White Plains Hospital
Community Service Plan
2019 - 2021
Community Service Plan 2019

White Plains Hospital, along with all voluntary hospitals in New York State, is required to submit a community service plan every three years, with a progress update each year to the New York State Department of Health.

This report summarizes White Plains Hospital’s community service initiatives, including collaborations with our community partners, addressing New York State’s Prevention Agenda priorities.

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I. Executive Summary

a. Prevention Agenda Priorities

A review of the results from the primary and secondary data collection process illuminated two major categories of health needs that were important across the populations surveyed, reflected in the data as critical, and in alignment with the New York State Prevention Agenda. White Plains Hospital selected the following prevention agenda priority items to Promote Well-Being and Prevent Mental and Substance Use Disorders and Promote Healthy Women, Infants and Children.

Within these priority areas, a commitment has been made to focus on the following two focus areas:

- Mental and Substance Use Disorders Prevention
- Perinatal & Infant Health

The selected priorities are fully compatible with White Plains Hospital’s community health initiatives. They are supported by existing programs and staff, as well as the addition of new and modified programs. Activities in support of the priorities are carried out with the input and support of our community partners. In order to carry out the priority agenda items, White Plains Hospital focuses on several constituencies, including staff and the local community.

The White Plains Hospital Community Service Plan (CSP) priority are selections were approved by the Board of Directors on December 9, 2019. The Community Service Plan was uploaded to the White Plains Hospital website on December 18, 2019.

b. Changes From 2016 Priority Selection
In the previous cycle, 2016-2018, White Plains Hospital selected Prevent Chronic Disease and Promote Healthy Women, Infants and Children. Based on the Community Health Needs Assessment (CHNA) completed in 2019, White Plains Hospital has chosen to focus on Promote Well-Being and Prevent Mental and Substance Use Disorders and continue its focus on Promote Healthy Women, Infants and Children. Substance misuse continues to be not only a national issue, but one that is also impacting the Hospital’s service area. The selection of this priority area also supports the Westchester County Department of Health’s focus on substance misuse. Maternal health continues to be a need identified by our community and aligns with the Baby Friendly initiative the Hospital is working towards achieving.

c. Data Review Process

The process to identify the needs of the community involved the collection of both primary and secondary data. The collection of primary data from a sample of Westchester county residents was an important element of the development of the Community Service Plan. Feedback was compiled from over 3,500 respondents and identified the community concerns by municipality to support the priority selections. Additionally, conversations and meetings were convened with external partners, a thorough review of the data was conducted, all of which frame the development of the report. These collaborations and partnerships are described in detail in this document.

d. Community Engagement

As an established member of the Westchester County community, and a leading healthcare provider in the County, White Plains Hospital plans to work collaboratively with its internal staff
and external partners to serve the needs of our patient and community populations, and to meet the goals set forth in this plan to make New York State healthier.

**e. Review of Evidence Based Interventions**

In order to impact these priority areas, the Hospital focuses on the following evidence based interventions:

**Promote Well-Being and Prevent Mental and Substance Use Disorders**

- Host naloxone training sessions
- Implement CAGE-AID screening
- Conduct prescriber chart review
- Prescriber education

**Promote Healthy Women, Infants and Children**

Consistent with Baby Friendly guidelines, the hospital will continue to participate in the interventions below:

- Establish a written breastfeeding policy that is routinely communicated to all health care staff
- Train all health care staff in the skills necessary to implement this policy
- Inform pregnant women about the benefits and management of breastfeeding
- Help moms initiate breastfeeding within one hour of birth
- Show moms how to breastfeed and how to maintain lactation even if they are separated from their infants
- Give infants no food or drink other than breast milk, unless medically indicated
- Practice rooming-in. Allow mothers and infants to remain together 24 hours a day
- Encourage breastfeeding on demand
- Give no artificial nipples or pacifiers to breastfed infants
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital

**f. Tracking and Process Measures**

The Hospital plans to use a variety of process measures to track the impact of our initiatives, including but not limited to:

- Keeping a record of the number of persons interacted with and materials distributed
- Tracking attendance at all educational events and working to increase those numbers
- Utilization of pre and post-event tests to assess the amount of knowledge gained during presentations, where applicable

Specific to the first priority area, Promote Well-Being and Prevent Mental and Substance Use Disorders, White Plains Hospital will measure:

- Naloxone training: Number of executed sessions and number of attendees/participants will be tracked and assessed.
- CAGE-AID screening: Number of prescribers that utilize screening tool, measured through EMR.
- Prescriber transparency/education: Offer resources to clinicians on opioid related topics, such as proper prescribing protocols, alternative pain management options, and resources for the community. Conduct minimum of quarterly chart reviews to monitor possibly high prescriber activity, followed by counseling from medical leadership if needed.
Specific to the second priority area, Promote Healthy Women, Infants and Children, White Plains Hospital will measure:

- Breastfeeding implementation rates against the standard established by the WIC Breastfeeding Data Local Agency Report.
- Achieve Baby Friendly Certification
II. Mission Statement

A. Mission Statement for White Plains Hospital

White Plains Hospital (WPH) is a voluntary, not-for-profit health care organization with the primary mission of offering high quality acute health care and preventive medical care to all people who live in, work in or visit Westchester County and its surrounding areas. This care and service will be delivered in a caring and compassionate manner, focusing on meeting the needs of the community.

White Plains Hospital’s services extend beyond inpatient and outpatient care to include assessing and improving the health care status of the local community, the professional community and the business sector. The Hospital will strive to enhance its capabilities and to deliver health care services, within the scope of its resources, in a cost effective manner.

White Plains Hospital believes success is assured by the dedication of the people who make up the supporting constituencies:

- Employees
- Physicians
- Licensed health care professionals
- Volunteers
- Individual supporters
- Business and civic organizations

All care and services will be provided without regard to race, color, creed, national origin, age, sexual orientation or ability to pay.

B. Changes or Updates to the Mission Statement

There have been no changes or updates to the mission statement of White Plains Hospital.
III. **Service Area & Community Description**

White Plains Hospital has identified Westchester County as its primary service area. Westchester County has a population of 975,321 and is approximately 430.5 square land miles. It is the 7th most populous county in New York State. The county seat is White Plains (56,404) and other major cities include Yonkers (200,999), New Rochelle (79,877) and Mount Vernon (68,671). In 2017, the median household income for Westchester was $89,968, 4th highest in New York State, after Nassau, Putnam and Suffolk counties.

Westchester County is the 3rd healthiest county in New York State, according to the County Health Rankings, produced by the University of Wisconsin. Despite its overall high ranking, there is considerable room to improve the health of the population in Westchester County, while also reducing health disparities for both high-need populations and poorer health outcomes.

**White Plains**

White Plains is the county seat and the 5th most populous city in Westchester County. According to the 2017 American Community Survey, White Plains has 58,404 residents and has experienced a 10.0% increase in population between 2000 and 2017.

There are over 22,000 households in White Plains, of which 25.7% are family households with children. White Plains has a slightly younger population than Westchester County, with a median age of 38.1 years versus 40.6 years.

White Plains is also ethnically diverse. Its population is 45.1% non-Hispanic white, 33.2% Hispanic, 12.0% non-Hispanic black, 7.7% Asian/Pacific Islander and 1.8% non-Hispanic other. Almost one-third (30.8%) of its residents are foreign-born. Among the foreign-born population, more residents speak Spanish (59%) than English (13%) or another (28%) language. The city’s foreign-born population come from diverse corners of the globe (in order of frequency): Mexico (21% of foreign-born), Peru (9%), Dominican Republic (7%), Colombia (6%), India (6%), China (4%), Jamaica (4%), Guatemala (4%), El Salvador (3%) and Korea (3%) and Ecuador (3%)
White Plains has the 4th largest proportion of the population that lives below the poverty level (11.9%) in the county (compared to 9.4% countywide). The median household income is $87,550, slightly below the median household income countywide ($89,968). Of note, 18.6% of White Plains children live below poverty, higher than the countywide percentage of 11.7%. Over half (55.7%) of students in White Plains public schools qualified for free or reduced lunch during the 2016-2017 school year.

A similar proportion of the population is insured (30.3% versus 30.0% in the county) and a higher proportion are uninsured (11.7% versus 7.8% in the county). 1.5% of White Plains households are on cash public assistance, lower than the percentages in Westchester County (2.0%) and New York State (3.4%). The White Plains unemployment rate is 7.0%, which is the 5th highest in Westchester County. 50.4% of White Plains residents ages 25 and older have received at least a bachelor’s degree, higher than countywide (47.7%) and statewide (35.3%) attainment rates.

1) Regional Health Disparities

While Westchester County remains among the healthiest counties in New York State, several of its individual municipalities continue to have significant health gaps. Portions of lower Westchester, specifically Mount Vernon, Yonkers, New Rochelle and White Plains are “hot spots” for various health outcomes, such as asthma and preterm births in the County. Additionally, certain groups, such as some racial/ethnic minorities or those with less education, experience poorer health outcomes.

Some Westchester populations have excess mortality rates. For example, the age-adjusted mortality rate per 100,000 for the non-Hispanic black (695.1 per 100,000) and non-Hispanic white (657.0 per 100,000) populations are significantly higher than for the Hispanic population (493.2 per 100,000).

While Westchester County has an age-adjusted preventable hospitalization rate below the rate for all of New York State and the Prevention Agenda 2018 Target, there are areas and sub-
populations that have excess preventable hospitalization rates. For example, the rate is 156.6 per 10,000 in ZIP Code 10601 in White Plains and 235.0 per 10,000 ZIP Code 10550 in Mount Vernon. Rates are generally elevated in the southern portion of the county, including Yonkers, Mount Vernon, the southern section of New Rochelle, and in the northern portion of the county, namely Peekskill. Further, the rate of preventable hospitalizations for the non-Hispanic black population (193.5 per 10,000) is 2.9 times higher than the rate for the non-Hispanic white population (67.4 per 10,000). The rate for the Hispanic population (56.0 per 100,000) is slightly lower than the non-Hispanic white population.

There are a multitude of reasons certain populations and geographic areas have poorer health outcomes; these reasons include, for example, differences in access to health care, quality of care, physical environments, and economic and educational opportunities, to name a few. For example, while a smaller proportion of individuals live in poverty in Westchester County than in New York State overall, those who are black (16.6%) and Hispanic (19.4%) are more likely to be living in poverty than those who are white (5.9%).

While the Prevention Agenda 2018 target for health insurance coverage among adults age 18-64 is 100%, 90% of adults are covered in Westchester County. In certain areas, such as Port Chester, a much smaller proportion of the population has health insurance (69.8%), and in other areas such as Scarsdale, almost all residents have health insurance (99.9%). Additional areas with lower health insurance coverage include White Plains, Yonkers, Mount Vernon and southern portions of New Rochelle. There are also disparities by race/ethnicity; 92.4% of the white and 88.5% of the black populations have health insurance, only 72.9% of the Hispanic population does.

There are disparities in health outcomes, such as maternal and child health. There is considerable geographic variation in the proportion of births that are preterm, with 13.7% of births being preterm in White Plains compared to 8.4% in North Castle, the municipality with
the lowest rate. Non-Hispanic black women are more likely to have a preterm births (15.7%), as compared to the non-Hispanic white (11.5%) and Hispanic women (12.0%).

There are also disparities in the proportion of infants exclusively breastfed in the hospital. Less than half of infants are exclusively breastfed in hospitals in Westchester County, which is below the proportion in New York State overall and the Prevention Agenda Target of 48.1%. There are also within-county geographic disparities for exclusive breastfeeding. Specifically, proportions range from 20.5% and 28.4% in Rye and Yonkers respectively, to 83.2% in Peekskill. The proportion of infants breastfed exclusively in the hospital is lower in the southern portion of the county; 58.2% of infants are exclusively breastfed in the hospital in White Plains. Additionally, non-Hispanic white women are most likely to breastfeed exclusively in the hospital (58.6%), followed by Hispanic women (42%) and non-Hispanic black women (35.4%). There are further disparities by insurance status: 40.7% of infants whose primary payer is Medicaid were exclusively breastfed in the hospital, compared to 46.2% of infants whose primary payer is not Medicaid.

**Medically Underserved/HPSA Designation Status**

Despite some challenges, the city of White Plains is not considered an underserved community by MUA/HPSA standards.
Figure 1: Medically Underserved Areas in Westchester County, NY
IV. Secondary Data Collection Plan

Westchester County Secondary Data Sources

American Community Survey: The American Community Survey (ACS) replaced the Decennial Census as an ongoing survey of the United States population that is available at different geographic scales (e.g., national, state, county, census tract or census block group). ACS is a continuous survey that addresses issues related to demographics, employment, housing, socioeconomic status, and health insurance. In the current report, data from ACS was used to identify community characteristics and evaluate the percent of families living in poverty and for mapping the percentage of adults with health insurance. For more information on ACS please visit http://www.census.gov/programs-surveys/acs/about.html.

US Census Bureau Small Area Health Insurance Estimates: The U.S. Census Bureau Small Area Health Insurance Estimates (SAHIE) program provides modeled, single-year estimates of insurance coverage at the county-level and by various demographic, economic and geographic characteristics. Data from this program was used to estimate insurance coverage for adults. For more information please visit https://www.census.gov/programs-surveys/sahie/about.html.

New York State Cancer Registry: The New York State Cancer Registry was used to summarize data on new cases of breast cancer, and colorectal cancer. The Cancer Registry receives notice of all cancer diagnoses to NYS residents and classifies the cancers using established definitions. For more information on the New York State Cancer Registry please visit: https://www.health.ny.gov/statistics/cancer/registry/.

NYS Expanded Behavioral Risk Factor Surveillance System (NYS Expanded BRFSS): The NYS Expanded Behavioral Risk Factor Surveillance System (NYS Expanded BRFSS) supplements the CDC BRFSS. Specifically, it provides county-level estimates of various health behaviors and outcomes. Data from the NYS Expanded BRFSS was used to estimate multiple indicators in this report, related to access to a primary care provider, poor mental health, cigarette smoking, obesity, colorectal cancer screening, flu immunization and binge drinking. https://www.health.ny.gov/statistics/brfss/expanded/
New York State Statewide Planning and Research Cooperative Systems (SPARCS): SPARCS is the primary source of data on ED visits and inpatient hospitalizations at New York State hospitals. All inpatient admissions and ED visits at NYS hospitals are sent to SPARCS and compiled into a master database. SPARCS data was used to estimate the rates of preventable hospitalizations, fall-related hospitalizations, assault-related hospitalizations, asthma ED visits, hospitalizations for short-term complications of diabetes, and the opioid burden rate. For more information about SPARCS please visit: http://www.health.ny.gov/statistics/sparcs/.

Student Weight Status Category Reporting System (SWSCRS) data: The Student Weight Status Category Reporting System provides weight status data for children and adolescents at public schools in New York State, excluding NYC at the school district, county, and region-levels and by grade groups. This data was used to estimate child/adolescent obesity. For more information please visit https://www.health.ny.gov/prevention/obesity/statistics_and_impact/student_weight_status_data.htm

New York State Immunization Information System: The New York State Immunization Information System (NYSIIS) provides data on immunizations for all residents <19y at the county-level in the state, excluding NYC. Healthcare providers are required by law to report all immunizations for this population to NYSIIS. This data was used to estimate the immunization status of children between 19-35 months. For more information please visit https://www.health.ny.gov/prevention/immunization/information_system/

NYS HIV Surveillance System: The NYS HIV Surveillance System, run by the AIDS Institute Bureau of HIV/AIDS Epidemiology in the New York State Department of Health, provides data on new HIV/AIDS diagnoses and other factors relating to HIV/AIDS, such as linkage to care. This report uses data on HIV incidence from this source. For more information please visit: https://www.health.ny.gov/diseases/aids/general/about/surveillance.htm.

New York State Sexually Transmitted Disease Surveillance Data: NYS Sexually Transmitted Disease Surveillance Data are provided by the Bureau of STD Prevention and Epidemiology within the NYS Department of Health (DOH). Cases are reported by the 57 local health
departments in NYC to the NYS DOH. This report uses this data to estimate rate of chlamydia in each county. For more information, please visit:

https://www.health.ny.gov/diseases/aids/general/about/surveillance.htm

**New York State Vital Records Data:** The New York State Vital Records is the clearinghouse for data on births and deaths for all of New York State. For the current report, vital records data were used to examine the proportion of preterm births, proportion of infants exclusively breastfed in the hospital, the adolescent pregnancy rate, the suicide rate, and the opioid burden rate. For more information on the New York State Vital Records please visit:


**National Vital Statistics Surveillance System:** The National Center for Health Statistics collects and disseminates national vital statistics, including births and deaths from state/local jurisdictions (e.g., state departments of health). This data source was used to estimate the opioid-related mortality rate. For more information on NVSSS please visit

https://www.cdc.gov/nchs/nvss/index.htm

**Data Tools**

**Global Burden of Disease:** The Global Burden of Disease (GBD) project from the Institute of Health Metrics and Evaluation at the University of Washington uses a comprehensive risk-assessment framework to summarize the collective impact of risk factors and health outcomes on adverse health. Specifically, GBD combines many datasets to estimate disability adjusted life years (DALYs) associated numerous outcomes and risk factors. DALYs are a summary measure of population health that combines information on fatal health events and non-fatal health states. This is an important advantage over vital statistics which do not capture the important health impact of non-fatal health states (e.g., back pain, moderate depression, or alcohol use). GBD also allows for the estimation of DALYs attributed to specific risk factors, including body mass index, smoking, dietary risks, occupational risks, air pollution, etc. Data from the GBD is available at the global, national and state-level; local-estimates are not available. Despite this limitation this information can be used to understand the most important areas of intervention
to improve population health. Data are available at: https://vizhub.healthdata.org/gbd-compare/

**New York State Prevention Agenda Dashboard:** An additional resource for data was the New York State Prevention Agenda Dashboard, which was produced by the New York State Department of Health and systematically aggregates data for the entire state and for each county for dozens of health indicators that align with the New York State Prevention Agenda. Like the Community Health Profiles, the Prevention Agenda Dashboard is not a single database, but rather a compilation of diverse databases. For more information please see: http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

**Figure 2.** Leading causes of disability adjusted life years in New York State, 2017

Data source: 2017 Global Burden of Disease Project.
The leading causes of ill health in New York State as measured by disability adjusted life years are ischemic heart disease (8.8%), drug use disorders (4.7%), low back pain (4.5%), chronic obstructive pulmonary disease (4.4%) and diabetes mellitus.

The saturation of the graph shows the proportionate change in DALYs from 1990 to 2017. Among leading causes of disability, the largest increases were observed for liver cancer (+2.5%), drug use disorders (+2.2%) and osteoarthritis (+1.8%). Major declines were observed for HIV/AIDS (-7.4%) and tuberculosis (-5.9%).
Figure 3. Distribution of disability adjusted life years by risk factor in New York State, 2017.

Data source: 2017 Global Burden of Disease Project.

In New York State, the finest level of geographic data from the Global Burden of Disease project, elevated body mass index (BMI) is responsible for the highest proportion of disability adjusted life years (a summary measure combining fatal and non-fatal health status). Elevated BMI is responsible for excess ill health via its association with cardiovascular disease, diabetes, and some cancers.

Dietary risks are the second leading contributor to ill health, due to associations with cardiovascular disease, diabetes and some cancers. Within dietary risks (data not shown), low whole grains, high sodium, low nuts and seeds and low fruit are the leading causes of ill health.

Tobacco is the third leading causes of ill health, with strong associations with many cancers, cardiovascular disease and chronic respiratory disease. High fasting plasma glucose and high blood pressure are also leading causes of ill health. In New York State, in 2017, drug use is the sixth leading cause of disability.
A smaller proportion of individuals live in poverty in Westchester County compared with New York State overall (8.3 vs. 14.1%, respectively).

Those who are black and Hispanic are more likely to be living in poverty in Westchester County than those who are white.
Despite an increase over the past decade, the percent of adults with health insurance in both Westchester County (90.6%) and New York State (91.4%) are below the Prevention Agenda Target of complete coverage (100%).

While most white (92.9%) and black (88.5%) adults have health insurance, less than three-quarters (72.9%) of Hispanic adults do.
In Westchester County, the percentage of adults with a regular healthcare provider declined from 85.3% in 2008/2009 to 79.2% in 2016.

In comparison to its peer counties, Westchester has the lowest percentage of adults with a regular health care provider (79.2%).
The age-adjusted preventable hospitalization rate for adults has declined in both Westchester County and New York State and remains lower in Westchester County.

The age-adjusted preventable hospitalization rate is much higher for non-Hispanic black adults (193.5 per 10,000) than non-Hispanic white and Hispanic adults (67.4 per 10,000 and 56.0 per 10,000, respectively).
In Westchester County and New York State overall, the fall hospitalization rate for those ≥65y is declining and is below the Prevention Agenda Target.

In comparison to peer counties, Westchester County has a similar rate of fall hospitalizations for those ≥65y to Rockland and Dutchess counties.
Figure 9: Assault-related hospitalizations per 10,000

- The assaulted-related hospitalization rate is over 1.5 times lower in Westchester County (2.4 per 10,000) than in New York State overall (3.9 per 10,000).
- The assault-related hospitalization rate is significantly higher for non-Hispanic black residents (5.6 per 10,000) than non-Hispanic white (0.7 per 10,000) and Hispanic (1.2 per 10,000) residents.
Figure 10: Adult obesity (BMI≥30), %

- Nearly one-fifth (18.2%) of adults in Westchester County are obese, which is below the Prevention Agenda 2018 Target and in New York State overall.
- Westchester County has the smallest proportion of obese adults compared to its peer counties.

* Based on comparison of following measures: % of population <20y, % of population ≥65y, % Hispanic, % non-Hispanic black, % non-Hispanic white, median household income, rental burden, % driving to work, % college degree, % born outside of the US, % owner-occupied housing and population density. Nassau County was the most similar to Westchester County, the other 4 most similar counties are also provided in order of similarity.

A smaller proportion (13.6%) of children/adolescents are obese in Westchester county than in New York State overall (17.3%) and peer counties.

- Peekskill, Tarrytown, Elmsford and Port Chester-Rye school districts have the highest prevalence of child/adolescent obesity in Westchester County.
Between 2013/2014 and 2016, the proportion of adults that smoke cigarettes in Westchester County declined from 11.7% to 8.4%, remaining lower than in New York State overall.

The prevalence of adult cigarette smoking is second lowest in Westchester County, just after Rockland County, compared to peer counties.
As of 2014, the asthma ED visit rate was lower in Westchester County than in New York State overall (63.7 vs. 86.2 per 10,000) and was below the Prevention Agenda Target.

However, Westchester County had the second highest Asthma ED visit rate when compared to its peer counties in 2016.
Between 2008/2010 and 2012/2014, the adult hospitalization rate for short-term complications of diabetes increased slightly from 3.7 to 4.4 per 10,000 in Westchester County, although it remained lower than in New York State overall and the Prevention Agenda 2018 Target.

In 2016, Westchester County had a similar adult hospitalization rate for short-term complications of diabetes when compared to 5 peer counties.
Figure 15: Adults receiving colorectal cancer screening (age 50-75y), %

- A larger proportion of adults (ages 50-75y) received a colorectal cancer screening in Westchester County than New York State overall in 2016 (71.3% vs. 68.0%), although both remain below the Prevention Agenda 2018 Target.
- Westchester County has the largest proportion of adults (ages 50-75y) receiving a colorectal cancer screening compared to its peer counties.

Data source: New York State Prevention Agenda Dashboard.
2008-2009 New York State data not available.
In Westchester County, the incidence of age-adjusted colorectal cancer has declined over the past few decades and remains slightly below the incidence rate for New York State overall.

In Westchester County, the colorectal cancer incidence rate for Hispanic residents (30.3 per 100,000) is lower than that for non-Hispanic black residents (38.5 per 100,000) and non-Hispanic white (37.3 per 100,000) residents.
The age-adjusted female breast cancer incidence rate has increased in Westchester County over the past few decades and remains above the rate for New York State overall.

The age-adjusted female breast cancer incidence rate is highest for non-Hispanic white residents (157.4 per 100,000 women), compared with non-Hispanic black residents (127.6 per 100,000) and Hispanic residents (101.5 per 100,000).
Figure 18: Children (ages 19-35 mos) with 4:3:1:3:3:1:4 immunization series, %

- Despite an upward trend over the past decade, a smaller proportion of children, ages 19-35 months, have received their full immunizations in Westchester County than in New York State overall (60.7% vs. 72.3% respectively).
- A larger proportion of children ages 19 to 35 months receive their full immunizations in Westchester County than in peer counties.

Data source: New York State Prevention Agenda Dashboard
Richmond county data not available
In Westchester County, the proportion of adults ages ≥65y who received their flu immunization declined from 77.8% in 2008/2009 to 64.2% in 2016, although it remains higher than in New York State overall (59.5%).

Compared to peer counties, Westchester County tends to have a higher proportion of adults ≥65y who received their flu immunization in 2016.
The HIV incidence rate is lower in Westchester County (10.4 per 100,000) than in New York State overall (16.0 per 100,000) and is below the Prevention Agenda Target (16.1 per 100,000), although it remains second highest among peer counties, only second to Richmond County.

The incidence of HIV for the non-Hispanic black population and the Hispanic population were about 8.6 and 4.8 times higher than the incidence rate for the non-Hispanic white population, respectively.
Figure 21: Chlamydia rate per 100,000 women (ages 15-44y)

- The chlamydia rate amongst women, ages 15-44y, is lower in Westchester county (1,364.9 per 100,000) than in New York State overall (1,620.7 per 100,000), although it has increased for both over the past decade.
- The chlamydia rate for women ages 15-44y is highest in Westchester County when compared to its peer counties.

*Based on comparison of following measures: % of population <20y, % of population ≥65y, % Hispanic, % non-Hispanic black, % non-Hispanic white, median household income, rental burden, % driving to work, % ≥college degree, % born outside of the US, % owner-occupied housing and population density. Nassau County was the most similar to Westchester County, the other 4 most similar counties are also provided in order of similarity.

Data source: New York State Prevention Agenda Dashboard
The percent of births that are preterm is higher in Westchester County (12.1%) than in New York State overall (10.3%), the Prevention Agenda 2018 Target (10.2%) and its peer counties.

The percent of births that are preterm is higher amongst the non-Hispanic black population (15.7%) than the non-Hispanic white (11.5%) and Hispanic populations (12.0%).
Figure 23: Infants exclusively breastfed in the hospital, %

- In Westchester County, the proportion of infants exclusively breastfed in the hospital (45.3%) has slightly decreased over the last decade, although it remains the second highest when compared to five peer counties.
- The proportion of infants that are exclusively breastfed in the hospital is highest for non-Hispanic white populations (58.6%), followed by Hispanic (42.0%) and non-Hispanic black populations (35.4%).

* Based on comparison of following measures: % of population <20y, % of population ≥65y, % Hispanic, % non-Hispanic black, % non-Hispanic white, median household income, rental burden, % driving to work, % college degree, % born outside of the US, % owner-occupied housing and population density. Nassau County was the most similar to Westchester County, the other 4 most similar counties are also provided in order of similarity.

Data source: New York State Prevention Agenda Dashboard
Map is at the Minor Civil Division level and reflect data from 2013-2016
Figure 24: Adolescent pregnancy rate per 1,000 females (aged 15-17y)

- In Westchester County between 2008 and 2016, the adolescent pregnancy rate declined from 19.5 to 7.1 pregnancies per 1,000 female adolescents and remains lower than in New York State overall.
- The adolescent pregnancy rate is significantly higher for non-Hispanic black (18.5 per 1,000) and Hispanic (16.4 per 1,000) adolescents than non-Hispanic white adolescents (1.2 per 1,000).
• A smaller proportion of adults report having poor mental health for at least half of the past month in Westchester County (9.1%) than in New York State overall (10.7%), remaining below the Prevention Agenda 2018 Target.

• Westchester County has the third lowest proportion of adults reporting having poor mental health for at least half of the past month when compared to its five peer counties.
Between 2013/2014 and 2016, the percent of adults binge drinking in the past month increased from 18.4% to 20.7% in Westchester County, remaining higher than in New York State overall.

Westchester County has the largest percentage of adults reporting binge drinking in the past month compared to its peer counties.
The age-adjusted suicide death rate remained relatively stable between 2008/2012 and 2014/2016 in Westchester County (6.3 vs. 6.1), slightly above the Prevention Agenda 2018 Target of 5.9 per 100,000.

Westchester County is tied for the second lowest age-adjusted suicide death rate when compared to 5 peer counties.

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**Data source:** New York State Prevention Agenda Dashboard
Figure 28: Age-adjusted opioid mortality rate per 100,000 people

- The opioid mortality rate tripled in Westchester County over the past decade, although it is lower than in 3 of 5 of its peer counties.
- Those who are non-Hispanic white are over twice as likely to die from opioids as non-Hispanic black and Hispanic populations.
### Table 1. Top 20 inpatient discharges at White Plains Hospital, 2018

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Label</th>
<th>Discharges</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z38</td>
<td>Liveborn infants according to place of birth and type of delivery</td>
<td>1,848</td>
<td>9.0%</td>
</tr>
<tr>
<td>A41</td>
<td>Other sepsis</td>
<td>1,478</td>
<td>7.2%</td>
</tr>
<tr>
<td>R07</td>
<td>Pain in throat and chest</td>
<td>477</td>
<td>2.3%</td>
</tr>
<tr>
<td>L03</td>
<td>Cellulitis and acute lymphangitis</td>
<td>392</td>
<td>1.9%</td>
</tr>
<tr>
<td>J18</td>
<td>Pneumonia, unspecified organism</td>
<td>374</td>
<td>1.8%</td>
</tr>
<tr>
<td>N17</td>
<td>Acute kidney failure</td>
<td>356</td>
<td>1.7%</td>
</tr>
<tr>
<td>I48</td>
<td>Atrial fibrillation and flutter</td>
<td>308</td>
<td>1.5%</td>
</tr>
<tr>
<td>N39</td>
<td>Other disorders of urinary system</td>
<td>307</td>
<td>1.5%</td>
</tr>
<tr>
<td>O48</td>
<td>Late pregnancy</td>
<td>299</td>
<td>1.5%</td>
</tr>
<tr>
<td>K80</td>
<td>Cholelithiasis</td>
<td>275</td>
<td>1.3%</td>
</tr>
<tr>
<td>O34</td>
<td>Maternal care for abnormality of pelvic organs</td>
<td>269</td>
<td>1.3%</td>
</tr>
<tr>
<td>I21</td>
<td>Acute myocardial infarction</td>
<td>259</td>
<td>1.3%</td>
</tr>
<tr>
<td>E11</td>
<td>Type 2 diabetes mellitus</td>
<td>253</td>
<td>1.2%</td>
</tr>
<tr>
<td>K57</td>
<td>Diverticular disease of intestine</td>
<td>253</td>
<td>1.2%</td>
</tr>
<tr>
<td>I13</td>
<td>Hypertensive heart and chronic kidney disease</td>
<td>251</td>
<td>1.2%</td>
</tr>
<tr>
<td>S72</td>
<td>Fracture of femur</td>
<td>243</td>
<td>1.2%</td>
</tr>
<tr>
<td>I63</td>
<td>Cerebral infarction</td>
<td>240</td>
<td>1.2%</td>
</tr>
<tr>
<td>M17</td>
<td>Osteoarthritis of knee</td>
<td>236</td>
<td>1.1%</td>
</tr>
<tr>
<td>I11</td>
<td>Hypertensive heart disease</td>
<td>233</td>
<td>1.1%</td>
</tr>
<tr>
<td>J96</td>
<td>Respiratory failure, not elsewhere classified</td>
<td>217</td>
<td>1.1%</td>
</tr>
<tr>
<td>-</td>
<td>Other diagnoses</td>
<td>11972</td>
<td>58.3%</td>
</tr>
</tbody>
</table>

Data source: Internal Montefiore Health System data, 2018
Table 2. Top 20 reasons for treat-and-release ED visits at White Plains Hospital, 2018

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Label</th>
<th>Visits</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>R10</td>
<td>Abdominal and pelvic pain</td>
<td>2,504</td>
<td>5.1%</td>
</tr>
<tr>
<td>R07</td>
<td>Pain in throat and chest</td>
<td>2,104</td>
<td>4.3%</td>
</tr>
<tr>
<td>M54</td>
<td>Dorsalgia</td>
<td>1,383</td>
<td>2.8%</td>
</tr>
<tr>
<td>S01</td>
<td>Open wound of head</td>
<td>1,271</td>
<td>2.6%</td>
</tr>
<tr>
<td>N39</td>
<td>Other disorders of urinary system</td>
<td>1,052</td>
<td>2.1%</td>
</tr>
<tr>
<td>S61</td>
<td>Open wound of wrist, hand and fingers</td>
<td>989</td>
<td>2.0%</td>
</tr>
<tr>
<td>F10</td>
<td>Alcohol related disorders</td>
<td>955</td>
<td>1.9%</td>
</tr>
<tr>
<td>M25</td>
<td>Other joint disorder, not elsewhere classified</td>
<td>952</td>
<td>1.9%</td>
</tr>
<tr>
<td>R51</td>
<td>Headache</td>
<td>887</td>
<td>1.8%</td>
</tr>
<tr>
<td>R55</td>
<td>Syncope and collapse</td>
<td>813</td>
<td>1.6%</td>
</tr>
<tr>
<td>M79</td>
<td>Other and unspecified soft tissue disorders, not elsewhere classified</td>
<td>808</td>
<td>1.6%</td>
</tr>
<tr>
<td>S09</td>
<td>Other and unspecified injuries of head</td>
<td>804</td>
<td>1.6%</td>
</tr>
<tr>
<td>B34</td>
<td>Viral infection of unspecified site</td>
<td>798</td>
<td>1.6%</td>
</tr>
<tr>
<td>R42</td>
<td>Dizziness and giddiness</td>
<td>708</td>
<td>1.4%</td>
</tr>
<tr>
<td>J06</td>
<td>Acute upper respiratory infections of multiple and unspecified sites</td>
<td>689</td>
<td>1.4%</td>
</tr>
<tr>
<td>R11</td>
<td>Nausea and vomiting</td>
<td>675</td>
<td>1.4%</td>
</tr>
<tr>
<td>S00</td>
<td>Superficial injury of head</td>
<td>567</td>
<td>1.1%</td>
</tr>
<tr>
<td>R00</td>
<td>Abnormalities of heart beat</td>
<td>554</td>
<td>1.1%</td>
</tr>
<tr>
<td>Z53</td>
<td>Persons encountering health services for specific procedures and treatment, not carried out</td>
<td>536</td>
<td>1.1%</td>
</tr>
<tr>
<td>K52</td>
<td>Other and unspecified noninfective gastroenteritis and colitis</td>
<td>526</td>
<td>1.1%</td>
</tr>
<tr>
<td>-</td>
<td>Other diagnoses</td>
<td>29,769</td>
<td>60.3%</td>
</tr>
</tbody>
</table>

Data source: Internal Montefiore Health System data, 2018
V. Primary Data Collection Plan

The Westchester County Department of Health engaged hospital systems across Westchester in a primary data collection survey process. The collective goal was to coordinate the promotion, participation, referrals and engagement in electronic survey distribution process and to review the data collected to be used collaboratively as a portion of the primary data for the 2019-2021 Community Health Assessment Process. An online survey was collaboratively developed and made available across the Westchester County, distributed by the Westchester County Department of Health, the Westchester County Executive’s Office through www.westchestergov.com and the local Delivery System Reform Incentive Payment Program (DSRIP) Performing Provider System (PPS) providers over the winter and spring of 2019. During this process, Westchester County compiled feedback from over 3,500 responders and identified the community concerns by municipality to support CHNA and CSP efforts of hospitals for inclusion into their Implementation Plans.

VI. Public Participation

White Plains Hospital serves the community of the greater White Plains area and is pleased to regularly partner with local organizations. White Plains Hospital’s staff (including doctors, nurses, and other personnel), volunteers, and board members all regularly contribute to and participate in community events. White Plains Hospital has many community partners, including but not limited to:

- Community-based organizations
- Elected Officials & municipal organizations
- Corporations, employers and local businesses
• Faith-based organizations
• Local health department
• Healthcare partners
• Schools and other academic institutions
VII. Assessment of Priorities

A. Criteria for Assessment of Priorities

In keeping with the Commissioner of Health’s mission, White Plains Hospital works in partnership with our community, assessing our present initiatives, strategic plans and prevention agenda priorities. Community health needs were identified through an ongoing dialogue with patients, community members, elected officials, organizations, area business leaders and our local Department of Health. The Westchester County Department of Health (WCDOH) has brought together a variety of health care facilities to collaborate on the priority agenda items as well as the Community Health Assessment (CHA). The CHA was a joint effort by the WCDOH and numerous hospitals and health care agencies, who worked to develop a survey that each institution then distributed to their patients and surrounding communities. This consortium also hosted a Community Health Summit, to collect anecdotal feedback on the community’s needs.

B. White Plains Hospital Selected Prevention Agenda Priorities

In winter and spring of 2019, White Plains Hospital completed a Community Health Needs Assessment (CHNA) in partnership with the Westchester County Department of Health and other Westchester County Health care providers which included web and paper based surveys, which were distributed to the community and local community based organizations. Regional representatives from area hospitals in Westchester met to plan and discuss the strategies and results for the CHNA on the following dates at the Westchester County DOH Office:

<table>
<thead>
<tr>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 18, 2019</td>
<td>May 10, 2019</td>
</tr>
<tr>
<td>February 22, 2019</td>
<td>July 22, 2019</td>
</tr>
<tr>
<td>April 5, 2019 (Health Summit)</td>
<td>September 20, 2019</td>
</tr>
</tbody>
</table>
Through the combined efforts of these organizations, 3,524 surveys were completed. Participants were asked to identify the three health priorities for the community, which included options such as smoking, obesity, diabetes, mental health and access to primary care. In addition, participants were asked to identify the potential strategies that would, in their opinion, have the greatest impact on improving population health. Participants were also asked to rank their own personal health priorities. The leading community health priorities identified included: mental health, chronic disease screening & care and food & nutrition (see Figure 29). The leading personal health priorities were food & nutrition, physical activity and environments that promote wellbeing and active lifestyles. (see Figure 30). The leading strategies to improve health identified include: affordable housing, mental health services and exercise/weight loss programs (see Figure 31).

Figure 29. Community health priorities as identified by the Westchester County Community Survey, 2019

Data source: Westchester County Community Survey, 2019
Figure 30. Personal health priorities as identified by the Westchester County Community Survey, 2019

Data source: Westchester County Community Survey, 2019
Figure 31. Strategies to improve health among Westchester County residents from the Westchester County Community Survey, 2019

Data source: Westchester County Community Survey, 2019

Key Findings from Analysis

Despite each of these different methods and approaches to primary data collection in gathering community input, there was a consistent focus on mental health, food and nutrition and child and adolescent health. These finding led to the selection of the Hospital’s prevention agenda priority areas.

For the 2019-2021 Community Service Plan, White Plains Hospital selected the following prevention agenda priority items: Promote Well-Being and Prevent Mental and Substance Use Disorders and Promote Healthy Women, Infants and Children.

Within these priority areas, a commitment has been made to focus on the following two focus areas:
• Mental and Substance Use Disorders Prevention
• Perinatal & Infant Health

The White Plains Hospital Community Service Plan (CSP) priority are selections were approved by the Board of Directors on December 9, 2019. The Community Service Plan was uploaded to the White Plains Hospital website on December 13, 2019.

C. Status of Priorities

The selected priorities are fully compatible with White Plains Hospital’s community health initiatives. They are supported by existing programs and staff, as well as the addition of new and modified programs. Activities in support of the priorities are carried out with the input and support of our community partners. In order to carry out the priority agenda items, White Plains Hospital focuses on several constituencies, patients, and the local community.

1. Prevention Agenda Item: Promote Well-Being and Prevent Mental and Substance Use Disorders

In support of the Westchester County DOH, White Plains Hospital is committed to impacting the opioid epidemic present in our community and nation. In order to impact this goal, the Hospital is planning on instituting evidence based interventions that will (1) increase the availability of/access to overdose reversal (naloxone) trainings for prescribers, pharmacists and community members and (2) promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.

(1) Naloxone is an opioid antagonist that can quickly and safely reverse the potentially fatal effects of an opioid overdose. Evidence-based strategies have shown that targeted distribution programs help to train and equip individuals who are most likely to encounter or witness an overdose. Effective approaches include equipping first responders, educating the community as well as community distribution programs. The success of these initiatives will be measured by the number of executed sessions and number of attendees/participants.
Despite the high prevalence of mental health and substance use problems, many community members go without treatment, partly due to the lack of a proper diagnosis. The implementation of an evidence-based screening tool has shown to be effective in diagnosing at-risk individuals. The Hospital plans to implement CAGE-AID to screen patients. Outcomes will be tracked in the Hospital’s EMR system by quantifying the number of prescribers that utilize the screening tool.

The Hospital plans to educate clinicians through a variety of methods:

- Offer educational resources through practice outreach and committee participation
- Data transparency with clinicians about their prescribing practices; continual chart review, counseling and action taken as needed

In order to effectively support the Hospital’s clinicians, resources will be offered to clinicians on opioid related topics, such as proper prescribing protocols, alternative pain management options, and resources for the community. A minimum of quarterly chart reviews will be conducting in the ambulatory setting to monitor high prescriber activity. If any are identified, the Hospital will enforce counseling and continued education from medical leadership.

In order to better execute the above tactics, the Hospital plans to work with the Westchester County Department of Health’s Department of Community & Mental Health to host naloxone training sessions, provide resources to clinicians and community members, provide speakers for training sessions and direct community members to appropriate services.

One of the challenges faced by White Plains Hospital is the lack of our own behavioral health services. While behavioral health specialists are staffed throughout the Hospital, there is not an inpatient unit dedicated to treatment. Outpatient services are facilitated through St. Vincent’s Hospital Westchester.

2. **Prevention Agenda Item: Promote Healthy Women, Infants and Children**

The second prevention agenda item aligns with our previous goals, continuing efforts from the 2016 Community Service Plan. White Plains Hospital and the Hospital’s Maternal Child Health
Division understand the importance of supporting breastfeeding for the health of infants and their mothers. Hospitals are in a unique position to support breastfeeding immediately, from the first moments following birth. Breastfeeding, especially exclusive breastfeeding, is shown to reduce the risk of asthma, obesity, respiratory issues and other chronic conditions in children. For mothers, breastfeeding has been shown to reduce the risk of breast cancer, ovarian cancer, type 2 diabetes, heart disease and a multitude of other conditions. Promoting the health of the mother leads to better outcomes for a healthy newborn. The program targets all women of child-bearing age, and their infants, who live in White Plains, NY and the surrounding areas in Westchester.

White Plains Hospital’s journey to become a “Baby Friendly Hospital” translates with our goal to go beyond the hospital walls and increase breastfeeding exclusivity, understanding that breastfeeding is a choice made prior to delivery. Based on 2010 NYSDOH data, only 43% of NYS infants were exclusively breastfed while in the hospital. Strategies from the previous Community Service plan cycle that have been implemented to increase these numbers are as follows:

- Expansion of the Hospital’s Lactation team to provide 7 day/week coverage
- Lactation RN’s are IBCLC (International Board Certified Lactation Consultants)
- All staff RNs on Maternity are CLC (Certified Lactation Counselors)
- WPH no longer accepts free formula; all formula purchased (including special needs formulas for NICU)
- No free gifts to families with any formula advertising
- Implementation of the Pre Admission Nurse to meet all women prior to delivery for prenatal education and teaching; Maternity Nurse Navigator added
- Lactation Clinic and Hot Line offered by Lactation Consultants
- Skin-to-Skin contact >95% for eligible babies in Labor and Delivery
- No mandatory infant separation from Mother; Rooming In preferred
- Implementation of Human Donor Milk
- Community education by Maternity RNs and Lactation Nurses
• Hosted a Certified Breastfeeding counselor course, attended by NICU and L&D nurses (approximately 50% of RNs are certified)
• Started long term breastfeeding support group; eliminated “cut off” date for attending mothers - mothers whose babies are now 6 months or older are still able to attend
• Baby Talk educational event for expectant families. Experts in Obstetrics, Anesthesia, Neonatology, Pediatrics and other specializations encouraged families to ask questions and receive information from WPH providers on the perinatal experience.

In order to enhance our patients’ breastfeeding experience, White Plains Hospital offers a Breastfeeding Basics class facilitated by an International Board Certified Lactation Consultant (IBCLC). The two hour class is offered one time per month and discusses the following:

• The benefits of breastfeeding
• Positioning techniques
• Establishing a good milk supply
• Signs of adequate infant intake
• Pumping and going back to work
• Collection and storage of breast milk

In addition to our efforts to increase breastfeeding exclusivity at discharge, we look to involve our community, by working with our community partners, specifically the Thomas H Slater Center. Their goal is to improve the quality of life, and maximize the potential of the people they serve, by providing them with the tools, resources, services and programs for success. For the past 40 years, they have supported youth and adults, including the formerly incarcerated, the unemployed and underemployed. The Center serves the 450 families who reside in the Winbrook Public Housing, and the City of White Plains. White Plains Hospital participates in the Slater Center’s Community Baby Shower and will continue to do so in the future. In the past, the Hospital’s Lactation Team has attended to provide education and information on the benefits of breastfeeding.
At this time, we are able to report the following Breastfeeding statistics for all babies born at White Plains Hospital (including those who were in the NICU):

2018

Skin to skin contact: 97%

Exclusive breastmilk feeding: 70.7%

Formula Supplementation: 18%

A number of factors influence a woman’s decision to breastfeed. Some are unique to those in certain racial, ethnic or socioeconomic groups. Women from low income minorities frequently lack access to supportive information, lactation consultants and encouraging social contacts. Lifestyle choices, such as alcohol and tobacco use, as well as poor diet, can impact both the advisability and the effectiveness of breastfeeding attempts. Work environments that fail to encourage privacy by providing dedicated spaces for new mothers can also derail a woman’s attempt to achieve breastfeeding goals. These factors can mitigate the infant’s access to the physical and emotional health benefits that come from breastfeeding. Another barrier presents when a mother is unable to produce enough breast milk to meet the feeding needs of their child.

**VIII. Provision of Charity Care / Access to Services**

At White Plains Hospital, it is our mission to provide high-quality care. As part of this mission, we understand the importance of making our care accessible to all members of our community. White Plains Hospital is a voluntary not-for-profit organization with the mission of caring for patients 24 hours a day, seven days a week, 365 days a year, regardless of their ability to pay.

If a patient does not have health insurance or worries that he or she may not be able to pay in full for care, White Plains Hospital offers help. The Hospital provides financial assistance to patients based on their income, family size and needs. In addition, White Plains Hospital may be able to help patients get free or low-cost health insurance, or work with them to arrange a manageable payment plan.
We offer the following program aimed at providing services to the most at-risk members of the community:

Family Health Center - The Family Health Center at White Plains Hospital provides both adult and pediatric primary and specialty care services. These include internal medicine, pediatrics, seizure/epilepsy, muscular dystrophy, and podiatry. Medicare, Medicaid, Affinity, and Hudson Health Plan are accepted. For those without insurance, a sliding-scale payment system is available.

IX. Dissemination of Report to Public

White Plains Hospital’s Community Service Plan and annual updates to the Plan will be posted on the Hospital’s website, www.wphospital.org, under the “Community Health and Wellness” section www.wphospital.org/about/our-organization/community-health-wellness/community-service-plan. A printed copy is available in the lobby of the main campus; additional printed copies can be mailed upon request.

X. About White Plains Hospital

White Plains Hospital is a proud member of the Montefiore Health System, serving as its tertiary hub of advanced care in the Hudson Valley. The Hospital is a 292-bed not-for-profit health care organization with the primary mission of providing exceptional acute and preventive medical care to all people who live in, work in or visit Westchester County and its surrounding areas. Centers of Excellence include the Center for Cancer Care, The William & Sylvia Silberstein Neonatal & Maternity Center and The Ruth and Jerome A. Siegel Stroke Center. The Hospital’s Flanzer Emergency Department is the busiest in Westchester County, with more than 60,000 patient visits a year. White Plains Hospital performs lifesaving emergency and elective angioplasty in its Joan and Alan Herfort, MD, Cardiac Catheterization Laboratory and Marie Promuto Cardiac Catheterization Laboratory. White Plains Hospital has outpatient medical facilities across Westchester, including multispecialty practices in Armonk and New Rochelle; and Scarsdale Medical Group locations in Harrison and Scarsdale. The
Hospital is fully accredited by the Joint Commission and earned its recognition as a Top Performer for Key Quality Measures® in 2015 and 2013. The Hospital received Magnet® designation in 2012 and 2016 from the American Nurses Credentialing Center (ANCC). In 2014, 2016 and 2018, and 2019, White Plains Hospital received the Outstanding Patient Experience Award from Healthgrades®. For additional information, visit wphospital.org.