



**Maimonides Medical Center
Community Health Needs Assessment
and
Community Service Plan
2019 - 2021**

**As Adopted and Submitted to the New York State Department of Health
November 13, 2019**

Service Area Covered	Primary and Secondary Service Areas of Maimonides Medical Center
Participating Hospitals	Maimonides Medical Center
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Foreword

This document serves several functions and meets legal and regulatory requirements for Maimonides Medical Center (Maimonides, or MMC). In its entirety, it is referred to throughout as a “Community Health Needs Assessment and Community Service Plan” or “CHNA/CSP.” The document contains components that may be referred to separately, in this document and elsewhere, by the following terms:

- Community Health Needs Assessment (CHNA) as defined by the Internal Revenue Service
- Implementation Plan (IP) as defined by the Internal Revenue Service
- Community Service Plan (CSP) as defined by the State of New York
- Community Health Implementation Plan (CHIP) as defined by the State of New York

This document describes:

- Activities Maimonides undertook during and prior to 2019 to assess the health needs of its community in partnership with other organizations and members of the community
- Findings from those activities about the health needs of its community
- Activities Maimonides conducted during and prior to 2019 that address those findings and/or the findings contained in its prior CHNA approved in 2016
- Activities Maimonides will conduct in 2020-2021 to address the findings in this CHNA

Executive Summary

Maimonides Medical Center (Maimonides or MMC) is a 711-bed specialty care teaching hospital located in Borough Park, Brooklyn. The largest hospital in New York's most populous county, Maimonides offers a number of nationally-recognized and accredited centers of excellence, including a Heart and Vascular Center, Brooklyn's largest and only full-service outpatient Breast Center and Cancer Center, and a Comprehensive Stroke Center. MMC has the borough's only fully accredited children's hospital and only Pediatric Trauma Center, a Regional Perinatal Center serving high risk neonates, and one of New York State's largest obstetrics programs, delivering more than 8,000 babies each year. Maimonides is also engaged in transformation efforts by the New York State Medicaid delivery system as the fiduciary and lead for Community Care of Brooklyn (CCB), a Performing Provider System (PPS) in the NYS Delivery System Reform Incentive Payment (DSRIP) program.

On an annual basis, the Medical Center has more than 43,000 inpatient discharges – more than any other hospital in Brooklyn – as well as 120,000 Emergency Department visits and 637,000 outpatient visits. Maimonides has 10 hospital-based outpatient centers, delivering primary and specialty care, dental services, and behavioral health care services. Over 80% of inpatients are covered through government insurance programs – Medicaid or Medicare – and Maimonides treats all patients, regardless of ability to pay.

In 2019, Maimonides undertook a process to assess the health needs of the communities in its service area, including gathering direct input from local residents, community-based healthcare providers, and MMC staff who are responsible for developing and executing community health promotion programs. This process also involved review of health indicators data published by the New York City Department of Health and Mental Hygiene (DOHMH) and the New York State Department of Health, with a particular focus on how communities in Maimonides' service area fare compared to city- and borough-wide trends. The findings of this assessment indicate that in many of the communities served by Maimonides, community health and well-being lag behind other regions of New York.

The findings of this assessment relied on a variety of data sources and data collection methods, including:

- Internal Maimonides patient registration and demographic data
- New York City DOHMH Community Health Profiles data
- New York City Vital Statistics data
- Council of Community Organizations (COCO) meeting dialogue
- Participatory Action Research (including survey, focus group, and key informant interview data)
- Community medical provider focus groups
- MMC community-facing staff input and information submissions

Based on the community's measurable health needs, Maimonides' distinct competencies and resources, and the direct input of community members and partners, Maimonides has elected to focus on the following New York State Prevention Agenda priorities:

- Prevent Chronic Diseases
- Promote Healthy Women, Infants and Children
- Promote Well-Being and Prevent Mental and Substance Use Disorders
- Prevent Communicable Diseases

Within this framework of state health priorities, Maimonides has chosen to focus on alleviating racial and ethnic disparities in preterm birth and low birth weight among Black and Hispanic patients, as compared to their white counterparts. Both preterm birth and low birth weight are more common among non-white women in New York

City, according to vital statistics data. As the only state-designated regional perinatal center in Southern Brooklyn, MMC is well positioned to focus on improving perinatal outcomes for residents of its service area.

The priorities selected by Maimonides for 2019-2021 community health improvement are consistent with earlier plans, with the addition of a focus on reducing communicable diseases through vaccination education and services. As a major provider of both pediatric primary care and graduate and continuing medical education, Maimonides has developed approaches to prevent the spread of communicable diseases in its immediate service area and equip providers with the skills to improve vaccination rates in Brooklyn and beyond.

In order to address the health priorities identified in this assessment, Maimonides has designed and begun to implement a wide range of interventions. Selected interventions leverage the clinical and administrative resources of Maimonides, relationships with community partners, and the projects and accomplishments of Community Care of Brooklyn. Examples of these interventions include:

Priority Area	Focus Area	Interventions & Strategies
Prevent Chronic Diseases	4: Chronic Disease Preventive Care & Management	Cancer and cardiovascular health education, awareness, and screening events in community settings
Promote Healthy Women, Infants and Children	2: Perinatal & Infant Health	Baby Friendly hospital designation & breastfeeding promotion across sites of care
	3: Child & Adolescent Health	Integration of behavioral and primary care pediatric services
	4: Cross Cutting Healthy Women, Infants, & Children	CenteringPregnancy model of group prenatal care
Promote Well-Being and Prevent Mental and Substance Use Disorders	1: Promote Well-Being	Geriatric care management and home visiting programs
	2: Mental and Substance Use Disorders Prevention	Opioid prescribing reduction efforts across all hospital specialties through provider education and development of alternative pain management protocols Medication assisted treatment and naloxone distribution
Prevent Communicable Diseases	1: Vaccine Preventable Diseases	Community partnerships to deliver measles, mumps, and rubella (MMR) vaccines and education

Maimonides will implement and track progress on initiatives based on community participation rates, feedback, and health outcome measures. Dialogue with community members and community-based organizations is core to MMC and will be integral to the implementation and evaluation of these health promotion strategies.

1. Maimonides Medical Center and its Community

About Maimonides Medical Center

Maimonides Medical Center (Maimonides or MMC) is a 711-bed specialty care teaching hospital located in Borough Park, Brooklyn. The largest hospital in New York's most populous county, Maimonides offers a number of nationally-recognized and accredited centers of excellence including a Heart and Vascular Center, Brooklyn's largest and only full-service outpatient Breast Center and Cancer Center, and a Comprehensive Stroke Center. MMC has the borough's only fully accredited children's hospital and only Pediatric Trauma Center, a Regional Perinatal Center serving high risk neonates, and one of New York State's largest obstetrics programs, delivering more than 8,000 babies each year.

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Maimonides is also one of the largest independent teaching hospitals in the country, with 24 accredited residency programs across all major service lines, training 480 interns, residents, and fellows each year.

MMC's Community: Definition and Characteristics

Maimonides' catchment area goes well beyond its immediate neighborhood. In 2018, Maimonides provided both inpatient and outpatient care to patients from every residential zip code in Brooklyn and Staten Island, as well as serving residents of Queens, Manhattan, the Bronx, and elsewhere. The neighborhoods where a majority of Maimonides' patients live and which constitute Maimonides' primary and secondary service areas are Borough Park, Bay Ridge, Bensonhurst, Coney Island, Dyker Heights, Flatbush, Flatlands, Gravesend, Marine Park, Sheepshead Bay, and Sunset Park.

MMC Inpatient Origin by Zip Code, 2018

Zip Code	# 2018 Discharges	% of Total	Neighborhood
11219	6,743	15.6%	Borough Park
11230	3,287	7.6%	Midwood
11204	3,190	7.4%	Borough Park
11214	3,171	7.3%	Bensonhurst
11218	3,155	7.3%	Borough Park
11220	2,926	6.8%	Sunset Park
11223	1,906	4.4%	Gravesend
11235	1,818	4.2%	Coney Island & Sheepshead Bay
11229	1,585	3.7%	Coney Island & Sheepshead Bay
11226	1,375	3.2%	Flatbush
11224	1,237	2.9%	Coney Island & Sheepshead Bay
11234	1,190	2.7%	Flatlands & Marine Park
11228	1,073	2.5%	Dyker Heights
All Other	10,652	24.6%	
Total	43,308	100%	

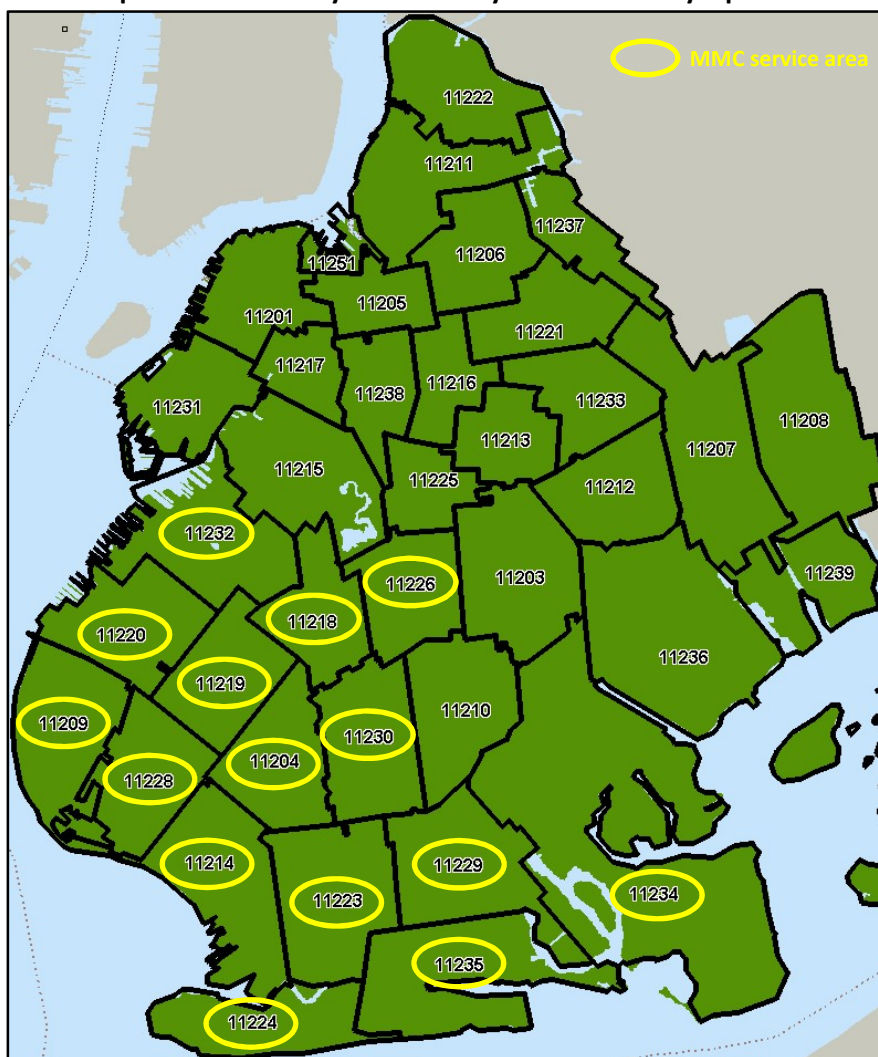
Source: MMC registration data

MMC Outpatient Origin by Zip Code, 2018

Zip Code	# 2018 Encounters	% of Total	Neighborhood
11219	83,054	11.0%	Borough Park
11220	68,734	9.1%	Sunset Park
11214	50,351	6.6%	Bensonhurst
11218	49,651	6.6%	Borough Park
11204	46,742	6.2%	Borough Park
11230	45,935	6.1%	Midwood
11223	32,088	4.2%	Gravesend
11235	31,378	4.1%	Coney Island & Sheepshead Bay
11226	27,355	3.6%	Flatbush
11229	25,365	3.3%	Coney Island & Sheepshead Bay
11209	24,300	3.2%	Bay Ridge
11234	23,518	3.1%	Flatlands & Marine Park
11228	22,372	3.0%	Dyker Heights
11224	21,995	2.9%	Coney Island & Sheepshead Bay
11232	17,661	2.3%	Sunset Park
All Other	186,866	24.7%	
Total	757,365	100%	

Source: MMC registration data. Includes ED and procedural visits.

Map of MMC Primary & Secondary Service Area by Zip Code



The Medical Center's service area is one of the most demographically diverse in New York City and includes the community districts with New York City's highest proportion of children (34% in Borough Park) and senior citizens (22% in Coney Island). Maimonides' patient population includes large numbers of Orthodox Jewish, Chinese, Latino, Russian, Caribbean, and South and Southeast Asian (including Pakistani, Bangladeshi, Indian, Laotian, Filipino, and Indonesian) residents.

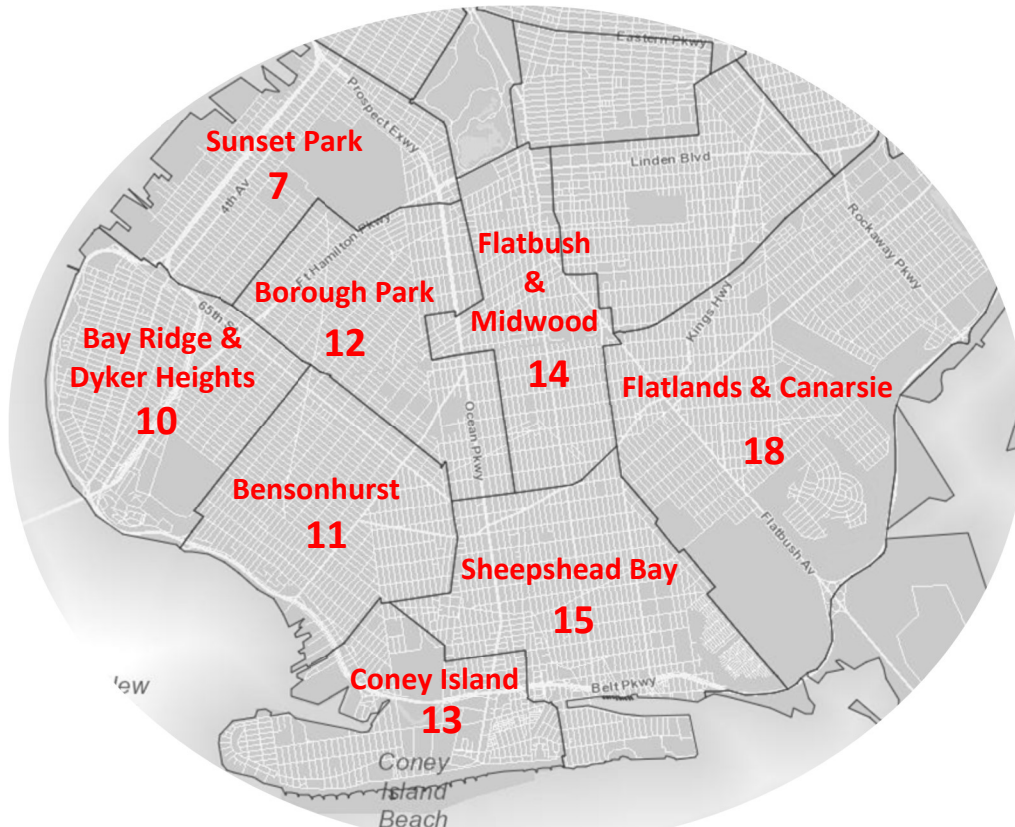
MMC Inpatient Race/Ethnicity Distribution, 2018

Race/Ethnicity	# 2018 Discharges	% of Total
White	22,920	52.9%
Asian Or Pacific Islander	7,701	17.8%
Black Or African-American	5,510	12.7%
Hispanic/Latino	4,740	10.9%
American Indian/Alaska Native	17	0.0%
Other/Unknown	2,420	5.6%
Grand Total	43,308	100%

Source: MMC registration data

The quantitative component of this assessment draws on the New York City Department of Health and Mental Hygiene's (DOHMH) Community Health Profiles published in January 2019. The DOHMH profiles define communities based on the same boundaries used by New York City Community Board Districts; there is one profile for each community district. This document uses data for eight Brooklyn community districts that roughly correspond to its primary and secondary services areas, as depicted below. Since its prior CHNA/CSP in 2016, one additional community district – Flatlands & Canarsie – has been added to the MMC service area.

Map of MMC Primary & Secondary Service Area by NYC Community District



MMC Service Area by Community District (CD), Neighborhood, & Zip Code

CD #	CD Name	Neighborhoods	Zip Codes
7	Sunset Park	Sunset Park, Windsor Terrace	11232, 11220
10	Bay Ridge & Dyker Heights	Bay Ridge, Dyker Heights, Fort Hamilton	11209, 11228, 11252
11	Bensonhurst	Bensonhurst, Bath Beach, Gravesend, Mapleton	11228, 11214, 11204
12	Borough Park	Borough Park, Kensington, Ocean Parkway	11219, 11218, 11204
13	Coney Island	Coney Island, Brighton Beach, Gravesend, Homecrest, Sea Gate, West Brighton	11223, 11224, 11235
14	Flatbush & Midwood	Flatbush, Midwood, Ditmas Park, Manhattan Terrace, Ocean Parkway, Prospect Park South	11226, 11210, 11230, 11218
15	Sheepshead Bay	Sheepshead Bay, Gerritsen Beach, Gravesend, Plumb Beach, Homecrest, Kings Highway, Manhattan Beach	11234, 11229, 11235, 11223
18	Flatlands & Canarsie	Flatlands, Canarsie, Bergen Beach, Georgetown, Marine Park, Mill Basin	11234, 11210, 11236

Over 1.3 million people live in these eight communities. Nearly half (44%) of the population is foreign-born, including many undocumented immigrants. 48% are white, 20% are Asian, 15% are Hispanic/Latino, and 15% are black. The neighborhoods Maimonides serves have a higher household poverty rate and lower high school completion rate than citywide averages. Approximately 33% of the residents in these communities have limited English proficiency.

MMC Service Area Population Snapshot
Foreign-Born, Limited English Proficiency, Age 0-17, Age 65+, Race/Ethnicity*

Community District	Total Pop.	% Foreign Born	% Ltd English	% Children	% Seniors	Race/Ethnicity				
						White	Black	Asian	Hispanic	Other
NYC	8,537,673	37%	23%	21%	14%	32%	22%	15%	29%	2%
Brooklyn	2,629,150	37%	23%	23%	13%	36%	30%	12%	19%	2%
Bay Ridge & Dyker Heights	142,075	39%	28%	20%	15%	59%	1%	23%	14%	2%
Bensonhurst	204,829	56%	47%	20%	15%	47%	1%	39%	12%	1%
Borough Park	201,640	31%	32%	34%	10%	63%	2%	21%	13%	1%
Coney Island	106,459	53%	43%	19%	22%	56%	12%	14%	16%	1%
Flatbush & Midwood	165,543	43%	27%	25%	13%	37%	35%	11%	15%	2%
Flatlands & Canarsie	195,264	41%	14%	23%	13%	26%	59%	5%	8%	2%
Sheepshead Bay	173,961	48%	33%	21%	17%	70%	3%	18%	8%	1%
Sunset Park	132,721	48%	49%	22%	9%	23%	3%	30%	42%	2%

Source: DOHMH Community Health Profiles 2018

*Categories other than Hispanic represent non-Hispanic/Latino members of the indicated racial group, i.e. white non-Hispanic

Maimonides' Engagement with its Community

Community engagement as a means of fostering healthy communities has been a key priority at Maimonides for decades. To this end, Maimonides' Patient & Community Relations department has built strong partnerships with community and faith leaders, elected officials, and community boards, along with key community organizations that collectively represent a broad base of the residents of Southern Brooklyn.

In addition to frequently co-hosting health fairs and educational symposia in community settings, Maimonides recruits patient representatives from diverse communities in its catchment area – a group of roughly 40 staff who speak more than 15 languages – to serve as liaisons and patient navigators during a patient's inpatient, outpatient or Emergency Department visit. Maimonides also hosts one of the country's largest hospital volunteer programs, training and deploying roughly 1,800 volunteers across the hospital annually.

Maimonides periodically convenes a meeting of its Council of Community Organizations (COCO), a group of faith- and community-based groups and leaders from in and around the MMC service area. Present at these meetings are religious leaders, community-based organization representatives, health care providers, area residents, public safety workers, and elected officials and staff. Agenda items cover new initiatives at the hospital and in the community aimed at improving health and wellbeing, including prevention-oriented programming, and open dialogue about health-related issues. Members of the COCO are in regular contact with Maimonides leadership and staff, contributing valuable insight and relaying community concerns as they arise. The most recent COCO meeting took place in April 2019 and included a presentation on the community health needs assessment process, as well as a brief survey on community health needs that was circulated to attendees.

Maimonides conducted comprehensive community health needs assessments in 2013-14, 2016, and again in 2019 to improve its understanding of local community health needs and develop appropriate interventions to meet

those needs. This CHNA draws on both quantitative data published by government agencies and qualitative data gathered from community members and local health professionals through focus groups, interviews, and surveys.

Community Care of Brooklyn (CCB): Overview and Alignment with MMC's Community Health Program

While the majority of patients Maimonides serves reside in Southern Brooklyn, Maimonides' efforts to foster healthy communities and improve the healthcare delivery system reach beyond its primary and secondary service areas. Leveraging its experience developing and implementing collaborative care models and broad health coalitions, Maimonides plays a leadership role in the transformation of Brooklyn's healthcare delivery system, in particular for Medicaid enrollees.

Maimonides is the lead and fiduciary for a Performing Provider System (PPS) in the NYS Delivery System Reform Incentive Payment (DSRIP) program. Known as Community Care of Brooklyn (CCB), the PPS is a network of health care providers and social service organizations working together to achieve targeted improvements in population health and the reduction in avoidable hospital use by Medicaid beneficiaries in Brooklyn. Community Care of Brooklyn integrates hospitals, Federally Qualified Health Centers, ambulatory care centers, Health Homes and their associated provider networks, and long term care providers, as well as both hospital-based and community physicians. As described in the 2014 DSRIP Brooklyn Community Needs Assessment (CNA):

In April, 2014, New York State finalized a waiver amendment from the Centers for Medicaid and Medicare Services [sic] that allows for reinvestment of approximately \$8 billion in projected savings resulting from the State's Medicaid Redesign Team reforms. These funds will be used to support transformation of the health care system in NYS to promote clinical and population health. The majority of the funds will be distributed through a Delivery System Reform Incentive Payment (DSRIP) program. A central part of DSRIP is the formation of Performing Provider Systems (PPS) - collaborative partnerships between hospitals, community-based organizations, and other health care providers across the full spectrum of care. The goal of DSRIP is to advance innovative projects designed to transform the safety net health care delivery system, improve population health, and reduce avoidable hospitalizations. (DSRIP CNA, 18)

Through DSRIP, CCB is responsible for managing care for over 600,000 Medicaid beneficiaries – nearly half of the Medicaid beneficiaries in Brooklyn and 10% of the total Medicaid population of New York State. The CCB network is composed of over 4,600 medical practitioners, seven hospitals (including Maimonides), ten federally qualified health centers (FQHCs), and 350 social service organizations. Together, this consortium is implementing a coordinated approach to improving the delivery of health and social services. Through community-level collaborations, CCB works to achieve the triple aim of better health, better care, and reduced costs. As of 2019, CCB has reduced avoidable inpatient admissions by 30% and has the 4th lowest potentially preventable ED visit rate in New York, among other accomplishments. Maimonides participates in a number of DSRIP projects and functions as a tertiary anchor for Brooklyn, providing advanced specialty care services to PPS partners. With the current DSRIP program concluding in March 2020, Maimonides is actively engaged in planning to continue the successes of the PPS and support network members as they evolve into sustainable delivery models, including an accountable care organization and independent practice associations.

Maimonides also plays a key role in the Southwest Brooklyn Health Home, LLC (dba Brooklyn Health Home), an organization it established in 2012 and for which Maimonides holds the management contract. In this effort, Maimonides partners with a network of 20+ providers and community-based organizations to coordinate services for Medicaid beneficiaries who have high-cost and complex chronic conditions. This model relies on community-based care managers who help patients access needed services in community settings and uses an innovative health information technology platform. Housing, social services, medical and behavioral health, substance use,

home care, and family support and education are among the services coordinated by the Health Home, which facilitates integration to improve health outcomes for this population and control health care costs.

2. Identification of Health Needs

Quantitative Analysis: Health Indicators & Disparities

Methods

NYC DOHMH Community Health Profiles describe both health outcomes and social determinants of health, such as educational attainment and income levels. Maimonides analyzed data from these profiles alongside indicators from the New York State Prevention Agenda, the U.S. Census Bureau, and the NYC Department of Planning's Community District Profiles. The data below focus on the eight community districts in which the majority of Maimonides patients live. Where necessary, other city, state and federal data sources supplement the Community Health Profiles (i.e. for mental health and opioid burden). These data show both commonalities across neighborhoods in Maimonides' catchment area and unique challenges facing certain neighborhoods, all of which help to define the overall health needs of the community. This assessment does not focus on any one neighborhood; rather, it aims to holistically describe the health needs that exist across Maimonides' service area.

The Community Health Profiles referenced reflect the most current available data as of 2018. These profiles draw on various data sources, which are outlined in the technical notes and metadata of the Community Health Profiles Public Use Dataset, available from the NYC DOHMH website. Where this document references trends in health indicators, the trend is between the 2015 and 2018 iterations of Community Health Profiles. Because the intervals on which indicators are reported can vary, not every trend represents change over the same time period.

Findings

MMC Service Area: Overall Health Status

Community District	Self-Reported Health "Excellent," "Very Good," or "Good" ¹	Premature Mortality Per 100,000 ²
New York City	78%	169.5
Brooklyn	77%	184.1
Bay Ridge & Dyker Heights	74%	139.6
Bensonhurst	65%	135.7
Borough Park	78%	124.4
Coney Island	70%	215.5
Flatbush & Midwood	77%	169.4
Flatlands & Canarsie	89%	164.7
Sheepshead Bay	70%	144.0
Sunset Park	74%	133.9

Source: DOHMH Community Health Profiles 2018. Values marked in **red** are worse than NYC and Brooklyn averages.

1. Age-adjusted percent of adults responding in this way, on a five-level scale that also includes "Poor" and "Fair"
2. Age-adjusted rate of premature deaths, defined as death < 65 years, per 100,000 population

Social Determinants of Health

Disease risk and burden, as well as self-perception of health and well-being, are impacted by social, economic, and environmental factors, such as low incomes, working long hours or multiple jobs, and lack of comprehensive health education. These social determinants have significant influence on the communities that Maimonides serves, as many immigrant and low-income communities report working very long hours, sometimes in multiple jobs, which can adversely affect health.

High poverty rates pose a persistent challenge to healthy living, and poverty in much of the Maimonides service area exceeds the borough- and city-wide averages of 21% and 20%, respectively. Poverty rates in Brooklyn and New York City have declined since MMC last conducted a community health needs assessment in 2016. Most of Maimonides' service area has seen a slight decrease in the poverty rate over the same period, within the margin

of error. Unemployment in the Maimonides service area remains low, between 3-5%; in seven of the eight community districts, unemployment rates are lower than the Brooklyn average. Rent burden, an indicator that tracks the percentage of households spending 30% or more of their income on rent, is higher than the Brooklyn average in six of the eight community districts. Borough Park reports the highest rate of rent burden anywhere in Brooklyn at 64%. Taken together, these indicators suggest that in much of the Maimonides service area, low-wage work is prevalent and insufficient to comfortably cover basic costs of living.

MMC Service Area: Social Determinants of Health

Community District	Air Pollution Indicator ¹	Educational Attainment	Poverty Rate	Bodega : Supermarket Ratio ²	Rent Burdened Households ³
New York City	7.5	43% college grad 19% less than HS	20%	13	52%
Brooklyn	7.8	40% college grad 20% less than HS	21%	20	51%
Bay Ridge & Dyker Heights	7.4	46% college grad 19% less than HS	19%	20	49%
Bensonhurst	7.0	36% college grad 26% less than HS	23%	27	52%
Borough Park	7.5	32% college grad 23% less than HS	28%	18	64%
Coney Island	6.7	45% college grad 18% less than HS	24%	21	55%
Flatbush & Midwood	7.5	43% college grad 18% less than HS	22%	21	57%
Flatlands & Canarsie	7.1	40% college grad 13% less than HS	15%	9	50%
Sheepshead Bay	6.8	47% college grad 15% less than HS	19%	25	53%
Sunset Park	8.5	30% college grad 41% less than HS	29%	45	57%

Source: DOHMH Community Health Profiles 2018. Values marked in **red** are worse than NYC and Brooklyn averages.

1. Annual average micrograms of fine particulate matter (PM2.5) per cubic meter of air. Lower is better.
2. Number of bodegas per supermarket within a CD based on address of business. Lower is better.
3. Percentage of renter-occupied homes whose gross rent is equal to or exceeds 30% of household income in the last 12 months.

High rates of poverty and lower levels of educational attainment – particularly in Borough Park and Sunset Park– as well as limited access to supermarkets and fresh foods – particularly in Bensonhurst, Sheepshead Bay, and Sunset Park – play a substantial role in the health of communities.

Healthcare Access

Lack of access to quality healthcare can lead to negative health outcomes and often means that patients are treated for disease and illness at more advanced stages. Lack of health insurance remains an issue in Maimonides' services area; 22% of residents in Sunset Park report having no health insurance, compared to only 12% in Brooklyn and NYC overall. Since the writing of the 2016 Maimonides CHNA, the rate of uninsured patients in both Brooklyn and NYC has declined from 20%. This positive trend is reflected in most of the eight community districts, where the uninsured rate declined by an average of seven percentage points. Despite this improvement, the uninsured rate in much of the Maimonides service area remains higher than city- and borough-wide levels.

MMC Service Area: Access to Healthcare

Community District	No Health Insurance ¹	Went Without Medical Care ²
New York City	12%	10%
Brooklyn	12%	10%
Bay Ridge & Dyker Heights	15%	9%
Bensonhurst	13%	6%
Borough Park	15%	9%
Coney Island	14%	11%
Flatbush & Midwood	16%	9%
Flatlands & Canarsie	9%	8%
Sheepshead Bay	10%	9%
Sunset Park	22%	4%

Source: DOHMH Community Health Profiles 2018. Values marked in **red** are worse than NYC and Brooklyn averages.

1. Age-adjusted percent of adults that reported not having health insurance

2. Age-adjusted percent of adults that reported not getting needed medical care at least once in the past twelve months

Immigrant communities, particularly undocumented residents, may face magnified barriers to accessing healthcare services, including linguistic and cultural barriers, ineligibility for insurance, and lack of knowledge about where and how to access care in their communities. Due to fear of deportation or arrest, some residents may be less likely to provide personal information that is often required to obtain care. Since the 2016 Maimonides CHNA, federal policy changes have exacerbated fear and uncertainty among immigrant communities, according to the NYC Mayor's Office of Immigrant Affairs. Chief among these are deportation raids by U.S. Customs and Border Patrol agents and planned updates to the "public charge" rule, which would enhance scrutiny of applicants for lawful permanent residency. Though implementation is unclear as of this writing, the latter policy is believed to be causing a chilling effect among immigrants who might otherwise seek needed health and social services, including for their U.S. citizen children.

Like immigrants, Medicaid beneficiaries and others with limited means may face challenges accessing needed services. Much of Maimonides' service area – including parts of Borough Park, Sunset Park, and Coney Island – is federally designated as a health professional shortage area (HPSA) for primary, dental, and mental health care.

Health Behaviors

Health behaviors vary widely across different neighborhoods of Southern Brooklyn. Data on the Maimonides service area reveal trends that may influence chronic disease risk, including relatively high adult smoking rates and lack of regular physical activity.

MMC Service Area: Healthy Behaviors

Community District	Current Smokers	≥ 1 Sugary Drink/Day	At Least 1 Fruit or Veg/Day	Physical Activity in Last 30 Days	Binge Drinking in Last 30 Days
New York City	14%	23%	87%	73%	17%
Brooklyn	14%	24%	86%	72%	15%
Bay Ridge & Dyker Heights	12%	20%	92%	70%	12%
Bensonhurst	16%	17%	90%	65%	9%
Borough Park	10%	22%	91%	67%	14%
Coney Island	19%	21%	91%	71%	11%
Flatbush & Midwood	10%	26%	80%	69%	13%
Flatlands & Canarsie	10%	23%	85%	80%	13%
Sheepshead Bay	17%	21%	93%	67%	12%
Sunset Park	12%	24%	87%	68%	12%

Source: DOHMH Community Health Profiles 2018. Values marked in **red** are worse than NYC and Brooklyn averages.

Chronic Diseases

Chronic disease prevention and management are major health challenges in Maimonides' service area. The leading cause of death across southern Brooklyn is heart disease. High rates of obesity, which can contribute to heart disease, diabetes, and other chronic illnesses, as well as high blood pressure and high cholesterol, are present across Maimonides' service areas, with the highest rates in Coney Island, Flatbush & Midwood, and Flatlands & Canarsie. Diabetes prevalence in these three community districts is greater than the Brooklyn and New York City averages, and has a profound impact on the health and well-being of residents across MMC's service area.

MMC Service Area: Obesity and Diabetes

Community District	Obesity Rate	Diabetes Rate
New York City	24%	11%
Brooklyn	27%	12%
Bay Ridge & Dyker Heights	24%	11%
Bensonhurst	21%	12%
Borough Park	15%	9%
Coney Island	28%	15%
Flatbush & Midwood	28%	13%
Flatlands & Canarsie	30%	14%
Sheepshead Bay	26%	9%
Sunset Park	24%	11%

Source: DOHMH Community Health Profiles 2018. Values marked in **red** are worse than NYC and Brooklyn averages.

Cancer is the second most common cause of death across neighborhoods in Maimonides' catchment area. Female breast cancer has the highest incidence among females in the Maimonides service area; prostate has the highest incidence among males in all but one of the community districts studied. Across all eight community districts, lung cancer is the leading cause of premature cancer deaths.

MMC Service Area: Cancer Incidences Among Males by Community District*

Bay Ridge & Dyker Heights	Bensonhurst	Borough Park	Coney Island	Flatbush & Midwood	Flatlands & Canarsie	Sheepshead Bay	Sunset Park
Prostate 91.1	Lung & Bronchus 84.8	Prostate 81.5	Prostate 97.4	Prostate 126.9	Prostate 170.0	Prostate 94.8	Prostate 85.4
Lung & Bronchus 68.1	Prostate 74.9	Lung & Bronchus 54.1	Lung & Bronchus 78.8	Lung & Bronchus 48.2	Lung & Bronchus 60.7	Lung & Bronchus 70.6	Lung & Bronchus 67.6
Colorectal 54.3	Colorectal 47.0	Colorectal 48.2	Colorectal 55.2	Colorectal 43.9	Colorectal 50.2	Colorectal 50.8	Colorectal 47.0
Colon (excluding rectum) 36.7	Urinary Bladder 34.6	Urinary Bladder 32.6	Urinary Bladder 47.6	Colon (excluding rectum) 29.8	Colon (excluding rectum) 32.9	Urinary Bladder 42.7	Stomach 41.2
Urinary Bladder 33.8	Colon (excluding rectum) 32.9	Colon (excluding rectum) 32.1	Colon (excluding rectum) 41.7	Urinary Bladder 28.8	Urinary Bladder 28.2	Colon (excluding rectum) 36.9	Colon (excluding rectum) 31.6
All Cancers 502.8	All Cancers 471.8	All Cancers 451.6	All Cancers 537.0	All Cancers 468.4	All Cancers 525.4	All Cancers 506.1	All Cancers 508.4

* New York State Cancer Registry Data, 2012-2016. Rate per 100,000 males.

MMC Service Area: Cancer Incidences Among Females by Community District*

Bay Ridge & Dyker Heights	Bensonhurst	Borough Park	Coney Island	Flatbush & Midwood	Flatlands & Canarsie	Sheepshead Bay	Sunset Park
Breast 139.2	Breast 116.5	Breast 115.1	Breast 118.5	Breast 118.0	Breast 120.3	Breast 125.9	Breast 105.7
Thyroid 54.0	Thyroid 49.6	Thyroid 50.1	Thyroid 44.9	Colorectal 39.0	Colorectal 37.5	Thyroid 51.2	Thyroid 54.3
Lung & Bronchus 50.6	Lung & Bronchus 46.1	Colorectal 35.6	Colorectal 42.5	Uterine 35.2	Uterine 36.1	Lung & Bronchus 47.0	Lung & Bronchus 40.6
Colorectal 34.1	Colorectal 31.5	Lung & Bronchus 31.5	Lung & Bronchus 35.6	Lung & Bronchus 31.2	Lung & Bronchus 31.4	Uterine 33.3	Colorectal 40.2
Uterine 29.2	Uterine 25.7	Uterine 31.1	Uterine 33.2	Thyroid 28.7	Colon (excluding rectum) 28.2	Colorectal 32.6	Uterine 28.8
All Cancers 472.4	All Cancers 416.9	All Cancers 429.1	All Cancers 456.0	All Cancers 408.1	All Cancers 402.1	All Cancers 473.7	All Cancers 438.1

* New York State Cancer Registry Data, 2012-2016. Rate per 100,000 females.

Vaccination and Infectious Disease

Many of the neighborhoods in Maimonides' service area have below average HPV vaccination rates, though rates for both HPV and flu have improved since the 2016 Maimonides CHNA. Immunization for HPV remains particularly low in Borough Park and Sheepshead Bay. Low vaccination rates may be caused by inadequate access to care, misinformation or fear related to vaccines, and belief that certain illnesses are not sufficiently serious to merit vaccination. Though DOHMH Community Health Profiles do not report vaccination rates for measles, the uptake of the measles, mumps, and rubella (MMR) vaccine is a major concern in Maimonides' service area. From fall 2018 through spring 2019, a state- and nation-wide measles outbreak was partly concentrated in Borough Park, where it affected mostly young children. More than 20% of total cases recorded in New York City during this outbreak occurred in neighborhoods served by Maimonides.¹

MMC Service Area: Vaccination and Infectious Disease

Community District	HPV Vaccination ¹	Flu Vaccination ²	HIV Diagnoses ³	Hep C Reports ⁴
New York City	59%	43%	24.0	71.8
Brooklyn	43%	38%	22.1	67.9
Bay Ridge & Dyker Heights	40%	35%	5.6*	48.6
Bensonhurst	45%	42%	5.4	65.4
Borough Park	25%	46%	6.0	30.3
Coney Island	40%	42%	16.9	115.5
Flatbush & Midwood	41%	38%	23.0	81.6
Flatlands & Canarsie	37%	41%	17.9	50.2
Sheepshead Bay	28%	36%	4.0*	79.3
Sunset Park	72%	40%	14.3	48.2

Source: DOHMH Community Health Profiles 2018. Values marked in **red** are worse than NYC and Brooklyn averages.

* Interpret with caution; potentially unreliable estimate

1. Percent of teenagers ages 13-17 who received all recommended doses of the vaccine

2. Percent of adults vaccinated

3. Rate of new HIV diagnoses per 100,000 people

4. Rate of new chronic hepatitis C reports per 100,000 people

¹ NYC DOHMH <https://www1.nyc.gov/site/doh/health/health-topics/measles.page>

DOHMH Community Health Profiles report new HIV and chronic hepatitis C cases by community district, and show above-average incidence of hepatitis C in parts of the Maimonides service area – namely Coney Island, Flatbush & Midwood, and Sheepshead Bay. New HIV diagnoses in four of the eight community districts studied are well below borough and citywide averages; however, Flatbush & Midwood has an HIV diagnosis rate greater than the Brooklyn average.

Maternal, Infant, and Child Health

Indicators of maternal, infant, and child health vary greatly across Maimonides' service area. In the neighborhoods closest to Maimonides' main campus, Borough Park and Sunset Park, rates of late/no prenatal care and of infant mortality are consistently better than borough and city averages. By contrast, Coney Island, Flatbush & Midwood, and Flatlands & Canarsie perform worse than average on timely prenatal care and preterm birth rate measures. Child health measures, including obesity, asthma-related emergency room visits, and avoidable hospitalizations are generally near or below borough and city averages in the Maimonides service area.

MMC Service Area: Maternal, Infant, and Child Health

Community District	Late/No Prenatal Care Rate ¹	Preterm Birth Rate ²	Teen Births Per 1,000 ³	Infant Mortality Per 1,000 ⁴	Child Asthma ED Visit Rate ⁵	Child Obesity Rate ⁶	Avoidable Child Hosp. ⁷
New York City	6.7%	8.7%	19.3%	4.4	223	20%	623
Brooklyn	6.2%	8.3%	19.9%	3.6	186	19%	502
Bay Ridge & Dyker Heights	4.5%	7.1%	11.4%	0.9	52	16%	140
Bensonhurst	5.8%	8.4%	12.5%	3.7	32	14%	204
Borough Park	2.1%	6.0%	18.1%	2.2	31	17%	118
Coney Island	9.5%	9.5%	20.2%	5.6	147	18%	423
Flatbush & Midwood	7.8%	9.9%	17.1%	4.1	113	21%	447
Flatlands & Canarsie	10.0%	8.9%	11.6%	4.3	154	21%	590
Sheepshead Bay	6.4%	6.6%	12.4%	2.9	42	17%	156
Sunset Park	2.7%	7.9%	29.3%	2.0	104	18%	390

Source: DOHMH Community Health Profiles 2018. Values marked in red are worse than NYC and Brooklyn averages.

1. Percent of live births receiving late prenatal care (after the first and second trimesters) or no prenatal care
2. Percent of preterm births (three or more weeks before the due date) among all live births
3. Rate of births in which the mother is under 20 years old per 1,000 women aged 15-19
4. Rate of deaths of infants under one year old per 1,000 live births
5. Rate of ED visits for asthma among children per 10,000 children aged 5-17
6. Percentage of public school children in grades K-8 who have obesity (BMI exceeds or equals 95th percentile, based on CDC's 2000 growth charts)
7. Rate of avoidable pediatric hospitalizations per 100,000 children aged 0-4

Mental Health & Substance Use

Robust mental health data is less readily available than physical health data for Maimonides' service area, but understanding the prevalence and impact of mental and substance use disorders is critical to assessing overall community wellbeing. 2016 NYC Community Health Survey data indicates that the prevalence of depression in Brooklyn is 8% and that overall prevalence in New York City is higher among Latinos, at 13%, than other race and ethnic groups. Citywide data also shows that lower educational attainment, lower household income, and

unemployment are associated with higher rates of depression.² According to analysis by ThriveNYC, major depressive disorder is the single greatest source of disability in New York City.³

Data on the rate of premature death by suicide is reported at the community district level, and half of the Maimonides service area has a rate equal to or exceeding the citywide average.

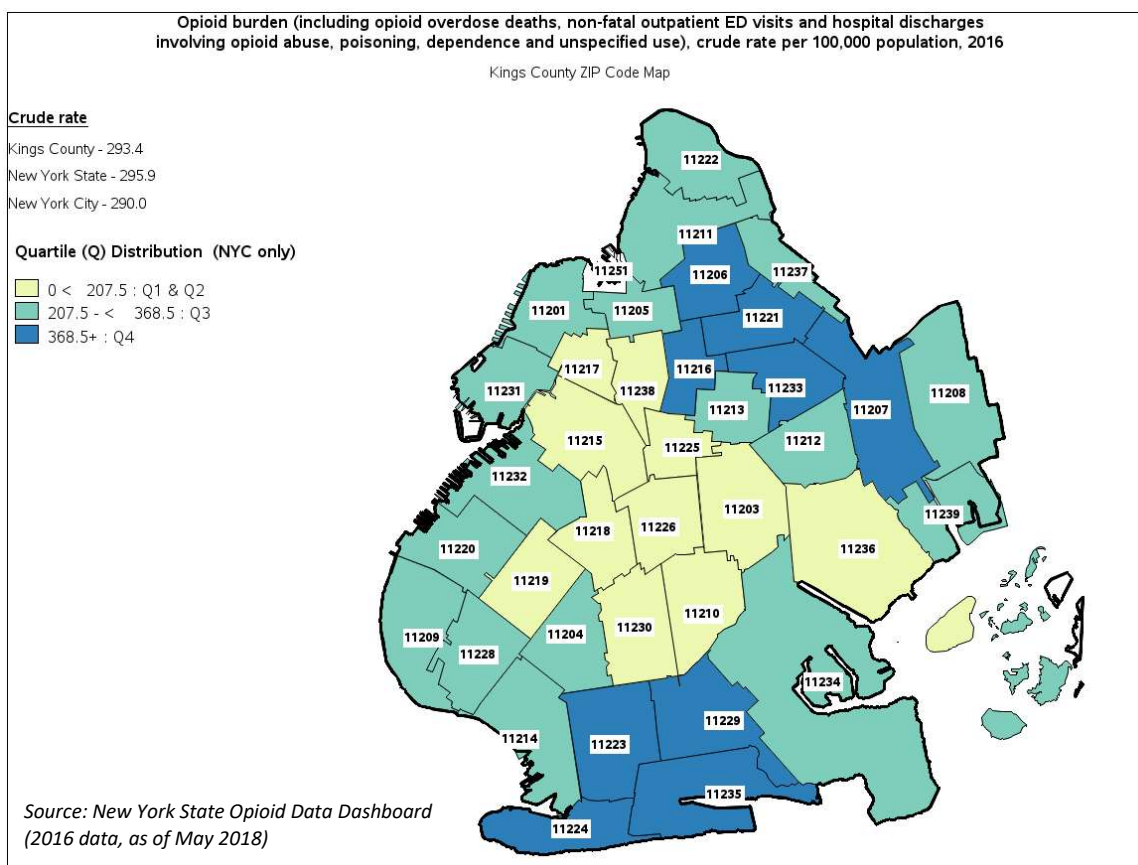
MMC Service Area: Suicide Premature Death Rates

Community District	Suicide Premature Death Rate
New York City	5.1
Brooklyn	4.3
Bay Ridge & Dyker Heights	5.4
Bensonhurst	4.1
Borough Park	3.3
Coney Island	6.9
Flatbush & Midwood	4.3
Flatlands & Canarsie	3.1
Sheepshead Bay	5.2
Sunset Park	5.1

Source: DOHMH Community Health Profiles 2018. Values marked in **red** are worse than NYC and Brooklyn averages.

1. Rate of premature deaths (before the age of 65) per 100,000 people

Brooklyn, New York City, and New York State all have a similar aggregate opioid burden according to NYS data.



² Tuskeviciute R, Hoenig J, Norman C. Depression among New York City Adults. NYC Vital Signs 2018, 17(2); 1-4

³ ThriveNYC. "Understanding New York City's Mental Health Challenge," 2015.

The southeastern portion of the Maimonides service area is most critically affected by opioid abuse, overdose, and ED and hospital use, according to 2016 data. From 2017 to 2018, both New York City and Brooklyn saw a relatively flat trend in opioid overdose ED visits and hospitalizations.

Opioid Overdose Rates, 2017 - 2018*

Area	Outpatient ED Visits		Hospitalizations	
	2017	2018	2017	2018
New York City	25.9	26.7	15.4	16.0
Brooklyn	22.9	22.7	10.9	12.6

Source: NYS DOH County Opioid Quarterly Report (July 2019)

*Preliminary data as of May 2019

The rate of premature deaths related to drug use is reported at the community district level by DOHMH, and helps to supplement other data. Across data sources, Coney Island consistently emerges as the part of Maimonides' service area most affected by opioids and drug use generally.

MMC Service Area: Drug-Related Premature Death Rates

Neighborhood	Drug-Related Premature Death Rate
New York City	9.4
Brooklyn	8.3
Bay Ridge & Dyker Heights	11.0
Bensonhurst	7.2
Borough Park	3.7
Coney Island	13.6
Flatbush & Midwood	5.8
Flatlands & Canarsie	6.1
Sheepshead Bay	8.7
Sunset Park	6.1

Source: DOHMH Community Health Profiles 2018. Values marked in **red** are worse than NYC and Brooklyn averages.

1. Rate of premature deaths (before the age of 65) per 100,000 people from substance abuse and accidental drug poisoning

Qualitative Component: Participatory Research

Overview

To identify and prioritize the health challenges and needs felt by local residents, Maimonides sought input from members of the community who represent the broad interests of the community through multiple mechanisms including:

- Participatory Action Research (PAR) focus group and survey activities in neighborhoods across the Maimonides service area, led by CCB
- Focus groups and ongoing collaborative relationships with community-based healthcare providers
- Meetings and information submissions of the internal Maimonides Community Health Coordinating Committee

Maimonides has also drawn on partnership activities between its clinical departments and CCB with local, state, and federal organizations to understand the current landscape of health and social services in its service area. This landscape scan informs Maimonides' prioritization of health needs and development of intervention strategies, with the aims of maximizing positive impact and avoiding duplication of efforts.

Participatory Action Research (PAR)

Beginning in 2016, CCB has been the leading sponsor of a series of participatory action research (PAR) projects in Brooklyn neighborhoods. The PAR model “is a framework for creating knowledge that is rooted in the belief that those most impacted by research should take the lead in framing the questions, design, methods, analysis and determining what products and actions might be the most useful in effecting change” (Torre 2009). In practice, this means that PAR is designed and executed largely by high school and college student researchers who live and study in the neighborhoods where PAR is undertaken. As of 2019, four PAR projects have been completed with CCB sponsorship; the projects conducted in summer 2018 and summer 2019 focused on parts of the Maimonides service area and directly inform the Maimonides CHNA/CSP.

PAR Year/Number	PAR Neighborhoods	PAR Focus Areas
2016/PAR I	Brownsville, East New York	Food justice; physical activity; built environment
2017/PAR II	Bedford Stuyvesant, Crown Heights, East Flatbush	Economic development; affordable housing; civic infrastructure; Central Brooklyn healthcare
2018/PAR III	Canarsie, Flatbush, Flatlands	Racial equity & structural racism; financial wellbeing; community engagement & civic planning
2019/PAR IV*	Bay Ridge, Borough Park, Sunset Park	Immigration; cultural competence; social & health services; housing & sanitation

**PAR IV findings are preliminary and not yet published*

PAR projects benefit from the insights of their research teams and serve to strengthen the capacity of community members to self-advocate and promote improved health outcomes. Each PAR has employed 40-50 local student researchers, providing paid work experience in the theory and practice of social determinants of health research. Since the advent of CCB’s PAR work, the group of researchers involved have organized into a distinct entity, Wellness Empowerment for Brooklyn. To date, PAR projects have surveyed over 2,500 Brooklyn residents; PAR III and IV each collected over 1,000 surveys.

Street surveys, key stakeholder interviews, and focus groups hosted in collaboration with community-based organizations are typical methodologies of a CCB-led PAR project. Development of a central research question – different for each PAR project – is led by the student researchers and supported by their knowledge of the community, as well as by DOHMH Community Health Profiles and similar public datasets. Dissemination of PAR findings is central to the research model, and projects generally conclude with community-facing “report back” sessions to share research results directly with local residents and policymakers.

The PAR projects conducted in Canarsie, Flatbush, and Flatlands and in Bay Ridge, Borough Park, and Sunset Park provide meaningful insight into the health and social needs and priorities of residents in Maimonides’ service area. In PAR III and IV, researchers assessed community assets, health challenges, housing and transportation issues, civic infrastructure and engagement, education, social services, healthy food access, and immigration and citizenship issues.

The findings of PAR III identified cost of living as the most commonly remarked-upon issue for all residents surveyed; public safety, healthy food access, spaces for youth, and housing were also primary issues for respondents. Findings on neighborhood resources and community involvement indicated that while poor maternal and infant health outcomes are common in the survey area, awareness of childbirth classes, parenting resources, and doula services was low. The researchers’ health-related recommendations for Canarsie, Flatbush, and Flatlands focus on maternal morbidity, access to ambulatory health services, diabetes and heart disease, and mental health. Other recommendations included additional health, legal, and social service supports for immigrants, like providing language translation in health facilities and spreading legal information to help both

documented and undocumented immigrants feel comfortable accessing needed services. A majority of PAR III survey respondents (70%) were Black, and the largest group of respondents (38%) were 18-34 years old.

To conduct PAR IV in Bay Ridge, Borough Park, and Sunset Park, the research team conducted surveys on foot in neighborhoods (offered in six languages and dialects) and collaborated with community-based organizations to host focus groups, including sessions in Spanish and Arabic. Key informant interviews were also conducted, including with government and community board officials, social services providers, and public safety organizations. The preliminary research findings show some similarities to issues raised in PAR III, namely cost of living. Among survey respondents, 44% reported being impacted by federal immigration policy; this rate was 56% in Sunset Park, where over 40% of the community is Hispanic/Latino. Findings from key informant interviews also shed light on emerging community issues, like youth using vape tobacco products, and longstanding concerns, like seniors being able to afford to stay in their homes and age safely in place. Across communities, survey respondents and interviewees noted the importance of cultural competence in delivering health and social services. In some of the PAR IV findings, residents specifically mentioned services they would like to see Maimonides provide, including more health education. Participants convened by the Boro Park Jewish Community Council, many of whom live in the area directly surrounding Maimonides' main campus, shared input about the Medical Center's role as a source of culturally competent care and as a driver of local employment.

Qualitative Component: Stakeholder Engagement

Dialogue with Community-Based Providers

A longstanding focus of Maimonides' strategy for delivering high quality health services is identifying and partnering with community-based healthcare providers. This aim is achieved by a variety of approaches, including maintaining an open medical staff; growing a network of employed and integrated primary care physicians and specialists; collaborating with the Coalition of Asian-American Independent Practice Associations (CAIPA); sponsoring regular continuing medical education (CME) events; and supporting the development of the Community Care of Brooklyn IPA. Recognizing that community-based primary care providers are on the front lines of preventive care, Maimonides has sought input from affiliated providers in focus group settings. These focus groups cover a wide range of topics, including trends in Brooklyn healthcare like cost, patient demographics, care coordination, and patient complexity; outmigration of patients for hospital services; racial and ethnic representation among healthcare providers; administrative and clinical processes in the Maimonides network; and communication between hospital staff and primary care providers.

This needs assessment drew on the findings of two focus groups consisting of fifteen community-based providers with varying relationships to Maimonides which were conducted in winter 2019.

Maimonides Community Health Coordinating Committee

Maimonides periodically convenes meetings of its internal Community Health Coordinating Committee, a group of staff from across clinical and administrative departments who plan, execute, and/or monitor community health promotion activities. The direct experience and expertise of these staff is integral to both assessing and prioritizing community health needs in the Maimonides service area. Further, input from this group provides insight into the specific capabilities Maimonides has to impact community health. The committee most recently met in October 2019 and was solicited to provide information on the status of new and continuing community health initiatives, many of which are discussed in this document. Additional staff who participate in community health promotion activities were also identified and solicited to provide information on programs.

3. Prioritization of Community Health Needs

Maimonides took into account several factors to prioritize community health needs, including scope/significance; opportunities and estimated effectiveness of possible interventions; the importance the community places on addressing the needs; existing programs and their capacities across Maimonides clinical areas and service lines; projects and priorities of CCB and the Brooklyn Health Home; and alignment with the 2019-2024 New York State Prevention Agenda.

The primary health needs determined from review of quantitative and qualitative data are chronic disease prevention, screening, and management; vaccination and infectious disease management; maternal and infant health; opioid and substance use treatment; and health and wellbeing among the elderly. Key social determinants of health impacting these areas include educational attainment, English proficiency, household income, immigration status, nutrition, physical activity, and tobacco and other substance use.

Recognizing that its service area has disproportionate shares of children and elderly residents, as well as a high birth rate, Maimonides is committed to promoting health for residents of all ages – consistent with the Prevention Agenda principle of making New York the healthiest state for people of all ages.

Selected New York State Prevention Agenda Priorities

Based on the community's measurable health needs, Maimonides' distinct competencies and resources, and the direct input of community members and partners, Maimonides has elected to focus on the following New York State Prevention Agenda priorities:

- Prevent Chronic Diseases
- Promote Healthy Women, Infants and Children
- Promote Well-Being and Prevent Mental Health and Substance Use Disorders
- Prevent Communicable Diseases

Priority Area	Focus Area	Goal
Prevent Chronic Diseases	4: Chronic Disease Preventive Care & Management	4.1 Increase cancer screening rates for breast, cervical, and colorectal cancer
		4.2 Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity
Promote Healthy Women, Infants and Children	2: Perinatal & Infant Health	2.2 Increase breastfeeding
	3: Child & Adolescent Health	3.1 Support and enhance children and adolescents' social-emotional development and relationships
	4: Cross Cutting Healthy Women, Infants, & Children	4.1 Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child health populations
Promote Well-Being and Prevent Mental and Substance Use Disorders	1: Promote Well-Being	1.2 Facilitate supportive environments that promote respect and dignity for people of all ages
	2: Mental and Substance Use Disorders Prevention	2.2 Prevent opioid and other substance misuse and deaths
Prevent Communicable Diseases	1: Vaccine-Preventable Diseases	1.1 Improve vaccination rates

Community Care of Brooklyn, the Brooklyn Health Home, and Maimonides in its role with each are working on all of the above priorities and have additionally prioritized several key health needs, including:

- Creating an integrated delivery system and incorporating the full continuum of care to eliminate service fragmentation; prevent avoidable Emergency Room visits and hospital readmissions; and improve chronic disease prevention and disease management
- Integrating primary care services and behavioral health, ensuring practices meet Patient Centered Medical Home (PCMH) Level 3 standards, focused on care management and behavioral health integration
- Expanding access to community primary care services and equipping community-based and social service organizations with staff and training to meet the needs of high-risk patients and provide continuity of care
- Improving access to culturally and linguistically competent health care services for diverse communities
- Increasing early access to and retention in HIV care

Selected Health Disparities

There are racial, ethnic, and socioeconomic disparities in social determinants of health, healthy behaviors, access to care, and health outcomes among the diverse populations Maimonides serves. Maimonides is choosing to focus on alleviating racial and ethnic disparities in preterm birth and low birth weight among Black and Hispanic patients, as compared to their white counterparts. Both preterm birth and low birth weight are more common among non-white women in New York City, according to vital statistics data. As the only state-designated regional perinatal center in Southern Brooklyn, MMC is well positioned to focus on improving perinatal outcomes for residents of its service area.

Health Needs Not Addressed

A number of social determinants adversely affect health in parts or all of Maimonides' service area. These include air quality, affordability and condition of housing, density of tobacco retailers, accessibility of supermarkets, physical activity, incarceration, and poverty. While MMC is engaged in work that can affect or compensate for these variables, including as a participant and fiduciary for a DSRIP PPS, as a provider of certain social services, and as an advocate for public policies that promote a healthy Brooklyn, it is not implementing direct interventions targeting these issues.

MMC has chosen to prioritize other needs over these based on the competencies and capabilities it possesses, chief among which are its clinical resources and the relationships it has built across diverse communities and organizations. To the extent possible, Maimonides will support government and community-based organizations' efforts to ameliorate the social and economic conditions that adversely affect health in its service area.

4. Implementation Plan

Identification of Resources Available to Address Health Needs

Maimonides devotes staffing and financial resources to sustain the programs and activities described below in our Implementation Plan, including resources from the following areas:

- Patient & Community Relations
- Executive Office
- Academic Affairs (residents, fellows, and the Committee of Interns & Residents)
- Foundation and government grants, with which staff are hired to conduct health interventions
- Clinical departments
- DSRIP funding from New York State, which helps to staff the Central Service Organization, which manages and coordinates all DSRIP projects

In alignment with the four priority areas that Maimonides has selected – Prevent Chronic Diseases; Promote Healthy Women, Infants and Children; Promote Well-Being and Prevent Mental and Substance Use Disorders; and Prevent Communicable Diseases – Maimonides has developed strategies for health promotion and service provision for its patients and community members through a variety of venues, both clinical and community-based. These efforts include strategic alignment with partner organizations and active participation in convening activities related to community health in the MMC service area, such as meetings of the Greater New York Hospital Association and NYC DOHMH task forces. Maimonides also leverages its relationships with academic and clinical affiliates – namely SUNY Downstate Health Sciences University, New York Community Hospital of Brooklyn, and Northwell Health – where appropriate to coordinate and integrate health services and health promotion activities.

Existing and Continuing Programs and Interventions

Maimonides has a longstanding history of community engagement and offering culturally diverse and appropriate health education and treatment, which are core to its mission. Beyond providing direct patient care services, Maimonides is deeply invested in providing service to the greater community that address the needs of residents. Major programs deployed by Maimonides include health education and screening events co-hosted with community organizations; care coordination and case management services; trauma and accident prevention trainings for high-risk populations; and support group services for patients experiencing or recovering from illness.

In the coming years, Maimonides will continue existing interventions and programs and implement additional community-based strategies to advance health promotion and preventive care. Hallmarks of these efforts to foster healthy communities include:

- Education of community members, patients, and their families
- Providing preventive care and health education in both clinical and community settings
- Training of health professionals and lay people in health-related roles, i.e. birth doulas
- Leading collaborative efforts among government, community, and healthcare provider partners to transform the healthcare delivery system

The programs and interventions that Maimonides currently operates to address community health needs are described below.

Domain	Program/Activity	MMC Department(s)	Description
Chronic Disease	Community Health Symposia, Street Fairs, & Health Resource Fairs	Patient & Community Relations; Asian Outreach; Clinical departments	MMC partners with a variety of community-based organizations, community boards, and religious and cultural groups to host educational health symposia, many of which also offer preventive screenings for specific conditions. Clinical and community outreach staff partner to promote and execute 30-40 events annually.
	Commission on Cancer Committee	Cancer Center; Patient & Community Relations	Maimonides' Committee for the Commission on Cancer conducts an annual assessment of prevention, screening, and outreach activities at the Cancer Center; develops an annual Community Health Assessment; and guides the focus of MMC cancer prevention programs.
	Smoking Cessation Program	Cancer Center; Patient & Community Relations	The MMC Cancer Center hosts smoking cessation programs using the American Lung Association's <i>Freedom From Smoking</i> ® curriculum.
	Breast Cancer Prevention & Screening	Cancer Center; Patient & Community Relations	MMC partners with various organizations to provide breast cancer education and screening at community-facing events 10-15 times per year. Clinical staff conduct follow-up as appropriate and the MMC Breast Center provides mammograms regardless of ability to pay.
	Prostate Cancer Prevention & Screening	Cancer Center; Patient & Community Relations	MMC partners with various organizations to provide prostate cancer education and screening at community-facing events 10-15 times per year. The MMC Prostate Center Coordinator provides education, conducts follow-up with screened patients, and connects patients to care as appropriate. Community event screenings are free of charge.
	Colon Cancer Prevention & Screening	Cancer Center; Patient & Community Relations	MMC provides colon cancer screenings to patients, regardless of their ability to pay.
	Lung Cancer Prevention & Screening	Cancer Center; Patient & Community Relations	MMC partners with various organizations to provide lung cancer education and screening, with a focus on high-risk communities. Screening is provided regardless of patients' ability to pay and more than 40 patients are screened each month on average.
	Cardiovascular Prevention & Screening	Cardiac Surgery; Cardiology; Patient & Community Relations	MMC offers a variety of cardiovascular health prevention and screening activities and is a member of NYC DOHMH's <i>Take the Pressure Off, NYC!</i> coalition. Activities are co-hosted with community organizations and tailored to specific communities. Major recurring programs include Women's Heart to Heart symposia and Heart Month education and screening activities in February.
	Family Health Challenge	Academic Affairs	In partnership with the Committee of Interns and Residents (CIR), MMC medical residents volunteer in a Brooklyn public school delivering a curriculum focused on increasing healthy eating habits and physical activity among children.

Domain	Program/Activity	MMC Department(s)	Description
Maternal, Infant, and Child Health	Building Resilience in Children, Families, Infants and Toddlers (BRIC FIT)	Pediatrics	Drawing on the success of the Building Resilience in Children (BRIC) program previously implemented at MMC, providers in the Department of Pediatrics are being trained to: conduct adverse childhood experience (ACE) and social determinants of health (SDOH) screenings in primary care settings; make referrals to community-based services; and deliver integrated behavioral and developmental services through a collaborative care model. BRIC FIT is guided by a community advisory board and is developing a network of community-based providers with whom MMC Pediatrics will partner to deliver services.
	Baby Friendly Practice	Obstetrics & Gynecology	MMC is in the process of securing Baby Friendly designation, an effort begun in 2016 with support from NYS DOH. This effort includes: training Certified Lactation Consultants who support patients as “breastfeeding champions;” postpartum WIC visits in L&D and outpatient clinics; and offering the option of postpartum rooming-in.
	CenteringPregnancy	Obstetrics & Gynecology; Marketing & Communications	In partnership with the Centering Healthcare Institute and the NYC DOHMH, MMC is providing group prenatal care at its Women’s Primary Care Center using the CenteringPregnancy curriculum. CenteringPregnancy groups first began in August 2019 and are planned to continue until at least 2021, supported by a DOHMH grant. Clinical staff are trained in the CenteringPregnancy model and are partnering with marketing staff to advertise more widely to patients.
	Volunteer Doulas	Obstetrics & Gynecology; Volunteer Services	MMC hosts a volunteer doula program in partnership with N’shei C.A.R.E.S., a division of Agudah Women of America. This program provides free doula services to L&D patients seven days a week, including labor support, lactation support, and family/partner support. ~90 doulas and ~25 postpartum volunteers participated in 2019.
Communicable Disease	Life Forward	Infectious Disease	MMC provides care and management to HIV+ patients through its Life Forward program, staffed by infectious disease physicians and a dedicated program coordinator. Life Forward patients’ rates of antiretroviral therapy use and viral suppression exceed NYC averages, and the program serves an older population than the NYC average. More than 300 patients were served by the program in 2019.
	Vaccine Education	Infectious Disease; Patient & Community Relations; Pediatrics	MMC provides vaccination and vaccine education in clinical settings and at community facing events. During the 2018-2019 Brooklyn measles outbreak, MMC partnered with local Hatzolah ambulance companies to host MMR vaccination events targeted to the Orthodox Jewish community. MMC also coordinated with DOHMH to function as a referral site for at-risk Williamsburg residents and leveraged relationships with local and national news media to emphasize the importance and safety of vaccination. MMC makes the MMR vaccine available regardless of ability to pay.

Domain	Program/Activity	MMC Department(s)	Description
Mental Health, Substance Use, & Well-Being	Safe at Home & Home Medical Care for the Elderly	Geriatrics; Care Management; Patient Flow Services	MMC's Division of Geriatric Medicine coordinates care transitions for elderly patients upon discharge through the Safe at Home program, and provides home visiting services for the elderly homebound through the Home Medical Care for the Elderly program. These initiatives work in tandem with each other and with services provided at the MMC Geriatrics Faculty Practice in Borough Park. Nurse practitioners, physicians, and a social worker collaborate to manage complex patient care across settings, including conducting home safety assessments, coordinating retrofitting of the home environment, managing care plans and advance directives, connecting patients to social and legal services, and coordinating end-of-life and hospice transitions. These programs help geriatric patients live safely in the setting of their choosing and avoid hospitalizations.
	Trauma & Injury Prevention	Trauma Surgery; Nursing; Pediatrics	MMC employs a full-time trauma and injury prevention coordinator who staffs 60+ educational and outreach events each year in coordination with MMC clinical departments, NYC and NYS public safety and health agencies, local public and private schools, the Brooklyn borough president's office, the Brooklyn Public Library, and local senior centers. Major programs include fall prevention for the elderly and vulnerable; child car seat safety; babysitter safety trainings; and Stop the Bleed trainings.
	Cardiovascular Support Groups	Cardiac Surgery; Cardiology	MMC sponsors support groups for cardiac patients and family members with focuses on heart disease, aortic aneurysm, aortic dissection, and LVAD surgery.
	Cancer Support Groups	Cancer Center; Patient & Community Relations	MMC sponsors support groups for cancer patients and family members, including specific groups for prostate cancer and for women with cancer.
	Opioid Avoidance, Harm Reduction, & Medication Assisted Treatment	Emergency Medicine; Population Health/DSRIP; Care Management; Surgery; Medicine; Psychiatry; Pharmacy; Quality Management; MIS	MMC is engaged in many opioid reduction efforts, including: developing and implementing novel opioid-sparing surgical protocols; in partnership with NYC DOHMH, providing buprenorphine prescribing waiver trainings to attendings, house staff, and community physicians; offering medication assisted treatment clinic hours and consults; providing free, take-home naloxone to patients where appropriate in partnership with the NYS Opioid Overdose Prevention Program; and reducing opioid prescription volume and length of supply. MMC actively monitors trends in opioid prescribing and implements quality improvement projects related to opioids.
	Mental Health First Aid	Asian Outreach	MMC partners with ThriveNYC, a project of the NYC Mayor's Office, to provide Mental Health First Aid trainings in the Chinese and Chinese-American community.
	Healthcare Anchor Network	Population Health/DSRIP	MMC participates as a member of the Healthcare Anchor Network, a nationwide network focused on helping health systems leverage assets – including hiring, purchasing, and investment – to support equitable local economic development and community health.
	Legal Services Referrals	Finance; Population Health/DSRIP; Clinical departments	MMC partners with the New York Legal Assistance Group (NYLAG) to offer free attorney consultations on the Maimonides campus, with referrals made from clinical settings as appropriate. Attorneys provide civil legal services, including immigration assistance.

5. Ongoing Engagement with Partners and Communities Served

Maimonides will continue to work closely with the people it serves, the formal and informal leaders who represent its communities, and a range of organizations that provide complementary services. It will do so via the many programmatic partnerships described in the implementation plan found in Section 4 above. In addition, MMC will report to the community and obtain input on its programming via regularly scheduled meetings of the Maimonides Council of Community Organizations (COCO) and through ongoing dialogue with community members, community healthcare providers, community-based organizations, and local elected officials.

6. Dissemination and Awareness of the CHNA/CSP

The principal method of distributing the CHNA/CSP will be via Maimonides' website at www.maimonidesmed.org. Maimonides will promote awareness of the document's availability on its website via announcements, emails, and other written communications associated with its many programs and meetings that involve members of the community. A paper copy of the CHNA/CSP will be made available for inspection at Maimonides upon request.

Appendix A: Quantitative and Public Data Sources

Data Set	Source	Information	Use(s)
MMC Registration Data	MMC Finance	Geographic origin (zip code) and race/ethnicity of patients served	Define community
Community Health Profiles	NYC DOHMH	Demographics of communities, health outcomes (e.g. diabetes, obesity, stroke hospitalization, screening, etc.), healthcare access, poverty/education levels, health behaviors	Define health needs
Community District Profiles	NYC Department of Planning	Demographics of communities; built environment and land use; community board perspectives	Define community; define health needs
MOIA 2019 Annual Report	NYC Mayor's Office of Immigrant Affairs	Demographics, health and social services issues, and policy topics specific to NYC immigrant communities	Define community; define health needs
Cancer Incidence / Prevalence	NYS Cancer Registry	Cancer rates by neighborhood and type	Define health needs
NYS Prevention Agenda	NYS DOH	Priority health issues defined by the State	Prioritize health needs, implementation plan
New York City Health Provider Partnership Brooklyn Community Needs Assessment (DSRIP CNA)	CCB Website	Health needs and outcomes for Brooklyn	Define health needs across Brooklyn, with a focus on Medicaid population
NYS County Opioid Quarterly Report	NYS DOH	Opioid abuse statistics for NYS, NYC, and Brooklyn	Define health needs
NYC Vital Statistics	NYC DOHMH	Demographics and outcome measures, including birth rates, preterm births, and deaths; health disparities	Define health needs; prioritize health needs
People-Focused Research: Participatory Action Research in Canarsie, Flatlands, and Flatbush	CCB Website	Community member input on health concerns and their relative importance	Define health needs; prioritize health needs

Appendix B: Maimonides Community Health Staff Contributors

Name	Title	Department
Robin Gitman	VP, Academic Affairs	Academic Affairs
Aviva Berman	Director, Integrated Care	Case Management
Janice Yang	Director, Community Outreach	Community Outreach
Okenfe Lebarty	Senior Manager, Community Engagement	Central Services Organization
Shari Suchoff	VP, Population Health Policy & Strategy	Central Services Organization
Sergey Motov	Attending Physician & Research Director	Emergency Medicine
Reuben Strayer	Attending Physician	Emergency Medicine
David Cohen	Executive VP, Clinical & Academic Development	Executive Office
Karen Nelson	Senior VP, Integrated Delivery System	Executive Office
Adam Stolz	VP, Strategy & Administration	Executive Office
Eric Scalettar	Senior VP, Planning	Executive Office
Barbara Paris	Director, Geriatric Medicine	Geriatrics
Debra Barnett	Nurse Practitioner	Geriatrics
Alejandro Lojo	Project Manager	Heart & Vascular
Joyce Leahy	Executive VP, Legal Affairs & General Counsel	Legal
Lori White	AVP, Nursing Obstetrics & Gynecology	Obstetrics & Gynecology
Beth Olsen	Nurse Manager	Obstetrics & Gynecology
Mary Maza	Registered Nurse	Obstetrics & Gynecology
Josephine Butler-Burke	Senior Staff Nurse II	Obstetrics & Gynecology
Janet Stein	Director, Obstetrics	Obstetrics & Gynecology
Sandra McCalla	Vice Chair, Obstetrics & Gynecology	Obstetrics & Gynecology
Steve Zeltser	Events Coordinator	Patient & Community Relations
Kate Cucco	Administrative Manager	Patient & Community Relations
Douglas Jablon	Executive VP, Patient Relations & Special Assistant to the President	Patient & Community Relations
Yonit Lax	Attending Physician & Chief, Pediatric Community Health	Pediatrics
Natasha Nurse	Regional Perinatal Center Administrator	Pediatrics
Jeffrey Avner	Chair, Pediatrics	Pediatrics
Karen Kobus	VP, Professional Affairs	Safety
Kristin Rojas	Attending Physician	Breast Surgery
Jody Ruth Steinhardt	Lung Cancer Screening Coordinator	Thoracic Surgery
Gia Ramsey	Trauma Injury Prevention/Education Outreach Coordinator	Trauma Surgery
Jeffrey Nguyen	Prostate Center Coordinator	Urology Surgery
Alla Zats	Director, Volunteer & Student Services	Volunteer & Student Services
Pamela Benson	Licensed Practical Nurse	Women's Primary Care Center

Priority	Focus Area	Goal	Objectives	Disparities	Interventions	Family of Measures	Projected (or completed) Year 1 Intervention	Projected Year 2 Interventions	Projected Year 3 Interventions	Implementation Partner	Partner Role(s) and Resources
Prevent Chronic Diseases	Focus Area 4: Preventive care and management	Goal 4.1 Increase cancer screening rates	Increase breast, prostate, colon, and lung cancer screening	N/A	Cancer screening and prevention education events	Number of events	As of October 2019, Maimonides hosted over 25 events focused on cancer prevention, awareness, and screening. Events included lectures by physicians, education and screening offered via tabling at health fairs and street fairs, and cancer screenings provided at Maimonides locations regardless of ability to pay. Breast cancer-focused events directly reached over 1,050 participants. In order to better reach Spanish-speaking residents, clinical staff who are bilingual staffed several of these events. Prostate-specific antigen (PSA) blood tests were offered free of charge to eligible individuals; 42 tests were conducted at community-facing events, of which 6 had abnormally elevated PSA levels and 1 had a confirmed prostate cancer. Cancer screenings are offered consistent with National Cancer Institute and U.S. Preventive Services Task Force guidelines.	Maimonides will continue to sponsor a range of events to provide education, awareness, and screening opportunities to residents, in partnership with local organizations.	Maimonides will continue to sponsor a range of events to provide education, awareness, and screening opportunities to residents, in partnership with local organizations.	Law Enforcement Community-based organizations	The 68th Precinct Community Council, the 62nd Precinct, and the 61st Precinct Community Council co-hosted or sponsored events where Maimonides provided cancer education and/or screening. The Sephardic Community Center and Boro Park Hatzolah co-hosted events where Maimonides provided cancer education and/or screening.
						Number of screenings					
		Goal 4.2 Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity	Increase cardiovascular disease and hypertension screening	N/A	Cardiovascular screening and prevention education events	Number of events	As of October 2019, Maimonides held over 15 events focused on cardiovascular health, prevention, and screening. These activities include educational symposia with screening made available at community-based and faith organizations, and advocacy and screening events on the Maimonides campus. 340 heart health screenings have been conducted at community events year to date through October.	Maimonides will continue to sponsor a range of events providing prevention education and cardiovascular health screenings to community members, in partnership with local organizations.	Maimonides will continue to sponsor a range of events providing prevention education and cardiovascular health screenings to community members, in partnership with local organizations.	Faith Advocates Business	Maimonides partners with numerous local faith and cultural organizations, including churches and faith-based community centers. Partner organizations generally provide space for events. WomanHeart and Amgen are partnering with Maimonides to sponsor cholesterol screenings for Hispanic and African American women in late 2019
Prevent Communicable Diseases	Focus Area 1: Vaccine Preventable Diseases	Goal 1.1: Improve vaccination rates	Increase MMR vaccination rates	N/A	MMR vaccination and education services provided in clinical and community settings	Number of patients vaccinated	In May 2019, Maimonides partnered with three voluntary ambulance services - Hatzolah of Boro Park, Hatzolah of Williamsburg, and Hatzolah of Flatbush - to deliver free MMR vaccines to residents of those neighborhoods. More than 100 residents received vaccines at these events. Paid advertising was used to promote these events and indicate four major Maimonides outpatient clinic sites where the MMR vaccine was made available regardless of ability to pay. At Maimonides pediatric primary care locations, physicians provide vaccinations and counseling on the safety and importance of vaccination based on guidance from the American Academy of Pediatrics. Medical education for pediatrics residents includes a focus on vaccination, and Maimonides sponsors pediatric grand rounds which teach skills related to vaccine education (i.e. a November session titled "Using Motivational Interviewing Techniques to Address Parental HPV Vaccine Hesitancy").	Maimonides will continue to provide vaccinations and patient education in clinical settings and in community. The prevalence of measles and other communicable diseases will be monitored using DOHMH and internal data to determine how best to deploy education and vaccination resources.	Maimonides will continue to provide vaccinations and patient education in clinical settings and in community. The prevalence of measles and other communicable diseases will be monitored using DOHMH and internal data to determine how best to deploy education and vaccination resources.	Other (please describe partner and role(s) in column D) Providers	Hatzolah of Boro Park, Hatzolah of Williamsburg, and Hatzolah of Flatbush partnered with Maimonides to provide support and space at their ambulance garages for vaccination drive events. Pediatricians, infectious disease specialists, and preventive medicine providers work with Maimonides to deliver graduate medical education.

Priority	Focus Area	Goal	Objectives	Disparities	Interventions	Family of Measures	Projected (or completed) Year 1 Intervention	Projected Year 2 Interventions	Projected Year 3 Interventions	Implementation Partner	Partner Role(s) and Resources
Promote Healthy Women, Infants and Children	Focus Area 2: Perinatal and Infant Health	Goal 2.2: Increase breastfeeding	Increase breastfeeding and exclusive breastfeeding rates	N/A	Baby Friendly hospital designation	Percentage of patients who initiate breastfeeding Number of patient interviews conducted	Since 2016, Maimonides has been pursuing designation as a Baby-Friendly hospital by training staff and implementing policies that support mother/baby bonding and breastfeeding. In 2019, this effort continued and spread to better align ambulatory care practices with baby-friendly principles. In 2019, Maimonides began patient interviews to assess program performance, with a goal of 100 per month.	Maimonides will implement Baby-Friendly protocols to pursue and then maintain this designation. Efforts to improve data collection will continue and expand.	Maimonides will implement Baby-Friendly protocols to pursue and then maintain this designation. Efforts to improve data collection will continue and expand.	Local health department	NYC DOHMH organizes a Breastfeeding Hospital Collaborative in which Maimonides participates.
	Focus Area 3: Child and Adolescent Health, including children with special health care needs (CSHCN)	Goal 3.1 Support and enhance children and adolescents' social-emotional development and relationships	Improve referrals, care coordination, and service integration for pediatric patients and families in need of behavioral services	N/A	Building Resilience in Children, Families, Infants and Toddlers (BRIC FIT) Evidence: <i>Minkovitz, C. S., Strobino, D., Mistry, K. B., Scharfstein, D. O., Grason, H., Hou, W., ... & Guyer, B. (2007). Healthy Steps for Young Children: sustained results at 5.5 years. Pediatrics, 120(3), e658-e668.</i>	Number of social determinants of health screenings conducted Number of families enrolled Provider comfort, attitudes, and practices related to SDH and ACE screening and referrals Missed visits for well child care & vaccine delays	Maimonides began the start-up phase of BRIC FIT in 2019, including training pediatric care providers to conduct adverse childhood experience (ACE) and social determinants of health (SDH) screenings; convening a community advisory board; and developing a network of behavioral and social service providers with whom Maimonides partners.	Maimonides will ramp up screening, referrals to needed services, and care coordination for BRIC FIT enrollees.	Maimonides will continue screening, referrals to needed services, and care coordination for BRIC FIT enrollees.	Other (please describe partner and role(s) in column D)	BRIC-FIT is supported by a grant from the Health Resources & Services Administration, division of Maternal & Child Health.
	Focus Area 4: Cross Cutting Healthy Women, Infants, & Children	Goal 4.1 : Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child health populations	Increase enrollment and retention of prenatal patients in evidence-based care models (i.e. CenteringPregnancy)	Hispanic and African American prenatal patients experience preterm birth and low birth weigh at higher rates than their white counterparts. The CenteringPregnancy model is supported by research evidence that shows decreased rates of preterm and low birth weight babies, as well as increased breastfeeding and better pregnancy spacing. CenteringPregnancy has also been shown to mitigate racial disparities in preterm birth.	CenteringPregnancy group prenatal care model Evidence: <i>Francis, E., Johnstone, M. B., Convington-Kolb, S., Witrick, B., Griffin, S. F., Sun, X., ... & Chen, L. (2019). Group Prenatal Care Attendance and Women's Characteristics Associated with Low Attendance: Results from Centering and Racial Disparities (CRADLE Study). Maternal and Child Health Journal, 1-11.</i>	Number of CenteringPregnancy group sessions run Number of patients participating in CenteringPregnancy Preterm birth among CenteringPregnancy participants Low birth weight among CenteringPregnancy participants	In 2019, Maimonides prepared to begin CenteringPregnancy by training staff and investing in facility upgrades to create a dedicated space for Centering groups. In August, Maimonides launched the first Centering group sessions and developed a marketing plan to recruit more eligible patients to the Centering model of care. Groups start on a rolling basis and recruitment is ongoing.	Maimonides will continue active recruitment of patients into the Centering model whenever clinically appropriate. As needed, groups may be offered in languages other than English.	Maimonides will continue active recruitment of patients into the Centering model whenever clinically appropriate. As needed, groups may be offered in languages other than English.	Local health department	NYC DOHMH is helping to sponsor startup costs for the program.

Priority	Focus Area	Goal	Objectives	Disparities	Interventions	Family of Measures	Projected (or completed) Year 1 Intervention	Projected Year 2 Interventions	Projected Year 3 Interventions	Implementation Partner	Partner Role(s) and Resources
Promote Well-Being and Prevent Mental Health and Substance Use Disorders	Focus Area 1: Promote Well-Being	Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages	Provide primary care home visiting and care coordination to help very elderly patients live safely in their preferred environment	N/A	Home Medical Care for the Elderly Program	Number of patients receiving home visits	As of Q3 2019, the Home Medical Care for the Elderly program provided home visiting services to 422 patients. Services are provided by geriatric nurse practitioners. Services include fall and home safety assessments; care planning and coordination with family and professional caregivers (i.e. home health aides); social services and legal referrals; coordination of home retrofitting for patient safety; advance directive planning; medical imaging; and managing end-of-life care.	Home Medical Care for the Elderly will continue to identify and provide services to eligible patients.	Home Medical Care for the Elderly will continue to identify and provide services to eligible patients.	Other (please describe partner and role(s) in column D)	Maimonides geriatric providers partner with a wide variety of social services, legal services, transportation, and senior care/support services as appropriate to provide the best possible quality of care for patients. An example is coordinating with New York Legal Assistance Group (NYLAG) to help a patient handle a legal dispute with their landlord.
			Provide discharge planning and follow-up services to help geriatric inpatients successfully transition to home	N/A	Safe at Home Program	Number of patients discharged	As of Q3 2019, the Safe at Home program discharged 16 inpatients. Safe at Home provides hospitalized frail older patients and their caregivers with discharge planning, care coordination, and follow-up home visiting services to reduce avoidable readmissions, ED visits, and nursing home placements.	Safe at Home will continue to identify and provide services to eligible patients.	Safe at Home will continue to identify and provide services to eligible patients.	Other (please describe partner and role(s) in column D)	Maimonides geriatric providers partner with a wide variety of social services, legal services, transportation, and senior care/support services as appropriate to provide the best possible quality of care for patients. An example is coordinating with New York Legal Assistance Group (NYLAG) to help a patient handle a legal dispute with their landlord.

Priority	Focus Area	Goal	Objectives	Disparities	Interventions	Family of Measures	Projected (or completed) Year 1 Intervention	Projected Year 2 Interventions	Projected Year 3 Interventions	Implementation Partner	Partner Role(s) and Resources
Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 2: Prevent Mental and Substance User Disorders	Goal 2.2 Prevent opioid and other substance misuse and deaths	Reduce prescriptions to opioid-naïve patients	N/A	Enhanced Recovery After Surgery (ERAS) protocol for breast surgery patients	Number of patients treated with ERAS protocol Ratio of patients treated with ERAS protocol to those not treated with ERAS protocol	The Maimonides Department of Surgery has developed and implemented an Enhanced Recovery After Surgery (ERAS) protocol for breast surgery using opioid-sparing techniques. In a research trial conducted at MMC, this protocol has been shown to eliminate the need for opioid prescriptions at discharge without compromising successful post-operative pain management. As of October 2019, 1,300 patients have been treated by MMC breast surgeons without the use of opioids.	ERAS will continue to be the standard of care for breast surgery patients where clinically appropriate. The MMC division of breast surgery aims to discharge 100% of lumpectomy and mastectomy patients without opioid prescriptions. Anticipated research will focus to the impact of ERAS in obese patients, because it appears they may derive less benefit from the current protocol.	ERAS will continue to be the standard of care for breast surgery patients where clinically appropriate. The MMC division of breast surgery aims to discharge 100% of lumpectomy and mastectomy patients without opioid prescriptions. The division will also aim to expand ERAS to all breast surgeries, including mastectomies with reconstruction.		
					Evidence: <i>Rojas, K. E., Manasseh, D. M., Flom, P. L., Agbroko, S., Bilbro, N., Andaz, C., & Borgen, P. I. (2018). A pilot study of a breast surgery Enhanced Recovery After Surgery (ERAS) protocol to eliminate narcotic prescription at discharge. Breast cancer research and treatment, 171(3), 621-626.</i>						
			Provide timely, clinically appropriate services to individuals with opioid use disorder	N/A	Buprenorphine prescribing training for providers	Number of providers trained	In February 2019, Maimonides hosted 2 buprenorphine prescribing trainings for attending physicians, house staff, and community providers. Roughly 65 providers were trained. As of August 2019, 21 Maimonides emergency medicine physicians were trained and registered with DEA to write outpatient buprenorphine prescriptions.	Maimonides will continue to work to increase the number of hospital and community-based providers trained and registered to write outpatient buprenorphine prescriptions.	Maimonides will continue to work to increase the number of hospital and community-based providers trained and registered to write outpatient buprenorphine prescriptions.	Local health department	NYC DOHMH provided training in conjunction with Maimonides.
				N/A	Regularly scheduled medication assisted treatment clinic hours	Number of MAT clinic patients	In April 2019, Maimonides began regular medication assisted treatment clinic hours, allowing for rapid referrals to treatment for patients with opioid use disorder (OUD). The MAT clinic has seen 11 patients from mid-April through October 2019.	MAT will continue to be offered on the MMC campus. Maimonides will work to educate providers on options for referring their patients to MAT. A CDC-sponsored MAT navigator is planned to staff the ED to improve identification of OUD patients and facilitate data collection.	MAT will continue to be offered on the MMC campus. Maimonides will work to educate providers on options for referring their patients to MAT. Efforts will continue to improve data collection.		
				N/A	Take-home naloxone distribution	Number of naloxone kits distributed	In 2019, MMC expanded capacity to dispense DOHMH-sponsored take-home naloxone kits to patients identified as being in need of overdose reversal resources. MMC transitioned this year to ED-based pharmacist distribution, making it possible to distribute kits 15 hours per day, 7 days per week. 20 physicians were trained this year to identify candidates for naloxone and train them to use the take-home kits.	MMC will continue take-home naloxone distribution and work to ensure maximum coverage of ED staff who can dispense kits and train users.	MMC will continue take-home naloxone distribution and work to ensure maximum coverage of ED staff who can dispense kits and train users.	Local health department	NYC DOHMH sponsors take-home naloxone kits.
				N/A	Relay opioid overdose peer advocate program	Number of patients engaged by peer advocates Number of patients retained in program	MMC participates in the DOHMH "Relay" program, which connects individuals who have survived an overdose and are at risk with peer advocates. Since the program began, MMC has referred 137 patients to Relay and 95 patients have been retained in the program.	MMC will continue to make referrals to Relay for eligible patients and monitor data on patient retention.	MMC will continue to make referrals to Relay for eligible patients and monitor data on patient retention.	Local health department	NYC DOHMH coordinates the Relay program.
				N/A	Modified pain management order sets & provider education Evidence: <i>Motov, S., Strayer, R., & Hayes, B. (2018). AAEM White Paper on Acute Pain Management in the Emergency Department. Ann Emerg Med, 54(5), 731-736.</i>	Number of opioid prescriptions written by department & provider Website traffic for provider resource site	MMC's Pain Management Committee is leading multiple education and clinical practice improvement efforts to reduce opioid prescribing hospital-wide and offer education in alternative pain management processes. Provider education focuses on avoidance of highly euphoric opioids. From May 2018 YTD to May 2019 YTD, opioids administered in the hospital decreased by roughly 10%.	In January 2020, MMC plans to launch a comprehensive internal SharePoint site with provider resources on pain management best practices. Pain management order sets that account for prior opioid use will be implemented housewide. Data will be collected on opioid prescribing patterns by department and provider. Provider education will continue to focus on avoidance of highly euphoric opioids.	MMC will continue monitoring web traffic for its internal provider resource site, prescribing patterns, and pain management order set use. Feedback will be solicited from providers in multiple forums and used by the Pain Management Committee to further refine strategies.	Providers	The American Academy of Emergency Medicine's resources on pain management in emergency departments are used in the development of protocols at MMC.