She cooks and gives him cookies and ice cream every afternoon.

Joan manages three full-time aides and has kept them each for several years. She said the key to maintaining loyalty is flexibility: "If you are good to them, then they are good to you."

> "Our kids are good kids, but they have their own lives. Three generations ago, everyone lived together and made things easier. Grandparents would help with the kids and then parents would end up taking care of the grandparents. Now it's not like that anymore."

Joan's fear is that this relief may be short-lived. Fred's doctor told Joan that he could live another decade. His long-term care insurance policy only covered three years of care. His current care costs $135,000 a year – including three aides and medical supplies (totaling about $100 a week), with Joan acting as caregiver and manager of the house. Joan fears not being able to pay for this arrangement beyond another year. She fears having to put Fred in a nursing home, where she can't fathom how nurses caring for multiple patients can meet the needs of her husband, who currently has four caregivers.

"They couldn't possibly prevent him from getting bedsores, an infection. I would die if he was not well looked after," she said.

Joan would like to sell her house and live in assisted living where she and Fred could be together. She could meet others in her situation and socialize more easily, but assisted living is too expensive and there are not many choices nearby. She also fears her own decline in health. She is 78. A fall has left her with limited mobility in her neck, which limits her driving. Even though she can still walk for miles, she is more tired.

"It's a catch 22," she said. "I want him to be well taken care of, but chances are I'll drop before he does."

Joan, a breast cancer survivor, takes the train into Manhattan to see her oncologist. She meets with a group of friends from high school for lunch monthly. She used to attend a support group and wishes she could find another that worked with her schedule and was close to where she lives.

She is home alone with Fred from 7-11 A.M. every morning and again from 6-7 P.M. in between his aides' shifts. She was at one time a leader in her synagogue, but has calculated that it would cost $5,000 a year to cover the 6-7 P.M. hour to enable her to go to services. "It is just too much," she said.

Joan shared a story told by one of the members of the support group she attended. The woman told the group that she had discussed "what if" situations with her husband. He had told her that if his health was debilitating, she should put him in a nursing home, and "do what she wants and go on with her life." "We never had conversations like that," Joan said. "It wasn't something we would talk about. I think it is part of my generation. I wish we would have."

Fred is provided care by the North Shore-LIJ House Calls Program, and would otherwise have to take an ambulance to appointments or live in a facility with medical care. Fred's doctor has talked to Joan about end-of-life care and her own mental health. He has told her to go out and not to feel guilty, which has also provided her some relief. Joan says that she is confident in Fred's care and wishes she had access to the same services.

"My doctor certainly wouldn't come over. He would tell me to go to the emergency room," she said. "Before, I would end up taking (Fred) to the emergency room because I didn't know what else to do."

"I try to practice gratitude. I'm certainly better off than most people. I had a great marriage. We were together for many years. It's a privilege that I can do this. He would do the same for me."

Names and identifying information have been changed for all participants

11. Access to transportation is a critical determinant of people's physical health, mental health, and level of engagement. Many people do not have access to reliable, regular transit, as they can no longer drive.

Much of Eastern Queens and all of Nassau County were developed and designed for transportation by automobile. Almost all participants have spent their lives dependent on cars and live in homes which are not within walking distance of public transportation or businesses or services. Many participants reported continuing to drive short distances out of necessity, even though they do not feel safe doing so. All but a few people said they do not drive at night. Two people said they drove despite not being able to turn their neck as needed.

Not driving has left many participants isolated and dependent on others. Nationally, it is estimated that 50% of older non-drivers, 3.6 million Americans, stay home on any given day because they lack transportation options.[11] One participant described how she did activities outside of her house for most of the day when she could drive but hardly leaves now that she can't. Several people spoke of challenges getting in and out of vehicles with narrow doors or high steps, leaving them entirely trapped at home. Several caregivers said that they could only drive to places with valet parking in order to help the person being cared for walk inside.

Those living in Queens who utilized New York City's paratransit system, Access-a-Ride, had a litany of complaints, including: a man who could only receive half of his dialysis treatment because he arrived so late; a woman who regularly rides 90 minutes in different directions to get to her senior center which is less than a mile away from her house; one couple who had to wait for three hours in an eye doctor's office; and a woman who was left with her friends in a shopping center after the van dropped her off an hour late, leading her to miss the van bringing her home. Even if the system worked the majority of the time, people were fearful of using it because of the occasions when they have been stranded.

Residents of North Hempstead were pleased with the discounted taxi service arranged through Project Independence, as were those who are a part of the Deepdale CARES NORC. Several people spoke of still using it sparingly (e.g. "Going to the doctor we use Access-a-Ride, coming home we take a cab.") because of cost. Those who live outside of the areas with discounted taxi programs were frustrated that they do not have access to those services.

Several people use the Long Island Rail Road to travel to Manhattan to go to theaters or to go to doctor's appointments. One participant who lives in Flushing used the bus to travel locally since she is now only able to walk one or two blocks without needing to rest.

11 Bailey, Linda. Aging Americans: Stranded Without Options. 2004. Washington, D.C.: Surface Transportation Policy Project. http://www.transact.org/report.asp?id=232

12. Falls are common amongst older adults and a fear of falling leads to inactivity for many.

Every day, because of a fall, two older New Yorkers die, 140 older New Yorkers are hospitalized and 223 older New Yorkers are seen in emergency departments.[12] It is estimated that over the course of a year, one in three older adults in the U.S. experiences a fall. Sixty percent of adults 65 and older who are hospitalized due to a fall end up in a nursing home or rehabilitation center. Several participants described a fall as the precipitous event in their decline in health.

Many people described the fear of falls as being so debilitating that they do not walk outside their home or go outside at all. One man who lives in California described advising his mother who lives alone not to go outside unattended because he fears she will fall. One woman forbade her husband with Parkinson's Disease from watching movies at night, one of the only activities he enjoys that he can still do, following a fall he had adjusting the television.

Other people most feared falling in their home or near their home and having no one know to come and assist them. Falls do, in fact, happen most commonly in the home. One woman told a story of falling in her hallway and sleeping there overnight in pain because she had no way to alert people to her fall. Many participants wore Life Alert bracelets or carried cell phones.

Proven methods for decreasing falls include medication review, home modification, exercise and annual vision exams.[13] Almost all participants had received some kind of in-home assessment or advice on creating an environment less conducive to falls. Some admitted to not complying for aesthetic reasons or because they said they did not have other space for their possessions. Many of the participants were on multiple medications, a key risk for falls – including one couple, who were on a combined 22 medications (he 14, and she 8). Many participants described an exercise routine – either walking (even if just one block and back with an aide), a regimen they had been taught in rehab that they repeat or through taking a class. Many others stopped walking because of pain or fear of falling. "I think my mother has forgotten how to walk from not doing it," said one caregiver.

12 "Fall In Older Adults, New York State." 2010. New York State Department of Health . 2014 <http://www.health.ny.gov/prevention/injury_prevention/docs/falls_in_older_adults_nys.pdf>.

13 "Fall In Older Adults, New York State." 2010. New York State Department of Health . 2014 <http://www.health.ny.gov/prevention/injury_prevention/docs/falls_in_older_adults_nys.pdf>.

Monica, 89

Monica, 89, walks on to her treadmill nearly every day. She walks at a 1.5 mile-an-hour pace for half a mile, despite arthritis in her knee and unsteadiness.

Monica is persistent and approaches aging with a sense of humor.

“It’s just body parts wear out, you know, like your car wears out,” she said. “You need new tires, new bolts, whatever.”

“I mean I don’t go out as often. I would like to like I used to. When I had my husband it was different. I had a great social life. I mean a lot of people in my shoes are very depressed about it. I am very happy being in my space. I’m not unhappy about it. I’m just as happy being in my home.” And she still enjoys getting away on weekend trips. “I’m not going to not…unless I’m dead,” she said.

The treadmill has helped her stay fit since she no longer feels comfortable walking outside. “I never feel sure-footed,” she said. “(As far as streets) there’s a lot to be desired. There’s no sidewalks. That’s why I use the treadmill. I prefer doing that. It’s easy. I feel safe.”

She reflects on how she was once a mother of six, “raring to go with so much energy.” “You gave birth, you come home and you have a dinner for 30 people.”

Now, Monica takes seven medications and sees nine different doctors. She recites them: a geriatric primary care physician, eyes, ears, breast, gynecologist, endocrinologist, cardiologist, orthopedist, dermatologist. This is despite the fact that other than her diabetes, which she feels is well-managed, she has no serious health conditions and she considers her overall health to be “good.”

Monica’s daughter, who lives upstairs from Monica in her own apartment, takes her to her doctor’s appointments, both because they are too far for her mother to drive and so that she can compensate if her mother can’t hear something that the doctor says. They live on the South Shore but choose to travel to the North Shore to see doctors who they think are of higher quality than those closer to their home.

Monica’s daughter schedules the appointments and has to navigate around her work schedule. Scheduling appointments is a time-consuming challenge requiring repeated phone calls to the same doctors’ offices in order to find time slots available on the same day at the various doctors. This is especially complicated given that Monica’s primary care doctor only schedules appointments two days a week.

Monica’s daughter suggested that, especially in the case of one multi-site practice where all but two of her mother’s doctors are located, they could have a single online appointment reservation system so she could see what slots are available and click and reserve, or some other way to coordinate appointments.

Her daughter’s companionship has been particularly important since her husband passed away seven years ago. Prior to his death, Monica was his caregiver for several years. He had diabetes, which resulted in a partial amputation of his foot, and he also suffered from dementia and incontinence.

Monica and her husband sold their house when he was sick. The home she currently lives in was designed with his mobility limitations in mind. The house features wide hallways, and a wide bathroom entrance designed to accommodate a wheelchair. However, there is a single step down to the living room that presently poses no problems but might in the future. She and her daughter anticipate installing hand rails to help provide security in navigating that step.

Her daughter says that they will keep Monica in this home “at all costs.” They have saved money, and she will retire in two years, and if she can’t do it they will have nursing care come in.

Monica seems happy with the thought of “living out my days, one day at a time.”

She just had her first great-grandchild, and is looking forward to another grandson getting married. She is also looking forward to celebrating her 90th birthday later in the month.

“We’ll see everybody,” she said.

Names and identifying information have been changed for all participants

13. Technology should be used to alleviate social isolation and a tool for creating independence.

Isolation and diminished social networks were issues that came up in every interview and focus group. Many of the participants used a cell phone and a computer, although their proficiency varied. Almost all caregivers were proficient computer users. Nationally, the Pew Internet and American Life Project found that, as of mid-2012, 53% of older adults in the U.S. use the Internet. Seventy percent own a cell phone. Rates rise every year.[14]

Despite their increasing adoption of technology, many older adults fear that equipment will freeze or break and that they will not have an accessible, affordable way to fix it. Several participants also said they could not afford internet service or that they did not want to sacrifice other things to pay for internet service unless they better understood its potential use.

There is an opportunity to use technology to better coordinate services and connect older people to resources and loved ones. Ideas that were raised by participants include: the use of social networks for health information and support groups, the use of multiple modalities of communication with providers (e.g. doctors who are reachable by email, especially for caregivers who live further away); live calendars to coordinate scheduling of doctor's appointments; and using electronic records through increased, creative use of technology (e.g. equipping health professionals with tablets for home visits).

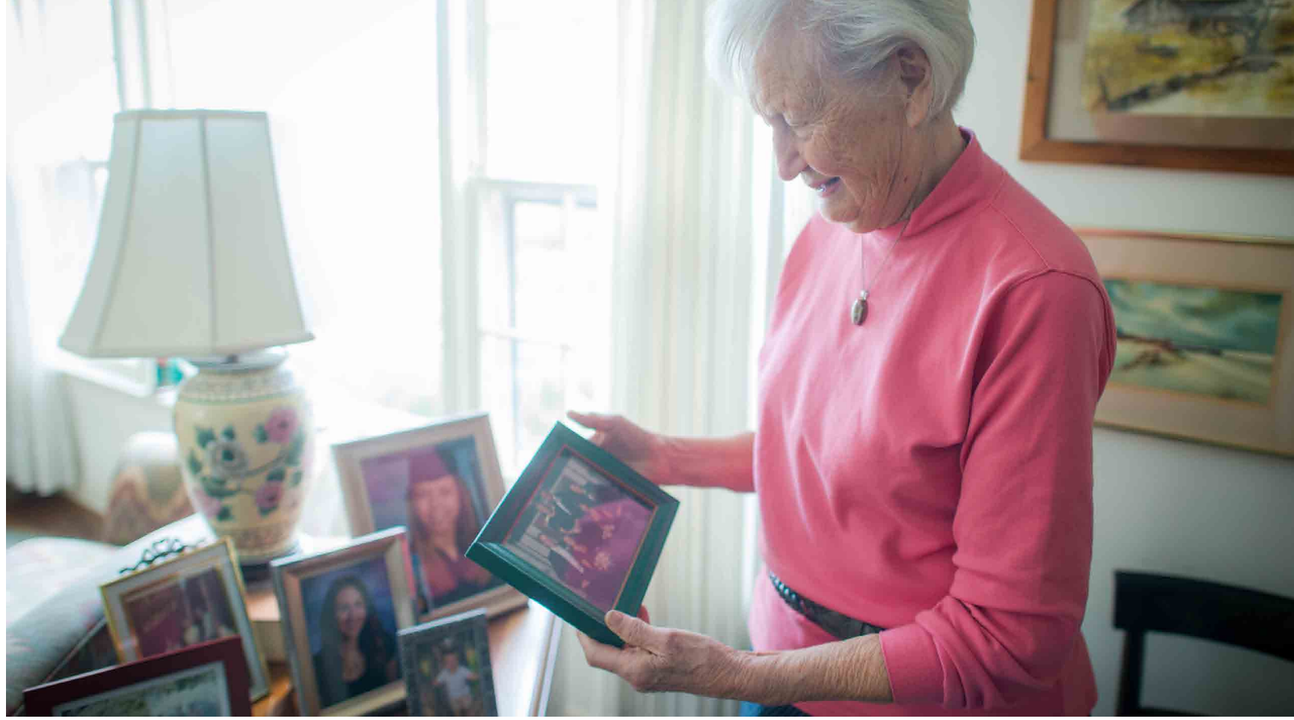
14. Social isolation and loneliness are a near-universal experience for people with advanced illness. People identified a desire to have the things they can still find joy in maximized even as their health declines. These desires are typically more simple than grand.

Many older adults may have had mild mental illness most of their lives but were able to function "normally." In late life, research shows that, events such as physical illness, loss of a spouse, loss of a job, and the development of chronic pain precipitate severe psychological reactions.[15]

Social isolation and loneliness are a near-universal experience for people with advanced illness. In our interviews and focus groups, a majority of participants described being depressed or suspecting that they were depressed. Many were curious to know whether they were in fact

14 Zickuhr, Kathryn and Mary Madden. "Older Adults and Internet Use." 6 2012. Pew Internet. 1 2014 <http://www.pewinternet.org/~/media//Files/Reports/2012/PIP_Older_adults_and_internet_use.pdf>.

15 Friedman, Michael B and Kimberly A Williams. "GERIATRIC MENTAL HEALTH:THE NEED FOR CHANGE." 3 2006. Mental Health Association of New York . 1 2014 <http://www.mhaofnyc.org/media/8101/geriatric_mental_health-the_need_for_change.pdf>.



clinically depressed or if down feelings were inevitable given the circumstances. None said that they received counseling. Most said that if they discussed being down their doctors automatically offered anti-depressants without doing any additional assessment. Until this year, co-pays under Medicare for mental health services have been 50%, as compared to 20% for physical health services.[16] In 2014, with parity for mental health services, one impediment to accessing mental health services will be addressed. However, there is a dearth of mental health providers, especially those with geriatric expertise throughout New York. There is also a stigma affecting willingness to access mental health services, especially within specific cultures and older generations.[17]

What brings joy as health declines might be something simple. Those we spoke to identified what they wanted to do in their last years: Be with other people. Play cards. Play chess. Occasionally eat out in restaurants. Read a book. Be together with family. Be physically touched. Take walks. Attend religious services. Eat favorite foods. Stay connected to remaining old friends. Feel secure. In the development of a visionary center and attracting people to it, it seems that anything that can be done to give people these gifts, both directly, through connection to resources and through improvements in health, is worthwhile.

16 Friedman, Michael B and Kimberly A Williams. "GERIATRIC MENTAL HEALTH:THE NEED FOR CHANGE." 3 2006. Mental Health Association of New York . 1 2014 <http://www.mhaofnyc.org/media/8101/geriatric_mental_health-the_need_for_change.pdf>.

17 Friedman, Michael B. and Kimberly A Steinhagen. "BARRIERS TO MEETING THE MENTAL HEALTH NEEDS OF OLDER ADULTS." THE GERIATRIC MENTAL HEALTH ALLIANCE OF NEW YORK. 10 1 2014 <http://www.networkofcare.org/library/Barriers%20to%20Meeting%20the%20Mental%20Health%20Needs%20of%20Older%20Adults,.pdf>.

Nora and Walter, married for more than 50 years

Nora is 80 and owns a business with her daughter. Her husband Walter is retired, but supports the family business. He calls himself "the gopher," driving around town to run promotional errands and bringing paperwork where it needs to go. They are both hospice volunteers, motivated by the experiences of several friends who benefitted from hospice care which they refer to "as the absolute best."

They have lived in their own home for more than 50 years and plan to stay there – only a move of the washer/dryer to the first floor would be needed to age in place. They are concerned about property taxes and say this is a regular topic amongst friends and clients, all living longer than they expected. They wish there was a way that taxes could be tied to income or use of school systems – the latter of which is used to justify tax breaks for 50+ communities.

Nora uses the computer for work. Walter has an iPad. One of his favorite uses is to use it as a dictionary as he reads.

They both read their town's local paper, a civic association magazine called Froghorn, the New York Times, and Newsday.

Even though they are both physically active, because of street design and weather, they prefer to walk inside. Every week, they visit the Roosevelt Field Mall in the morning before it opens and walk two miles inside through a partnership between Nassau County and the mall. They like that music is playing. They are surprised by how empty it is. They talked about what a great opportunity it would be if transportation was provided to more isolated older adults.

"In my 50s, I felt the healthiest," Nora said. "My children were grown. We were having our grandchildren and yet we didn't have the same responsibilities. That was a great time in life when all these exciting things were happening."

"I feel as good as I did when I was 20, but I'm a lot slower," Walter said. "I'm careful when I climb ladders. I feel a little insecure. My muscle mass is different, so I can't pick things up as much. My kids are becoming parents now and are looking out for me. If I believed them, I'd be in a wheelchair."

Walter and Nora shared several interactions with the health care system to illustrate what has worked for them and what has not.

"I was diagnosed with thyroid cancer. I felt a lump in my throat, and I went to my primary care doctor who sent me to a specialist immediately. Within a week I was operated on and everything went smoothly…It was over quickly."

Nora and Walter go to see the same primary care doctor and cardiologist. As a thyroid cancer survivor, Nora also sees an endocrinologist.

"Sometimes it is impossible to get to the nurse (by phone) to get an appointment," she said. She noted that some secretaries seem to do the minimum, while others care about her well-being and meeting her needs.

"For some people, it's just a job. Sometimes it's a career. The career is where the gem is," she said.

Walter fell down the stairs the week of the interview. He called his primary care doctor (who he has had for 20 years) and got an answering machine. Within 15 minutes, one of the doctors in the practice called back. The doctor asked him questions over the phone and told him to rest and not to go to the emergency room. He had a CAT scan on Monday and nothing was wrong. For him this was an example of good health care.

Walter is grateful that his primary care doctor and cardiologist communicate with each other. This said that this process has been easier and faster and happens more automatically with the use of electronic records.

The most impactful, negative experience with health care for Walter was at the time of his brother's death about a year ago.

"He had a stroke. He was in the hospital for two or three days. When they said they couldn't do any more, I sat for five hours and watched him slowly die," Walter said crying. "I wish someone would have shown some compassion. They knew it was a matter of hours, but he was just another patient. I had never been through this before."

"I thought to myself, hospice would have been there," Nora said. "We should have written a letter. They need to know that this happened."

Both advocate for education on end-of-life choices.

"The moment someone hears the word hospice they panic," Nora said.

"I didn't think of end-of-life until I got here," Walter said. "We need more awareness."

As hospice volunteers, they go through family satisfaction surveys – one hundred a month. She said most common comments include "If we were told sooner. If only we weren't too late."

They believe that more education on hospice care and doctors becoming more comfortable introducing it to patients, would reduce the stigma.

Names and identifying information have been changed for all participants

OPPORTUNITY FOR A CENTER ON AGING AND ADVANCED ILLNESS

Based on this research, there are many opportunities to better address the needs, desires and health of older adults in Queens and Nassau County. In doing this work, North Shore-LIJ has the opportunity to become a leader and model in geriatric care, given the aging of the population and a lack of integrated services across the country.

From this study, it is clear that older adults in North Shore-LIJ's service area are begging for integrated, coordinated care. This ranges from coordinated scheduling to performing a scan of broader needs upon intake to ensuring that at least one health professional fully understands each patients' health situation.

North Shore-LIJ's pioneering House Calls program is greatly appreciated by its participants, and many more would benefit from expansion. All home based services are viewed as life altering for those who have access to them.

It is also clear from this research that kindness, sensitivity and courtesy are viewed as integral measures of good care by older adults. Such consideration is desired from all employees of the health care system – from those answering phones and staffing reception desks to lab technicians, social workers, nurses and doctors.

Medical offices and services focused on the needs of complex individuals including compassionate care, coordination of care with access to social work assistance, safety, promotion of independence at home and easy access and communication is needed.

Even in a very diverse group, affordability is a universally challenging issue. Anything that can be done to lower costs, from subsidizing services, bundling costs or identifying benefits, is appreciated.

The mental health of patients and caregivers is of utmost concern, and many needs go unmet. Work that connects mental health care – informal and formal – with other health care interactions, is highly desired by patients.

Through the creation of this Center, North Shore-LIJ has the opportunity to better serve the older adults of Queens and Nassau County, as described in this report. There is an opportunity to recognize that patients live full, multi-dimensional lives and those dimensions all affect health and their use of health care. As North Shore-LIJ's service area's population rapidly ages, this becomes even more critical.

APPENDIX

Appendix 1

Overall Service Area	Age 65+ by Gender		Age 65+ by County	
# Total 65+ population	# (%) Male Population	# (%) Female Population	# (%) Eastern Queens County	# (%) Nassau County
367,539	150,519 (41.0%)	217,020 (59.0%)	162,860 (44.3%)	162,860 (44.3%)

Appendix 2

Overall Service Area: Age 65+			Range (by zip code area) % Age 65+	
# Total population	# Age 65+	% Age 65+	Low	High
2,576,039	367,539	14.3%	5.7%	28.5%

Overall Service Area: Age 85+			Range (by zip code area) % Age 85+	
# Total population	# Age 85+	% Age 85+	Low	High
2,576,039	56,788	2.2%	0.7%	8.4%

ZCTA Zip Code	Zip Code Name	County	Total Population	% Population Aged 65+
11042	New Hyde Park	Nassau	534	87.8%
11797	Woodbury	Nassau	9,001	28.5%
11765	Mill Neck	Nassau	536	27.6%
11569	Point Lookout	Nassau	1,459	24.7%
11360	Bayside	Queens	20,953	23.6%
11509	Atlantic Beach	Nassau	2,250	22.9%
11021	Great Neck	Nassau	17,544	22.2%
11362	Little Neck	Queens	17,492	20.7%
11023	Great Neck	Nassau	8,954	20.1%
11557	Hewlett	Nassau	8,047	19.9%
11714	Bethpage	Nassau	23,873	19.8%
11357	Whitestone	Queens	40,516	19.5%

Appendix 2 continued

ZCTA Zip Code	Zip Code Name	County	Total Population	% Population Aged 85+
11042	New Hyde Park	Nassau	534	39.9%
11797	Woodbury	Nassau	9,001	8.4%
11021	Great Neck	Nassau	17,544	4.9%
11732	East Norwich	Nassau	3,188	4.5%
11023	Great Neck	Nassau	8,954	4.2%
11563	Lynbrook	Nassau	22,453	3.8%
11557	Hewlett	Nassau	8,047	3.7%
11357	Whitestone	Queens	40,516	3.7%
11362	Little Neck	Queens	17,492	3.5%
11030	Manhasset	Nassau	17,914	3.5%
11375	Forest Hills	Queens	69,266	3.5%
11010	Franklin Square	Nassau	23,790	3.4%

Appendix 3

Overall Service Area: Living Alone Age 65+			Range (by zip code area) % Living Alone Age 65+	
# Age 65+ population	# Living Alone Age 65+	% Living Alone Age 65+	Low	High
367,539	82,408	22.4%	5.5%	37.6%

Appendix 4

Overall Service Area: Non-White Age 65+			Range (by zip code area) % Non-White Age 65+	
# Age 65+ population	# Non-White Age 65+	% Non-White Age 65+	Low	High
367,539	133,490	36.3%	2.2%	99.2%

Appendix 5

Overall Service Area: Speak English "less than very well" (Age 5+)			Range (by zip code area) % Speak English "less than very well" (Age 5+)	
# Age 5+ population	# Speak English "less than very well" (Age 5+)	% Speak English "less than very well" (Age 5+)	Low	High
2,427,607	436,197	18.0%	0.6%	55.4%

Appendix 6

Total 65+ population	# (%) 65+ Speaks English only	# (%) 65+ Speaks language other than English				
		Spanish	Other Indo-European language	Asian language	Other language	Total other than English
367,539	250,826 (68.2%)	28,370 (7.7%)	55,169 (15%)	29,090 (7.9%)	4,084 (1.1%)	116,713 (31.8%)
Range (by zip code area)						
Low	20.9%	0.0%	1.5%	0.0%	0.0%	2.5%
High	97.5%	40.8%	41.0%	48.8%	6.0%	79.1%

Appendix 7

Overall Service Area: No High School diploma Age 65+			Range (by zip code area) % No High School diploma, Age 65+	
# Age 65+ population	# No HS diploma Age 65+	% No HS diploma	Low	High
367,539	85,600	23.3%	1.4%	51.3%

Appendix 8

Overall Service Area: Below the Federal Poverty Level Age 65+			Range (by zip code area) % Below the Federal Poverty Level Age 65+	
# Age 65+ population	# Below FPL Age 65+	% Below FPL Age 65+	Low	High
367,539	30,138	8.2%	0.0%	25.6%

Appendix 9

Overall Service Area: Housing costs over 30% of income Age 65+ Households			Range (by zip code area) % Housing costs over 30% of income Age 65+ Households	
# Age 65+ population	# Housing over 30% of income Age 65+	% Housing over 30% of income Age 65+	Low	High
211,070	99,625	47.2%	31.0%	67.4%

Appendix 10

Emergency Department Admits 2012					
Zip Code	Zip Code Name	County	65-74	75+	Total
11001	Floral Park	Nassau	150	308	458
11003	Elmont	Nassau	242	459	701
11010	Franklin Square	Nassau	128	404	532
11020	Great Neck	Nassau	47	147	194
11021	Great Neck	Nassau	156	753	909
11023	Great Neck	Nassau	58	274	332
11024	Great Neck	Nassau	57	179	236
11030	Manhasset	Nassau	105	255	360
11040	New Hyde Park	Nassau	252	827	1,079
11042	New Hyde Park	Nassau	1	2	3
11050	Port Washington	Nassau	101	245	346
11096	Inwood	Nassau	19	18	37
11354	Flushing	Queens	121	277	398
11355	Flushing	Queens	66	122	188
11356	College Point	Queens	51	56	107
11357	Whitestone	Queens	166	535	701
11358	Flushing	Queens	126	234	360
11360	Bayside	Queens	134	590	724
11361	Bayside	Queens	128	384	512
11362	Little Neck	Queens	140	535	675
11363	Little Neck	Queens	39	112	151

Emergency Department Admits 2012 (continued)					
Zip Code	Zip Code Name	County	65-74	75+	Total
11364	Oakland Gardens	Queens	228	661	889
11365	Fresh Meadows	Queens	106	377	483
11366	Fresh Meadows	Queens	72	130	202
11367	Flushing	Queens	67	171	238
11368	Corona	Queens	346	620	966
11375	Forest Hills	Queens	493	1,608	2,101
11411	Cambria Heights	Queens	213	322	535
11412	Saint Albans	Queens	246	550	796
11413	Springfield Gardens	Queens	362	582	944
11415	Kew Gardens	Queens	49	145	194
11418	Richmond Hill	Queens	103	184	287
11419	South Richmond Hill	Queens	117	120	237
11420	South Ozone Park	Queens	182	183	365
11422	Rosedale	Queens	186	330	516
11423	Hollis	Queens	223	375	598
11426	Bellerose	Queens	175	309	484
11427	Queens Village	Queens	250	471	721
11428	Queens Village	Queens	147	243	390
11429	Queens Village	Queens	238	360	598
11432	Jamaica	Queens	241	413	654
11433	Jamaica	Queens	118	194	312
11434	Jamaica	Queens	364	621	985
11435	Jamaica	Queens	131	235	366
11436	Jamaica	Queens	70	140	210
11501	Mineola	Nassau	26	53	79
11507	Albertson	Nassau	28	69	97
11509	Atlantic Beach	Nassau	8	19	27
11510	Baldwin	Nassau	45	55	100

Emergency Department Admits 2012 (continued)					
Zip Code	Zip Code Name	County	65-74	75+	Total
11514	Carle Place	Nassau	4	16	20
11516	Cedarhurst	Nassau	12	24	36
11518	East Rockaway	Nassau	16	25	41
11520	Freeport	Nassau	54	57	111
11530	Garden City	Nassau	52	110	162
11542	Glen Cove	Nassau	365	1,429	1,794
11545	Glen Head	Nassau	102	221	323
11547	Glen Head	Nassau	4	28	32
11548	Greenvale	Nassau	5	22	27
11550	Hempstead	Nassau	83	132	215
11552	West Hempstead	Nassau	55	113	168
11553	Uniondale	Nassau	39	52	91
11554	East Meadow	Nassau	97	269	366
11557	Hewlett	Nassau	18	45	63
11558	Island Park	Nassau	11	18	29
11559	Lawrence	Nassau	9	36	45
11560	Locust Valley	Nassau	73	153	226
11561	Long Beach	Nassau	35	107	142
11563	Lynbrook	Nassau	64	196	260
11565	Malverne	Nassau	39	72	111
11566	Merrick	Nassau	69	96	165
11568	Old Westbury	Nassau	15	40	55
11569	Long Beach	Nassau	1	7	8
11570	Rockville Centre	Nassau	36	55	91
11572	Oceanside	Nassau	27	69	96
11575	Roosevelt	Nassau	29	29	58
11576	Roslyn	Nassau	53	208	261
11577	Roslyn Heights	Nassau	57	177	234

Emergency Department Admits 2012 (continued)					
Zip Code	Zip Code Name	County	65-74	75+	Total
11579	Sea Cliff	Nassau	37	88	125
11580	Valley Stream	Nassau	288	725	1,013
11581	Valley Stream	Nassau	72	175	247
11590	Westbury	Nassau	146	472	618
11596	Williston Park	Nassau	14	61	75
11598	Woodmere	Nassau	50	135	185
11709	Bayville	Nassau	93	141	234
11710	Bellmore	Nassau	57	164	221
11714	Bethpage	Nassau	148	519	667
11732	East Norwich	Nassau	23	96	119
11735	Farmingdale	Nassau	120	321	441
11753	Jericho	Nassau	54	261	315
11756	Levittown	Nassau	147	343	490
11758	Massapequa	Nassau	196	482	678
11762	Massapequa Park	Nassau	60	127	187
11765	Mill Neck	Nassau	3	17	20
11771	Oyster Bay	Nassau	87	337	424
11783	Seaford	Nassau	78	164	242
11791	Syosset	Nassau	159	452	611
11793	Wantagh	Nassau	96	236	332
11797	Woodbury	Nassau	122	639	761
11801	Hicksville	Nassau	230	765	995
11803	Plainview	Nassau	244	932	1,176
11804	Old Bethpage	Nassau	18	143	161
		Total	13,409	33,251	46,660

Appendix 11

Inpatient Hospice Care Utilization							
Zip Code	Zip Code Name	County	Zip Code	Patient City	2011	2012	2011-2012 avg
11042		Nassau	10042				0
11435	Jamaica	Queens	11435	Jamaica	0	0	0
11516	Cedarhurst	Nassau	11516				0
11415	Kew Gardens	Queens	11415	Kew Gardens	1	0	0.5
11514	Carle Place	Nassau	11514	Carle Place	1	0	0.5
11520	Freeport	Nassau	11520	Freeport	0	1	0.5
11547	Glenwood Landing	Nassau	11547	Glen Head	0	1	0.5
11548	Greenvale	Nassau	11548	Greenvale	1	0	0.5
11569	Point Lookout	Nassau	11569	Long Beach	1	0	0.5
11732	East Norwich	Nassau	11732	East Norwich	1	0	0.5
11765	Mill Neck	Nassau	11765	Mill Neck	0	1	0.5
11354	Linden Hill	Queens	11354	Flushing	0	2	1
11355	Flushing	Queens	11355	Flushing	0	2	1
11367	Fresh Meadows	Queens	11367	Flushing	1	1	1
11418	Richmond Hill	Queens	11418	Richmond Hill	0	2	1
11420	So Ozone Park	Queens	11420	South Ozone Park	1	1	1
11436	So Ozone Park	Queens	11436	Jamaica	1	1	1
11560	Locust Valley	Nassau	11560	Locust Valley	0	2	1
11568	Old Westbury	Nassau	11568	Old Westbury	0	2	1
11577	Roslyn Heights	Nassau	11577	Roslyn Heights	1	1	1
11356	College Point	Queens	11356	College Point	0	3	1.5
11363	Little Neck	Queens	11363	Little Neck	2	1	1.5
11501	Mineola	Nassau	11501	Mineola	2	1	1.5
11507	Albertson	Nassau	11507	Albertson	2	1	1.5
11509	Atlantic Beach	Nassau	11509	Atlantic Beach	1	2	1.5
11518	East Rockaway	Nassau	11518	East Rockaway	2	1	1.5

Inpatient Hospice Care Utilization (continued)							
Zip Code	Zip Code Name	County	Zip Code	Patient City	2011	2012	2011-2012 avg
11553	Uniondale	Nassau	11553	Uniondale	1	2	1.5
11559	Lawrence	Nassau	11559	Lawrence	1	2	1.5
11565	Malverne	Nassau	11565	Malverne	3	0	1.5
11566	Merrick	Nassau	11566	Merrick	2	1	1.5
11596	Williston Park	Nassau	11596	Williston Park	2	1	1.5
11753	Jericho	Nassau	11753	Jericho	1	2	1.5
11096	Inwood	Nassau	11096	Inwood	1	3	2
11366	Fresh Meadows	Queens	11366	Fresh Meadows	3	1	2
11419	So Richmond Hill	Queens	11419	South Richmond Hill	0	4	2
11557	Hewlett	Nassau	11557	Hewlett	2	2	2
11558	Island Park	Nassau	11558	Island Park	2	2	2
11561	Long Beach	Nassau	11561	Long Beach	2	2	2
11575	Roosevelt	Nassau	11575	Roosevelt	3	1	2
11709	Bayville	Nassau	11709	Bayville	3	1	2
11762	Massapequa Park	Nassau	11762	Massapequa Park	3	1	2
11804	Old Bethpage	Nassau	11804	Old Bethpage	2	2	2
11020	Great Neck	Nassau	11020	Great Neck	3	2	2.5
11024	Kings Point	Nassau	11024	Great Neck	3	2	2.5
11429	Queens Village	Queens	11429	Queens Village	4	1	2.5
11432	Jamaica	Queens	11432	Jamaica	4	1	2.5
11433	Jamaica	Queens	11433	Jamaica	3	2	2.5
11510	Baldwin	Nassau	11510	Baldwin	4	1	2.5
11579	Sea Cliff	Nassau	11579	Sea Cliff	3	2	2.5
11783	Seaford	Nassau	11783	Seaford	1	4	2.5
11791	Syosset	Nassau	11791	Syosset	1	4	2.5
11572	Oceanside	Nassau	11572	Oceanside	4	2	3
11714	Bethpage	Nassau	11714	Bethpage	3	3	3
11771	Oyster Bay	Nassau	11771	Oyster Bay	2	4	3

Inpatient Hospice Care Utilization (continued)							
Zip Code	Zip Code Name	County	Zip Code	Patient City	2011	2012	2011-2012 avg
11001	Floral Park	Nassau	11001	Floral Park	7	0	3.5
11368	Corona	Queens	11368	Corona	1	6	3.5
11427	Queens Village	Queens	11427	Queens Village	4	3	3.5
11428	Queens Village	Queens	11428	Queens Village	5	2	3.5
11552	West Hempstead	Nassau	11552	West Hempstead	2	5	3.5
11576	Roslyn	Nassau	11576	Roslyn	5	2	3.5
11793	Wantagh	Nassau	11793	Wantagh	4	3	3.5
11050	Port Washington	Nassau	11050	Port Washington	2	6	4
11411	Cambria Heights	Queens	11411	Cambria Heights	4	4	4
11710	Bellmore	Nassau	11710	Bellmore	3	5	4
11530	Garden City	Nassau	11530	Garden City	5	4	4.5
11545	Glen Head	Nassau	11545	Glen Head	5	4	4.5
11570	Rockville Ctr	Nassau	11570	Rockville Centre	4	5	4.5
11023	Great Neck	Nassau	11023	Great Neck	6	4	5
11030	Manhasset	Nassau	11030	Manhasset	5	5	5
11423	Hollis	Queens	11423	Hollis	6	4	5
11797	Woodbury	Nassau	11797	Woodbury	5	5	5
11434	Rochdale Village	Queens	11434	Jamaica	6	6	6
11590	Westbury	Nassau	11590	Westbury	4	8	6
11358	Flushing	Queens	11358	Flushing	11	2	6.5
11361	Bayside	Queens	11361	Bayside	7	6	6.5
11362	Little Neck	Queens	11362	Little Neck	7	6	6.5
11365	Fresh Meadows	Queens	11365	Fresh Meadows	5	8	6.5
11581	So Valley Stream	Nassau	11581	Valley Stream	5	8	6.5
11756	Levittown	Nassau	11756	Levittown	9	4	6.5
11758	Massapequa	Nassau	11758	Massapequa	7	6	6.5
11360	Bayside	Queens	11360	Bayside	8	6	7
11735	Farmingdale	Nassau	11735	Farmingdale	1	13	7

Inpatient Hospice Care Utilization (continued)							
Zip Code	Zip Code Name	County	Zip Code	Patient City	2011	2012	2011-2012 avg
11412	St Albans	Queens	11412	Saint Albans	8	7	7.5
11413	Springfield Gdns	Queens	11413	Springfield Gardens	8	7	7.5
11550	Hempstead	Nassau	11550	Hempstead	3	12	7.5
11426	Bellerose	Queens	11426	Bellerose	6	10	8
11357	Whitestone	Queens	11357	Whitestone	8	9	8.5
11422	Rosedale	Queens	11422	Rosedale	8	10	9
11554	East Meadow	Nassau	11554	East Meadow	14	5	9.5
11040	New Hyde Park	Nassau	11040	New Hyde Park	9	12	10.5
11563	Lynbrook	Nassau	11563	Lynbrook	13	8	10.5
11021	Great Neck	Nassau	11021	Great Neck	13	9	11
11364	Oakland Gardens	Queens	11364	Oakland Gardens	12	10	11
11803	Plainview	Nassau	11803	Plainview	3	20	11.5
11801	Hicksville	Nassau	11801	Hicksville	14	10	12
11598	Woodmere	Nassau	11598	Woodmere	17	11	14
11375	Forest Hills	Queens	11375	Forest Hills	12	22	17
11003	Elmont	Nassau	11003	Elmont	22	14	18
11010	Franklin Square	Nassau	11010	Franklin Square	33	12	22.5
11580	Valley Stream	Nassau	11580	Valley Stream	42	28	35
11542	Glen Cove	Nassau	11542	Glen Cove	40	39	39.5
				Total	512	476	494

The New York Academy of Medicine
1216 Fifth Avenue, New York, NY 11238
212 822 7200
nyam.org