



Southeast Queens in
Support of Health
Services (SQUISH)

Talking Points: Or, What Community Residents, Elected Officials and Health Care Providers Should Know About the State Department of Health White Paper & Health Needs in Southeast Queens

The recent grant announcement by the State Department of Health (DOH) is greatly appreciated, especially in these difficult financial times. However, it is clear that the scope of the grant will not offset the loss of services caused by the recent closing of three hospitals nor address the larger issue of the massive shortage of healthcare services in Southeast Queens. In particular, the DOH's projections about the number of additional inpatient beds and emergency department bays that will be needed by 2015 are based upon unproven assumptions about how rapidly primary and preventative care can be developed in the area. Therefore, **as decisions are made about grant applications, DOH should take into consideration both the short- and long-term health needs of the community.**

THE FACTS

- The DOH "White Paper" accompanying the grant announcement says that there are 75 primary care clinics in Queens. This number is misleading. **Of the 75 clinics listed, only 40 could be confirmed as primary care clinics available to members of the community at large.** Several of the clinics are for special populations only (e.g. children, women). Of the 40 primary care clinics, 22 are located in Southern Queens, with 4 of the clinics located in the Rockaways/Howard Beach.
- **Southeast Queens has the lowest ratio of doctors to population in the borough.** There are 48 full-time equivalent (FTE) primary care doctors per 100,000 population in Southeast Queens compared to 132 FTE's per 100,000 in the Flushing/Clearview area.
- Southeast Queens is surrounded by water to the south and the LIRR to the north, **isolating it geographically from major health facilities and prohibiting the ill from timely access to services**, especially in crises or emergency situations – not to mention the numerous residents in Downtown and South Jamaica who depend on public transportation.
- The hospital data supplied in the White Paper and in the data charts do not include information for 2009. The hospitals in Queens were more crowded in 2009 because of the Novel H1N1 epidemic - which it is said will be back again this year. **A true picture of the shortages would include the 2009 data.**

- Most of the hospital emergency rooms in Queens are seeing increasing numbers of patients, and more of the ER patients are being admitted to a hospital bed, meaning they are probably very sick when they get to the hospital. **Patients are being boarded in ED or being admitted to nursing units in hallways and other overflow make-shift accommodations due to the lack of beds.**
- The case mix (acuity level) for Queens hospitals is high and has been going up. This probably means that people **have to be sicker to be hospitalized in Queens** than in other parts of the city.

THE ASKS

1. **Southeast Queens needs more inpatient beds.** Even if the number of avoidable hospitalizations is reduced, as recommended by the DOH, Southeast Queens will be under-bedded, and it is simply unrealistic and unreasonable to expect that residents can travel to northern Queens for hospital care.
2. **Primary care resources need to be focused in Southeast Queens.** There are simply not enough primary care doctors and services in the area to serve the need.
3. **Southeast Queens needs more urgent care.** These could be provided in the context of a community-based clinic with extended hours.

ABOUT SQUISH

The mission of the SQUISH is to strengthen existing healthcare services in the community by raising community awareness about issues that affect the delivery of services and advocating against the reduction and removal of critical health services in Southeast Queens. SQUISH is comprised of residents and community-based organizations from Southeast Queens as well as legal services and advocacy allies from around the city.