

## Grant Outcomes Report

### Expanding Primary Care Access in Long Island City

#### The Problem:

The Long Island City section of Queens stands out as a community with special needs. The U.S. Department of Health and Human Services designated it as a Medically Underserved Area and a Health Professional Shortage Area. Many Long Island City residents are at great risk for chronic diseases: 27% are Hispanic, 13% are Asian/Pacific Islander, and 10% are black. The neighborhood is home to a large immigrant population, with 51% born outside of the United States, and a substantial number of elderly residents. In 2003, 20% of Long Island City residents lived below the poverty line and 26% qualified for Medicaid.

A large concentration of Long Island City residents live in two low-income public housing developments: Queensbridge Houses and Ravenswood Houses. Queensbridge Houses is the largest public housing project in the United States, with 96 buildings, 3,142 units, and 7,000 residents. Ravenswood Houses has 31 buildings, 2,167 units, and 4,500 residents. The Floating Hospital (TFH) is currently the largest federally qualified health center (FQHC) serving this population and the main primary care access point for residents, as the three closest hospitals are all located outside the Long Island City area.

#### Grant Activities and Outcomes:

In 2006, TFH opened a 5,000-square-foot, freestanding medical clinic in Long Island City, targeted to serve homeless families from all five New York boroughs. With a January 2009 NYSHealth grant, TFH worked to expand the population it served. The funds allowed TFH to add another 6,000 square feet of clinic space and to provide medical, mental health, and dental care to Long Island City residents, with a focus on those living in Queensbridge and Ravenswood Houses. This expansion plan would generate 9,207 patient visits, with 38% of the visits from the Long Island City community and

#### KEY INFORMATION:

**GRANTEE**

The Floating Hospital Foundation, Inc.

**GRANT TITLE**

Expanding Primary Care Access  
in Long Island City

**DATES**

January 1, 2009-June 30, 2010

**GRANT AMOUNT**

\$213,950

**FUNDING**

Special Opportunities Grant:  
Capacity Building

62% specifically from public housing residents. TFH would become financially sustainable within 18 months via reimbursement from Medicaid, managed care, and patient fees.

TFH used Foundation funds to underwrite six months of new clinical and outreach staff to build a patient base of local residents. It also undertook several efforts to recruit patients, including establishing a daily schedule of free van transportation; advertising its services at the housing developments; and making presentations at health fairs, community events, and tenant meetings. Approximately 1,940 public housing residents attended these events.

Initially, TFH faced challenges with getting patients to come to the clinic. For example, although traditionally a Medicaid fee-for-service provider for homeless families, TFH accepted only one Medicaid managed care health insurance plan. TFH found that many community residents were unwilling to change their health insurance provider. To expand its list of Medicaid managed care providers and contracts, it hired an experienced medical billing manager, who successfully negotiated contracts with 16 health insurance providers (both public and private) and also secured Federal approval to accept Medicare payments. It also worked with small businesses in the area, such as a car service company, a home health agency, and a summer camp, to provide preventive services, such as annual and summer physical exams.

One month after the project started, TFH was awarded more than \$2 million from the Federal government. The additional funding allowed TFH to increase its capacity to provide primary care services, and funds were used to establish a separate reception area, exam rooms, and a dental suite for community residents.

By the end of the grant period, TFH served 1,495 unique patients and had a total of 4,354 patient visits—slightly more than half of the number originally projected. Approximately 800 of the patients were completely new to the clinic. Some 78 patients came from the public housing developments, while 1,417 patients lived elsewhere in Long Island City.

According to TFH staff, “The serious downturn in the economy appears to have played a considerable role in



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the slower than expected growth of the patient base,” such that low-income residents refrained from seeking health services. Other reported factors include negative stereotypes of clinic-based services, disinclination of residents to use primary care, and a general inability to actively seek out care.

Based on the number of patients being lower than expected, especially among public housing residents, the hospital reduced its staff and reallocated funds in order to recalculate a break-even trajectory. These changes resulted in a break-even status by mid-2011.

## The Future:

As a result of this project, TFH was able to establish relationships with community partners, local government officials, and, most notable, with public housing residents in Long Island City. TFH has a long history of serving the homeless population in New York City and this project allowed it to expand its capacity to serve public housing residents and to understand the needs of this population. TFH learned that changing the negative perceptions of clinic-based care held by public housing residents would require longer periods of time, and that they prefer care as close to home as possible.

The experiences and lessons from this project strengthened TFH's capacity to expand its community presence in Long Island City. With funds from the Harry and Jeanette Weinberg Foundation, TFH acquired and will renovate a 1,600-square-foot on-site satellite clinic at the Queensbridge Houses.

In December 2010, NYSHealth provided another grant to pay for initial staffing costs for clinical and outreach staff at the Queensbridge Houses satellite clinic, with the understanding that these staff would be fully financed by reimbursement revenues after TFH established a patient base. It plans to provide primary care and mental health services to at least 1,100 unique patients during its first year.

## BACKGROUND INFORMATION:

### ABOUT THE GRANTEE

Established in 1866, the Floating Hospital was New York City's first charitable pediatric clinic and served sick children of poor and low-income New Yorkers. The Floating Hospital provided ship-based health care services while anchored near Wall Street until September 2001, when the attacks on the World Trade Center made it impossible to maintain dock space. It has a long tradition of serving all families in need and providing a health care safety net for the City's most vulnerable women and children. For more than 20 years, the Floating Hospital targeted its primary care services to families living in the City's homeless shelters.

When the Floating Hospital sold its ship after the September 2001 attacks, it undertook an extensive strategic planning process to identify areas for expansion and additional underserved populations.

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