MAIMONIDES HEALTH

Community Health Needs Assessment
and Community Service Plan
2025-2027

As Adopted by the Maimonides Health Board of Trustees

December 31, 2025

Service Areas Covered

Bath Beach, Bay Ridge, Bensonhurst, Bergen Beach, Borough Park, Brighton Beach, Canarsie, Coney Island South, Ditmas Park, Dyker Heights, East Flatbush, Fort Hamilton, Flatbush, Flatlands, Georgetown, Gerritsen Beach, Gravesend, Homecrest, Kensington, Kings Highway, Manhattan Beach, Manhattan Terrace, Marine Park, Midwood, Mill Basin, Ocean Parkway, Plum Beach, Prospect Park South, Remsen Village, Rugby, Sea Gate, Sheepshead Bay, Sunset Park, and Windsor Terrace.

Participating Hospitals

Maimonides Medical Center
Maimonides Midwood Community Hospital

Contact

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B. Executive Summary

Maimonides Health (Maimonides or MH) has been serving the Brooklyn community since 1911. MH is the largest independent health network in Brooklyn and provides more than 1 million patient visits per year through the system's three hospitals. MH is home to over 1,800 physicians and more than 80 community-based practices and outpatient centers. The anchors of the MH system are 1) Maimonides Medical Center (MMC), which is also one of the nation's largest independent teaching hospitals housing several centers of excellence in a multitude of specialties listed below, 2) Maimonides Midwood Community Hospital (MMCH), which is a 130-bed adult medical-surgical hospital, and 3) Maimonides Children's Hospital, which is the only children's hospital and only pediatric trauma center in Brooklyn.

MH delivers primary and specialty care, dental services, and behavioral health care services to residents from across Brooklyn and beyond. Over 80% of inpatients at Maimonides are covered through government insurance programs—Medicaid or Medicare—and Maimonides treats all patients, regardless of ability to pay. In 2024, Maimonides recorded more than 40,000 inpatient discharges, more than 148,000 Emergency Department visits, and 966,000 outpatient visits. Additionally, Maimonides Health fosters a clinical and academic partnership with SUNY Downstate Health Sciences University to integrate services and clinical training programs offered by our respective organizations. Further detail on both MMC and MMCH follows:

- **Maimonides Medical Center** (MMC), a 711-bed specialty care teaching hospital located in Borough Park, Brooklyn, is the largest hospital in New York's most populous county. In 2024, MMC had more than 34,000 inpatient visits and more than 923,000 outpatient visits. MMC serves as Brooklyn's largest Medicaid provider and employs nearly 7,000 people, with more than 60% of Maimonides employees residing in the borough.

  MC is a destination center for high-quality tertiary care, offering a number of nationally recognized and accredited centers of excellence. Those centers of excellence include a Heart and Vascular Center with Brooklyn's only Left Ventricular Assist Device and Extracorporeal Membrane Oxygenation programs, Brooklyn's only full-service outpatient Breast, Prostate, and Cancer Centers, and a Comprehensive Stroke Center. MMC plays a leadership role in Community Care of Brooklyn (CCB), which addresses social determinants of health (SDOH) in our service area and throughout the borough.

  Maimonides Children's Hospital is the borough's only comprehensive children's hospital and Pediatric Trauma Center, with a team of board-certified pediatric specialists whose expertise spans more than 30 pediatric subspecialties, from oncology and cardiology to

surgery and intensive care. The hospital has a Regional Perinatal Center serving high-risk neonates, and boasts one of New York State's largest obstetrics programs, delivering more than 5,500 babies in 2024. In 2025, Maimonides opened its newly expanded Children's Emergency Department—the largest freestanding children's emergency department and only dedicated pediatric trauma center in Brooklyn. In 2024, the Children's Hospital had more than 7,000 inpatient visits and more than 162,000 outpatient visits.

- **Maimonides Midwood Community Hospital** (MMCH) joined Maimonides Health in 2021, and is a 134-bed hospital that offers additional clinical services. MMCH provides ambulatory surgery services, an emergency department, a department of anesthesiology, a division of cardiology, a division of colorectal surgery, an intensive care unit, an electroconvulsive therapy service, diagnostic radiology, and an epilepsy monitoring unit. With investments from its partnership with MMC, MMCH installed MRI technology in 2022 to assess patients, a significant upgrade to previous local offerings for imaging. MMCH also implemented interventional radiology procedure services in 2022, representing an expansion of services made possible by collaboration with specialists at MMC. In 2024, MMC expanded its renowned interventional cardiology services to MMCH with a new state-of-the-art Cardiac Catheterization Lab and advanced emergency and preventive cardiac suite. In 2024, MMCH had more than 43,000 outpatient visits with over 6,000 inpatient discharges and over a patient base primarily insured by Medicare and Medicaid.

The purpose of this report, the MH Community Health Assessment (CHA) and Community Service Plan (CSP), is to describe:

- Activities prior to and/or during 2025 that MH undertook to assess the health needs of the community it serves in collaboration with members of the community and other organizations;
- Results of these activities regarding the health needs of the community;
- Activities prior to and/or during 2025 that MH conducted to address these findings or the findings in the 2022 CHA report; and
- Activities to be conducted in 2026-2027 to address the findings in this CHA.

Given that Maimonides Health encompasses Maimonides Medical Center and Maimonides Midwood Community Hospital, this CHA/CSP is being submitted together for MH as one entity.

MH determined its service area as the zip codes of the top 75% of outpatient volume at either MMC or MMCH in 2024. This analysis determined that the service areas included the following neighborhoods: Bath Beach, Bay Ridge, Bensonhurst, Bergen Beach, Borough Park, Brighton

Beach, Canarsie, Coney Island South, Ditmas Park, Dyker Heights, East Flatbush, Fort Hamilton, Flatbush, Flatlands, Georgetown, Gerritsen Beach, Gravesend, Homecrest, Kensington, Kings Highway, Manhattan Beach, Manhattan Terrace, Marine Park, Midwood, Mill Basin, Ocean Parkway, Plum Beach, Prospect Park South, Remsen Village, Rugby, Sea Gate, Sheepshead Bay, Sunset Park, and Windsor Terrace.

1. NYS Prevention Agenda Priorities

Using the 2025-2030 New York State Prevention Agenda, and based on the measurable community health needs of the MH service area, the resources and abilities of each MH hospital, and the input of community members and stakeholders, the MH hospitals will focus on the following priorities during the 2025-2027 CHA period (Table 1).

Table 1. Maimonides Hospital Health Concerns & Corresponding Hospital Site

	Maimonides Health	
Maimonides Hospital Health Concern, 2025-2027	**MMC**	**MMCH**
Mental Health and Substance Use Disorders	X	
Chronic Disease Prevention and Management	X	X
Cancer Care	X	X
Maternal and Child Health	X	
Violence, Safety, and Trauma	X	X

2. Data Reviewed to Determine Prevention Agenda Priorities

To assess the health needs of the MH service area community, MH solicited input from department chairs, community members and former patients, reviewed published data of health indicators from the New York City Department of Health and Mental Hygiene (DOHMH) and the New York State Department of Health, among others such as:

- Internal Maimonides Health patient registration and demographic data
- New York City Vital Statistics data
- Maimonides Health Patient and Family Advisory Council
- New York City Department of City Planning
- New York University's Furman Center for Real Estate and Urban Policy
- United States Census Bureau
- American Community Survey
- New York City Department of Education
- New York State Department of Education, and
- Statewide Planning and Research Cooperative System (SPARCS).

Further, MH partnered with the Greater New York Hospital Association (GNYHA) to conduct a survey that was initially administered to patients in the Maimonides service area. 1,018 individuals, representing the CBOs in Appendix C, completed the survey. The survey was provided

in 18 languages – Arabic, Bengali, Burmese, Chinese simplified, Chinese traditional, French, Haitian Creole, Hindi, Italian, Japanese, Korean, Nepali, Polish, Russian, Spanish, Urdu, Uzbek, and Yiddish – to ensure that community members representative of Maimonides' diverse service area could participate. Results from this survey informed both this Assessment and the selection of NYS prevention agenda items for 2025-2027.

3. Partners and Roles

Community engagement as a means of fostering healthy communities is a defining priority at MH. To this end, MH's Community Relations department has built strong partnerships with community and faith-based leaders, elected officials, and community boards, along with key community organizations that collectively represent a broad base of the residents in the service area and throughout the borough.

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.

For example, MH elicits the input of its patients and community members by engaging the Patient and Family Advisory Council (PFAC). The PFAC is a multidisciplinary committee of hospital staff, patients and family representatives that advises on resource dedication for improving compassionate patient- and family-centered health at MH. PFAC provided feedback regarding the interventions proposed in this CHA.

Maimonides also convenes 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. 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.

MH has always relied on our relationships to expand our offerings and make our services more easily accessible in parts of Brooklyn where there are unmet health needs. In recent years we have partnered closely with Downstate University Medical Center, developing major regional departments and putting on joint symposia. Maimonides and Downstate continue to regionalize our programs and make them more widely accessible in Brooklyn. MH and Downstate now have joint chairs in neurology, pathology, cardiology, hematology and oncology. Joint chairs are expected in ophthalmology and ENT in the coming CHA period.

MH's commitment to collaboration with our partners is not limited to clinical programs; we have partnered with our neighboring facility One Brooklyn Health through the CCB Independent

Practice Association, an integrated network of health and social service partners managed by the MH Population Health team and created to help drive the uptake and success of value-based payment models in Brooklyn. One Brooklyn Health is one of many institutions in the network which works within the Medicare Savings Program to ensure high quality care is available to patients throughout the borough.

MH has conducted thorough CHAs in 2013-2014, 2016, 2019, 2022-2024—in addition to the current one covering 2025-2027—to aid understanding of the needs of the community it serves and provide relevant interventions to meet those needs. The hospital relied heavily on community input gathered through the GNYHA survey mentioned above to determine health needs discussed in this Assessment.

4. Evidence Based Interventions and Strategies to Address MH's Prevention Agenda Priorities

To address the five priorities identified above in table 1, MH designs, implements and innovates around a wide range of interventions (Table 2). These interventions leverage the clinical and administrative resources of all of MH, relationships with community partners, and the projects and accomplishments of Community Care of Brooklyn.

Table 2. Intervention & Strategies Towards MH Health Concerns in Relation to NYSPA Domains & Priorities

MH Health Concern	Domain	Priority	Interventions & Strategies (Examples)
Mental Health & Substance Use Disorders	Social and Community Context	Anxiety, Depression, and Suicide Prevention	Implement a collaborative care model for depression treatment, while also integrating behavioral health screening tools into primary care.
		Substance Misuse and Overdose Prevention	Prevent opioid and other substance misuse and deaths, by offering substance screenings across the lifespan.
Chronic Disease Prevention and Management	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control (Including Obesity)	Promote access and expand prevention and screening services for adults with chronic disease.
Cancer Care	Health Care Access and Quality	Preventive Services for Chronic Disease Prevention and Control	Encourage health systems to employ provider assessment and feedback systems to

			increase cancer screening per the national guidelines.
MH Health Concern	**Domain**	**Priority**	**Interventions & Strategies (Examples)**
Maternal and Child Health	Health Care Access and Quality	Prevention of Infant and Maternal Mortality	Collect and stratify clinical data by race, ethnicity, and language (REAL) data to analyze and identify drivers of inequity and targets for quality improvement.
		Childhood Behavioral Health & Early Intervention	Provide PCPs with materials so that they can educate parents and caregivers of young children about the Early Intervention Program.
Violence, Safety, and Trauma	Neighborhood and Built Environment	Injuries and Violence	Reduce traffic-related injuries for pedestrians and bicyclists.
		Access to Community Services and Support	Increase health and wellness for older adults by promoting age-friendly ecosystems that provide access to public spaces, healthcare services, social services, and assistance programs.

5. Evaluation

MH hosts a robust Department of Quality Management which conducts a wide range of program tracking and evaluation. This team works closely with clinical and administrative leadership to support, facilitate, and manage implementation of all quality management and program evaluation activities. Quality Management ensures the delivery of timely, efficient, effective, and equitable patient-centered care and works with departments across the health system to continuously evaluate and improve MH's patient care processes, systems, and support services. The team's objectives include pursuing opportunities to improve patient care and population health and providing a systemic framework for continuous quality improvement.

In addition to working with hospital departments to evaluate MH's programs, the Department of Quality Management also conducts health disparity data analysis as part of its work for the hospital's Reducing and Managing Health Care Disparities Committee. This analysis plays an important role in highlighting particular racial or ethnic groups that suffer from worse health outcomes compared to other groups and spreads awareness of these disparities across the

hospital. The Department of Quality Management has the expertise to effectively monitor efforts to address the health concerns outlined in this document, and will be critical to the this assessment's success.

C. Community Health Assessment (CHA)

1. Maimonides Health's Community Description:

Maimonides Health (MH) serves a broad catchment area that extends beyond the blocks immediately surrounding its campuses. In 2024, MH provided inpatient and outpatient care to patients from all residential ZIP Codes in Brooklyn and from ZIP Codes outside the borough. To define the service area for this Community Health Assessment, MH used the home ZIP Codes associated with the top 75% of outpatient visits across its hospitals (Table 3). Outpatient volume, rather than inpatient volume (Table 4), was selected because it represents the larger share of encounters and better reflects the communities that rely on MH for ongoing care.

Service Area and Patient Origin

MH's service area is very demographically diverse (one of the most diverse in New York City) and according to 2022 available data, had the community districts with New York City's highest proportion of children (35% in Borough Park) and senior citizens (25% in Coney Island) (Figure 1). MH's patient population also includes large Orthodox Jewish, Chinese, Latino, Russian, Caribbean, and South Asian and Southeast Asian (including Pakistani, Bangladeshi, Indian, Laotian, Filipino, and Indonesian) communities (Table 5).

Community Districts and Neighborhoods

MH describes its community at the community district level. Table 6 summarizes the nine Brooklyn community districts that make up the MH service area. Within these community districts, MH's service area includes the neighborhoods of Bath Beach, Bay Ridge, Bensonhurst, Bergen Beach, Brighton Beach, Borough Park, Canarsie, Coney Island South, Ditmas Park, Dyker Heights, East Flatbush, Flatbush, Flatlands, Fort Hamilton, Georgetown, Gerritsen Beach, Gravesend, Kensington, Kings Highway, Manhattan Terrace, Marine Park, Midwood, Mill Basin, Plum Beach, Remsen Village, Rugby, Sheepshead Bay, Sunset Park, and Windsor Terrace (Table 6). Together, these community districts and neighborhoods capture the areas that account for the majority of MH's patient volume and are the focus of this Community Description section.

Outpatient Race & Ethnicity

Table 5 presents the 2024 race and ethnicity distribution of MH's outpatient population. MH cares for large Orthodox Jewish, Chinese, Latino, Russian, Caribbean, and South Asian and Southeast Asian communities, including Pakistani, Bangladeshi, Indian, Laotian, Filipino, and Indonesian patients. These data illustrate the breadth of racial and ethnic diversity in the MH service area and the variety of cultural backgrounds represented in MH's patient population.

Population and Demographic Profile

Table 7 provides a population snapshot for each community district in the MH service area, including total population, the percentage of residents who are foreign born, the percentage with

limited English proficiency, the percentage of children (age 0-17), the percentage of older adults (age 65+), and race and ethnicity. Borough Park has approximately 35% of residents under age 18, and Coney Island has approximately 25% of residents aged 65 years and older (Table 7). These figures indicate that MH's service area includes districts with relatively large child and senior populations compared with many other parts of the city.

Across the service area, many residents are foreign born and speak a language other than English at home. Table 7 shows, for each community district, the share of residents with limited English proficiency and the distribution of race and ethnicity. Some districts have larger White Orthodox Jewish populations, others have large Asian or Latino populations, and others are more mixed.

Social Drivers of Health

Table 9 summarizes community level social drivers of health, including air pollution, educational attainment, poverty, food environment (bodega to supermarket ratio), and rent burden. Citywide, 18% of adults live in poverty and 50% of renter households are rent burdened; in Brooklyn, these figures are 19% and 51%. Within the MH service area, poverty ranges from 14% in Flatlands & Canarsie to 27% in Borough Park and 24% in Coney Island. Educational attainment also varies, for example 34% college grad and 38% less than high school in Sunset Park compared with 49% college grad and 18% less than high school in Bay Ridge & Dyker Heights.

Unemployment in the Service Area

Table 8 presents unemployment rates for New York City, Brooklyn, and each MH community district. New York City and Brooklyn each have an unemployment rate of 6%. Within the MH service area, unemployment ranges from 5% to 8%. Most community districts fall at 5% or 6%. Coney Island has an unemployment rate of 8%, which is higher than both the citywide and borough averages.

Table 3. Maimonides Health Outpatient Origin by Zip Code, 2024

Zip Code	Neighborhood	OP Volume
11219	Borough Park	85,951
11220	Sunset Park	73,277
11214	Bath Beach/Bensonhurst	58,333
11204	Borough Park	54,869
11218	Kensington	54,777
11230	Midwood/Ocean Pkwy	58,347
11223	Gravesend/Sheepshead	39,762
11235	Brighton/Coney	39,996
11234	Flatlands/Marine Park/Mill Basin	38,892
11226	Flatbush	35,640
11229	Gravesend/Sheepshead	39,626
11209	Bay Ridge	33,612
11228	Dyker Heights	29,429
11210	Midwood/Ocean Pkwy	28,872
11224	Brighton/Coney	25,485
11236	Canarsie	24,776
11232	Sunset Park	17,713
All Others		227,615
Total Volume		**966,972**

Source: MMC AHS and MMCH Empower Registration Data.
Includes ED and procedural visits.

Zip Code Exclusive of MMC Catchment Area
Zip Code Exclusive to MMCH Catchment Area
Zip Code Inclusive of both MMC and MMCH Catchment Areas

Table 4. Maimonides Health Inpatient Origin by Zip Code, 2024

Zip Code	Neighborhood	IP Volume
11219	Borough Park	5,341
11218	Kensington	2,794
11204	Borough Park	2,749
11230	Midwood/Ocean Pkwy	3,100
11214	Bath Beach/Bensonhurst	2,403
11220	Sunset Park	2,100
11223	Gravesend/Sheepshead	1,825
11226	Flatbush	1,737
11235	Brighton/Coney	2,184

Zip Code	Neighborhood	IP Volume
11229	Gravesend/Sheepshead	1,989
11228	Dyker Heights	990
11234	Flatlands/Marine Park/Mill Basin	1,507
11224	Brighton/Coney	1,206
11210	Midwood/Ocean Pkwy	1,216
All Others		8,976
Total Volume		**40,117**

Source: MMC AHS and MMCH Empower Registration Data.

Zip Code Exclusive of MMC Catchment Area
Zip Code Exclusive to MMCH Catchment Area
Zip Code Inclusive of both MMC and MMCH Catchment Areas

Figure 1. Map of Maimonides Health Service Area by Zip Code

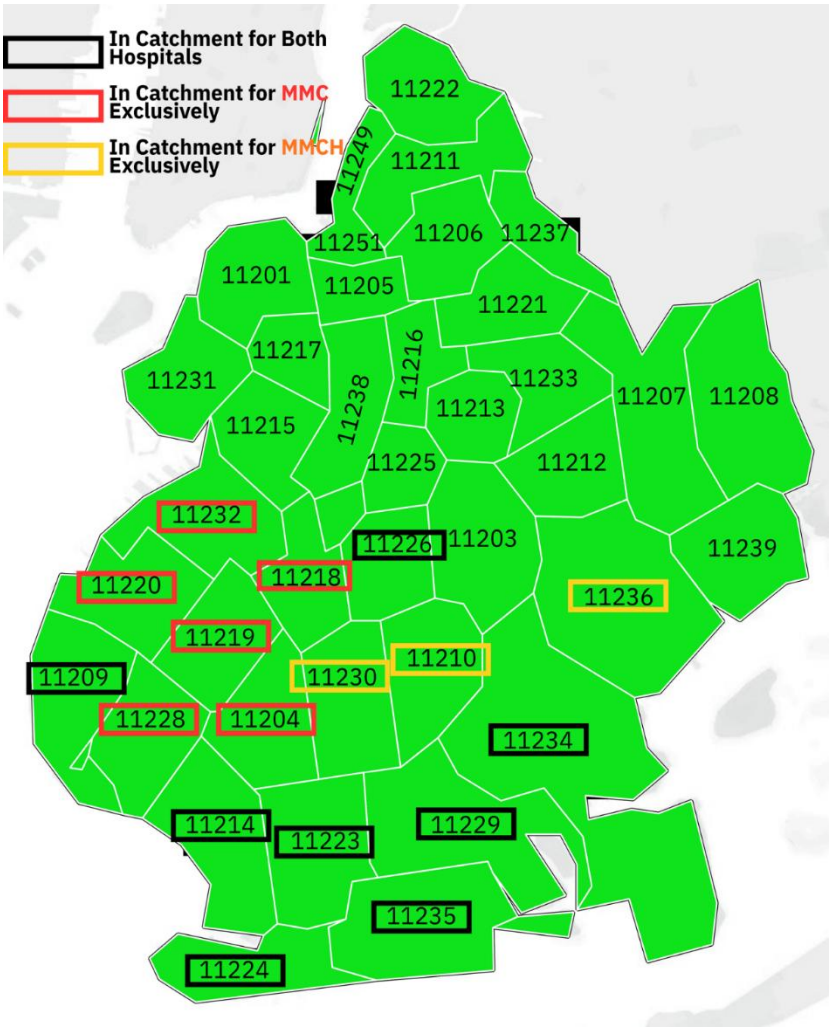

Table 5. Maimonides Health Outpatient Race/Ethnicity Distribution, 2024

Race / Ethnicity	# of 2024 Visits	% of Total
White	361,878	37%
Hispanic	178,674	18%
Black or African American	166,150	17%
Asian or Pacific Islander	163,405	17%
Other / Unknown	96,054	10%
American Indian or Alaska Native	811	0%
Grand Total	**966,972**	**100%**

Source: MMC AHS and MMCH Empower Registration Data

The quantitative component of this CHA uses data from the New York City Department of Health and Mental Hygiene's (DOHMH) Community Health Profiles published in 2022. The DOHMH profiles define communities based on the New York City Community Board Districts (i.e., there is one profile for each community district) (Table 6). This CHA uses data for nine Brooklyn community districts roughly corresponding to MH's service areas, as shown below (Figure 2):

Figure 2. Map of Maimonides Health Service Area by NYC Community District

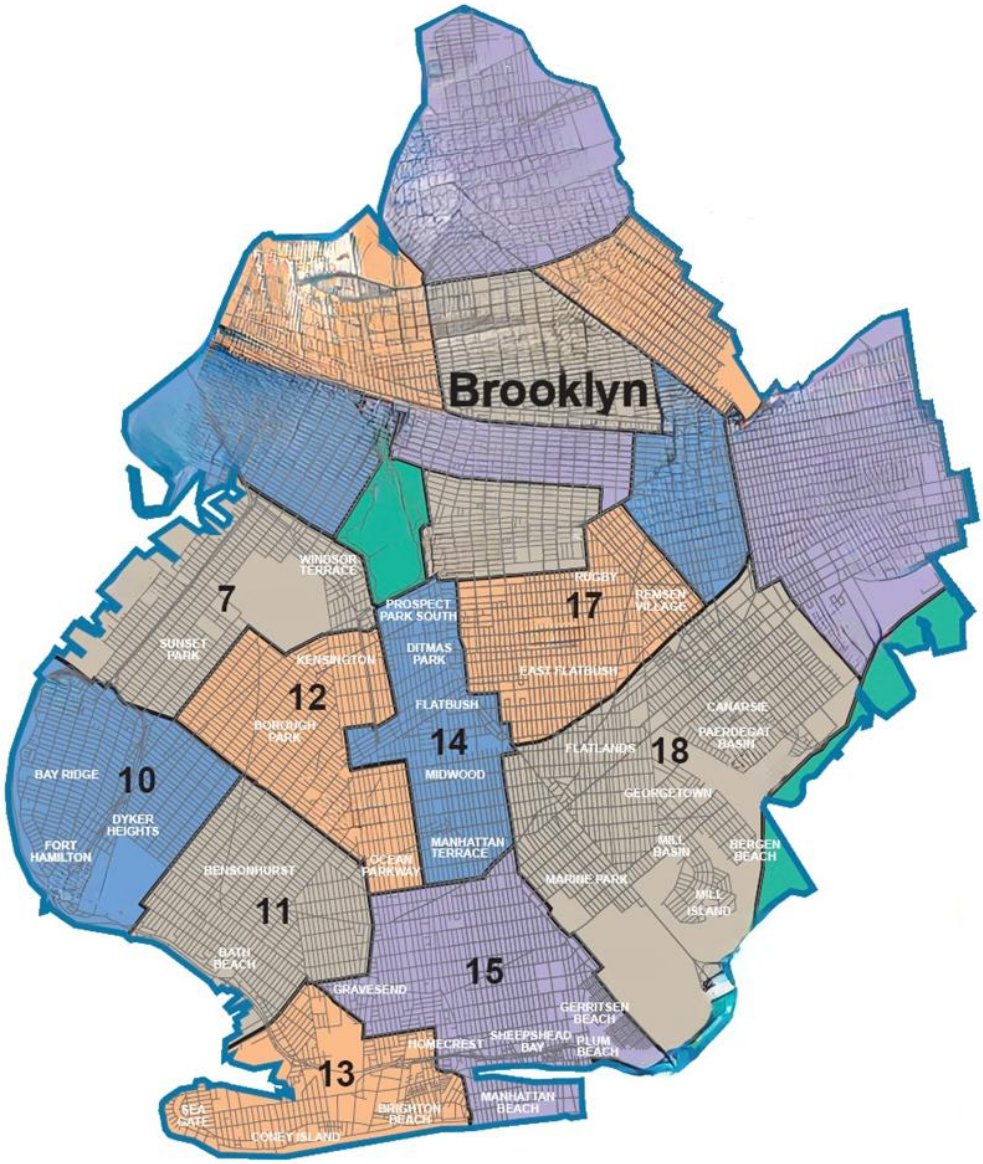

Table 6. Maimonides Health Service Area by Community District (CD), Neighborhoods, and Zip Codes

CD	CD Name	Neighborhoods	Zip Codes
7	Sunset Park	Sunset Park, Windsor Terrace	11220, 11232
10	Bay Ridge and Dyker Heights	Bay Ridge, Dyker Heights, Fort Hamilton	11209, 11228
11	Bensonhurst	Bensonhurst, Bath Beach, Gravesend	11214
12	Borough Park	Borough Park, Kensington, Ocean Parkway	11219, 11204, 11218

CD	CD Name	Neighborhoods	Zip Codes
13	Coney Island	Coney Island South, Brighton Beach, Gravesend, Homecrest, Sea Gate	11223, 11224
14	Flatbush and Midwood	Flatbush, Midwood, Ditmas Park, Ocean Parkway, Manhattan Terrace, Prospect Park South	11226, 11230, 11210
15	Sheepshead Bay	Sheepshead Bay, Gerritsen Beach, Plum Beach, Homecrest, Kings Highway, Manhattan Beach	11223, 11229, 11234, 11235
17	East Flatbush	East Flatbush, Rugby, Remsen Village	11226, 11210
18	Flatlands and Canarsie	Flatlands, Canarsie, Bergen Beach, Georgetown, Marine Park, Mill Basin	11236

The neighborhoods Maimonides serves have a higher household poverty rate and lower high school completion rate compared with citywide averages. Approximately 29% (a 1% decrease from 2018) of the residents in these communities have limited English proficiency (Table 7). Eight of nine of the service area communities contain a percentage of foreign-born individuals higher than both the city and borough rates, indicating how diverse a population Brooklyn serves. Further, Brooklyn's population has higher percentages of seniors in four of the nine community districts compared with the city average, and five of the nine community districts have higher rates of children compared with the city average (Table 7). Thus, this population requires specific levels of care that health systems must consider.

Residents of a majority of the neighborhoods that Maimonides serves also report less physical exercise compared with borough and state averages (Table 12), which corresponds with rates of obesity and diabetes in our service area which are also higher than borough and city averages (Table 13). Many of the community districts we serve have higher rates of late or no prenatal care compared with city averages (Table 17), increasing the health risks associated with pregnancy and the well-being of children.

Table 7. Maimonides Health's 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[2]	Other
New York City[1]	8,467,412	33%	20%	20%	17%	34%	17%	45%	32%	2%
Brooklyn	2,641,052	36%	22%	22%	15%	37%	23%	13%	19%	2%
Bay Ridge & Dyker Heights	144,859	38%	27%	20%	17%	60%	1%	24%	13%	2%
Bensonhurst	209,834	55%	48%	20%	18%	47%	1%	39%	12%	2%
Borough Park	204,610	28%	29%	35%	12%	64%	2%	21%	12%	2%
Coney Island	109,909	53%	47%	18%	25%	58%	11%	14%	16%	2%
East Flatbush	150,946	52%	8%	19%	19%	2%	88%	2%	7%	2%
Flatbush & Midwood	165,630	41%	23%	24%	15%	38%	34%	11%	15%	2%
Flatlands & Canarsie	190,798	40%	11%	22%	16%	28%	57%	5%	9%	2%
Sheepshead Bay	178,777	49%	36%	22%	19%	70%	3%	18%	8%	2%
Sunset Park	131,654	45%	48%	22%	11%	23%	3%	31%	41%	2%

[1]New York City consists of the Bronx, Brooklyn, Manhattan, Queens, and Staten Island

[2]Categories other than Hispanic represent non-Hispanic/Latino members of the indicated racial group (e.g., non-Hispanic White)

Table 8. Maimonides Health: Unemployment Rate

Community District	Percent of Unemployment
New York City	**6%**
Brooklyn	**6%**
Sunset Park	5%
Bay Ridge and Dyker Heights	5%
Bensonhurst	6%
Borough Park	5%
Coney Island	**8%**
Flatbush and Midwood	6%
Sheepshead Bay	6%

Community District	Percent of Unemployment
East Flatbush	6%
Flatlands and Canarsie	5%

Source: DOHMH Community Health Profiles 2022. Values marked in **red** *are worse than both NYC and Brooklyn averages.*

2. Health Status Description

Data Sources

To assess the health needs of the MH service area community, MH solicited input from department chairs, community members and former patients, reviewed published data of health indicators from the New York City Department of Health and Mental Hygiene (DOHMH) and the New York State Department of Health, among others such as:

- Internal Maimonides Health patient registration and demographic data
- New York City Vital Statistics data
- Maimonides Health Patient and Family Advisory Council
- New York City Department of City Planning
- New York University's Furman Center for Real Estate and Urban Policy
- United States Census Bureau
- American Community Survey
- Bureau of Labor Statistics
- New York City Department of Education
- New York State Department of Education, and
- Statewide Planning and Research Cooperative System (SPARCS).

In 2024, MH provided inpatient and outpatient care to patients from all residential zip codes in Brooklyn and from zip codes outside of the borough. The home zip codes of the top 75% outpatient visits from each of MHs' hospitals (MH and MMC) was used to define service areas for MH (Table 3). Outpatient visits were used to define the MH service area because of the larger volume of outpatients (Table 4). This ensures a comprehensive analysis that accounts for all patients that MH serves.

The 2024 top MH patient zip codes were then attributed to communities based on the New York City Community Board Districts' definitions, with a total of nine Brooklyn community districts that correspond to MHs' patient zip codes. The MH service area consists of the aforementioned nine community Brooklyn districts.

The CHA aims to use data from the 2022 iteration of the New York City Department of Health and Mental Hygiene's (DOHMH) Community Health profiles to contextualize and analyze the needs

of MH's service area. The Community Health profiles reflect the most current available data, and draws information from various data sources. These data sources are outlined in the technical notes and metadata of the Community Health Profiles Public Use Dataset, which is available from the NYC DOHMH website.

Maimonides analyzed data from the 2022 profiles alongside indicators from the New York State Prevention Agenda, the Bureau of Labor Statistics, and the NYC Department of Planning's Community District Profiles, with the understanding the community health difficulties made evident by the data are likely to have been exacerbated in the years which have followed. While the Community Health Profiles provide the most recent comprehensive snapshot, not all data referenced in this assessment originate from 2022; supplemental city, state, and federal sources are updated on varying schedules. As a result, reporting intervals differ, and trends presented here may reflect changes over different timeframes.

Additionally, MH partnered with the Greater New York Hospital Association (GNYHA) to conduct a survey that was initially administered to patients in the Maimonides service area. 1,018 individuals, representing the CBOs in Appendix C, completed the survey.

Data Collection Methods

Recognizing the importance of the relationships Maimonides has built with the community-based organizations (CBOs) in our service area, Maimonides reached out to them to garner their responses to our Community Health Assessment survey that informed the identification of health needs. Developed in collaboration with the Greater New York Hospital Association (GYNHA), the survey asked respondents to rank the importance of health issues that were recommended by GYNHA. Additionally, respondents were asked to rank their satisfaction with access to those resources. This design enabled MH to assess both perceived need and resource adequacy across the MH service area.

To establish health priorities, MH computed a ratio that estimated the relative priority of these issues by dividing the average score of how important an issue was with the average score of satisfaction with existing community resources. This ratio provided an estimate of relative priority by highlighting areas where community concerns was high and resource satisfaction was low. A comprehensive list of surveyed health concerns, along with their importance-to-satisfaction ratio, can be found in Table 19.

CBOs invited to participate are well positioned to understand priority health issues, identify resource gaps that adversely affect community health, and advise on how MH can better support the populations they serve (Appendix C). 1,018 individuals representing these CBOs completed the survey.

After determining health needs and associated interventions, MH presented these items for feedback to MH's Patient and Family Advisory Council, a multidisciplinary committee of hospital staff, patients and family representatives. This council, which includes a wide range of community

perspectives, provided additional feedback regarding resource allocation and improving compassionate patient- and family-centered health.

Community Engagement

Maimonides accounted for several factors when prioritizing the community health needs. This included alignment with the 2025-2030 New York State Prevention Agenda, scope/significance; opportunities and estimated efficacy of possible interventions; the importance the community places on addressing the needs; projects and priorities of CCB, and existing programs, all of which were assessed relative to MH's core competencies.

To establish the health priorities of our service areas, MH surveyed community members and presented questions that asked respondents to rank the importance of health issues recommended by the Greater New York Health Association (GNYHA). Additionally, respondents ranked their satisfaction with accessibility of resources for those health needs. A ratio of an issue's importance to satisfaction with resource access was developed to prioritize these health concerns (Table 19).

Recognizing the importance of the relationships Maimonides has built with the CBOs in the MH service area, we reached out to them to garner their responses to our CHA survey that informed the identification of health needs (Appendix C). The CBOs were invited to participate because they have a unique perspective and understanding of priority health issues, resource gaps that impact community health, and methods that MH can address those needs.

The main means of distributing the CHA/CSP will be shared via Maimonides Health's website at www.maimo.org. MH will also increase awareness of the document's availability on its website using announcements, emails, and other written forms of communication that are associated with its community-centric programs. Upon request, a paper copy of the CHA and CSP will also be available for review at both the Maimonides Medical Center and Maimonides Midwood Community Hospital locations.

NYC DOHMH's Community Health Profiles describe both health outcomes and social determinants of health, such as educational attainment and income levels. Maimonides analyzed data from the 2022 profiles alongside indicators from the New York State Prevention Agenda, the Bureau of Labor Statistics, and the NYC Department of Planning's Community District Profiles, with the understanding that community health difficulties made evident by the data are likely to have been exacerbated in the years which have followed. While the Community Health Profiles provide the most recent comprehensive snapshot, not all data referenced in this assessment originate from 2022; supplemental city, state, and federal sources are updated on varying schedules. As a result, reporting intervals differ, and trends presented here may reflect changes over different timeframes. The data below focus on the nine community districts in which the majority of Maimonides Health patients live (Table 6). These data show both commonalities across neighborhoods in MH's catchment area and unique challenges facing certain neighborhoods, all of which help define the overall health needs of the community. This

assessment does not focus solely on a single neighborhood; rather, it aims to holistically describe the health needs that exist across MH's service area.

The Community Health Profiles referenced reflect the most current available data. 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 based on the 2022 iteration of Community Health Profiles.

Relevant Health Indicators

MH serves an expansive patient population. In 2024, MH provided inpatient and outpatient care to patients from all Brooklyn zip codes and from zip codes outside of the borough. Using the top 75% of zip codes from MH's outpatient volume, MH determined its service area to include the following neighborhoods: Bath Beach, Bay Ridge, Bensonhurst, Bergen Beach, Brighton Beach, Borough Park, Canarsie, Coney Island South, Ditmas Park, Dyker Heights, East Flatbush, Flatbush, Flatlands, Fort Hamilton, Georgetown, Gerritsen Beach, Gravesend, Kensington, Kings Highway, Manhattan Terrace, Marine Park, Midwood, Mill Basin, Plum Beach, Remsen Village, Rugby, Sheepshead Bay, Sunset Park, and Windsor Terrace (Table 3 & Table 4).

This CHA uses data from the 2022 New York City Department of Health and Mental Hygiene's (DOHMH) Community Health profiles to define communities based on the New York City Community Board Districts. This CHA utilizes data for nine Brooklyn community districts that approximately align with MH's service areas (Table 6 & Figure 2).

NYC DOHMH's Community Health depict both health outcomes and social determinants of health, such as educational attainment and income levels. Maimonides analyzed data from the 2022 profiles alongside indicators from the New York State Prevention Agenda, the Bureau of Statistics, and the NYC Department of Planning's Community District Profiles, with the acknowledgement that community health difficulties as evidenced by the data are likely to be exacerbated in the subsequent years. While the Community Health Profiles provide the most recent comprehensive snapshot, not all referenced data in this assessment originate from 2022. Supplemental city, state, and federal data sources are updated on varying schedules. As a result, reporting intervals may differ and trends presented in this assessment may reference various timeframes. Table 6 shows nine community districts in which the majority of MH patients reside. Our data illustrates both shared characteristics across neighborhoods in MH's catchment area and distinct challenges within specific neighborhoods, each contributing to a comprehensive understanding of MH's service area needs. This assessment does not focus solely on a single neighborhood; rather, it aims to holistically describe the health needs that exist across MH's service area.

MH's diverse service area consists of community districts with New York City's highest proportion of children (35% in Borough Park) and senior citizens (25% in Coney Island) (Table 7). MH's patient

population also consists of many communities, including: Orthodox Jewish, Chinese, Latino, Russian, Caribbean, and South Asian and Southeast Asian groups (Table 5).

The neighborhoods served by Maimonides have a higher household poverty and lower high school completion rates compared to citywide averages. In Borough Park, the community district where Maimonides Medical Center is located, the percent of residents with limited English proficiency rates was 29% (Table 7). Eight of the nine community districts in the MH service area have a higher share of foreign-born residents than both the city and borough overall, which underscores the diversity of Brooklyn's population. In addition, four of the nine community districts have a higher proportion of seniors than the city average, and five have higher proportions of children (Table 7). These demographics highlight the need for tailored care that addresses multiple patient populations across the MH service area.

Residents in many of the neighborhoods that MH serves also report lower levels of physical activity compared with borough and city averages (Table 12). This lower level of physical activity also aligns with higher rates of obesity and diabetes relative to borough and city averages (Table 13). Several community districts also show higher rates of late or no prenatal care compared with city averages (Table 17), contributing to increased maternal and child health risks. A third of the community districts that MH serves have higher rates of late or no prenatal care compared to the Brooklyn and New York City average, which increases the health risk associated with pregnancy and the well-being of children.

Table 9. Maimonides Health: Overall Health Status

Community District	Self-Reported Health "Excellent," "Very Good," or "Good"[1]	Premature Mortality Per 100,000[2]
New York City	78%	166.6
Brooklyn	78%	187.5
Bay Ridge & Dyker Heights	80%	125.9
Bensonhurst	**75%**	131.6
Borough Park	78%	114.7
Coney Island	**66%**	**210.4**
East Flatbush	82%	**209.7**
Flatbush & Midwood	**75%**	163.3
Flatlands & Canarsie	79%	181.2
Sheepshead Bay	78%	136.5
Sunset Park	**72%**	127.7

Source: DOHMH Community Health Profiles 2022. Values marked in **red** *are worse than both NYC and Brooklyn averages.*

[1]Age-adjusted percent of adults responding in this way, on a five-level Likert scale that also includes "Poor" and "Fair." Higher is better.

[2]Age-adjusted rate of premature deaths, defined as death < 65, per 100,000 population. Lower is better.

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 income, working long hours or multiple jobs, and lack of comprehensive health education. These social determinants have significant influence for the communities that Maimonides serves, as many immigrants and low-income communities report working very long hours, sometimes in multiple jobs, which can make it difficult to maintain healthy habits.

High poverty rates pose a persistent challenge to healthy living, and poverty in much of the Maimonides service area exceeds borough- and city-wide averages of 19% and 18%, respectively (Table 10). Poverty rates in Brooklyn and New York City were on a steady decline prior to the start of the pandemic after when they began to rise again.[1] While this trend applied people of most ethnicities, races, genders, ages, and years of work experience, there are still disproportionate levels of poverty in certain ethnicities and races. Additionally, the childhood poverty rate increased to about 25% in 2022, the highest rate since 2015.[22] That said, Maimonides Health continues to serve Borough Park, which, as of a 2017-2021 report, fell into the bottom quintile of NYC neighborhoods with percentage of population below the poverty threshold over the course of the study period. That combined with the fact that four of nine of the Community Districts Maimonides primarily serves had worse poverty rates than NYC averages as of 2022 lends to the likelihood that patients in our communities fared worse than average over the last 3 years.

Table 10. Maimonides Health: Social Determinants of Health

Community District	Air Pollution Indicator[1]	Educational Attainment[2]	Poverty Rate[3]	Bodega: Supermarket Ratio[4]	Rent Burdened Households[5]
New York City	6.1	44% college grad 18% less than HS	18%	9	50%
Brooklyn	6.1	44% college grad 18% less than HS	19%	12	51%
Bay Ridge & Dyker Heights	6.1	49% college grad 18% less than HS	17%	12	47%
Bensonhurst	5.8	**38% college grad 25% less than HS**	**23%**	**18**	**55%**
Borough Park	6.0	**35% college grad 22% less than HS**	**27%**	**18**	**64%**
Coney Island	5.7	48% college grad 18% less than HS	**24%**	12	**58%**
East Flatbush	6.0	**33% college grad** 14% less than HS	16%	9	**53%**

[1] Community Service Society

[2] New York Times

Community District	Air Pollution Indicator[1]	Educational Attainment[2]	Poverty Rate[3]	Bodega: Supermarket Ratio[4]	Rent Burdened Households[5]
Flatbush & Midwood	5.9	46% college grad 15% less than HS	19%	**14**	**54%**
Flatlands & Canarsie	5.7	**41% college grad** 11% less than HS	14%	8	47%
Sheepshead Bay	5.7	47% college grad 14% less than HS	17%	**14**	51%
Sunset Park	**6.5**	**34% college grad** **38% less than HS**	**23%**	**19**	**52%**

Source: DOHMH Community Health Profiles 2022. Values marked in **red** *are worse than both NYC and Brooklyn averages.*

[1]Annual average micrograms of fine particulate matter (PM2.5) per cubic meter of air. Lower is better.

[2]Higher college grad is better. Lower less than HS is better.

[3]Lower is better.

[4]Number of bodegas per supermarket within a CD based on address of business. Lower is better.

[5]Percentage of renter-occupied homes whose gross rent is equal to or exceeds 30% of household income in the last 12 months. Lower is better.

High rates of poverty and lower levels of educational attainment – particularly in Bensonhurst, Borough Park, and Sunset Park– as well as limited access to supermarkets and fresh foods – particularly in Bensonhurst, Borough Park, Flatbush & Midwood, Sheepshead Bay, and Sunset Park – play a substantial role in the health of communities (Table 10).

Healthcare Access

Patients in MH's service area experience negative health outcomes and are treated for disease and illness at more advanced stages due to lack of access, or health insurance. Per 2022 DOHMH data, East Flatbush (17%) had the highest rates of uninsured residents, well above the Brooklyn average of 12% (Table 11). Flatlands & Canarsie (6%) had the lowest (Table 11). Sheepshead Bay had the highest rate of residents going without care (16%), while East Flatbush and Flatlands & Canarsie had the lowest (8% each) (Table 11). These patterns highlight uneven access to healthcare across Brooklyn. NYC faced steep inclines in the unemployment rate during the pandemic but the trend reversed and levels returned to pre-pandemic levels by 2024. In four of nine of MH's service area community districts, the uninsured rate was higher than both city and borough averages (Table 11).

Table 11. Maimonides Health: Access to Healthcare

Community District	No Health Insurance[1]	Went Without Medical Care[2]
New York City	13%	12%
Brooklyn	12%	13%
Bay Ridge & Dyker Heights	12%	**15%**
Bensonhurst	10%	9%

Community District	No Health Insurance[1]	Went Without Medical Care[2]
Borough Park	**14%**	11%
Coney Island	11%	11%
East Flatbush	**17%**	8%
Flatbush & Midwood	**14%**	11%
Flatlands & Canarsie	6%	8%
Sheepshead Bay	12%	**16%**
Sunset Park	**14%**	9%

Source: DOHMH Community Health Profiles 2022. Values marked in **red** *are worse than both NYC and Brooklyn averages.*

[1]Age-adjusted percent of adults that reported not having health insurance. Lower is better.

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

Immigrant communities, particularly undocumented residents, 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. Recent federal policy changes implemented at the beginning of 2025 worsened this issue and heightened concerns in immigrant communities that might continue to prevent them from accessing public resources. Though the future is unclear as of this writing, the health system will need to prepare to address the potential for individuals who may be need care but are too afraid to visit physician offices and hospitals.

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

Health Behaviors

Health behaviors vary widely across Brooklyn neighborhoods. Data on the MH service area reveal trends that may influence chronic disease risk, including relatively high adult smoking rates and lack of regular physical activity (Table 12).

Table 12. Maimonides Health: Healthy Behaviors

Community District	Current Smokers[1]	≥ 1 Sugary Drink/ Day[2]	≥ 1 Fruit or Veg/ Day[3]	Physical Activity in the Last 30 Days[4]	Binge Drinking in Last 30 Days[5]
New York City	11%	22%	89%	73%	18%
Brooklyn	11%	22%	90%	70%	17%

Community District	Current Smokers[1]	≥ 1 Sugary Drink/ Day[2]	≥ 1 Fruit or Veg/ Day[3]	Physical Activity in the Last 30 Days[4]	Binge Drinking in Last 30 Days[5]
Bay Ridge & Dyker Heights	**13%**	15%	95%	73%	17%
Bensonhurst	**12%**	13%	93%	**69%**	7%
Borough Park	11%	21%	96%	**59%**	9%
Coney Island	**16%**	20%	95%	**65%**	12%
East Flatbush	9%	**29%**	**85%**	70%	12%
Flatbush & Midwood	4%	18%	**88%**	**68%**	16%
Flatlands & Canarsie	8%	**32%**	**83%**	70%	6%
Sheepshead Bay	**15%**	17%	95%	**69%**	13%
Sunset Park	10%	15%	91%	**67%**	**22%**

Source: DOHMH Community Health Profiles 2022. Values marked in **red** *are worse than both NYC and Brooklyn averages.*

[1]*Lower is better.*

[2]*Lower is better.*

[3]*Higher is better.*

[4]*Higher is better.*

[5]*Lower is better.*

Chronic Diseases

Chronic disease prevention and management continue to be major health challenges in MH's service area. The obesity rate in Brooklyn went down 2% from 2018 to 2022 and the diabetes rate in Brooklyn stayed the same at 12% (Table 13). 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 MH's service areas, with the highest rates in Flatlands & Canarsie, East Flatbush, Coney Island, and Flatbush & Midwood (Table 13). In 2022 four of nine community districts exceeded NYC's obesity rate percentage. It is important to note that the remaining five community districts were below both Brooklyn and NYC obesity averages. Diabetes prevalence in the MH service area is also higher than the Brooklyn and New York City averages in several areas, including East Flatbush, Flatbush & Midwood, and Flatlands & Canarsie (Table 13). In 2018, out of ten districts, five districts were above the diabetes city rate. In 2022 of the nine districts, three were above city diabetes rates (Table 13). The high prevalence of diabetes and cardiovascular disease will continue to be addressed in our service area.

Table 13. Maimonides Health: Obesity and Diabetes

Community District	Obesity Rate[1]	Diabetes Rate[2]
New York City	25%	12%
Brooklyn	25%	12%
Bay Ridge & Dyker Heights	18%	11%
Bensonhurst	16%	11%
Borough Park	24%	11%
Coney Island	**28%**	10%
East Flatbush	**34%**	**18%**
Flatbush & Midwood	**28%**	**13%**
Flatlands & Canarsie	**41%**	**17%**
Sheepshead Bay	23%	11%
Sunset Park	19%	10%

*Values marked in **red** are worse than both NYC and Brooklyn averages.*

[1]*Lower is better.*

[2]*Lower is better.*

Incidence rates of cancer are higher than the borough average in some of the community districts served by MH. Among males, four of nine of the community districts have overall cancer rates higher than the Brooklyn average (447.9) (Table 14). Amongst females, six of our nine primary community districts have cancer incidents rates that are higher than for Brooklyn females as a whole (393.8) (Table 15). Female breast cancer is the highest incidence cancer in females in all the Maimonides service areas (Table 15); prostate cancer is the highest incidence cancer in males (Table 14).

Table 14. Maimonides Health: Cancer Incidence Among Males by Community District

Brooklyn	Bay Ridge & Dyker Heights	Bensonhurst & Bath Beach	Borough Park, & Kensington, Ocean Parkway	Brighton Beach & Coney Island	Canarsie & Flatlands	East Flatbush, Farragut & Rugby	Flatbush & Midwood	Sheepshead Bay, Gerritsen Beach, & Homecrest	Sunset Park & Windsor Terrace
Prostate 131.7	Prostate 95.0	Prostate 69.9	Prostate 86.6	Prostate 88.4	Prostate 204.5	Prostate 216.2	Prostate 125.5	Prostate 99.6	Prostate 105.6
Lung & Bronchus 47.1	Lung & Bronchus 54.9	Lung & Bronchus 60.4	Lung & Bronchus 39.1	Lung & Bronchus 56.8	Lung & Bronchus 40.9	Lung & Bronchus 36.2	Lung & Bronchus 34.0	Lung & Bronchus 53.5	Lung & Bronchus 60.7
Colorectal 42.3	Colorectal 47.3	Colorectal 39.3	Colorectal 50.6	Colorectal 44.9	Colorectal 41.0	Colorectal 41.4	Colorectal 36.4	Colorectal 40.7	Colorectal 51.1
Urinary Bladder 25.3	Urinary Bladder 34.4	Urinary Bladder 26.3	Urinary Bladder 27.1	Urinary Bladder 37.2	Urinary Bladder 21.8	Urinary Bladder 17.1	Urinary Bladder 27.2	Urinary Bladder 31.5	Urinary Bladder 24.3
Kidney 19.9	Kidney 23.2	Kidney 19.5	Kidney 22.0	Kidney 27.5	Kidney 23.8	Kidney 16.1	Kidney 20.1	Kidney 23.0	Kidney 19.8
All Cancers 447.9	All Cancers 452.1	All Cancers 397.2	All Cancers 417.9	All Cancers 441.9	All Cancers 507.7	All Cancers 480.4	All Cancers 415.5	All Cancers 448.0	All Cancers 491.8

Source: New York State Cancer Registry Data, 2018-2022. Rate per 100,000 males. New York City neighborhoods are defined in terms of Public Use Microdata Areas (PUMAs). PUMAs approximate New York City Community Districts (CDs).

Table 15. Maimonides Health: Cancer Incidence Among Females by Community District

Brooklyn	Bay Ridge & Dyker Heights	Bensonhurst & Bath Beach	Borough Park, & Kensington, & Ocean Parkway	Brighton Beach & Coney Island	Canarsie & Flatlands	East Flatbush, Farragut & Rugby	Flatbush & Midwood	Sheepshead Bay, Gerritsen Beach, & Homecrest	Sunset Park & Windsor Terrace
Breast 125.8	Breast 133.2	Breast 122.2	Breast 122.6	Breast 121.7	Breast 129.2	Breast 132.0	Breast 114.1	Breast 134.3	Breast 125.9
Thyroid 26.6	Thyroid 42.9	Thyroid 41.8	Thyroid 41.2	Thyroid 28.1	Thyroid 17.2	Thyroid 15.2	Thyroid 29.5	Thyroid 45.6	Thyroid 43.9
Lung & Bronchus 33.5	Lung & Bronchus 44.6	Lung & Bronchus 44.0	Lung & Bronchus 27.6	Lung & Bronchus 32.7	Lung & Bronchus 32.7	Lung & Bronchus 23.3	Lung & Bronchus 28.2	Lung & Bronchus 36.9	Lung & Bronchus 36.6
Colorectal 30.3	Colorectal 32.4	Colorectal 28.9	Colorectal 33.3	Colorectal 26.8	Colorectal 34.2	Colorectal 34.8	Colorectal 27.6	Colorectal 31.9	Colorectal 32.7
Uterine 30.9	Uterine 31.4	Uterine 26.1	Uterine 24.9	Uterine 30.0	Uterine 33.6	Uterine 39.6	Uterine 33.0	Uterine 31.0	Uterine 24.8
All Cancers 393.8	All Cancers 430.0	All Cancers 405.7	All Cancers 408.7	All Cancers 408.7	All Cancers 392.9	All Cancers 369.6	All Cancers 373.6	All Cancers 447.0	All Cancers 421.9

Source: New York State Cancer Registry Data, 2018-2022. Rate per 100,000 females. New York City neighborhoods are defined in terms of Public Use Microdata Areas (PUMAs). PUMAs approximate New York City Community Districts (CDs).

Mental Health and Substance Use

Understanding the prevalence and impact of mental and substance use disorders is critical to assessing overall community wellbeing. Citywide data shows that lower educational attainment, lower household income, and unemployment are associated with higher rates of depression. In addition, patients from minority communities with depression are less likely to self-report having sought treatment than their white counterparts. Finally, rates of mental illnesses and substance use disorders have been increasing particularly after the pandemic and disproportionately for youth and racial minority groups, while almost 11% of adults with a serious mental illness did not have insurance coverage in 2024.

Data on the rate of premature death by suicide is reported at the community district level, and four of the nine districts in the MH service area have rates exceeding the citywide average of 5.3 deaths per 100,000 people (Table 18). Of the community districts that have higher premature suicide death rates than the city average, two of the districts – Sunset Park and Coney Island – actually experience an increase in suicides since the 2018 Community Health Profile. While Coney Island's suicide rate increased from 6.8 to 8.9, the rate in Sunset Park increased from 5.1 to 6.4. This highlights a need to expand resources for mental health services.

Vaccination and Infectious Disease

More than half of the neighborhoods in MH's service area have below average HPV vaccination rates compared to the Brooklyn average (Table 16). While immunization for HPV is particularly low in Sheepshead Bay and Borough Park, where vaccination rates hover in the 35%-40% range, HPV vaccination is 99% in Sunset Park. This variation in vaccination rates across MH's community districts indicate the unique challenges of each district.

Additionally, the 2022 DOHMH Community Health Profile indicates that only one community district, East Flatbush, in MH's service area have a higher HIV diagnosis incidence rate than that of Brooklyn (Table 16). In fact, four of the nine community districts have only approximately a third of the HIV diagnosis rate compared to the Brooklyn average of 17.7.

While vaccination rates vary across community districts and vaccination types, the lower 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.

Table 16. Maimonides Health: Vaccination and Infectious Disease

Community District	HPV Vaccination[1]	Flu Vaccination[2]	HIV Diagnoses[3]	Hep C Reports[4]
New York City	77%	49%	19.2	33.0
Brooklyn	59%	45%	17.7	31.8
Bay Ridge & Dyker Heights	63%	46%	10.8	24.0
Bensonhurst	66%	48%	5.0	28.4

Community District	HPV Vaccination[1]	Flu Vaccination[2]	HIV Diagnoses[3]	Hep C Reports[4]
Borough Park	**35%**	**38%**	5.1	22.3
Coney Island	**55%**	49%	10.5	**63.1**
East Flatbush	70%	**40%**	**36.5**	28.9
Flatbush & Midwood	**50%**	52%	15.6	**42.6**
Flatlands & Canarsie	**54%**	49%	12.4	24.3
Sheepshead Bay	**39%**	41%	5.9	**34.4**
Sunset Park	99%	51%	6.3	30.0

Source: DOHMH Community Health Profiles 2022. Values marked in **red** *are worse than both NYC and Brooklyn averages.*

[1]Higher is better.

[2]Higher is better.

[3]Lower is better.

[4]Lower is better.

Maternal, Infant, and Child Health

Indicators of maternal, infant, and child health vary greatly across MH's service area. In the neighborhoods closest to MMC, Borough Park and Sunset Park, rates of late or no prenatal care and of infant mortality have been better than borough and city averages in 2022 (Table 17). By contrast, Coney Island, East Flatbush, and Flatlands and Canarsie perform worse than average on timely prenatal care and preterm birth measures (Table 17). Child health measures, including obesity, asthma-related emergency room visits, and avoidable hospitalizations have generally been near or below borough and city averages except for in East Flatbush (Table 17).

Table 17. Maimonides Health: 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	6.8%	9.2%	13.2%	4.1	195	21%	623
Brooklyn	5.3%	8.5%	13%	3.5	166	20%	502
Bay Ridge & Dyker Heights	3.4%	9.1%	7%	1.8	39	16%	140
Bensonhurst	4.5%	7.6%	10%	2.6	45	15%	204
Borough Park	1.6%	6.3%	11%	2.1	29	18%	118
Coney Island	**9.2%**	**10.4%**	**16%**	4.0	165	19%	423

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]
East Flatbush	**12.2%**	**13.7%**	**15.8%**	**5.6**	**336**	**24%**	**1308**
Flatbush & Midwood	6.1%	**9.3%**	10%	3.2	121	**22%**	447
Flatlands & Canarsie	**8.8%**	**11.7%**	8%	**5.1**	135	**22%**	590
Sheepshead Bay	6.1%	8.3%	8%	3.7	42	17%	156
Sunset Park	2.1%	7.3%	18%	2.5	98	19%	390

*Source: DOHMH Community Health Profiles 2022. 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. Lower is better.

[2]Percent of preterm births (three or more weeks before the due date) among all live births. Lower is better.

[3]Rate of births in which the mother is under 20 years old per 1,000 women aged 15-19. Lower is better.

[4]Rate of deaths of infants under one year old per 1,000 live births. Lower is better.

[5]Rate of ED visits for asthma among children per 10,000 children aged 5-17. Lower is better.

[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). Lower is better.

[7]Rate of avoidable pediatric hospitalizations per 100,000 children aged 0-4. Lower is better.

Table 18. Maimonides Health: Suicide Premature Death Rates

Community District	Suicide Premature Death Rate[1]
New York City	5.3
Brooklyn	4.7
Bay Ridge & Dyker Heights	**7.3**
Bensonhurst	3.6
Borough Park	3.0
Coney Island	**8.9**
East Flatbush	3.5
Flatbush & Midwood	**5.6**
Flatlands & Canarsie	3.4
Sheepshead Bay	4.2
Sunset Park	**6.4**

*Source: DOHMH Community Health Profiles 2022. Values marked in **red** are worse than both NYC and Brooklyn averages.*

[1]Rate of premature deaths (before the age of 65) per 100,000 people. Lower is better.

The number of individuals who visited a hospital for opioid overdose needs on average decreased from 2023 to 2024 for both Brooklyn and NYC as a whole (Table 19).

Table 19. Opioid Overdoes Rates, 2023-2024

Area	Outpatient ED Visits		Hospitalizations	
	2023	2024	2023	2024
New York City	53.5	49.2	26.9	22.3
Brooklyn	42.4	38.3	20.9	15.5

Source: NYS DOH County Opioid Quarterly Report (October 2025 Edition). Preliminary data as of July 2025.

The rate of premature deaths related to drug use is reported at the community district level by DOHMH, and helps to supplement other data. Coney Island was most severely affected by opioids and drug use leading to it being the only community district with drug-related premature death rates higher than both the borough and city overall (Table 20).

Table 20. Maimonides Health: Drug-Related Premature Death Rates

Community District	Drug-Related Premature Death Rate[1]
New York City	14.8
Brooklyn	12.1
Bay Ridge & Dyker Heights	11.2
Bensonhurst	11.3
Borough Park	6.3
Coney Island	**19.6**
East Flatbush	7.2
Flatbush & Midwood	7.6
Flatlands & Canarsie	9.7
Sheepshead Bay	11.8
Sunset Park	10.1

Source: DOHMH Community Health Profiles 2022. Values marked in **red** *are worse than both 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. Lower is better.

Health Challenges and Associated Risk Factors

Using the 2025-2030 New York State Prevention Agenda, and based on the measurable community health needs of the MH service area, the resources and abilities of each MH hospital, existing programs, and the input of community members and stakeholders, the MH hospitals will focus on the following priorities during the 2025-2027 CHA period:

- Mental Health and Substance Use Disorders
- Chronic Disease Prevention and Management
- Cancer Care
- Maternal and Child Health

- Violence, Safety, and Trauma

Contributing Causes of Health Challenges

The communities served by MH face complex health challenges shaped by behavioral, environmental, systemic, and socioeconomic factors. Behavioral risk factors include low physical activity and poor nutrition, which can contribute to the high rates of obesity and diabetes that disproportionately impact some of the community districts that MH serves (Table 12, Table 13). In some neighborhoods, obesity rates were 16% higher than the borough and city average, and diabetes rates were 5% higher. Of the nine community districts in MH's service area, almost half of them have smoking rates that exceed the borough and city averages (Table 12). The prevalence of chronic diseases can be exacerbated by the lack of compliance with healthy behaviors.

Environmental factors play a significant role in health challenges in MH's service area. Air pollution rates exceed city and borough averages in one of the community districts, which can lead to increase respiratory risks (Table 10). Additionally, five of the nine community districts in MH's service area have limited food access, where bodega to supermarket ratios are as high as 19:1; reducing the availability of fresh food and possibly making chronic disease management more difficult (Table 10).

Socioeconomic disparities amplify the health challenges faced by the MH service area. Poverty rates surpass city averages in four of the nine community districts, reaching as high as 27% in Borough Park compared to the New York city average of 18% (Table 10). Additionally, five of the nine MH community districts have lower educational attainment rates (Table 10). 20% of New York City residents reported limited English proficiency, whereas seven of the nine districts reported higher rates of limited English proficiency (Table 10). Insurance gaps also persist, with almost half of the community districts reporting higher rates of no health insurance compared to the borough average (Table 11). Socioeconomic factors including lower levels of education and limited English proficiency can exacerbate the number of uninsured because of the difficulty in navigating available resources.

The health insurance gap also leads to additional difficulties in MH's service area. Late or no prenatal care rates exceed borough averages in five of the nine community districts, where the lack of prenatal care reached as high as 9.2% in Coney Island (Table 17). Vaccination rates vary across the nine community districts, and up to five community districts did not receive the HPV vaccination (Table 16).

Maimonides Health recognizes that its service area includes a disproportionately high number of children and older adults who face significant challenges related to social determinants of health – such as educational attainment, English proficiency, healthy behavior adoption, nutrition, healthcare and insurance access, and chronic disease management. In response, Maimonides is committed to advancing health and well-being for individuals of all ages and circumstances, in

alignment with the Prevention Agenda's goal of making New York the healthiest state for people of all ages.

Health Disparities

Significant disparities exist across many socioeconomic factors. Immigrant and limited-English proficiency communities can face barriers relating to insurance, care access, and chronic disease management. Poverty disproportionately impacts almost half of the community districts within MH's service area – Bensonhurst, Borough Park, Coney Island, and Sunset Park – compared to the borough and city averages (Table 10). Increased levels of poverty can correlate with higher rates of chronic illness and reduced access to healthy foods (Table 10, Table 13). Older adults and children represent vulnerable populations, with five districts exceeding city averages of the proportion of children and seniors (Table 7).

Healthcare access is a major contributor to health disparities. Four of the nine community districts in MH's service area have higher rates of the uninsured compared to the city and borough average (Table 11). Healthcare access can contribute to behavioral health gaps, where four of the nine community districts in MH's service area have suicide premature death rates that are higher than the borough and city average (Table 18). Additionally, the lack of insurance can significantly impact a community's ability to manage chronic diseases and obtain medical care. Five of the nine community districts have higher rates of late/no prenatal care compared to the city average (Table 17). Given that MH's service area has a larger proportion of children compared to the city average, maintaining high quality maternal and child health is crucial for its communities.

3. Community Assets and Resources

MH has mobilized a number of assets and resources to address the health issues identified above, many of which are led by the Maimonides Department of Population Health. The department develops and supports an integrated network of healthcare and social services, overseeing priority goals including improving health outcomes, managing the total cost of care, supporting research and program evaluation, and offering management services to relevant programs and services.

While the majority of patients Maimonides serves reside in Southern Brooklyn, MH's efforts to foster healthy communities and improve the healthcare delivery system reach beyond its service areas. Leveraging its experience developing and implementing collaborative care models and broad health coalitions, including work done under the NYS 1115 'DSRIP' Waiver, MH is leader in transforming Brooklyn's healthcare delivery system, in particular for Medicaid enrollees.

The Maimonides Department of Population Health has increasingly integrated with departments across the health system to better meet the medical, behavioral, and social needs of Brooklyn communities. This work involves close collaboration across departments, including overseeing ambulatory care, Case Management, Transitional Care, and Care Management departments, and a growing constellation of wraparound services designed to keep patients healthy and out of the hospital. These services function across the full spectrum of care, from inpatient support to transitional and community-based care management, ensuring patients receive the right care at the right time.

Addressing Identified Health Needs Through Care Coordination

Across Case Management, Transitional Care, and Care Management, MH provides integrated support that coordinates clinical care, addresses health-related social needs, and bridges patients to community resources. These teams work collaboratively to manage safe discharges, reduce readmissions, improve continuity of care, and respond to barriers such as housing instability, food insecurity, behavioral health needs, and medication access.

Case Management: comprised of nurses, social workers, and social work assistants supporting patients during their stay and through a safe, carefully-planned discharge.

Transitional Care: acts as clinical bridge between the hospital and home, facilitating safe and appropriate services for patient's post-discharge (after they leave the hospital).

Maimonides Care Management: works with patients, community supports including family caregivers and providers to address risk factors that impact health, and connect individuals to critical resources in the community.

This integrated infrastructure positions MH to better respond to community health needs, reduce preventable utilization, and advance a patient-centered model of care that spans ambulatory, inpatient, and community settings.

Entities Managed Through the Maimonides Department of Population Health

MH provides administrative support to three distinct entities housed in its Department of Population Heath.

Brooklyn Health Home (BHH) coordinates a network of Care Management Agencies (CMAs) to offer comprehensive, community-based care management services for qualifying Medicaid patients by connecting them with a dedicated care manager, physical and behavioral health providers, social services, community programs and more.

As part of the Department of Population Health's work to expand care coordination beyond the Health Home program – which has specific qualifying criteria – and deliver social care support across a full spectrum of need, it launched the CCB Navigator in late 2023. The CCB Navigator connects Brooklynites with over 300 community-based social, behavioral, and medical care services and programs, offering individuals the resources they need to stay safe, access quality

services and avoid health crises. Leveraging an extensive network of health and social service providers across Brooklyn, the CCB Navigator screens referred individuals for health-related social needs and makes referrals to services tailored to meet the individuals' needs. By identifying unmet social needs and emerging patterns of risk across its screenings and referrals, the CCB Navigator also serves as an important tool for both identifying and addressing community health needs.

Brooklyn Communities Collaborative (BCC) brings together health systems, community-based organizations, labor, higher education, and public partners to co-design programs that improve health and build local wealth. BCC's work ranges from piloting neighborhood housing interventions, to strengthening access to community clinics, to aligning community-based institutions' procurement with local economic growth.

Recently, BCC allocated $963,670 in grants through its Strong Communities Fund to ten community-based organizations (CBOs) working to address the maternal health crisis in Brooklyn. BCC takes a participatory approach at every step of the grantmaking process, working closely with grantees to ensure successful implementation, and making funding more accessible to smaller organizations working on the ground in Brooklyn communities.

Grantees were selected by a multi-disciplinary, community-led review committee composed of nonprofit leaders, maternal health care providers, and community members committed to improving maternal health in Brooklyn. Highlights to date from grantees include: distributing over 190,000 diapers to families in need; enrolling 850 mothers in health insurance and connecting nearly 300 pregnant women and families to medical care providers; distributing 4,000 pounds of free produce, diapers, and baby gear to 500 mothers; selecting 3 young mothers to complete certified doula training and career advancement opportunities.

Community Care of Brooklyn IPA (CCB IPA) is an accountable care organization (ACO) that supports engagement of Brooklyn-based healthcare providers with Managed Care Organizations seeking value-based payment contracts.

Working closely with its network of approximately 450 providers, including many from MH, CCB IPA helps these providers reduce avoidable hospitalizations, address chronic disease more effectively, and integrate social needs interventions into clinical workflows to improve quality of care. This is accomplished through shared analytics, performance reporting, and integration into CCB IPA's network of both health and social service organizations.

MH leverages the expertise and unique, multi-sector partnerships of each of these entities to launch initiatives that address major community health concerns.

Community Health Improvement Plan / Community Service Plan

1. Major Community Health Needs

Based on the findings of the community health needs assessment, the MH health needs are improving outcomes for Mental Health & Substance Use Disorders; implementing more effective Chronic Disease Prevention and Management; improving Cancer Care; buffering Maternal and Child Health; and decreasing Violence, Safety, and Trauma. Theses health concerns directly align with the results of the surveys received from our partners and community members, which informed our choice of priorities within the Prevention Agenda domains. The data we presented showcased major gaps and disparities in outcomes for the MH service areas within these categories. MH work tirelessly to address these health needs.

2. Prioritization Methods

Description of Prioritization Process

To establish the health priorities of our service areas, we surveyed community members and presented questions that asked respondents to rank the importance of health issues recommended by the Greater New York Hospital Association (GNYHA). In addition, respondents were asked to rank their satisfaction with the accessibility of resources to address those health needs. We then calculated a ratio that estimated the relative priority of these issues by dividing the average score of an issue's importance by the average score of satisfaction with existing community resources. This ratio subsequently informed our selection of relevant New York State Prevention Agenda items to address through our initiatives. Selected health issues are highlighted in the table below (Table 19).

Table 19. Selected Health Concerns

Rank	Health Concern	Avg. Importance Score	Avg. Satisfaction Score	IMP/SAT Ratio[1]
1	Affordable housing & homelessness prevention	4.25	2.40	1.77
2	Violence, Safety, & Trauma	4.47	2.72	1.64
3	Mental health disorders	4.26	2.66	1.60
4	Job placement & employment support	4.11	2.57	1.60
5	Obesity (children & adults)	4.21	2.65	1.59
6	Cancer	4.48	2.91	1.54
7	Tobacco/e-cigarettes/vaping/hookah	3.84	2.50	1.54

Rank	Health Concern	Avg. Importance Score	Avg. Satisfaction Score	IMP/SAT Ratio[1]
8	Substance use disorder (alcohol, other drugs)	3.98	2.63	1.51
9	Access to continuing education/job training	4.13	2.73	1.51
10	Falls among elderly	4.24	2.85	1.49
11	Women's mental health care	4.31	2.91	1.48
12	Dental care	4.38	2.96	1.48
13	Access to healthy/nutritious foods	4.38	2.96	1.48
14	Basic needs: food, shelter, clothing	4.07	2.79	1.46
15	Asthma, breathing issues, lung disease	4.16	2.90	1.43
16	Diabetes & high blood sugar	4.25	2.97	1.43
17	Heart disease	4.33	3.04	1.42
18	Arthritis/Joint Disease	4.06	2.86	1.42
19	Adolescent/Child Health	4.23	2.98	1.42
20	High blood pressure	4.29	3.05	1.41
21	School health and Wellness programs	4.16	2.97	1.40
22	Infectious diseases (COVID-19, flu, hepatitis)	4.18	3.10	1.35
23	Infant health	4.13	3.09	1.34
24	Sexually transmitted infections (STIs)	3.81	2.89	1.32
25	HIV/AIDS	3.73	2.87	1.30
26	Hepatitis C	3.72	2.87	1.30

Source: "GNYHA_2025CHNA_Results_Maimonides.xlsx"

[1]Ratio = Importance ÷ Satisfaction. A larger Ratio indicates the greatest unmet need. Lower is better.

Maimonides accounted for several factors when prioritizing community health needs. These factors included alignment with the 2025-2030 New York State Prevention Agenda, scope/significance; opportunities and estimated efficacy of possible interventions; the importance the community places on addressing the needs; projects and priorities of the Department of Population Health, and existing programs, all of which were assessed relative to MH's core competencies.

Recognizing that MH's service areas have disproportionate shares of children and elderly residents, as well as high birth rates, 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 across their lifespans.

The primary health needs determined from review of quantitative and qualitative data are: chronic disease prevention, screening, and management; mental health and substance use disorder treatment; cancer care; maternal and child health; and violence, safety, and trauma (Table 19). 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.

Selected Maimonides Health Concerns

Based on the community's measurable health needs, the distinct competencies and resources of both hospitals in the MH network, and the direct input of community members and partners, MH has elected to focus on the following Health Concerns (Table 20):

- Mental Health & Substance Use Disorders
- Chronic Disease Prevention and Management
- Cancer Care
- Maternal and Child Health
- Violence, Safety, and Trauma

Table 20. Selected Health Concerns, Domains, Priorities, and Interventions

MH Health Concern	Domain	Priorities	Interventions
Mental Health & Substance Use Disorders	Social and Community Context	Anxiety & Stress	Promote awareness of resources for evidence-based mindfulness to reduce the impact of stress and trauma in the community, including models to screen for stress, anxiety, and other social needs.
		Suicide	Implement suicide safer case services and protocols in healthcare settings to identify, engage, treat and follow up with individuals with elevated suicide risk.
		Depression	Implement a collaborative care model for depression treatment, while also integrating behavioral health screening tools into primary care.
		Substance Misuse and Overdose	Prevent opioid and other substance misuse and deaths, by offering substance screenings across the

		Prevention	lifespan.
MH Health Concern	**Domain**	**Priorities**	**Interventions**
Chronic Disease Prevention and Management	Health Care Access and Quality	Preventative Services for Chronic Disease Prevention and Control (Including Obesity)	Promote access and expand prevention and screening services for adults with chronic disease.
			Develop and implement targeted social marketing programs aimed at prompting healthy eating and physical activity in alignment with national standards and clinical practice guidelines.
Cancer Care	Health Care Access and Quality	Preventative Services for Chronic Disease Prevention and Control	Promote and expand access to cancer screenings and diagnostics testing for adults.
			Encourage health systems to employ provider assessment and feedback systems to increase cancer screening per the national guidelines.
Maternal and Child Health	Health Care Access and Quality	Prevention of Infant and Maternal Mortality	Collect and stratify clinical data by race, ethnicity, and language (REAL) data to analyze and identify drivers of inequity and targets for quality improvement.
			Provide screening to prenatal and post-partum patients, especially those more susceptible or at risk of mental illness or disorders associated with pregnancy and postpartum risk, using validated tools.
		Childhood Behavioral Health	Utilize models of behavioral health integration in primary care settings.
		Early Intervention	Provide PCPs with materials so that they can educate parents and caregivers of young children about the Early Intervention Program.
			Educate primary care providers about the Early Intervention Program and using developmental surveillance tools to identify children with developmental delays and

			disabilities earlier.
MH Health Concern	**Domain**	**Priorities**	**Interventions**
Violence, Safety, and Trauma	Neighborhood and Built Environment	Injuries and Violence	Decrease home falls by connecting older adults and people with disabilities to evidence-based fall prevention programs.
			Reduce traffic-related injuries for pedestrians and bicyclists.
		Access to Community Services and Support	Promote age-friendly initiatives by educating primary care providers during annual wellness visits, ensuring they are equipped to discuss and implement these practices.
			Increase health and wellness for older adults by promoting age-friendly ecosystems that provide access to public spaces, healthcare services, social services, and assistance programs.

Many racial, ethnic, and socioeconomic disparities in social determinants of health, healthy behaviors, access to care, and health outcomes exist among the diverse populations Maimonides serves. Maimonides is choosing to address 11 New York State Prevention Agenda priorities, with those priorities and their corresponding programs shown in detail in the CHIP/CSP Workplan and Action Plan below. Our CHIP/CSP Workplan also outlines specific SMART/SMARTIE Objectives that address each priority; interventions are intended to accomplish the goals and key performance indicators outlined in these SMART/SMARTIE objectives. For example, Maimonides intends to focus on alleviating racial and ethnic disparities in pre-term birth, low birth weight, and infant and maternal mortality among Black and Hispanic patients. As the only state-designated regional perinatal center in Southern Brooklyn, MMC is well positioned to focus on improving perinatal and antenatal outcomes for residents of its service area. Maimonides Health is committed to each of the listed priorities above, and will employ its resources to address health disparities in accordance with aligned objectives to promote the health of those within the communities it serves.

Community Engagement

Maimonides Health recognizes, as we expand our patient base, that we must also foster partnerships with community-based organizations in the areas where our patients reside. 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 through engaging with various community organizations. It will do so via the many programmatic partnerships described in our Implementation Plan below.

Implementation Plan

Maimonides devotes staffing and financial resources to sustain the aforementioned programs and activities, including resources from the following areas:

- Patient & Community Relations
- Executive Office resources and personnel
- 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

Additionally, Maimonides leverages its partnerships with community organizations in determining its priorities. Partnerships with community organizations render the implementation of interventions feasible and the achievement of objectives actionable. For example, because MH has partnered with both the Caribbean Women's Health Association and the Brooklyn Perinatal Network, each of which has strong ties to the community in Central Brooklyn to address maternal health disparities in our borough, we have chosen to prioritize the Prevention of Infant and Maternal Mortality. MMC works with the Caribbean Women's Health Association, an organization that helps women of color navigate and access comprehensive care. We also work with the Brooklyn Perinatal Network, an initiative to educate younger individuals of color about health behaviors to improve health outcomes. They help provide primary care services prior to pregnancy and pre-conception with a focus on counseling to help address health issues that compound disparities in maternal health.

MH also leverages its relationships with academic and clinical affiliates – namely SUNY Downstate Health Sciences University and One Brooklyn Health – where appropriate to coordinate and expand health services and health promotion activities to parts of Brooklyn outside of its historical service area. We utilized our partnerships with these organizations to assess the areas of population health which we could most directly impact, which further informed the selection of our priorities, objectives, and interventions in accordance with the New York State Prevention Agenda.

Existing Community-Based Programs and Interventions at Maimonides

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, and addressing the distinct needs of residents. Major programs deployed by MH 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.

MH 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

Justification for Unaddressed Health Needs

A number of social determinants adversely affect health in parts or all of MH's service area. These include violence (including gun violence), air quality, affordability and condition of housing, density of tobacco retailers, accessibility of supermarkets, physical activity, incarceration, and poverty. MMC is engaged in work that can affect or compensate for these variables as a provider of certain social services and as an advocate for public policies that promote a healthy Brooklyn. As an example, the Maimonides Department of Care Management was awarded a grant from the Cabrini Foundation to provide Critical Time Intervention care to individuals recently released from Rikers and as an Alternation to Incarceration (ATI). Maimonides, through Brooklyn Health Home, provides services and resources to the justice-involved population to support them upon release with an aim to reduce recidivism. However, neither Brooklyn Health Home nor MH are implementing interventions where progress can be tracked over time.

MH has chosen to prioritize the selected needs based on the competencies and capabilities it possesses, 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.

3. Developing Objectives, Interventions, and an Action Plan

Alignment with Prevention Agenda

A description of our selected Priorities, SMART/SMARTIE Objectives, and Interventions, selected in accordance with the 2025-2030 New York State Prevention Agenda and in alignment with current New York State Guidelines, is available through our CSP Workplan, available in the attached Excel File.

Action Plan:

See below. Our action plan, displayed below, provides a high-level summary of our chosen priorities from the CSP and details the actions that we will take to address these health concerns. A comprehensive CSP workplan is available in the attached Excel file.

Resource Commitment: MH commits financial, in-kind, partnership and knowledge-building resources across the institution and the communities it serves. In 2023, for example, MH's expenditures in total financial assistance and other community benefits totaled more than $1.8M according to an October 2025 analysis of community benefit expenditures prepared by the Hospital Association of New York State (HANYS). These expenditures included financial assistance at cost, costs of means-tested government programs, community health improvement services, community benefit operations, health professional education, and subsidized health services, among others. Examples of additional resource commitment include MH's provision of in-kind legal, tech, and accounting support the Brooklyn Health Home to a care management entity that coordinates care for high-need Medicaid patients, and to the Brooklyn Communities Collaborative, an MH-based nonprofit entity that addresses the social determinants of health in the Brooklyn neighborhoods where poor health outcomes are most evident.

Priority	Actions	Impact	Geographic Focus	Participant Roles	Health Equity
1) **Anxiety and Stress**	**Intervention 1.1**: Promote awareness of resources for evidence-based mindfulness to reduce the impact of stress and trauma in the community, including models to screen for stress, anxiety, and other social needs.	By utilizing the below indicators, we intend to evaluate the intervention's implementation progress. The achievement of the following impacts indicates the success of the intervention: • Increased number of learning sessions conducted • Increased number of screenings conducted • Increased number of organizational partners in the community for mental health resources	All MH Service Areas, **Specifically Those with Higher Suicide-Related Premature Death Rates Compared to New York City** (5.3 suicide-related premature deaths per 100,000 people) **and Brooklyn** (4.7 suicide-related premature deaths per 100,000 people) **Averages**: • **Bay Ridge & Dyker Heights** (7.3 suicide-related premature deaths per 100,000 people) • **Coney Island** (8.9 suicide-related premature deaths per 100,000 people) • **Flatbush & Midwood** (5.6 suicide-related premature deaths per 100,000 people) • **Sunset Park** (6.4 suicide-related premature deaths per 100,000 people)	In addition to long-running awareness-raising and screening efforts, MH embeds social workers with CBO partners who provide coaching for school counselors to provide direct support to children and families under stress or who have experienced trauma. Counselors are trained to screen for depression, anxiety, and wellness. In October 2025, MH created New York's first "Stigma-Free Zone" and designated the inaugural "Stigma-Free Day" (10/22) with a resource fair and flag-raising to "build a community where all feel supported, safe to seek help, and free from shame." MH continues to expand screening and awareness-raising efforts with CBO and agency partners, including spearheading training for community-led mental health practice in collaboration with the Dept. of Population Health, the City University of New York, and other providers.	Currently, there are higher suicide-related premature death rates than city and borough averages in 4 of the 9 community districts served by Maimonides Health. Actions to promote the awareness of resources for evidence-based mindfulness will address the aforementioned health disparities by promoting the availability of screening for anxiety, stress, and other mental health related concerns while enhancing the availability of treatments and resources throughout the community for those struggling with stress and anxiety, which positively impacts mental health and can prevent mental health issues from getting worse. This should lead to lower suicide rates in the long term for these community districts.
2) **Suicide**	• **Intervention 2.1**:	By utilizing the below indicators, we intend to	All MH Service Areas, **Specifically Those with Higher**	The collaborative care model carried out by MH has increased	Currently, there are higher suicide-related premature death rates than

	Implement suicide safer case services and protocols in healthcare settings to identify, engage, treat, and follow up with individuals with elevated suicide risk.	evaluate the intervention's implementation progress. The achievement of the following impacts indicates the success of the intervention: • Increased percentage of at-risk patients followed up with once identified as having a high suicide risk	**Suicide-Related Premature Death Rates Compared to New York City** (5.3 suicide-related premature deaths per 100,000 people) **and Brooklyn** (4.7 suicide-related premature deaths per 100,000 people) **Averages**: • **Bay Ridge & Dyker Heights** (7.3 suicide-related premature deaths per 100,000 people) • **Coney Island** (8.9 suicide-related premature deaths per 100,000 people) • **Flatbush & Midwood** (5.6 suicide-related premature deaths per 100,000 people) • **Sunset Park** (6.4 suicide-related premature deaths per 100,000 people)	capacity to address the growing need for care amidst a shortage of providers and resources. Aspects of the model include placing social workers in clinical and community settings alike, integrating more intensive care management in patient plans, and increasing attention to social care needs. MH continues to expand and refine our collaborative care model, integrating behavioral health screening and practice into primary care and community settings for patients across the lifespan.	city and borough averages in 4 of the 9 community districts served by Maimonides Health. Actions to implement suicide safer case services and protocols in healthcare settings will address the aforementioned health disparities by providing more in-depth treatment to at-risk patients for suicide, allowing for further community engagement regarding suicide prevention while enabling for earlier identification of suicide risk factors. Follow-up will also provide at-risk patients with more of a social safety net, decreasing suicide rates in the long term across these community districts.
3) Depression	• **Intervention 3.1**: Implement a collaborative care model for	By utilizing the below indicators, we intend to evaluate the intervention's implementation	All MH Service Areas, **Specifically Those with Higher Suicide-Related Premature Death Rates Compared to New York City** (5.3 suicide-related	Having introduced more frequent screening and safeguard protocols with increased levels of structure for those at risk, MH continues to	Currently, there are higher suicide-related premature death rates than city and borough averages in 4 of the 9 community districts served by Maimonides Health.

	depression treatment, while also integrating behavioral health screening tools into primary care.	progress. The achievement of the following impacts indicates the success of the intervention: • Increased number of new depression screenings and treatments conducted at primary care settings	premature deaths per 100,000 people) **and Brooklyn** (4.7 suicide-related premature deaths per 100,000 people) **Averages**: • **Bay Ridge & Dyker Heights** (7.3 suicide-related premature deaths per 100,000 people) • **Coney Island** (8.9 suicide-related premature deaths per 100,000 people) • **Flatbush & Midwood** (5.6 suicide-related premature deaths per 100,000 people) • **Sunset Park** (6.4 suicide-related premature deaths per 100,000 people)	provide and expand suicide screening and protocols in primary care settings. MH has strengthened its Suicide Safer efforts by employing "peers", individuals from the community with lived experience who assist those at risk of suicide to navigate the system and ensure they get the care they need. MH continues to screen patients in outpatient settings and to ensure that at-risk patients have safety plans in place.	Actions to establish a collaborative care model for depression treatment will address the aforementioned health disparities by promoting the availability of screening for depression while enhancing the availability of treatments and resources throughout the community for individuals struggling with depression. This can help prevent mental health issues from further developing, leading to lower suicide rates in the long term within these community districts.
4) Primary Prevention, Substance Misuse, and Overdose Prevention	• **Intervention 4.1**: Prevent opioid and other substance misuse and deaths, by offering	By utilizing the below indicators, we intend to evaluate the intervention's implementation progress. The achievement of the following impacts	All MH Service Areas, **Specifically Coney Island** (19.6 drug-related premature deaths per 100,000 people)**, which had a Higher Drug-Related Premature Death Rate Compared to New York City** (14.8 drug-related premature	MH continues to integrate substance use treatment and screenings into an increasing number of primary care settings from pediatrics to adult primary care to geriatrics. MH relies on the SBIRT model (screening, brief intervention, referral to	Coney Island, a community district serviced by Maimonides Health, has a higher rate of drug-related premature deaths than the Brooklyn rate. Increased rates of drug-related premature deaths across all of Brooklyn compared to 2018 levels indicate a need for

	substance screenings across the lifespan.	indicates the success of the intervention: • Increased number of substance use screenings conducted • Increased number of organizational partners in the community for substance use treatment	deaths per 100,000 people) **and Brooklyn** (12.1 drug-related premature deaths per 100,000 people) **Averages.**	treatment) as well as training for medical staff in administering suboxone. Recovery peers, individuals from the community with lived experience, have also been incorporated to complement support for those with substance use disorders.	substance abuse prevention interventions. Actions to combat substance abuse and prevent overdoses will address the aforementioned health disparities by creating a communal infrastructure of resources for patients struggling with substance abuse, including screening resources and organizations offering treatment. This can help increase the availability of resources to combat addiction, which will prevent deaths in the long term in Coney Island.
5) Preventative Services for Chronic Disease Prevention and Control (Including Obesity)	• **Intervention 5.1**: Promote access and expand prevention and screening services for adults with chronic disease. • **Intervention 5.2**: Develop and implement targeted social	By utilizing the below indicators, we intend to evaluate the interventions' implementation progress. The achievement of the following impacts indicates the success of the interventions: • Increased number of screenings (5.1) • Increased number of	All MH Service Areas, **Specifically Those with Higher Obesity Rates Compared to New York City** (25%) **and Brooklyn** (25%) **Rates:** • **Coney Island** (28% Obesity Rate) • **East Flatbush** (34% Obesity Rate) • **Flatbush & Midwood** (28% Obesity Rate) • **Flatlands & Canarsie** (41% Obesity Rate)	Maimonides continues to promote access and expand prevention, screening and treatment services for adults: - MH's Weight Management Center opened in January 2025 and provides a full spectrum of treatment, education and other resources for diabetes and obesity prevention. - Expanded primary care and endocrinology staff at the Multispecialty Doctors Pavilion to increase access to prevention,	There are currently higher obesity and diabetes rates than city and borough averages amongst 4 of the 9 community districts served by Maimonides Health. More than half of the community districts served by Maimonides Health had lower physical activity rates compared to city and borough rates. Actions to expand screening services and promote healthy eating will address the aforementioned health disparities by creating communal awareness of

	marketing programs aimed at promoting healthy eating and physical activity in alignment with national standards and clinical practice guidelines.	community outreach events (5.1) • Increased number of patient and staff education events and opportunities (5.1) • Increased number of new patients attracted to and/or participating in programming (5.1) • Increased volume of patients with improved outcomes (5.1) • Increased number of healthy eating and physical activity campaigns (5.2) • Increased volume of collateral for		screening and treatment for diabetes and hypertension. - MH leads and/or participates in many local events and health fairs, providing screening for hypertension in partnership with local community organizations; presented symposia and other educational events for staff and community members.	the risks associated with chronic diseases while enhancing the availability of screening resources. In turn, the promotion of healthier lifestyles will occur because community members will develop an awareness of prevention tactics to avert the development of chronic diseases while simultaneously using the available screening resources to track the development of chronic diseases. Greater communal awareness will reduce the prevalence of chronic diseases, including obesity, over time throughout these community districts.

		campaigns produced (5.2) • Increased volume of patient interactions for healthy eating campaigns and physical activity initiatives, including increased email open rates, increased link engagement, and increased social media followers, shares and impressions (5.2)			
6) Preventative Services for Chronic Disease Prevention and Control	• **Intervention 6.1:** Promote and expand access to cancer screenings and diagnostics testing for adults.	By utilizing the below indicators, we intend to evaluate the interventions' implementation progress. The achievement of the following impacts indicates the success of the interventions:	All MH Service Areas, **Specifically Those with Higher Cancer Incidence Rates Compared to Overall Brooklyn Rates** (447.9 per 100,000 males & 393.8 per 100,000 females) **for Males and/or Females:** • **Bay Ridge & Dyker Heights** (Cancer Incidence Rate of 452.1	In addition to its award-winning Cancer Center, MH hosts a wide array of awareness-raising, screening and prevention events, from the annual "The Pink Runway" to outreach events and screening partnerships with CBOs, sports teams and other organizations from across the service area.	There are currently higher cancer incidence rates than Brooklyn averages amongst over half of the community districts served by Maimonides Health. Advanced cancer screening initiatives throughout practices and across underserved communities will enable cancer to be detected

	• **Intervention 6.2:** Encourage health systems to employ provider assessment and feedback systems to increase cancer screening per the national guidelines.	• Increased number of practices participating in local cancer screening programs (6.1) • Increased number of cancer screenings delivered to uninsured individuals (6.1) • Increased number of practices and health systems that adopt provider assessment and feedback systems (6.2) • Increased number of cancer screenings performed overall (6.2)	per 100,000 males & 430 per 100,000 females) • **Bensonhurst & Bath Beach** (Cancer Incidence Rate of 405.7 per 100,000 females) • **Borough Park, Kensington, & Ocean Parkway** (Cancer Incidence Rate of 408.7 per 100,000 females) • **Brighton Beach & Coney Island** (Cancer Incidence Rate of 408.7 per 100,000 females) • **Canarsie & Flatlands** (Cancer Incidence Rate of 507.7 per 100,000 males) • **East Flatbush** (Cancer Incidence Rate of 480.4 per 100,000 males) • **Sheepshead Bay, Gerritsen Beach, & Homecrest** (Cancer Incidence Rate of 448 per 100,000 males & 447 per 100,000 females)	To meet the need for increased screening and diagnostic testing, the following initiatives are underway: MH's gastroenterology department increased availability of colonoscopy appointments and of stool-based testing provision; MH is increasing access to mammography services, including same-day mammography, and to dermatologists focusing on screening and diagnosis of melanoma; MH's Interdisciplinary Melanoma Center provides an avenue for patients diagnosed with melanoma to meet with a general surgeon, a plastic surgeon, and a dermatopathologist. Further, in 2025, Maimonides is hosting its first annual lung cancer symposium to increase education for clinicians. In 2026, MH plans to increase gastric and pancreatic cancer screenings. MH will continue to host outreach and awareness events	far earlier, improving prognosis and contributing to the prevention of cancer throughout our service areas. As a result, cancer battles will become more proactive and cancer patients will be equipped with further resources, decreasing the negative impact of cancer across our community districts, reducing the aforementioned health disparities.

				to support screening and will increase partnerships with CBOs and other organizations in the service area. To support the system overall and individual providers to increase screening, MH created scorecards to provide feedback to primary care doctors on how well they are meeting screening guidelines.	
7) Prevention of Infant and Maternal Mortality	• **Intervention 7.1:** Collect and stratify clinical data by race, ethnicity, and language (REAL) data to analyze and identify drivers of inequity and targets for quality improvement. • **Intervention 7.2:** Provide screening to prenatal and post-partum patients,	By utilizing the below indicators, we intend to evaluate the interventions' implementation progress. The achievement of the following impacts indicates the success of the interventions: • Increased number of infant and maternal mortality records analyzed (7.1) • Achievement of intermediate findings of likely drivers	All MH Service Areas, **specifically Those with Higher Infant Mortality Rates Compared to New York City** (4.1 per 1,000) **and Brooklyn** (3.5 per 1,000) **Rates** along with Service Areas with **Higher Late/No Prenatal Care and/or Pre-Term Birth Rates compared to New York City** (6.8% late/no prenatal care rate & 9.2% pre-term birth rate) **and Brooklyn** (5.3% late/no prenatal care rate & 8.5% pre-term birth rate) **Rates:** • **Coney Island** (9.2% late/no prenatal care rate & 10.4% pre-term birth rate)	MH participates in the NYS Birth Equity Improvement Project and engages multi-disciplinary teams of clinical, administrative and executive level leaders to engage in quality improvement efforts for maternal and perinatal health. The team uses a "plan, do, study, act"—PDSA—cycle and participates in MH's Department of Quality Management strengthening data and analytic capacity to identify drivers of poor health outcomes and inequities, and to ensure integrated, closed-loop care. Current quality improvement and data projects are focused on:	Our service area is comprised of a vast array of patients from different ethnic, linguistic, and socioeconomic backgrounds. Infant mortality rates exceed city and borough averages in 2 of the 9 community districts we serve. Rates of late/no prenatal care and pre-term births are higher than city and borough averages amongst 4 of the 9 community districts served by Maimonides Health. Both infant health and women's mental health care are regarded as issues of high importance but low satisfaction with available resources based on survey data of those in our service area.

	especially those more susceptible or at risk of mental illness or disorders associated with pregnancy and postpartum risk, using validated tools.	contributing to inequities and subsequent action upon these findings (7.1) • Increased number of people screened for disorders associated with pregnancy and postpartum risk (7.2) • Increased number of successful referrals made for prenatal and post-partum patients (7.2) • Increased volume of WIC clients screened for mental health needs (7.2)	**East Flatbush** (Infant Mortality – 5.6 per 1,000, 12.2% late/no prenatal care rate & 13.7% pre-term birth rate) • **Flatbush & Midwood** (9.3% pre-term birth rate) • **Flatlands & Canarsie** (Infant Mortality – 5.1 per 1,000, 8.8% late/no prenatal care rate & 11.7% pre-term birth rate)	correction of antepartum anemia; use of hemorrhage risk assessment tool at admission; simulation for obstetric hemorrhage; QBL (quantified blood loss) implementation (improving upon EBL—estimated blood loss); Hemorrhage check list. Additional effort on the implementation of policies includes: policy for PACU (recovery room) care in labor & delivery involving anesthesia, OB and nursing; policy for critical care in OB; policy for Interventional Radiology/OB interaction. The following are currently, and will continue to take place: Daily safety team reports are delivered to OB leadership; multidisciplinary clinical (board) rounds for real-time clinical oversight are conducted; and weekly multidisciplinary meetings of OB leadership are convened to review systems and find solutions. The Brooklyn Parenting Center, opened in 2023, has been key to	Actions to provide screening to pre-natal and post-partum patients while stratifying infant and maternal mortality data by demographic categories will reduce the aforementioned disparities by making resources for new mothers and infants more widely available. As a result, a greater social safety net will be established and families will be able to obtain the resources to combat post-partum issues. Health equity will also increase as a result of the enhanced availability resources for new mothers and babies across diverse demographic backgrounds. Therefore, community resources for maternal and child health will reduce infant and maternal mortality, along with post-partum depression, across our community districts.

				implementing continuity of care and addressing previous CHA goals of increasing primary, preventive, prenatal and postpartum care, which is also true for the formal collaborations between departments in recent years. With this foundation in place, the OBS/GYN department is poised to increase and expand screening, early detection, care coordination and outcome tracking. The Brooklyn Parenting Center has become a model for integration of developmental, behavioral and mental health services for families for the first 1,000 days of life, from conception to age 2. To decrease the percentage of prenatal and post-partum patients experiencing mental illnesses or disorders associated with pregnancy and postpartum, both inpatients and outpatients served at MH Women's Clinic, Faculty Practices, and participants at the Brooklyn Parenting Center are screened for depression, adverse childhood experiences (ACE) and	

				social needs through the preconception, perinatal, peripartum and postpartum phases. Numbers of screenings conducted has increased each year for at least the past 3 years. A joint program with psychiatry has recently formed to expand screening, diagnosis and treatment. Additional staffing capacity at the Brooklyn Parenting Center allows for further care coordination and follow-up. To decrease the percentage of preconception, prenatal and post-partum patients experiencing chronic disease. Patients at all MH's Women's Clinic, faculty practices, and Maternal Fetal Medicine Unit are screened for all forms of diabetes, hypertension, and cancer (breast, colon). OBS/GYN developed joint programs in areas of significant overlap with maternal health, including neurology, psychiatry to expand screening, diagnosis and treatment. Increased staff capacity at the Brooklyn Parenting Center allows	

				for the expanded care coordination and prevention activity needed to adequately address chronic conditions. All activities (screening, diagnosis, treatment) meet patients according to the best practices for their phase of lifespan development–-peripartum, post-partum continuum.	
8) Childhood Behavioral Health	• **Intervention 8.1:** Utilize models of behavioral health integration in primary care settings.	By utilizing the below indicators, we intend to evaluate the intervention's implementation progress. The achievement of the following impacts indicates the success of the intervention: • Increased number of mental and behavioral health assessments carried out by pediatric	All MH Service Areas, **Specifically Those with Higher Rates of Children as a Percentage of the Overall Population Compared to New York City** (20%) **and Brooklyn** (25%) **Rates:** • **Borough Park** (35% Children) • **Flatbush & Midwood** (24% Children)	MH's Dept. of Pediatrics, Dept. of Child Psychiatry and the Brooklyn Parenting Center (BPC) collaborate to integrate behavioral health care and coordinate patient care. The BPC's HealthySteps program conducts universal screenings for pediatrics patients including Survey of Well-being of Young Children Developmental Milestones at each well visit, the Baby Pediatric Symptom Checklist at 6 & 12 month well visits, the Preschool Pediatric Symptom Checklist at 24 & 36 month well visits, and the M-CHAT Autism screening at 18 &	Both mental health disorders and adolescent and child health are regarded as issues of high importance but low satisfaction with available resources based on survey data of those in our service area. Actions to utilize models of behavioral health integration in primary care settings will enable children across our service area to enjoy more easily accessible behavioral health resources. This will enable children in need of behavioral health care to enjoy a broader social safety net with the availability a wider array of

		primary care providers		24 month well visits. Children who score low are evaluated further and/or referred for Early Intervention services. In addition to continuing and fortifying collaboration between primary care and behavioral health providers, MH is extending efforts to reach further upstream in communities. These efforts include outreach with more robust materials and education, reaching younger, preconception audiences, and connecting community members to PCPs—particularly if individuals suffer from obesity, hypertension, diabetes, and/or mental illness.	resources, allowing them to thrive. Satisfaction with the resources available for children across our service areas will therefore improve.
9) Early Intervention	• **Intervention 9.1:** Provide PCPs with materials so that they can educate parents and caregivers of young children about the	By utilizing the below indicators, we intend to evaluate the interventions' implementation progress. The achievement of the following impacts indicates the success of the interventions:	All MH Service Areas, **Specifically Those with Higher Rates of Children as a Percentage of the Overall Population Compared to New York City** (20%) **and Brooklyn** (22%) **Rates:** • **Borough Park** (35% Children)	MH's Dept. of Pediatrics, Dept. of Child Psychiatry and the Brooklyn Parenting Center (BPC) collaborate to integrate behavioral health care and coordinate patient care. The BPC's HealthySteps program conducts universal screenings for pediatrics patients including Survey of Well-being of Young	There is a higher percentage of children in 2 of the 9 community districts served by Maimonides Health compared to city and borough averages. More specifically, Maimonides Medical Center is located in Borough Park, one of our community districts with a high percentage of children. Adolescent and Child Health and

	Early Intervention Program. • **Intervention 9.2:** Educate primary care providers about the Early Intervention Program and using developmental surveillance tools to identify children with developmental delays and disabilities earlier.	• Increase in number of family generated Early Intervention Referrals (9.1) • Increased number of screenings provided for children to identify developmental delays and disabilities earlier (9.2)	• **Flatbush & Midwood** (24% Children)	Children Developmental Milestones at each well visit, the Baby Pediatric Symptom Checklist at 6 & 12 month well visits, the Preschool Pediatric Symptom Checklist at 24 & 36 month well visits, and the M-CHAT Autism screening at 18 & 24 month well visits. Children who score low are evaluated further and/or referred for Early Intervention services.	Mental Health Disorders are both regarded as issues of high importance but low satisfaction with available resources based on survey data of those in our service area. Actions to promote the dissemination of information about the Early Intervention Program amongst PCPs and families will enhance the accessibility of screening services for developmental delays and disabilities. This will enable children with developmental delays and disabilities to enjoy a broader social safety net with the availability a wider array of resources, allowing them to thrive. Satisfaction with the resources available for children across our service areas will therefore improve.
10) Injuries and Violence	• **Intervention 10.1:** Decrease home falls by connecting older adults and people	By utilizing the below indicators, we intend to evaluate the interventions' implementation progress. The	All MH Service Areas, **Specifically Those with Higher Rates of Seniors as a Percentage of the Overall Population Compared to New**	In addition to screening all patients for falls, MH works with senior centers and CBO partners to offer fall prevention programming. In partnership with NYC DOHMH, MH received an	Falls amongst the elderly are regarded as an issue of high importance but relatively low satisfaction with available resources based on survey data of those in our service area.

	with disabilities to evidence-based fall prevention programs. • **Intervention 10.2:** Reduce traffic-related injuries for pedestrians and bicyclists.	achievement of the following impacts indicates the success of the interventions: • Enhanced participation among organizations that perform home safety assessments (10.1) • Increased number of multi-housing units for older adults, and expansion of other organizational resources for older adults (10.1) • Increased number of homes inspected (10.1) • Increased number of homes modified (10.1)	**York City** (17%) **and Brooklyn** (15%) **Rates:** • **Bensonhurst** (18% Seniors) • **Coney Island** (25% Seniors) • **East Flatbush** (19% Seniors) • **Sheepshead Bay** (19% Seniors)	Administration for Community Living grant to expand training capacity for fall prevention in senior centers. MH and partner senior centers offer evidence-based programs, including "A Matter of Balance" and "Stepping On". MH continues to implement screening protocols and expand fall-prevention programs. Further, the Geriatrics Dept. has been reviewing the relationship between polypharmacy, dizziness and fall prevention and will integrate learnings into protocols and practices. The Dept. will also continue to send residents and interns to senior centers to contribute to programming and to provide on-the-ground learning experiences to residents and interns. MH collaborates with agencies and policymakers to support legislative and infrastructure changes, improve data collection, and develop	Violence, including traffic-related safety, is also regarded as an issue of high importance but low satisfaction with available resources based on survey data of those in our service area. Actions to promote home fall prevention programs and enhance street safety for pedestrians and bicyclists will address these aforementioned disparities by allowing at-risk populations to enjoy a broader array of resources focused on their safety. Home fall prevention programs will enable seniors to take proactive steps to promote their health and prevent adverse outcomes. Traffic safety campaigns will disseminate awareness of best practices for public transportation across vulnerable communities. Each of the resources described in the "impact" section will enhance the satisfaction of residents throughout our service area regarding the resources available for violence and injury prevention.

		• Enhanced breadth of data on in-home modifications that were most and least frequently applied (10.1) • Increased number of staff or community partners trained to provide evidence-based fall prevention programs (10.1) • Increased number of older adults that have taken evidence-based fall prevention classes (10.1) • Increased number of older adults screened for fall risk (10.1) • Increased number of at-risk older adults		education initiatives targeting schools, senior centers, and the broader community. MH staff participates in several city-wide coalitions and initiatives that focus on traffic-related injuries, including being a member of the New York City Traffic Safety Board, Safe Kids NYC Coalition (sponsored by the NYC DOT Safety Education Unit), and a micro-mobility injury measurement project coordinated by the NYC DOHMH. MH has a funding-dependent helmet distribution program for pediatric patients. It also provides safety handouts and resources to patients in hospital and clinic settings which cover topics related to pedestrian, bicycle, micro-mobility, and motor vehicle safety. MH's Trauma Department and MH's Brooklyn Parenting Center collaborate to conduct a car seat, stroller, and baby carrier distribution program is conducted, offering safer transportation options to	

		given plans of care (10.1) • Increased number of outreach events held for transportation safety (10.2) • Increased attendance at outreach events held for transportation safety (10.2) • Increased volume of awareness materials distributed for transportation safety (10.2) • Increased number of website visits for transportation safety initiatives (10.2) • Enhanced participation in safety improvement initiatives among		families in need. The MH Trauma Program offers free car seat checks to families and caregivers. MH staff also give multiple presentations through the Brooklyn Public Library, covering traffic-related topics for both adults and children.	

		municipalities and schools located within our service area (10.2) • Increased safety rating of active transport infrastructure near schools using safety audity checklists – Safe Routes to School, US DOT) (10.2) • Increased number of bicycle and motorcycle helmets fitted and distributed (10.2)			
11) Access to Community Services and Support	• **Intervention 11.1:** Promote age-friendly initiatives by educating primary care providers during annual	By utilizing the below indicators, we intend to evaluate the interventions' implementation progress. The achievement of the following impacts	All MH Service Areas, **Specifically Those with Higher Rates of Seniors as a Percentage of the Overall Population Compared to New York City** (17%) **and Brooklyn** (15%) **Rates:**	Maimonides is recognized as an Age-Friendly Health System, providing the four evidence-based elements of high-quality care, known as the "4Ms," to all older adults accessing care: What Matters, Medication, Mentation,	In 4 of the 9 community districts served by Maimonides Health, the percentage of senior citizens in the population is greater than city and borough senior rates. Given that the ability to meet basic needs (food, shelter, clothing) is regarded as an issue of high importance in

	wellness visits, ensuring they are equipped to discuss and implement these practices. • **Intervention 11.2:** Increase health and wellness for older adults by promoting age-friendly ecosystems that provide access to public spaces, healthcare services, social services, and assistance programs.	indicates the success of the interventions: • Increased number of older adults who participate in screenings (11.1) • Expanded knowledge and awareness of preventative care options within the community (11.1) • Enhanced engagement among older adults with health resources (11.1) • AARP Annual Survey indications of improved satisfaction with community resources for seniors (11.2) • Implementation of State Community Assessment Measures and Plans for older adults (11.2)	• **Bensonhurst** (18% Seniors) • **Coney Island** (25% Seniors) • **East Flatbush** (19% Seniors) • **Sheepshead Bay** (19% Seniors)	and Mobility. PCPs are informed of the "4M" age-friendly practices. MH continues to expand messaging around 4M practices to PCP and their staff, and to address PCP-identified gaps in capacity. Staff social workers are critical to the MH Geriatrics Department and are made available to all patients, especially at initial assessment. These social workers identify appropriate programming for seniors in their communities. MH will increase the availability of social workers with the goal of connecting more seniors to services and resources that address unmet health, social determinant of health, or general needs.	the survey data of our service area, we will continue to pursue better outcomes. Actions to increase health and wellness for older adults will address these disparities by promoting better practices to protect the health of senior citizens. Implementing age-friendly initiatives into both primary care environments and the broader societal ecosystem will allow senior citizens to enjoy a community with more resources available to protect their health. These initiatives will increase satisfaction with available community resources among seniors throughout our service area while promoting improved health outcomes for older adults.

		• Participation among healthcare organizations in community initiatives geared towards well-being for older adults (11.2) • Number of trainings delivered to staff for services including older adults (11.2) • Number of providers and staff trained (11.2) • Capacity of healthcare staff to implement best practices regarding care for older adults (11.2)			

4. Partner Engagement

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 described above. In addition, MH will report to the community and obtain input on its programming via the return of 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. Maimonides Health is currently discussing what mechanisms it will utilize to track progress of all programs related to the prevention agenda response internally, and will work to centralize the process between the two hospitals. The health network will continue to solicit feedback from our local partners not only with regard to the current report, but also with regard the progress of the implementation strategy.

5. Sharing Findings with the Community

The principal method of distributing the CHA/CSP will be via Maimonides Health's website at www.maimo.org. MH 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 CHA/CSP will be made available for inspection at both Maimonides Medical Center and Maimonides Midwood Community Hospital upon request.

D. Appendices

Appendix A: Quantitative and Public Data Sources

Data Set / Site	Source	Information	Use(s)
NYC Department of City Planning	Department of City Planning	Official community district number (city and borough data are numbered 0-5)	Define community
Modified from lists provided by New York University's Furman Center for Real Estate and Urban Policy and the NYC Department of City Planning	Department of City Planning	Names of each geographic area (Community District, borough, city)	Define community
NYC DOHMH population estimates, modified from US Census Bureau interpolated intercensal population estimates, 2000-2020. Updated September 2021.	NYC DOHMH, Bureau of Epidemiology Services	Total population numbers	Define community
NYC DOHMH population estimates, modified from US Census Bureau interpolated intercensal population estimates, 2000-2020. Updated September 2021.	NYC DOHMH, Bureau of Epidemiology Services	Percentage of people who identify as Non-Hispanic White, Non-Hispanic Black, Non-Hispanic Asian, Native Hawaiian and Pacific Islander, Hispanic/Latino, or Other (Indigenous American, two or more races)	Define community
NYC DOHMH population estimates, modified from US Census Bureau interpolated intercensal population	NYC DOHMH, Bureau of Epidemiology Services	Percentage of people ages 0-17, 18-24, 25-44, 45-64, 65 and older	Define community

Data Set / Site	Source	Information	Use(s)
estimates, 2000-2020. Updated September 2021.			
U.S. Census Bureau, American Community Survey	NYC DOHMH, Bureau of Epidemiology Services	Percentage of people born outside the U.S. or U.S. territories (U.S. territories include Puerto Rico, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands) or abroad to a U.S. citizen parent or parents	Define community
NYS Prevention Agenda	NYS DOH	Priority health issues defined by the State	Define health needs; implementation plan
U.S. Census Bureau, American Community Survey	NYC DOHMH, Bureau of Epidemiology Services	Percentage of people ages five and older who report that they speak English less than "very well"	Define health needs
NYC Department of Education	NYC DOHMH, Bureau of School Health	Percentage of public school students, grades K to 5, who were chronically absent during the 2018-2019 school year. Chronically absent is defined as missing >10% of reported school days (absent+present)	Define health needs
NYC Department of Education graduation data obtained from New York State Department of Education	NYC DOHMH, Bureau of School Health	Percentage of public high school freshman from the 2015-2016 school year who graduated in 4 years	Define health needs
U.S. Census Bureau,	NYC DOHMH,	Percentage of adults	Define health needs

Data Set / Site	Source	Information	Use(s)
American Community Survey	Bureau of Epidemiology Services	ages 25 and older whose highest level of education is less than a high school diploma or GED; Percentage of adults ages 25 and older who have a high school diploma or a high school diploma and some college; Percentage of adults ages 25 and older who obtained an educational degree above a High School diploma (Associate's, Bachelor's, or Graduate or professional degree)	
American Community Survey Public Use Micro Sample files as augmented by NYC Opportunity	NYC Mayor's Office of Opportunity	Percentage of residents living below 100% of New York City's calculated poverty threshold based on income and necessary expenses	Define health needs
U.S. Census Bureau, American Community Survey	NYC DOHMH, Bureau of Epidemiology Services	Percentage of the civilian (non-military) labor force (ages 16 and older) who are unemployed	Define health needs
U.S. Census Bureau, American Community Survey	NYC DOHMH, Bureau of Epidemiology Services	Percentage of renter-occupied homes whose gross rent (contract rent plus estimated average monthly cost of utilities including electricity, gas, and water and sewer) is equal to or greater than 30 percent of household income in	Define health needs

Data Set / Site	Source	Information	Use(s)
		past 12 months	
NYC DOHMH, Bureau of Vital Statistics and U.S. Census Bureau, American Community Survey	NYC DOHMH, Bureau of Vital Statistics	This measure considers income as a factor in death rates. Avertable deaths are defined as the expected percentage of deaths that could have been averted had each neighborhood had the same mortality rates as the top 5 highest average household income "baseline" neighborhoods.	Define health needs
New York University Furman Center, State of New York City's Housing and Neighborhoods in 2015, Focus on Gentrification	NYU Furman Center	Community districts that were low income in 1990 and experienced higher than median rent increases between 1990 and 2010-2014 are classified as gentrifying. Low income was defined as the bottom 40 percent of neighborhoods with respect to average household income in 1990.	Define health needs
New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS)	NYC DOHMH, Bureau of Environmental Disease and Injury Prevention	Rate of assault hospitalizations per 100,000 people	Define health needs
NYC Department of Corrections	NYC DOHMH, Bureau of	Rate of residents admitted to local jails	Define health needs

Data Set / Site	Source	Information	Use(s)
	Epidemiology Services	(not including prisons) per 100,000 adults ages 16 and older	
NYC DOHMH, Community Health Survey	NYC DOHMH, Bureau of Epidemiology Services	Percentage of adults ages 18 and older who report they strongly agree or somewhat agree that people around their neighborhood are willing to help their neighbors.	Define health needs
NYC Housing and Vacancy Survey	NYC DOHMH Bureau of Epidemiology Services, based on report completed by NYC Department of Housing Preservation and Development	Percentage of households that reported having functioning air conditioning	Define health needs
NYC DOHMH, Community Air Survey	NYC DOHMH, Bureau of Environmental Surveillance and Policy	Annual average micrograms of fine particulate matter (PM2.5) per cubic meter of air (mcg/m3)	Define health needs
NYC Housing and Vacancy Survey	NYC DOHMH Bureau of Epidemiology Services, based on report completed by NYC Department of Housing Preservation and Development	Percentage of renter-occupied homes that reported no maintenance problems (water leaks, cracks and holes, inadequate heating, presence of mice or rats, toilet breakdowns, or peeling paint)	Define health needs
NYC Housing and Vacancy Survey	NYC DOHMH Bureau of Epidemiology Services, based on report completed by NYC Department of Housing	Percentage of households that reported seeing at least one cockroach daily over the last month	Define health needs

Data Set / Site	Source	Information	Use(s)
	Preservation and Development		
NYC Department of Transportation, Safer Cycling: Bicycle Ridership and Safety in New York City	NYC Department of Transportation	Percentage of streets with bicycle lanes (conventional and protected bicycle lanes, excluding sharrows, dirt trails, boardwalks, and velodrome tracks)	Define health needs
New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS)	NYC DOHMH, Bureau of Environmental Disease and Injury Prevention	Rate of pedestrian injury hospitalizations per 100,000 people	Define health needs
New York State Department of Agriculture and Markets	NYC DOHMH, Bureau of Chronic Disease Prevention and Bureau of Epidemiology Services	The number of bodegas per supermarket within a CD based on address of business	Define health needs
NYC DOHMH, Bureau of Chronic Disease Prevention	NYC DOHMH, Bureau of Chronic Disease Prevention	The number of farmers markets within a CD based on location or address of market.	Define health needs
NYC DOHMH, Bureau of Vital Statistics	NYC DOHMH, Bureau of Vital Statistics	Percentage of live births receiving late prenatal care (after the first and second trimesters) or no prenatal care	Define health needs
NYC DOHMH, Bureau of Vital Statistics	NYC DOHMH, Bureau of Vital Statistics	Percentage of live births that are born preterm (three or more weeks before the due date)	Define health needs
NYC DOHMH, Bureau of Vital Statistics	NYC DOHMH, Bureau of Vital Statistics	Rate of births in which the mother was under 20 years old	Define health needs

Data Set / Site	Source	Information	Use(s)
		per 1,000 females ages 15 to 19	
NYC Department of Education, FITNESSGRAM	NYC DOHMH, Bureau of School Health	Percentage of public school children in grades K to 8 who have obesity (age- and gender-specific Body Mass Index greater than or equal to the 95th percentile, based on CDC's 2000 growth charts)	Define health needs
New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS)	NYC DOHMH, Bureau of Primary Care Access and Planning	Rate of avoidable pediatric hospitalizations per 100,000 children ages 0 to 4	Define health needs
New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS)	NYC DOHMH, Bureau of School Health	Rate of emergency department visits for asthma among children per 10,000 children ages 5 to 17	Define health needs
NYC DOHMH, Community Health Survey	NYC DOHMH, Bureau of Epidemiology Services	Percentage of adults ages 18 and older who report their overall health is “excellent,” "very good" or “good” on a scale of excellent, very good, good, fair or poor	Define health needs
NYC DOHMH, Community Health Survey	NYC DOHMH, Bureau of Epidemiology Services	Percentage of adults ages 18 and older who report participating in any physical activity in the last 30 days	Define health needs

Data Set / Site	Source	Information	Use(s)
NYC DOHMH, Community Health Survey	NYC DOHMH, Bureau of Epidemiology Services	Percentage of adults ages 18 and older who report eating one or more servings of fruits and/or vegetables in the last day	Define health needs
NYC DOHMH, Community Health Survey	NYC DOHMH, Bureau of Epidemiology Services	Percentage of adults ages 18 and older who report drinking one or more 12 ounce sugar-sweetened beverage (sodas, fruit punch, sweet iced tea, sports drinks, etc.) on average per day	Define health needs
NYC DOHMH, Community Health Survey	NYC DOHMH, Bureau of Epidemiology Services	Percentage of adults ages 18 and older who report being current smokers (smoking at least 100 cigarettes and now report smoking every day or some days)	Define health needs
NYC DOHMH, Community Health Survey	NYC DOHMH, Bureau of Epidemiology Services	Percentage of adults ages 18 and older who report not having health insurance coverage	Define health needs
NYC DOHMH, Community Health Survey	NYC DOHMH, Bureau of Epidemiology Services	Percentage of adults ages 18 and older who report not getting needed medical care at least once in the past 12 months	Define health needs
New York State Department of Health, Statewide Planning and Research	NYC DOHMH, Bureau of Equitable Health Systems	Rate of avoidable adult hospitalizations per 100,000 adults ages 18 and older	Define health needs

Data Set / Site	Source	Information	Use(s)
Cooperative System (SPARCS)			
New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS)	NYC DOHMH, Bureau of Environmental Disease and Injury Prevention	Rate of fall-related hospitalizations per 100,000 adults ages 65 and older	Define health needs
NYC DOHMH Citywide Immunization Registry	NYC DOHMH, Bureau of Immunization	Percentage of adolescents ages 13 to 17 who completed the human papillomavirus (HPV) vaccination series	Define health needs
NYC DOHMH, Community Health Survey	NYC DOHMH, Bureau of Epidemiology Services	Percentage of adults ages 18 and older who report receiving a flu vaccination in the last 12 months	Define health needs
NYC DOHMH, Community Health Survey	NYC DOHMH, Bureau of Epidemiology Services	Percentage of adults ages 18 and older who have obesity (Body Mass Index of 30 or greater) based on self-reported height and weight	Define health needs
NYC DOHMH, Community Health Survey	NYC DOHMH, Bureau of Epidemiology Services	Percentage of adults ages 18 and older who report ever being told by a healthcare professional that they have diabetes	Define health needs
NYC DOHMH, Community Health Survey	NYC DOHMH, Bureau of Epidemiology Services	Percentage of adults ages 18 and older who report ever being told by a healthcare professional that they have hypertension, also known as high blood pressure	Define health needs
NYC DOHMH,	NYC DOHMH,	Rate of new HIV	Define health needs

Data Set / Site	Source	Information	Use(s)
HIV/AIDS Surveillance Registry	Bureau of Hepatitis, HIV and Sexually Transmitted Infections	diagnoses per 100,000 people	
NYC DOHMH, Communicable Disease Surveillance Registry	NYC DOHMH, Bureau of Hepatitis, HIV and Sexually Transmitted Infections	Rate of new chronic hepatitis C reports per 100,000 people	Define health needs
NYC DOHMH, Community Health Survey	NYC DOHMH, Bureau of Epidemiology Services	Percentage of adults ages 18 and older who report binge drinking (5 or more drinks for men and 4 or more drinks for women on one occasion during the past 30 days)	Define health needs
New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS)	NYC DOHMH, Bureau of Mental Health	Rate of psychiatric hospitalizations per 100,000 adults ages 18 and older	Define health needs
NYC DOHMH, Bureau of Vital Statistics	NYC DOHMH, Bureau of Vital Statistics	Rate of infant deaths (under one year old) per 1,000 live births	Define health needs
NYC DOHMH, Bureau of Vital Statistics	NYC DOHMH, Bureau of Vital Statistics	Number of premature deaths (before the age of 65)	Define health needs
NYC DOHMH, Bureau of Vital Statistics	NYC DOHMH, Bureau of Vital Statistics	Rate of premature deaths (before the age of 65) per 100,000 people	Define health needs
NYC DOHMH, Bureau of Vital Statistics	NYC DOHMH, Bureau of Vital Statistics	Number of premature deaths (before the age of 65)	Define health needs
NYC DOHMH, Bureau of Vital Statistics	NYC DOHMH, Bureau of Vital Statistics	Rate of premature deaths (before the age of 65) per 100,000 people	Define health needs

Data Set / Site	Source	Information	Use(s)
NYC DOHMH, Bureau of Vital Statistics	NYC DOHMH, Bureau of Vital Statistics	Number of premature deaths (before the age of 65) due to cancer type	Define health needs
NYC DOHMH, Bureau of Vital Statistics	NYC DOHMH, Bureau of Vital Statistics	Rate of premature deaths (before the age of 65) due to cancer type per 100,000 people	Define health needs
NYC DOHMH, Bureau of Vital Statistics	NYC DOHMH, Bureau of Vital Statistics	Life expectancy at birth	Define health needs

Appendix B: Maimonides Health Staff Contributors

Name	Title	Department
David Cohen, MD	Executive Vice President	Executive Office
Sophie Feldman	Director of Planning & Implementation	Population Health
Joseph Gallo	Administrative Fellow	Executive Office
Sharon Lo	Director of Project Management	Transformation Office
Kedie Pintro	Consultant	Population Health
Sachin Sohan	Administrative Fellow	Executive Office
Shari Suchoff	Senior Vice President	Population Health
Gretchen Susi	Assistant Vice President	Population Health
Janet Stein, MD, MS	Director of Obstetrics	Obstetrics & Gynecology
Shoshana Haberman, MD, PhD, FACOG	Director of Maternal and Fetal Medicine	Obstetrics & Gynecology
Barbara Maccaro	Obstetrics Safety Clinician	Obstetrics & Gynecology
Kishor Malavade, MD	Senior Vice President & Vice Chair	Population Health
Gia Ramsey	Injury Preventation / Education Outreach Coordinator	Trauma
Jennifer Breznay, MD MPH	Director of Geriatrics	Geriatrics
Matthew Weissman	Chair	Medicine

Appendix C: Participating Community-Based Organizations

13th Avenue Merchants
66th Precinct CC / Shomrim
86th Street Bay Ridge B.I.D.
ALFADILLA
Alzheimer's Association - NYC Chapter
American Buddhist Confederation
Arab American Association of New York
Arab American Family Support Center
Arab American Federation
Aram American Association of New York
Basilica of Regina Pacis
Bay Ridge 5th Avenue B.I.D.
Bay Ridge Center Older Adults
Bay Ridge Community Council
B'bov
Beit El-Maqdis Islamic Center
Beth Torah of the Deaf
Bethlehem Lutheran Church
Bikur Cholim
Bikur Cholim of Boro Park
BK Community Board 10
BK Community Board 11
BK Community Board 12
BK Community Board 13
BK Community Board 15
BK Community Board 14
Blessed Trinity Parish
Bobov
Bobov 45
Boro Park Shomrim
BRAVO
Brooklyn Asian Civilian Observation Patrol
Brooklyn Chinese American Association
Brooklyn Chinese Baptist Church
Brooklyn Housing & Family Services
Brooklyn Pride
By-Ways/Hedges Youth
CAIPA
Hatzolah

Chayim Aruchim
Chinese American Planning Council
COJO
COJO of Bensonhurst
Council on American-Islamic Relations (CAIR)
Crown Heights JCC
Crown Heights Shomrim
Divine Mercy Parish - St. Cecilia's Church
Dyker Heights Civic Association
Etzchaim
Farragut Older Adult Center
Federation of Italian American Organizations
First Responders Lions Club
Flatbush Hatzolah
Flatbush Jewish Community Coalition
Fort Hamilton Army Garrison
Ger
Good Shepherd Church
Grand Street Settlement
Hamachne Newspaper
HASC
Hatzalah of Crown Heights
Hatzolah Coordinator
Hatzolah of Boro Park
Holy Cross Church
Holy Cross Greek Orthodox Church
Holy Innocents Church
Holy Name of Jesus Church
Homecrest Community Services
Immaculate Heart of Mary Church
Islamic Society of Bay Ridge
JCC Marine Park
JCC of Marine Park
Jewish Community Council of Canarsie
Jewish Press
Kingsway Jewish Center
Krasna
LatinaSHARE
MAC
Majlis Ashura
Mexican Coalition

Mixteca
Moroccan American House Association
Most Precious Blood - Sts. Simon and Jude Church
Multi-Ethnic Alliance of New York
Muslim American Society Brookyln
Muslim Community Center (MCC)
Nachas Healthnet
Neighborhood Improvement Association
NSHEI CARES / Doula Programs
Opportunities for a Better Tomorrow
Our Lady of Angels Church
Our Lady of Grace
Our Lady of Guadalupe
Our Lady of Mount Carmel - Annunciation
Our Lady of Perpetual Help
Our Saviour's Lutheran Church
Pa'lante
Palm Gardens Center
Parent Association in Brooklyn
Park Slope Ambulance
Rabbinical Alliance
RAICES
Red Hook Older Adult Center
Redeemer St. John
Refuah
Russian-American Foundation
Sacred Heart & St. Stephen's
Salam Arabic Lutheran Church
Sephardic Federation
SI Hatzolah
St. Agatha Church
St. Andrew the Apostle Church
St. Anselm's Church
St. Athanasius Church
St. Bernadette Church
St. Bernard of Clairvaux Church
St. Brendan's Church
St. Catharine of Alexandria Church
St. Dominic
St. Edmund
St. Ephrem's Church

St. Finbar's Church
St. Frances Cabrini
St. Francis DeSales
St. Joseph's Co-Cathedral
St. Kevin RC Church
St. Mark's Church
St. Mary Mother of Jesus Church
St. Matthew - St. Gregory the Great
St. Michael's
St. Patrick's Church
St. Philip's Episcopal Church
St. Thomas Aquinas
Sunset Park BID
T.E.A.L.
The Guild for Exceptional Children
The Healing Center
Third Avenue Merchants
Turkish Cultural Center
United Senior Citizens of Sunset Park
UPROSE
VAAD
Visitation of the Blessed Virgin Mary
Voces Voces Ciudadanas
Wyckoff Gardens Older Adult Center
Yad Efraim