



## About the Community Health Needs Assessment

This Community Health Needs Assessment (CHNA) identifies and assesses the priority health needs of the communities served by NYC Health + Hospitals. This report was submitted in the fiscal year ending June 30, 2025 to comply with federal tax law requirements set forth in IRS Code Section 501(r)(3) and IRS Notice 2011-52.

The following NYC Health + Hospitals acute care facilities, organized by borough, serve the communities addressed in this CHNA:

### Bronx

- NYC Health + Hospitals/Jacobi
- NYC Health + Hospitals/Lincoln
- NYC Health + Hospitals/North Central Bronx

### Brooklyn

- NYC Health + Hospitals/Kings County
- NYC Health + Hospitals/South Brooklyn Health
- NYC Health + Hospitals/Woodhull

### Manhattan

- NYC Health + Hospitals/Bellevue
- NYC Health + Hospitals/Carter
- NYC Health + Hospitals/Harlem
- NYC Health + Hospitals/Metropolitan

### Queens

- NYC Health + Hospitals/Elmhurst
- NYC Health + Hospitals/Queens



A digital copy of this CHNA is publicly available: [nychealthandhospitals.org/chna](https://nychealthandhospitals.org/chna).

Adopted by NYC Health and Hospitals Corporation's Board of Directors on June 26, 2025.

Made publicly available June 30, 2025. Community input is encouraged.

Please address CHNA feedback to [chna@nychhc.org](mailto:chna@nychhc.org)

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# A MESSAGE FROM LEADERSHIP

Dear New Yorkers:

On behalf of the entire NYC Health + Hospitals system, we are honored to share our 2025 Community Health Needs Assessment with you. The Community Health Needs Assessment is a tri-annual federal legal requirement, and it is a responsibility we take seriously. This process allows us to learn from our patients, community members, and colleagues so that we can face our future with clarity and purpose. Thank you for taking the time to join us in this journey.

NYC Health + Hospitals is the largest municipal health care system in the country, serving over one million New Yorkers annually in over 45 locations. Our integrated system includes 11 acute care hospital sites, five post-acute facilities, the Gotham Health network of community health centers across the five boroughs, Correctional Health Services, and MetroPlusHealth, our subsidiary health plan. Every day, our over 70,000 workforce members live our mission of providing high-quality health care services with compassion, dignity, and respect to all, regardless of income, gender identity, or insurance status. At NYC Health + Hospitals, we care for New York City. No exceptions.

Every day at NYC Health + Hospitals is busy, and the last few years have been especially remarkable:

We continued to improve our quality:

- The health system was once again recognized by the American Heart Association and American Medical Association for providing high quality care in several areas, including type 2 diabetes, high blood pressure, heart failure, stroke, and resuscitation.
- Our post-acute facilities were recognized in the America's Best Nursing Homes 2023 and 2024 lists by Newsweek, and NYC Health + Hospitals/Sea View ranked #1 in New York State!
- All 11 of our hospital sites are now officially Baby-Friendly. This achievement was years in the making—NYC Health + Hospitals/Harlem led the way in 2008 and NYC Health + Hospitals/Kings County rounded out the list in August 2024.

We increased access to care:

- We opened a new hospital. The Ruth Bader Ginsburg Hospital on the campus of NYC Health + Hospitals/South Brooklyn Health is a bright and beautiful space for our patients to receive care. The 11-story building was designed to withstand the next 500-year storm and is the first new public hospital since 1982.
- We opened a new Extended Care Unit at NYC Health + Hospitals/Kings County for patients who are discharged from psychiatric inpatient care and want continued support.
- We converted medical units to psychiatric units for a current total of 1,060 psychiatric beds, returning the psychiatric census across our hospitals to pre-COVID-19 pandemic levels.

We nimbly responded to the needs of our patients and communities:

- We expanded Housing for Health to connect our unhoused patients to housing, and we have already housed over 1,600 patients to date. We opened a new housing development on the NYC Health + Hospitals/Woodhull campus that has 93 apartments, including 56 units of supportive housing for our patients experiencing homelessness, as well as housing for low-income seniors and low-income New Yorkers.

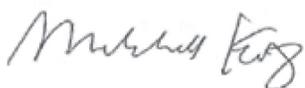
- Our Community Health Workers worked with 35,000 patients to schedule health care appointments, connect them to specialty care, coordinate transportation, and address day-to-day needs that affected their health, such as housing, financial, food, and legal needs.
- In response to a neighborhood power failure caused by extreme weather, NYC Health + Hospitals/Woodhull successfully and safely evacuated all its patients and brought them back safely.

Once again, we leaned into the Community Health Needs Assessment process to understand whether and how we are meeting the community’s needs through our work. This cycle, our process included:

- Twelve community forums, one at each of our hospital facilities, working in coordination with our facility Community Advisory Boards (CABs). We also held a community forum that included our Gotham Health facilities’ CABs;
- Five borough-based focus groups with local Community Based Organizations (CBOs) and Community Boards;
- One youth citywide focus group;
- Input from a CHNA Advisory Board, which included the voices of our CAB Chairs, hospital representatives selected by the facility CEOs, our facility faith-based leaders, and other community leaders;
- Information gathering through over 6,500 completed written surveys, made available in hard copy, digitally, and through QR code. Respondents include our patients, staff members, and community members across New York City;
- Over 35 key informant interviews with NYC Health + Hospitals senior leaders, Board members, leadership from the New York City Department of Health and Mental Hygiene, and NYC Health + Hospitals system experts who focus on maternal health, staff and patient wellness, and homelessness; and
- Intensive primary data review and analysis by our internal NYC Health + Hospitals Data and Analytics team.

We gratefully acknowledge the huge range of the NYC Health + Hospital team and community partners who shared their time and their insight during this process. We could not do any of our work without these sustaining collaborations. We need their wisdom and feedback, for the Community Health Needs Assessment and at all times.

Thank you for all you do in support of NYC Health + Hospitals.



**Dr. Mitchell Katz**  
President and CEO,  
NYC Health + Hospitals



**Deborah Brown, JD, MSW**  
Senior Vice President and Chief External Affairs Officer,  
NYC Health + Hospitals

# EXECUTIVE SUMMARY

This Community Health Needs Assessment (CHNA) takes a systematic approach to better identify, understand, and prioritize the health needs of the communities served by NYC Health + Hospitals, pursuant to the requirements of the Affordable Care Act. This report details the essential role each of our facilities plays as a community anchor in their respective neighborhoods.

To better understand the health needs of our communities, we developed this CHNA with input from a wide range of individuals and groups, including those with specialized public health knowledge. NYC Health + Hospitals will use this report to develop strategic and tactical solutions, which will be outlined in our subsequent Implementation Strategy Plan.

New York City communities continue to navigate evolving public health challenges, from contending with the lasting impacts of COVID-19 to the growing burden of chronic and behavioral health conditions. These issues have deepened existing health inequities, disproportionately affecting marginalized communities and underscoring the need for comprehensive, community-driven solutions. Centering the voices of those most impacted remains essential in shaping responsive, equitable strategies that address these ongoing challenges.

## PRIORITY HEALTH NEEDS

The findings from 6,589 community surveys (detailed in Exhibits A and B), along with 56 stakeholder interviews and focus groups, reinforce a consistent reality: our patients and neighbors are challenged by chronic health care inequities and seek coordinated health and social service needs. The CHNA process thus highlighted two overarching areas of need: 1) to advance inclusive care services and strategies, and 2) to bridge health gaps.

## ADVANCING INCLUSIVE CARE SERVICES AND STRATEGIES

NYC Health + Hospitals is dedicated to providing patient-centered care that prioritizes prevention, early intervention, and improved patient experiences while tackling structural barriers that affect health outcomes. Through targeted strategies and inclusive services, we strive to meet the diverse needs of our patients and promote their long-term well-being.

The top health concerns identified through the CHNA include:

- Chronic disease prevention and management, with a particular focus on hypertension and diabetes
- Maternal health care
- Respiratory care, with a particular focus on asthma
- Mental health care
- Holistic care for substance use disorder
- Cancer prevention and care
- Patient experience

The system's continued investment in prevention and access to address these

concerns will help foster a healthier, more resilient future for all New Yorkers.

## BRIDGING HEALTH GAPS

Ensuring equitable access to health care is essential for strengthening community health, preventing disease, and promoting overall well-being. Yet, without addressing the social and economic challenges, such as housing instability, food insecurity, and lack of transportation, that shape people's ability to achieve better health, even the most effective clinical efforts may fall short. NYC Health + Hospitals recognizes that supporting health means that patients also need social services and resources to thrive.

Through surveys, focus groups, community forums, and expert interviews, community members identified key gaps in social and economic supports that must be addressed to meaningfully improve health and well-being:

- Quality, accessible housing
- Access to nutritious and affordable food
- Economic opportunity
- Safe outdoor spaces
- Violence prevention
- Health system access and education

While many of these services are not directly within our control, NYC Health + Hospitals is committed to overcoming barriers that limit access to health care and related services. We will continue to favor a targeted approach that emphasizes health care with housing, nutrition, economic opportunities, and community safety to promote health and ensure all residents have the resources they need to thrive.

NYC Health + Hospitals, the largest municipal health care system in the United States, serves more than one million people annually, providing comprehensive, accessible, and affordable care to all, without exception. The system includes 11 acute care hospital sites, a dedicated long-term acute care hospital, five post-acute care facilities, health care for patients on Riker's Island, and a network of NYC Health + Hospitals/Gotham Health Federally Qualified Health Centers. Across all of our system, patients receive top-ranked trauma care, a wide range of inpatient specialties, mental health services, and essential primary and preventive care to keep communities healthy. NYC Health + Hospitals facilities have earned numerous special designations for quality and culturally responsive care and have received top ranks by U.S. News and World Report in the 2024-2025 ratings.<sup>1</sup>

## FINDING SOLUTIONS AND BUILDING HEALTHY COMMUNITIES

Following the completion of the CHNA, NYC Health + Hospitals will collaborate with system and community stakeholders, including other New York City agencies, community partners, providers, and patients, to develop a tailored implementation plan that addresses the identified priority needs and leverages resources responsibly.

The community engagement process revealed that while each hospital and its surrounding community have unique disease burdens and needs, significant concerns are consistent across neighborhoods, hospitals, patients, and providers. These complex, structural issues will require a collective and focused approach to foster positive, lasting change. Utilizing enhanced technology, internal coordination, and external partnerships, we will support a comprehensive approach across our system.

## STRATEGIC FRAMEWORK

The NYC Health + Hospitals Strategic Framework reflects the system’s commitment to its mission, vision, and values, and guides efforts to support patients, families, and communities (Figure 1). This framework is built on a foundation of social and racial equity and has established the ICARE standards for all our staff. It will help us offer our patients a better experience when under our care and will increase staff awareness to become better engaged with the mission and vision of the organization.

Grounded in our ICARE values—Integrity, Compassion, Accountability, Respect, and Excellence—the framework helps ensure that every interaction is rooted in dignity. It shapes how we respond to the broader factors that influence health, connecting individuals to the care and social supports they need. The ICARE standards also foster a shared sense of purpose among staff and strengthen alignment with our mission to serve all New Yorkers, regardless of circumstance.

### Exhibit A

Community Stakeholders’ Top 10 perceived risk factors for poor health and death <sup>2</sup>	Average Ranking (Scale 1 to 5) <sup>2</sup>
High out-of-pocket costs	4.03
Fear of medical cost	3.99
Stress and emotional health	3.86
Lack of housing access, affordability and quality	3.80
Lack of exercise and physical activity	3.74
Lack of health insurance	3.68
Lack of knowledge of when and how to use health care services	3.62
Limited economic opportunity	3.58
Poverty and limited resources	3.58
Lack of mental health and behavioral health care providers	3.58

### Exhibit B

Community Stakeholders’ Top 10 perceived causes of poor health and death <sup>2</sup>	Average Ranking (Scale 1 to 5) <sup>2</sup>
Diabetes and high blood sugar	3.92
High Blood Pressure	3.87
Mental Health disorders	3.77
Obesity (high BMI)	3.70
Heart disease	3.53
Substance use	3.51
Cancer	3.41
Asthma, breathing issues and lung disease	3.37
Violence	3.31
Infectious disease (COVID 19, flu, hepatitis)	3.24

5 = significant problem  
1 = not a significant problem

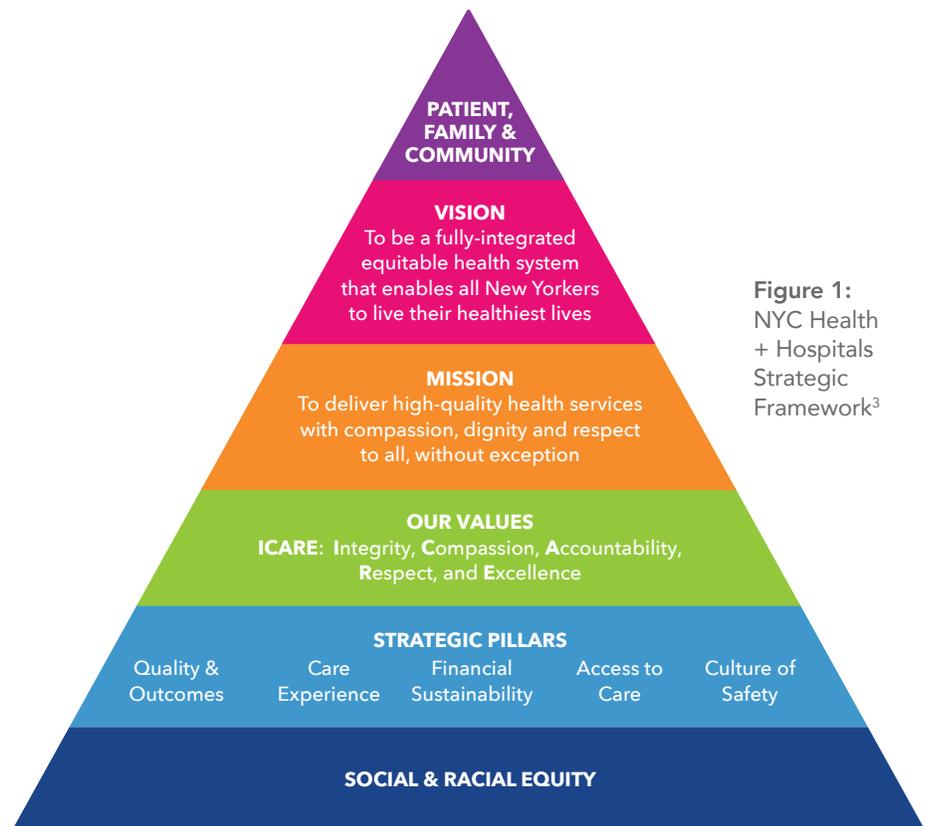


Figure 1: NYC Health + Hospitals Strategic Framework<sup>3</sup>

# ABOUT NYC HEALTH + HOSPITALS

As the largest municipal health care system in the United States, NYC Health + Hospitals provides high-quality health care services to all New Yorkers with compassion, dignity, and respect. Our mission is to serve everyone without exception, regardless of their ability to pay, gender identity, or insurance status.

The system acts as an anchor institution for the dynamic communities we serve. Through our primary and trauma care, neighborhood health centers, skilled nursing facilities, and community care, we support the health of patients throughout their lives and beyond our facilities. NYC Health + Hospitals also serves as a premier teaching system and a designated treatment center for the U.S. President.



Over  
**1 million**  
New Yorkers  
served  
annually

**11**  
Acute Care  
Hospital Sites

**5**  
Level I Trauma  
Centers

**1**  
Level II Trauma Center

**2**  
Level II Pediatric  
Trauma Centers

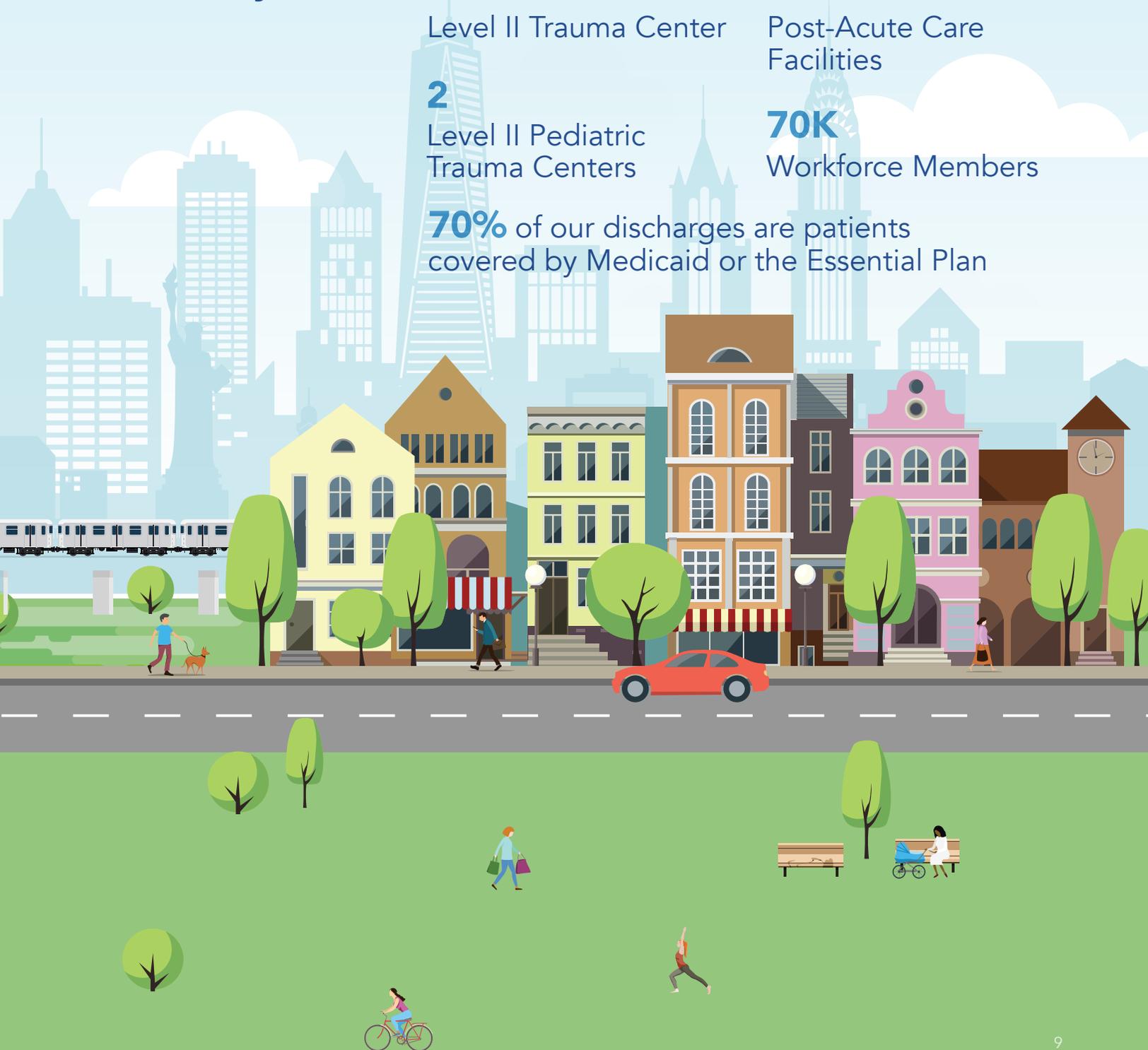
**70%** of our discharges are patients  
covered by Medicaid or the Essential Plan

**29**  
Community  
Health Centers

**1**  
Long-Term Acute  
Care Hospital

**5**  
Post-Acute Care  
Facilities

**70K**  
Workforce Members



## THE ENTITIES WITHIN NYC HEALTH + HOSPITALS



## METROPLUSHEALTH

[metroplus.org](http://metroplus.org)

Since 1985, MetroPlusHealth has provided quality, affordable health plans to over 700,000 New Yorkers. As part of NYC Health + Hospitals, MetroPlusHealth supports the nation's largest municipal health system with a diverse staff of local New Yorkers who speak more than 40 languages.

## NYC HEALTH + HOSPITALS/ GOTHAM HEALTH

[nycealthandhospitals.org/  
gotham-health](http://nycealthandhospitals.org/gotham-health)

NYC Health + Hospitals/Gotham Health (Gotham Health) is a network of Federally Qualified Health Centers (FQHC) formed in 2012 to help individuals and families address their health care needs in their own neighborhoods. Gotham Health provides easy-to-access, high-quality, affordable health care services with a focus on primary and preventive care. In addition, Gotham Health care teams are trained to help patients manage ongoing conditions, such as hypertension, diabetes, asthma, and heart disease.

**29** Community  
Health Centers

**120,000+**  
New Yorkers served  
annually

## HHC ACO

[nycealthandhospitals.org/  
hhc-aco-inc-an-accountable-  
care-organization](http://nycealthandhospitals.org/hhc-aco-inc-an-accountable-care-organization)

The HHC Accountable Care Organization (HHC ACO) is a collaborative venture including physician affiliate organizations, NYC Health + Hospitals acute care, outpatient, and post-acute care facilities, as well as teaching administration, quality assurance, and supervisory services.

Value-based care connects two key strategic pillars: Quality & Outcomes and Financial Sustainability.

It drives our health system to provide the highest quality care, prevent disease, and help patients avoid worsening illness whenever possible. The success of value-based payment at NYC Health + Hospitals has spurred innovation and positive change, leading to improved processes for delivering preventive health screenings and supporting patients in managing chronic diseases.

Value-based care and risk contracting arrangements between NYC Health + Hospitals and various key payors have been integral to the system's financial turnaround and stabilization over the past eight years. The largest value-based payment arrangements are between NYC Health + Hospitals and MetroplusHealth, Healthfirst, Fidelis, and Medicare (through the Medicare Shared Savings Program, via the HHC ACO).

**5,000+** Medicare  
lives covered

**4** ACO partners

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"It's important to recognize that patients spend the majority of their time outside of our care, and this is where chronic diseases often develop. Their lifestyle choices, living conditions, and access to resources can play a significant role in their health. Understanding these factors can help explain why some patients may not see improvements in their health."

– Nicole Jordan-Martin, CEO,  
NYC Health + Hospitals/Community Care



## NYC HEALTH + HOSPITALS COMMUNITY CARE

[nychealthandhospitals.org/  
services/community-care](https://nychealthandhospitals.org/services/community-care)

NYC Health + Hospitals/Community Care (Community Care) carries on the health system's long-standing tradition of providing health, wellness, and support services directly to patients in their homes and communities. As a Centers for Medicare & Medicaid Services (CMS) and New York State-certified Home Health Agency, this division oversees community-based care management programs, including the state-designated Medicaid Health Home program.

Working across the health system and with contracted community-based agencies, Community Care strengthens access to primary and behavioral health care, reduces avoidable hospital visits, and addresses gaps that contribute to health disparities. This approach helps individuals stay healthy within their communities, preventing the need for more intensive or costly care while ensuring equitable, high-quality services.

**13** contracted community-based Health Home Care Management Agencies

**17,000+** unique high-risk and high-need patients served

## NYC HEALTH + HOSPITALS/ CORRECTIONAL HEALTH SERVICES

[nychealthandhospitals.org/  
correctionalhealthservices/](https://nychealthandhospitals.org/correctionalhealthservices/)

NYC Health + Hospitals/Correctional Health Services (CHS) is a national leader in carceral health care, providing high-quality, innovative services from pre-arraignment through community reentry. Since 2016, CHS has served as the direct health care provider in New York City jails, fulfilling court-ordered forensic and psychiatric evaluations while supporting broader criminal-legal reform efforts. As part of the nation's largest municipal health care system, CHS leverages extensive resources to improve care for individuals in custody.

Systemic inequities disproportionately affect incarcerated populations, including communities of color, individuals with mental illness or substance use disorders, and those facing poverty and homelessness. CHS addresses these challenges with comprehensive in-jail services, including medical, nursing, mental health, social work, substance use treatment, dental and vision care, pharmacy, and discharge planning. Robust bridge and reentry programs help mitigate barriers such as housing instability, insurance disruptions, employment discrimination, and difficulty reconnecting with support networks, ensuring continuity of care and better long-term health outcomes.

**29,900** patients served

In 2024, CHS conducted more than **735,000** clinical encounters and completed more than **37,400** medical intakes

## VIRTUAL EXPRESSCARE

[expresscare.nyc](https://expresscare.nyc)

Since its launch in March 2020, Virtual ExpressCare has offered 24/7/365 access to urgent care to all New Yorkers to take care of their physical, mental, emotional, or other health needs. The service helps close health equity gaps and reduces barriers to telehealth for vulnerable populations.

Care is available by phone or video in more than 200 languages, including American Sign Language, without requiring a smartphone or high-speed internet. Virtual ExpressCare connects patients to in-person services such as lab testing, radiology, and follow-up care, avoiding unnecessary Emergency Department visits. Patients are also transitioned into ongoing primary and behavioral health care, supporting long-term wellness.

**268,000+** patients to date

**70,000+** annual number of visits

**90%** average patient satisfaction rate

**5-minute** average wait time to be connected to care

**9** in **10** patients avoided going to the hospital within **7** days after using the service

**31%** of patients completed the transition to longitudinal Primary Care

# THE PATIENTS NYC HEALTH + HOSPITALS SERVES TODAY

NYC Health + Hospitals recognizes that hospitals, long-term care facilities, and community health centers are vital to both the well-being and economic strength of the neighborhoods they serve. Offering health care, fostering economic development, and promoting community engagement allows us to play a vital role in uniting and learning from local communities. Our commitment remains steadfast in supporting their ongoing health and prosperity.

## Our impact



**\$17.7B**  
Economic activity<sup>4</sup>



**66K**  
Jobs generated<sup>4</sup>



**15K**  
Babies delivered

**1.10M** Total patients  
**5.08M** Outpatient visits  
**172K** Inpatient visits  
**1.19M** Emergency Department visits  
**66.1K** Ambulatory procedures  
**6.38M** Total visits

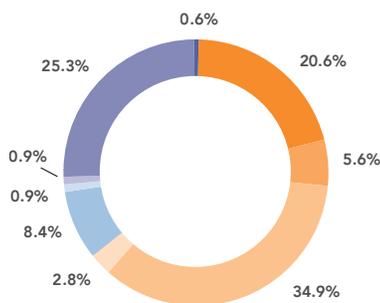
## Why are patients coming in?

- Routine preventative exams and visits
- Pregnancy
- Opioid dependence
- Hypertension
- Routine children's health visit with abnormal findings
- Type 2 diabetes
- Routine children's health visits without abnormal findings
- Dental caries
- Worried well visits
- Chest pain

Based on outpatient and inpatient encounters

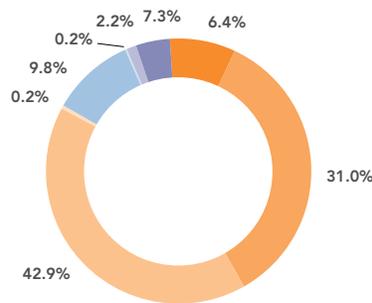
## Who are our patients?

### Payor mix



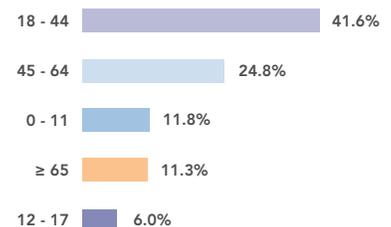
- Commercial
- Medicaid
- Medicaid Managed Care
- Medicare
- Medicare Managed Care
- No Fault
- Other Government
- Self-Pay
- Worker's Comp

### Patients by race/ethnicity



- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

### Patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

### Patients by sex

**Female** 53.35%  
**Male** 46.58%

### Top 10 preferred languages

- English 63.08%
- Spanish 30.10%
- French 1.58%
- Russian 1.36%
- Bengali 1.06%
- Haitian Creole 0.86%
- Arabic 0.66%
- Other 0.49%
- Mandarin Chinese 0.44%
- Wolof 0.37%

Source: NYC Health + Hospitals, DnA, Epic Clinical and Revenue Data, CY24. Data reflects 11 acute care hospital sites and 1 long-term acute care hospital.

## COMMUNITIES SERVED BY NYC HEALTH + HOSPITALS

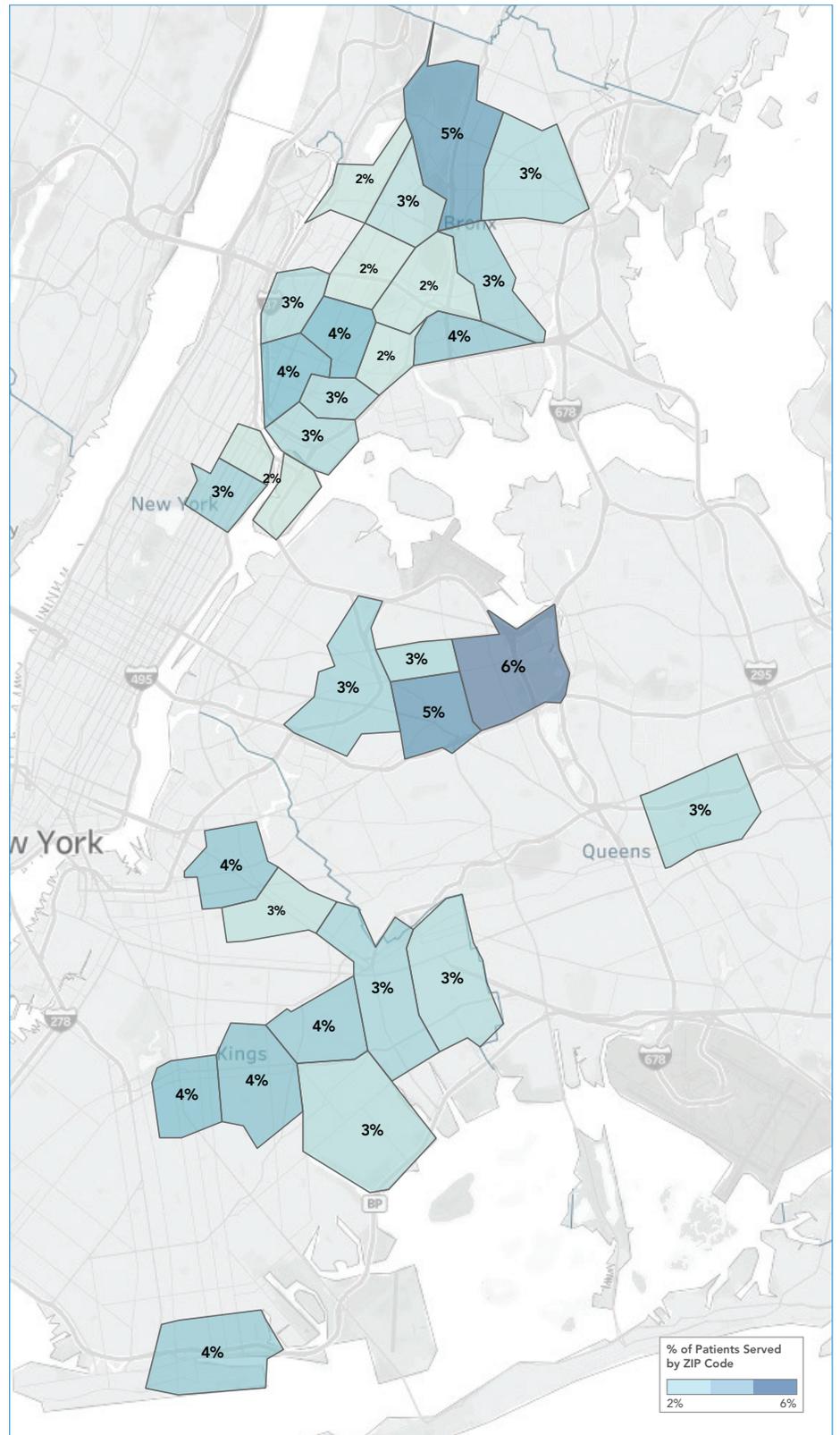
NYC Health + Hospitals serves over one million New Yorkers each year across all five boroughs. Characterized by vibrant and diverse neighborhoods, New York City has historically relied on us as the health care safety net for all. Approximately seventy percent of our discharges are patients covered by Medicaid or the Essential Plan.

“One of our biggest assets is that the amazing cultural diversity of NYC strengthens our system by bringing doctors and nurses from all over the world. Our staff are people who want to be in NYC and help take care of our patient population, allowing NYC Health + Hospitals to be a particularly vibrant community.”

– Dr. Mitchell Katz,  
President and CEO,  
NYC Health + Hospitals



### Patients served by ZIP Code



# THE 2025 CHNA PROCESS

## NYC HEALTH + HOSPITALS CONDUCTED A COMPREHENSIVE CHNA PROCESS THAT INCLUDED:

### QUALITATIVE ANALYSIS

#### +35 Expert Interviews

- System clinical service line leads
- NYC Health + Hospitals Central Office and facility leadership
- NYC Health + Hospitals Board Members
- New York City Department of Health and Mental Hygiene (DOHMH) leadership
- MetroPlusHealth leadership

#### 19 Community Forums

- 12 forums total, one at each NYC Health + Hospitals facility, in conjunction with Community Advisory Board (CAB) meetings
- 5 Borough-wide focus groups
- 1 Gotham Health CABs focus group
- 1 Youth forum
- Input from CHNA Advisory Board

### QUANTITATIVE ANALYSIS

#### +6,589 Surveys

- Intensive primary data review and analysis with internal Data and Analytics team
- DOHMH and New York State Department of Health (NYSDOH) literature review and data sources

“We are committed to our mission and our role in the fabric of New York City. We find ways to overcome challenges through innovation and resourceful partnerships.”

– John Ulberg, Senior Vice President, Chief Financial Officer



## OUR APPROACH

The 2025 NYC Health + Hospitals CHNA was completed by leveraging new and existing relationships with community partners, convening internal and external system stakeholders, and delving into robust data analytics capabilities. In doing so, we brought together a diverse group of stakeholders that provided an accurate and holistic articulation of needs, authentic feedback, constructive criticism, and a precise assessment of community assets and resources.

Our inclusive community engagement process included:

- One-on-one expert interviews conducted with community stakeholders including Board members, Central Office and facility leaders, and DOHMH leadership
- 12 community forums hosted at NYC Health + Hospitals facilities between November 2024 and February 2025 attended by CAB members, community agencies, and hospital employees, 5 borough-based focus groups with local Community Based Organizations (CBOs) and Community Boards, and faith-based organizations, and 1 focus group with all the Gotham Health CAB members
- One-on-one expert interviews conducted with subject matter experts in housing for health, maternal health, and employee wellness
- Input from the CHNA Advisory Board, which includes the voices of CAB Chairs, hospital representatives selected by facility CEOs, faith-based leaders, and other community leaders
- Validation of qualitative findings with quantitative data analyses to identify and prioritize community health needs

The following data sources were used:

- 6,589 CHNA surveys were completed by NYC Health + Hospitals community members, patients, and leaders
- Demographic and utilization analyses using NYC Health + Hospitals data
- Review of DOHMH and NYSDOH publications, data, and analytics





MERIAM  
CUSTODIO, RN

# Top 10

## perceived risk factors for poor health and death

---

“There’s a tale of two cities when it comes to health care—one for those with commercial insurance and reimbursement, and another for Medicaid patients. Many providers won’t take Medicaid, further deepening inequities across the city.”

– Talya Schwartz, MD,  
CEO and President, MetroPlusHealth Plan

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As part of its CHNA process, NYC Health + Hospitals distributed a survey to patients, staff, and community members to identify perceptions of health risk factors that contribute to poor health. The findings, which align with feedback from community members and subject matter experts, highlight the key health needs identified in this report and serve as an important guide towards our next steps together.

## Asthma, breathing issues, and lung disease

Asthma, along with other respiratory diseases such as chronic obstructive pulmonary disease (COPD) and lung infections, presents significant health challenges in New York City. Chronic lung conditions affect both children and adults, limiting their ability to engage in physical activities. The prevalence of asthma and other respiratory diseases highlights the need for effective prevention and management strategies to improve the health of affected individuals.

## Cancer

Cancer is the second-leading cause of death in New York City.<sup>4</sup> The most prevalent types of cancer include skin, breast, prostate, lung, and colon cancer. There are steps that patients can take to reduce their risk of certain cancers, such as maintaining a healthy weight, regular exercise, and reducing alcohol consumption, as well as regular cancer screening.<sup>4</sup>

## Diabetes and high blood sugar

Diabetes is a chronic health condition that affects nearly one million New Yorkers, including both children and adults. Type 2 diabetes can lead to serious health complications, including heart disease, stroke, blindness, kidney disease, and amputations, and is the sixth-leading cause of death in New York City.<sup>5</sup>

## Heart disease

Heart disease is the leading cause of death for adults in New York City.<sup>6</sup> Risk factors for heart disease include tobacco use, high blood pressure, high cholesterol, diabetes, obesity, a family history of heart disease, and stress. Lifestyle modifications, such as improving diet, increasing physical activity, and managing stress can help reduce the risk of developing heart disease.

## High blood pressure

High blood pressure (hypertension) is a significant contributor to heart disease and stroke. More than one in four New Yorkers have high blood pressure, often without any noticeable symptoms. In 2022, Black and Latinx adults reported higher rates of hypertension compared to White and Asian adults, highlighting the impact of structural racism on the social, economic, and environmental conditions that influence health outcomes.<sup>7</sup>

## Infectious diseases (COVID-19, flu, hepatitis)

Each year, approximately 2,000 New Yorkers die from seasonal flu and pneumonia, which can develop as a complication of the flu.<sup>8</sup> COVID-19 continues to pose a threat to the health of New Yorkers, particularly for those who experience Long COVID.<sup>9</sup> Additionally, hepatitis, which is inflammation of the liver, can result from viral infections, excessive alcohol consumption, or fat buildup in the liver.<sup>10</sup> Safe and effective vaccinations are available to protect against the flu, COVID-19, and hepatitis, among other diseases.

## Mental health disorders

Approximately 60% of mental health services in New York City are provided by NYC Health + Hospitals. Half of all mental health disorders begin by age 14 and three-quarters by age 24.<sup>11</sup> Early interventions and increased access to treatment can help support New Yorkers living with mental health conditions.

## Obesity

Nearly 80% of NYC Health + Hospitals adults with diabetes and over 60% of children with diabetes are overweight or obese. Obesity rates continue to climb due to increased intake of high calorie foods and physical inactivity. Obesity is often associated with higher risk of cardiovascular disease (heart disease and stroke), musculoskeletal disorders, cancers, and diabetes.<sup>12</sup>

## Substance use

There were more than 3,000 overdoses in New York City in 2023 alone.<sup>13</sup> Potent substances like fentanyl and xylazine heighten the risks of overdose and other harms of drug use. Inequitable access to treatment, stigma, and criminalization have long prevented people who use drugs from accessing essential medical and social support.

## Violence

Communities that experience high rates of crime and violence have higher risk of poor mental and physical health conditions and premature death and injuries.<sup>14</sup> The potential lasting health effects of violence can lead to additional health disparities for those who live in communities with higher crime rates.

# PRIORITY HEALTH NEEDS

NYC Health + Hospitals has assessed both quantitative and qualitative data to identify two priority needs: advancing inclusive care services and strategies, and bridging health gaps. As always, approaching these needs also relies on thoughtful and targeted use of resources. Each of these issues is introduced below and discussed in more detail in the following pages. Throughout the CHNA report, we will outline the methods used to gather community feedback and present the key findings that inform the broader priority health needs.

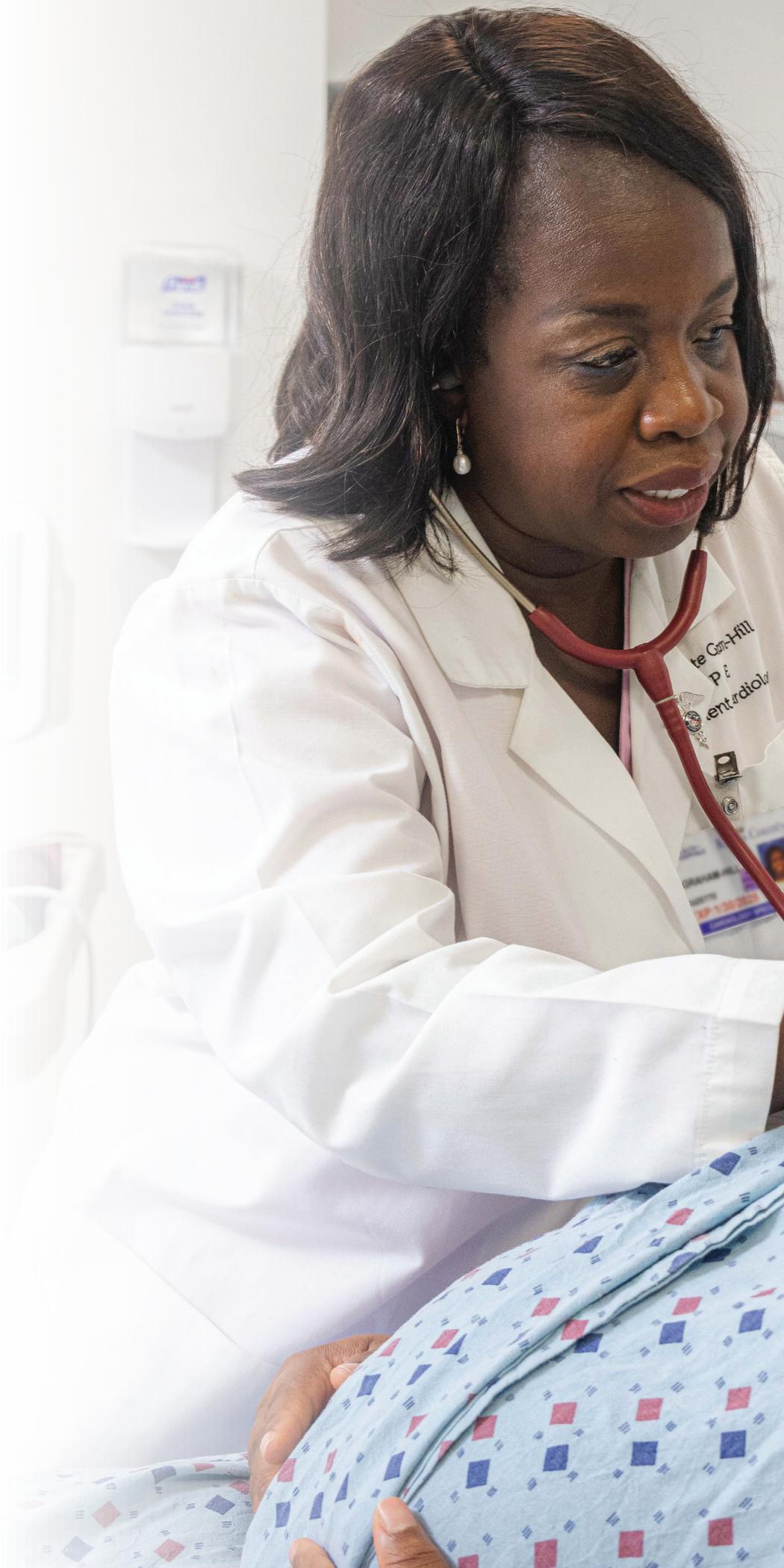
“It’s very hard to pinpoint only one thing to focus on because so many different factors impact health. Individual risk, the clinicians you see, the community where you live—all of these factors are additive. Each is another drop in a cup and you have one last drop that causes the cup to overflow. So you really have to address it all.”

— José A. Pagán, PhD, Board Chair,  
NYC Health + Hospitals



In addition to the extensive data analysis and community engagement efforts that informed this report, we recognized the importance of including the perspectives of those with firsthand experience—both as practitioners and as individuals directly affected by these issues.

These discussions focused on key areas that emerged as priorities through our broader community focus groups and interviews. Their insights offer critical context and a deeper understanding of the structural challenges and opportunities within these domains. The following section presents key themes and takeaways from these conversations, providing a nuanced look at the challenges, innovations, and emerging solutions shaping the landscape of health and well-being in our communities.





## ADVANCING INCLUSIVE CARE SERVICES AND STRATEGIES

Community health requires more than direct patient care. It depends on inclusive services and targeted strategies that drive lasting, measurable improvements in health outcomes. This section outlines key areas where NYC Health + Hospitals is making significant strides in chronic disease management, maternal health, mental health support, substance use care, respiratory health, cancer prevention, and overall care experience. Specific programs and initiatives are showcased in each category to demonstrate how investments in preventive care and holistic treatment models continue to lead to meaningful and sustained advancements in health outcomes across the system.

## CHRONIC DISEASE MANAGEMENT

Similar to findings in previous CHNAs, community members, health system leaders, and survey respondents consistently identified chronic diseases, including hypertension and diabetes, as significant and ongoing public health challenges. These conditions disproportionately affect communities of color and contribute to severe health complications, including heart disease, stroke, and kidney failure.

“We offer the services and have the expertise; what is needed is an expansion of services to meet the unmet demand.”

– Eric Wei, MD, MBA, CEO,  
NYC Health + Hospitals/Bellevue



While a broad range of health concerns were identified, the conditions below were repeatedly highlighted by community members and stakeholders as persistent challenges to good health:

- **Hypertension** impacts over 25% of New Yorkers, often without symptoms, and remains a leading risk factor for heart disease and stroke. Higher rates among Black and Hispanic/Latinx adults underscore the need for targeted prevention, timely follow-up care, and comprehensive support.<sup>7</sup>
- **Diabetes** affects nearly 1.8 million New Yorkers, with Black and Hispanic/Latinx adults experiencing higher prevalence.<sup>15</sup> Without proper management, it can lead to serious complications, including cardiovascular disease and kidney failure. Prevention efforts focus on expanding access to nutritious foods, increasing physical activity, and improving preventive care.<sup>16</sup>

These chronic conditions not only contribute to poor health outcomes but also place a significant burden on individuals, families, and ultimately communities. Without effective prevention and management strategies, these chronic diseases can lead to severe complications, increased hospitalizations, and reduced quality of life.

Addressing these challenges requires a comprehensive strategy that emphasizes prevention, early detection, and long-term disease management. Community-based education, improved primary care access, and culturally humble interventions equip individuals with the knowledge and resources to manage their health. NYC Health + Hospitals offers medication management, routine screenings, and lifestyle support to further reduce risk factors of chronic disease before they lead to complications. Strong partnerships between health care providers, public health organizations, and community groups are essential to closing care gaps and ensuring access to support and treatment.

## A CLOSER LOOK

### Hypertension

Why are patients with hypertension accessing the system?

- Encounter for general adult medical examination without abnormal findings
- Essential hypertension
- Type II diabetes mellitus without complication
- Opioid dependence
- Diabetes mellitus type 2
- Hyperglycemia due to type 2 diabetes mellitus
- Encounter for screening mammogram for malignant neoplasm of breast
- End-stage renal disease
- Encounter for other preprocedural examination
- Surgical follow-up

Based on outpatient and inpatient encounters

## SPOTLIGHT

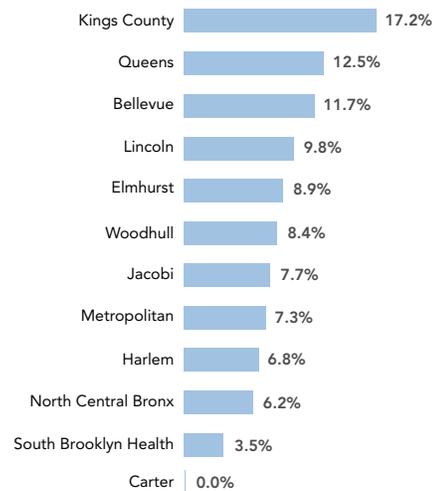
### Treat-To-Target Program

The Treat-to-Target program plays a key role in strengthening NYC Health + Hospitals' system-wide approach to managing high blood pressure. Through this nurse-led initiative, patients with elevated blood pressure receive consistent follow-up every two to four weeks, either in person or by phone, until their condition is controlled. Nurses assess potential barriers to control, such as medication adherence, the need for adjustments to treatment, or social challenges, and collaborate with providers to update care plans as needed. Recent enhancements to the program, including standardized workflows and reporting tools, has led to record-high referrals as of 2024. This comprehensive, patient-centered approach contributed to national recognition: 17 NYC Health + Hospitals sites received Gold+ status from the American Heart Association and American Medical Association.

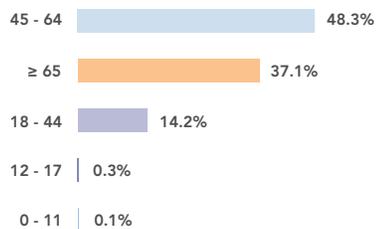
### Encounters of hypertension patients

- 167K** Total hypertension patients
- 1.75M** Outpatient visits
- 45.7K** Inpatient visits
- 172K** Emergency Department visits
- 25.5K** Ambulatory surgery visits
- 1.96M** Total visits of patients with hypertension

### Hypertension visits by facility

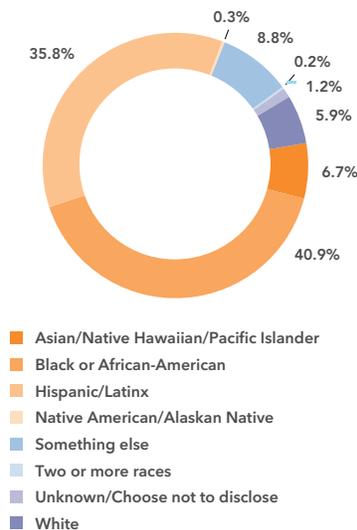


### Hypertension patients by age group

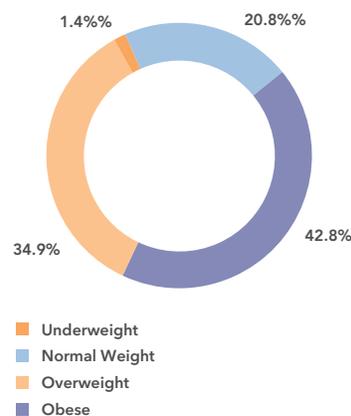


Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

### Hypertension patients by race/ethnicity



### Hypertension patients by BMI



### Hypertension patients by sex

Female	57.98%
Male	42.01%

## SPOTLIGHT

### Cardio-Obstetric Unit at NYC Health + Hospitals/Kings County

The newly launched Cardio-Obstetric practice targets heart disease and its risk factors, including hypertension, obesity, and diabetes, from the prenatal period up to a year postpartum. Offered at NYC Health + Hospitals/ Kings County, the pilot program serves a community with high rates of chronic diseases. The multidisciplinary care team includes obstetricians, cardiologists, anesthesiologists, nurses, emergency department physicians, and other specialists, as well as non-clinical staff in pediatrics and the emergency department. Patients are encouraged to connect with behavioral health support through NYC Health + Hospitals' Virtual ExpressCare, an on-demand telehealth service that allows them to address emergent needs in real time with board-certified clinicians. Maternal and postpartum care through Virtual ExpressCare is available around the clock, helping to bridge care gaps and ensuring that parents and children receive the support they need to live healthy lives.<sup>20</sup>

"None of our patients at NYC Health + Hospitals are at low risk. The real gap is primary care and education in the community. So many people are dealing with morbid obesity, diabetes, hypertension, and heart disease without even realizing it."

– Mabelle Allen, MD, Senior Vice President and Chief Medical Officer (Retired)



## Diabetes

### Why are diabetes patients accessing the system?

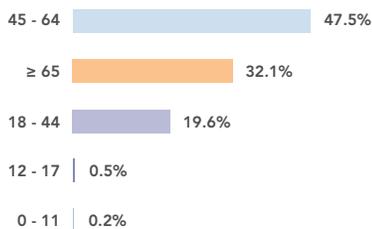
- Encounter for general adult medical examination without abnormal findings
- Type II diabetes mellitus without complication
- Hyperglycemia due to type 2 diabetes mellitus
- Diabetes mellitus type 2
- Essential hypertension
- Encounter for screening mammogram for malignant neoplasm of breast
- Gestational diabetes mellitus
- Surgical follow-up
- Opioid dependence
- Encounter for other preprocedural examination

Based on outpatient and inpatient encounters

### Encounters of diabetes patients

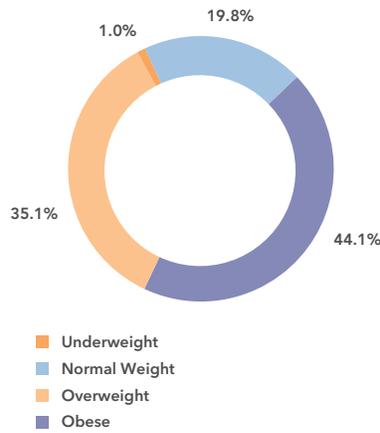
<b>113K</b>	Total diabetes patients
<b>1.23M</b>	Outpatient visits
<b>32.3K</b>	Inpatient visits
<b>113K</b>	Emergency Department visits
<b>17K</b>	Ambulatory surgery visits
<b>1.37M</b>	Total visits of patients with diabetes

### Diabetes patients by age group

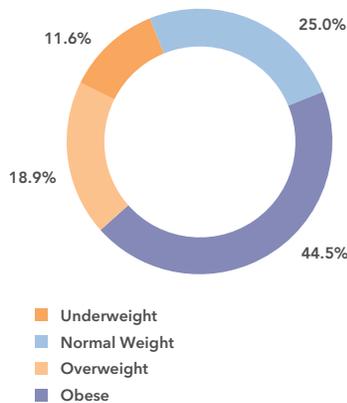


Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

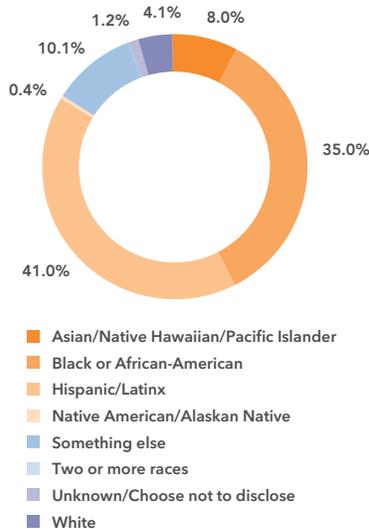
### Diabetes patients by BMI - adult



### Diabetes patients by BMI - pediatric



### Diabetes patients by race/ethnicity

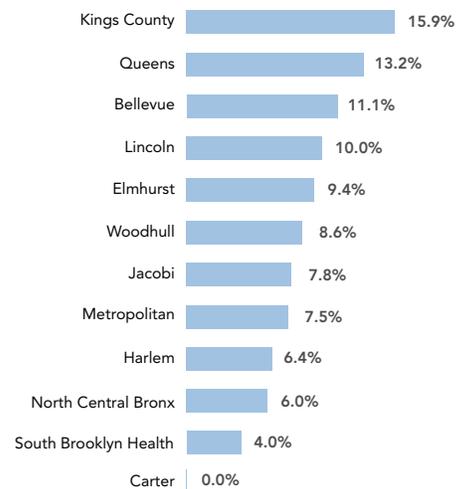


## SPOTLIGHT

### Lifestyle Medicine Program

Lifestyle Medicine programs are now active at seven NYC Health + Hospitals sites across the five boroughs, serving approximately 4,000 patients each year. These programs provide essential tools and support to prevent and manage chronic conditions such as type 2 diabetes and high blood pressure. The program promotes sustainable, evidence-based lifestyle changes, including a healthy plant-based diet, increased physical activity, improved sleep, stress management, and stronger social connections. Many patients have achieved significant health improvements, with some even reversing their diabetes. Adults living with prediabetes, type 2 diabetes, high blood pressure, heart disease, or weight-related health concerns are eligible to enroll.<sup>17</sup>

### Diabetes patients by facility



### Diabetes patients by sex

Female	57.40%
Male	42.60%

## STRENGTHENING MATERNAL HEALTH CARE

Maternal health disparities continue to be a significant concern in New York and around the country. Currently, New York State ranks 30th in the nation for maternal mortality.<sup>18</sup> New York's maternal mortality rate of 19.3 deaths per 100,000 live births is slightly lower than the national average of 23.5, but it continues to rise, particularly among women of color in New York City.<sup>18</sup>

Women of color experience disproportionately higher rates of pregnancy-related complications, including preterm birth, hypertension during pregnancy, and maternal mortality. In New York State, Black pregnant people are four to five times more likely to die from pregnancy-related complications than white pregnant people.<sup>18</sup> These disparities are driven by a combination of structural inequities, barriers to care, racial bias and social drivers of health that limit access to critical resources.<sup>19</sup>

Improving maternal health outcomes requires strengthening prenatal and postpartum services, expanding access to culturally humble care, and addressing the systemic barriers that disproportionately impact communities of color; the interventions needed require changes within health care settings and outside them. NYC Health + Hospitals provides comprehensive care throughout pregnancy, birth (labor and delivery), and postpartum (up to a year after birth). Initiatives that integrate doulas, midwife care, and community-based maternal health programs have demonstrated success in improving birth outcomes and reducing disparities.<sup>19</sup>

NYC Health + Hospitals integrates mental health support, lactation services, and chronic disease management into postpartum care to support the health and well-being of both mothers and infants. Continuing to invest in holistic maternal health strategies can help health care systems reduce preventable complications and improve long-term outcomes for parents and children alike.

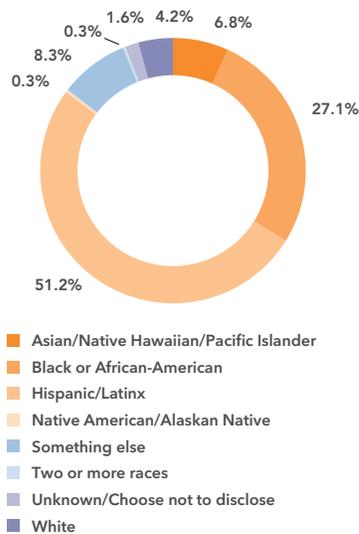
## Pregnancy

### What conditions or concerns do people who are pregnant have when accessing System services?

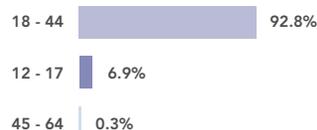
- Normal pregnancy
- Multigravida of advanced maternal age
- Finding related to pregnancy
- Gestational diabetes mellitus
- High risk pregnancy
- Complication occurring during pregnancy
- Anemia in mother complicating pregnancy, childbirth and/or puerperium
- Antenatal care status
- Encounter for other specified antenatal screening
- Suspected fetal disorder

Based on outpatient and inpatient encounters

### Pregnant people by race/ethnicity



### Pregnant people by age group

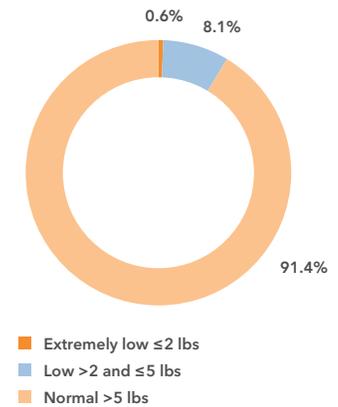


Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

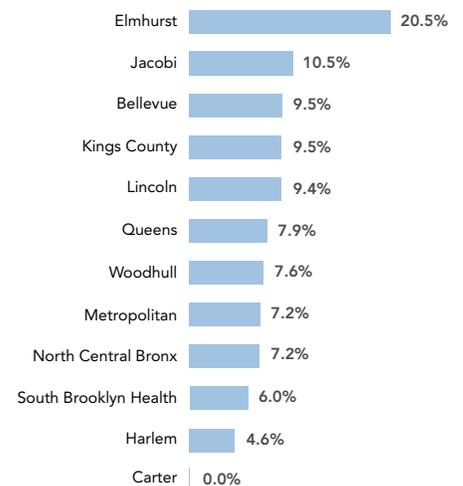
## Encounters of pregnant people

<b>35.7K</b>	Total pregnant people
<b>15.5K</b>	Total deliveries
<b>294K</b>	Outpatient visits
<b>1.97K</b>	Inpatient visits
<b>40.2K</b>	Emergency Department visits
<b>1.66K</b>	Ambulatory surgery visits
<b>336K</b>	Total visits of patients who are pregnant

## Distribution of birthweight



## Pregnancy visits by facility





## EXPERT INSIGHT

Addressing maternal mortality and morbidity has been a long-term commitment for NYC Health + Hospitals. Among other initiatives, our Simulation Center initiated Obstetrics and Gynecology (OBGYN) trainings on shoulder dystocia in 2012. Since then, the health system has continued to expand its maternal health initiatives, receiving funding in 2018 to enhance simulation training and launch programs specifically targeting the leading causes of maternal mortality: cardiac arrest and hemorrhage in pregnancy. Thousands of provider hours have been dedicated to rigorous training for doctors, nurses, and midwives, reinforcing a system-wide commitment to improving maternal health outcomes. Several programs have made a significant impact in improving maternal health, ensuring pregnant and postpartum individuals receive the care and support they need.

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“The goal is to get people the care they need, when they need it. It’s about knowing our diverse community and digging into the data and then planning accordingly to meet our patients where they are.”

– Wendy Wilcox, MD, MPH, MBA, FACOG,  
Chief Women’s Health Service Officer



**The Maternal Medical Home Program** provides comprehensive, wraparound support for individuals with complex clinical, behavioral health, or social needs. Maternal Medical Home coordinators conduct standardized assessments, connect patients to City agencies, and provide care coordination for those facing challenges such as intimate partner violence. The program is embedded in OBGYN departments at all acute care hospitals, bringing accessibility for patients who need it most.



**NYC Health + Hospitals has also launched several maternal health initiatives** to improve patient outcomes. Protocols from the Safe Motherhood Initiative (a collaborative effort in New York State to improve maternal health outcomes and address obstetric emergencies) have been integrated into care protocols, and specialized programs have been developed to address critical maternal health issues, particularly cardiovascular disease and hypertension.



**The RISE Center at NYC Health + Hospitals/Lincoln**, set to open in late 2026 or early 2027, will provide comprehensive, family-centered care. This center will integrate behavioral health services, substance use disorder treatment, and supportive resources such as legal and justice system assistance, recognizing the deep connection between maternal health and broader social drivers of health.

Despite innovative new programming to identify and reduce known risks, pregnancy can still pose challenges to patients’ health, requiring close monitoring and treatment. In particular, cardiovascular disease and hypertension remain leading concerns for pregnant patients. Pregnancy also often reveals underlying conditions that can affect long-term health, reinforcing the need for multidisciplinary, holistic care.

Though these are not issues that are limited to NYC Health + Hospitals patients, the system plays a vital role in advancing maternal health, particularly for those who face systemic barriers to care. As Dr. Wilcox noted, “We are going to be more important than ever in this future landscape,” emphasizing the continued need for investment, innovation, and policies that prioritize maternal health as a public health imperative.

## IMPROVING RESPIRATORY CARE

Respiratory health is influenced by a combination of health care access, treatment disparities, and environmental factors, with air pollution playing a significant role in the development and exacerbation of respiratory illnesses. Marginalized communities are often disproportionately affected by conditions such as asthma, chronic obstructive pulmonary disease (COPD), and other respiratory disorders due to longstanding inequities in health care access and exposure to environmental hazards.<sup>21</sup> For example, nationally and in New York City, asthma disproportionately affects Black and Hispanic/Latinx children as well as those residing in high poverty neighborhoods, and is a leading cause of pediatric hospital admissions.<sup>21,22</sup>

As with all chronic disease, addressing these disparities requires a multi-faceted approach that expands access to high-quality respiratory care, enhances early diagnosis and treatment options, and mitigates environmental risks. NYC Health + Hospitals is committed to delivering quality asthma care integrated with social supports that keep people healthy and improve the overall health of their communities. Community-based interventions, increased screening efforts, and policies aimed at reducing air pollution and improving housing conditions are critical to improving respiratory health outcomes. The integration of respiratory health education and preventative care into primary care settings can also help individuals better manage chronic conditions and reduce preventable hospitalizations.

### A CLOSER LOOK

#### Asthma

#### Why are patients with asthma accessing the system?

- Encounter for general adult medical examination without abnormal findings
- Opioid dependence
- Essential hypertension
- Mild intermittent asthma
- Encounter for routine child health examination with abnormal findings
- Uncomplicated moderate persistent asthma

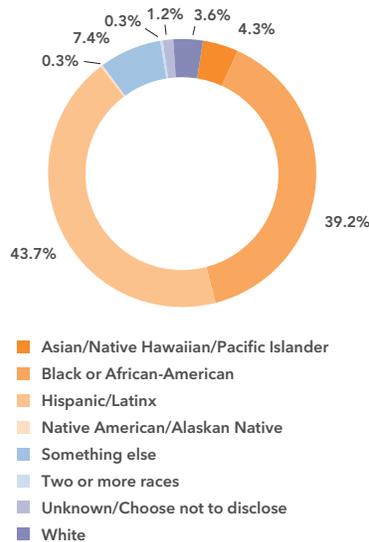
- Type II diabetes mellitus without complication
- Normal pregnancy
- Schizoaffective disorder, bipolar type
- Exacerbation of asthma

Based on outpatient and inpatient encounters

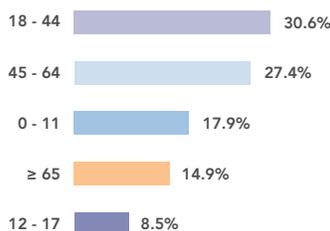
#### Encounters of asthma patients

- 66.9K** Total asthma patients
- 521K** Outpatient visits
- 16.9K** Inpatient visits
- 99.8K** Emergency Department visits
- 6.24K** Ambulatory surgery visits
- 629K** Total visits of patients with asthma

#### Asthma patients by race/ethnicity



#### Asthma patients by age group



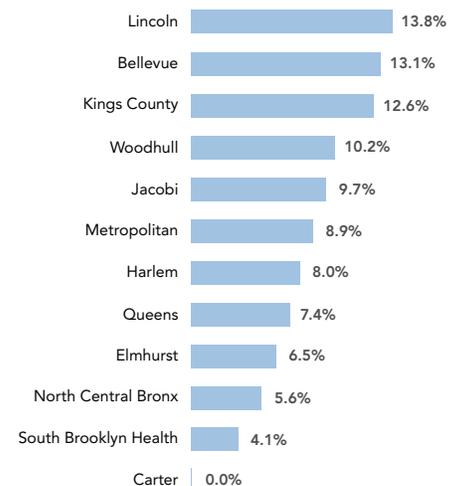
Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

## SPOTLIGHT

### Children's Asthma Program

The Children's Asthma Program (CAP) at NYC Health + Hospitals/ Metropolitan is a comprehensive multidisciplinary program created to address the disproportionate asthma rates among East Harlem's youngest residents. The program staff includes a pulmonologist and allergy/immunology specialist, health educator, and a registered nurse (RN). The program provides culturally-humble, bilingual education for patients and their families. The team reviews all Emergency Department visits and hospital admissions. Follow-up appointments are given to the child. Home visits and intensive case management are provided as necessary. The CAP has documented significant reductions in emergency visits and hospitalizations. CAP appointments are available Monday to Friday during work hours, and on Tuesday evenings. The program is part of the East Harlem Asthma Working Group.<sup>23</sup>

#### Asthma visits by facility



#### Asthma patients by sex

Female	62.85%
Male	37.13%

## EXPANDING ACCESS TO MENTAL HEALTH SUPPORTS

Nearly one in four adults in New York City experiences a mental health disorder each year, yet access to care throughout the City remains inconsistent.<sup>24</sup> Approximately 34% of adults with a diagnosed mental health disorder report unmet mental health needs, which may include insufficient treatment, delayed access to care, or barriers such as cost and stigma. Common diagnoses among adults include anxiety, major depressive disorder, post-traumatic stress disorder (PTSD), and bipolar disorder. The COVID-19 pandemic further exacerbated mental health struggles, with rates of serious psychological distress increasing from 5% before the pandemic to 14% in 2022, before declining to 8% in 2023. Black, Latinx, Middle Eastern, and multiracial adults are more likely to experience serious distress compared to white adults, while Asian American and Pacific Islander (AAPI) New Yorkers access mental health services at the lowest rates. Contributing factors to worsening mental health outcomes include exposure to neighborhood violence, inadequate housing conditions, and limited emotional support.<sup>24</sup>

Children and teenagers also face significant mental health challenges. In historical data from 2019 and 2021, 15% of children aged 3 to 13 in NYC had a diagnosed mental health condition, with anxiety and depression being the most common. Latinx, Black, and white children were more likely to receive diagnoses than AAPI children. Among teenagers, 48% reported experiencing depressive symptoms, with excessive social media use linked to increased anxiety and depression.<sup>24</sup> Young adults aged 18 to 24 also report high levels of psychological distress and social isolation.<sup>24</sup>

Expanding access to mental health supports requires a comprehensive approach that addresses the full spectrum of mental health needs, from prevention to early intervention and long-term care. Community members have emphasized the urgent need for accessible and affordable mental health services for individuals of all ages, particularly children, who often face barriers to receiving timely care. Factors such as provider shortages, high cost of care, stigma, and limited insurance coverage continue to restrict access to essential mental health resources, exacerbating disparities in care.<sup>25</sup>

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**“The child mental health crisis is a top health issue following the pandemic. They are the future generation of adults and do not have a voice to advocate for their own behavioral health needs.”**

– Omar Fattal, MD, MPH,  
System Chief for Behavioral Health,  
co-Deputy Chief Medical Officer



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The health system offers a wide array of individualized treatment services provided by psychiatrists, psychologists, licensed mental health counselors, licensed social workers, and other behavioral health practitioners. Our care alone is only one piece in a challenging puzzle. Improving the mental health of all New Yorkers requires investing in school-based programs, expanding crisis intervention services, and integrating behavioral health into primary care settings to ensure early detection and treatment. Additionally, strengthening community-based mental health initiatives, promoting access to in-person and virtual care options, and increasing culturally responsive care options can help reduce stigma and improve engagement in mental health services. Prioritizing optimal mental health and the availability of mental health services at every stage of life enables health care systems to create a more supportive and responsive framework that empowers individuals to access the care they need.

## SPOTLIGHT

### Social Work Training Academy

Social workers play a vital role across NYC Health + Hospitals, delivering care in a wide range of settings and service models. Launched in 2024, the NYC Health + Hospitals Social Work Training Academy aims to reach more than 1,000 social workers across the system, offering opportunities to deepen their expertise and advance their careers. The Academy supports social workers at every stage of their professional journey by centralizing clinical internship placements and orientation for behavioral health, providing evidence-based practice training for experienced staff, offering ongoing continuing education, and helping social workers earn licensure and prepare for leadership roles.

## A CLOSER LOOK

### Mental Health

#### Why are patients with mental health conditions accessing the system

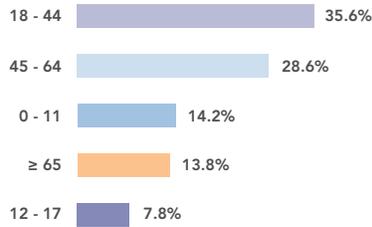
- Encounter for general adult medical examination without abnormal findings
- Opioid dependence
- Schizoaffective disorder, bipolar type
- Schizophrenia
- Paranoid schizophrenia
- Schizoaffective disorder
- Generalized anxiety disorder
- Moderate recurrent major depression
- Essential hypertension
- Encounter for routine child health examination with abnormal findings

Based on outpatient and inpatient encounters

### Encounters of mental health patients

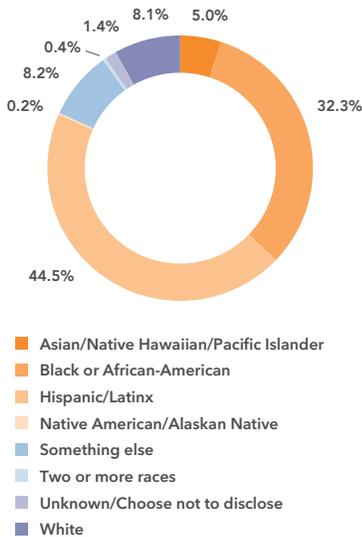
- 171K** Total mental health patients
- 1.48M** Outpatient visits
- 44.2K** Inpatient visits
- 237K** Emergency Department visits
- 14K** Ambulatory surgery visits
- 1.74M** Total visits of patients with mental health needs

### Mental health patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

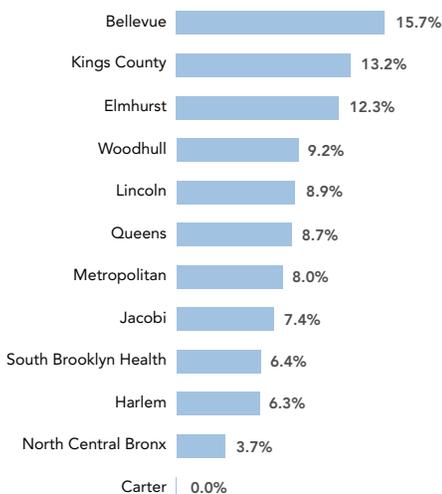
### Mental health patients by race/ethnicity



### Mental health patients by sex

Female	52.25%
Male	47.71%

### Mental health visits by facility



## HOLISTIC CARE FOR SUBSTANCE USE DISORDER

Substance use disorder is the repeated use of alcohol or drugs that leads to health issues, disability, or the inability to fulfill expectations at home, work, or school. Tragically, like many communities around the nation, New York City is facing a drug overdose crisis. As of March 2025, every four hours someone dies of an overdose.<sup>26</sup> Substances like fentanyl and xylazine make the drug supply unpredictable and increase the risk of overdose and other harms of drug use.<sup>26</sup> People who use substances have long faced barriers to accessing the medical and social supports they need because of the stigma and criminalization of drug use. Substance use disorder can increase the risk of developing mental illnesses and worsen existing conditions.<sup>26</sup>

A holistic approach to substance use disorder recognizes that addiction is influenced by various physical, mental, and social factors, and requires comprehensive, person-centered care. Expanding harm reduction strategies, increasing access to medication-assisted treatment, and strengthening mental health and social support services are central to NYC Health + Hospitals' mission to improve outcomes and reduce overdose rates. These efforts

include programs like office-based opioid treatment, which integrates addiction care into primary care and includes buprenorphine prescriptions. In addition, the Buprenorphine Virtual Clinic offers rapid evaluation and treatment, often on the same day. Inpatient and outpatient programs also provide medical detox and comprehensive aftercare planning, while methadone treatment programs combine maintenance treatment with counseling and rehabilitation support.<sup>27</sup>

## SPOTLIGHT

### Peer Academy

NYC Health + Hospitals' Peer Academy is a vital part of the system's workforce development strategy, specifically supporting individuals receiving behavioral health and substance use disorder treatment. The program trains individuals with lived experience of mental health or substance use challenges to become peer counselors within the hospital system. Since its launch in 2021, the program has graduated over 100 individuals, equipping them with the skills and State certifications necessary to engage and support patients effectively. The comprehensive training includes over 20 hours of online workshops, 161 hours of classroom instruction, and hands-on experience through 168 hours of hospital-based internships. Graduates are uniquely positioned to connect with patients, sharing their lived experiences to foster understanding and support. NYC Health + Hospitals continues to expand the Peer Academy and increase the number of trained peer counselors addressing workforce gaps while enhancing the quality of care for individuals facing mental health and substance use challenges. This commitment to developing a supportive peer workforce fosters trust and partnership within the community, ultimately leading to better health outcomes for all.<sup>28</sup>

## Substance Use

Why are patients with substance use disorder accessing the system?

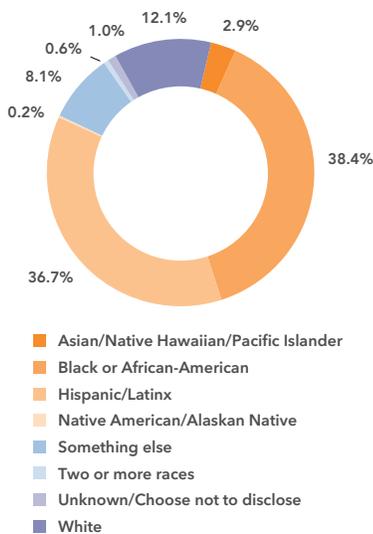
- Opioid dependence
- Opioid abuse
- Continuous opioid dependence
- Encounter for general adult medical examination without abnormal findings
- Alcohol abuse
- Schizoaffective disorder, bipolar type
- Schizophrenia
- Alcohol dependence
- Alcohol intoxication
- Worried well

Based on outpatient and inpatient encounters

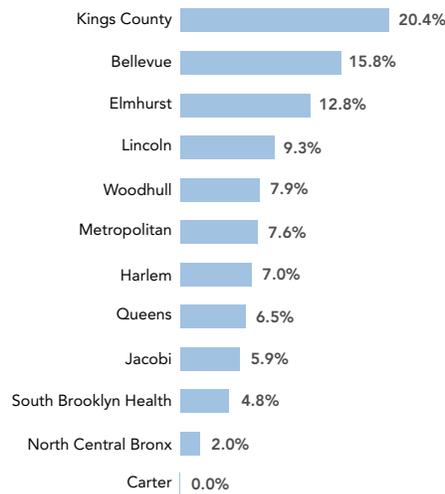
### Encounters of substance use patients

- 55.5K** Total substance use patients
- 549K** Outpatient visits
- 25.2K** Inpatient visits
- 136K** Emergency Department visits
- 5.42K** Ambulatory surgery visits
- 694K** Total visits of patients with substance use disorder

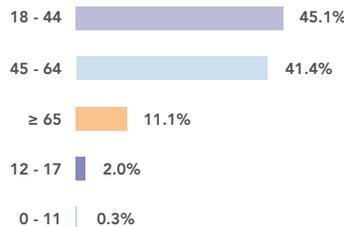
### Substance use patients by race/ethnicity



### Substance use patients by facility



### Substance use patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

### Substance use patients by sex

Male	69.85%
Female	30.12%

## ENHANCING CANCER CARE AND PREVENTION

In New York City, cancer remains a significant public health challenge, with the city recording nearly 30,000 new cases each year.<sup>4</sup> This high incidence underscores the need for effective cancer care and prevention strategies to reduce health disparities and improve survival rates, particularly among communities facing barriers to early detection and treatment. Access to routine screenings, timely diagnoses, and comprehensive care plays a crucial role in improving outcomes by identifying cancer at earlier, more treatable stages. Unfortunately, disparities in health care access, financial barriers, and limited awareness often hinder individuals from receiving the care they need.

### SPOTLIGHT

#### Lung Cancer Screenings

NYC Health + Hospitals launched a Lung Cancer Screening program in September 2022 and has performed over 10,000 screenings since then. Lung cancer remains the leading cause of cancer death for both men and women in New York, claiming more lives each year than breast, prostate, and colon cancers combined. The Lung Cancer Screening program utilizes low-dose computerized tomography (CT) scans, a diagnostic imaging tool proven to dramatically increase survival rates. Screening is available for individuals aged 50 to 80 with a history of heavy smoking, current tobacco use, or cessation within the past 15 years, and who show no signs or symptoms of lung cancer. The program is now offered at 10 NYC Health + Hospitals sites. Patients receive personalized care through clinical navigators, who facilitate follow-up appointments, and connect them to tobacco cessation resources. Additionally, patients can access advanced technologies for diagnosis and minimally invasive surgical options for early-stage lung cancer.<sup>29</sup>

A proactive approach to cancer prevention involves expanding education on risk factors and increasing access to essential screenings. Additionally, ensuring that treatment options are accessible and culturally responsive is vital for addressing the unique needs of diverse communities. NYC Health + Hospitals is dedicated to strengthening cancer care through the integration of early detection programs, advancement of treatment options, and provision of patient-centered support services.

## A CLOSER LOOK

### Oncology

#### Why are oncology patients accessing the system?

- Encounter for general adult medical examination without abnormal findings
- Diabetes mellitus type 2
- Malignant neoplasm of breast
- Essential hypertension
- Encounter for antineoplastic chemotherapy
- Multiple myeloma
- Surgical follow-up
- Encounter for other preprocedural examination
- Encounter for screening mammogram for malignant neoplasm of breast
- Hyperglycemia due to type 2 diabetes mellitus

Based on outpatient and inpatient encounters

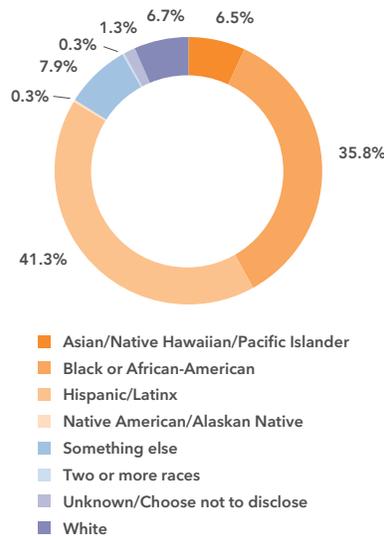
#### Encounters of oncology patients

- 53.4K** Total oncology patients
- 658K** Outpatient visits
- 10.6K** Inpatient visits
- 37.8K** Emergency Department visits
- 10.7K** Ambulatory surgery visits
- 2.41M** Total visits of patients with cancer

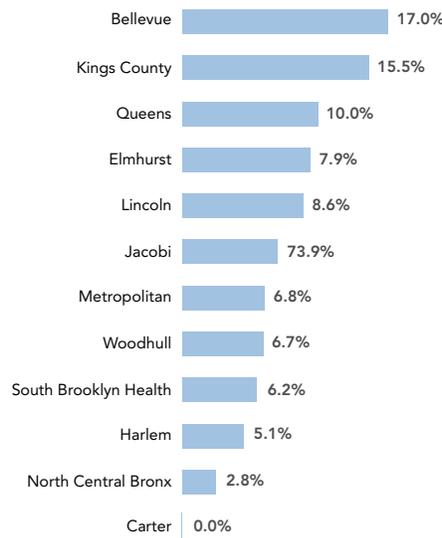
#### Oncology patients by sex

Male	32.80%
Female	67.20%

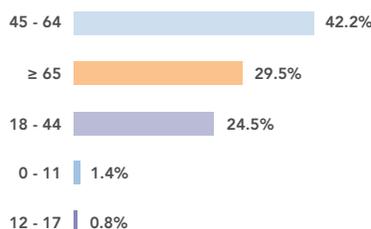
#### Oncology patients by race/ethnicity



#### Oncology patients by facility



#### Oncology patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

## IMPROVING PATIENT EXPERIENCE THROUGH TARGETED WORKFORCE INVESTMENTS

At NYC Health + Hospitals, our commitment to demonstrating our ICARE values—Integrity, Compassion, Accountability, Respect, and Excellence—guides every interaction with patients. Prioritizing personalized care, enhancing communication, and ensuring access to services that meet the diverse needs of our communities allows us to provide a patient experience that is not only efficient but also deeply compassionate and supportive.

Implementing workforce strategies to improve the patient experience includes investing in a diverse and culturally responsive team that can provide compassionate, high-quality care in every setting, from primary care to specialty services. These strategies prioritize cultural humility, emotional intelligence, and strong communication skills to meet each patient's individual needs. When staff are equipped to create environments where patients feel heard, respected, and understood, health care systems can build trust, strengthen relationships, and improve health outcomes.

To remain strong for our day-to-day work and prepared for any future public health challenges, we want our workforce to feel supported, so that they are resilient and ready to respond. At NYC Health + Hospitals, staff are not only caregivers but also members of the communities we serve—when they thrive, our patients do too.

#### ICARE with Kindness

**Total pledges submitted:** 32.64%  
\*Pledge was released Q4 2023

**Total staff trained:** 26.37%  
\*Trainings started Q2 2024



## EXPERT INSIGHT

NYC Health + Hospitals leadership has made a strong commitment to supporting the well-being of staff, recognizing that a healthy and engaged workforce is integral to the quality of patient care. This commitment starts at the top, with leaders modeling kindness and prioritizing wellness, which then trickles down through the health system. The importance of psychological safety and emotional wellness for staff is understood, as it ensures compassionate and empathetic care for patients. This focus on wellness aligns with the system’s mission and vision, with nearly 98% of staff reporting belief in the organization’s mission and feeling the positive impact they make within the communities they serve.

“The healthier our workforce is, the healthier the health care delivery system will be, translating to higher quality and safer care for patients and the communities that we serve.”

– Jeremy Segall, MA, RDT, LCAT, FPCC,  
Assistant Vice President, Human Experience,  
System Chief Wellness Officer



NYC Health + Hospitals has implemented several practices and resources to support employee wellness, including comprehensive wellness programs, access to mental health resources, and efforts to reduce stigma around seeking care. One significant initiative has been the focus on addressing burnout, stress, and morale, all of which have been exacerbated by the challenges of working in a high-pressure health care environment. Leadership has also worked to equip managers with the skills to support their teams and foster a more empathetic, collaborative environment.

The ongoing wellness initiatives, including leadership engagement and collaboration across teams, show promise in addressing the wellness of NYC Health + Hospitals staff. However, with burnout and stress still impacting a significant portion of employees, efforts must continue to create an environment where wellness is not just prioritized but seamlessly integrated into daily operations. Ensuring that staff feel valued and supported in their work is essential for sustaining both employee retention and the quality of patient care. It is necessary to foster a culture where both patients and staff are treated with respect and care as this will be the key to the system’s ongoing success. We are fortunate to receive support from outside philanthropies to help with some of our work in this important topic.

Below are a few highlights of what NYC Health + Hospitals is doing to support staff wellness throughout the system.<sup>30</sup>



Funded primarily by philanthropic dollars, the health system opened **20 new wellness rooms** where staff can decompress during the workday and participate in wellness activities.



The health system was **honored by the American Medical Association** for enhancing physician well-being and reducing burnout, one of 62 health systems nationwide to earn the recognition this year.



NYC Health + Hospitals was recognized as a **2024 WellBeing First Champion** for its efforts to remove invasive mental health questions on physician credentialing applications.



Staff can now access the **Interactive Screening Program**, developed by the American Foundation for Suicide Prevention, to **screen for stress and depression** and connect to available mental health programs.

## SPOTLIGHT

### ICARE with Kindness Campaign

A core workforce strategy advancing the patient experience at NYC Health + Hospitals is the ICARE with Kindness campaign, which integrates core values—Integrity, Compassion, Accountability, Respect, and Excellence—into everyday clinical practice. Staff at all levels are trained to embody these values in their interactions with patients, colleagues, and the community. Through team-building activities and continuous support, ICARE fosters a culture of compassion and accountability, empowering employees to deliver exceptional care. This focus on values strengthens the workforce, creating an environment where both patients and staff feel respected, valued, and understood, which enhances the patient experience across the system.

“There are limits to what any one person can do, and it’s okay to acknowledge those limits. We want our staff to know that it’s not only acceptable, but necessary, to take time off to rest, recharge, and return feeling renewed. The work we do is hard, and caring for yourself is part of being able to care for others.”

– Khoi Luong, DO, MBA, Senior Vice President, Post-Acute Care



## BRIDGING HEALTH GAPS

“You can’t talk about health without talking about social needs. If people don’t have stable housing, a steady job, support for caregiving, or enough food, then health is never going to be their first priority. If someone is worried about making rent, holding onto their job, taking care of a parent, or feeding their kids, their own health is going to take a backseat. Until we address those basic needs, we can’t expect to make real progress on health.”

– Ted Long, MD, MHS  
Senior Vice President, Ambulatory Care and Population Health



The CHNA process highlights that improving health care access alone is insufficient to improve overall community health. Community members have expressed a strong need for expanded access to a broader range of health and social resources, identifying significant barriers to care and healthy living that must be addressed. Both community members and stakeholders stress that health is influenced by factors beyond health care, including housing, nutritious food, and job opportunities. The following are the key resources identified through community input that need support to improve health outcomes.

### HEALTH SYSTEM ACCESS AND EDUCATION

Concerns about medical costs, insurance coverage, and the complexity of navigating health benefits frequently arose during community engagement and surveys. Many community members express the need for clearer, more accessible health insurance education and support in accessing affordable coverage. Ensuring individuals understand their insurance options and have the resources to access affordable care was clearly identified as important for reducing health disparities and improving overall community health outcomes.

## SPOTLIGHT

### Financial Counselors

Financial counselors at NYC Health + Hospitals play a key role in connecting individuals and families to free or low-cost health insurance plans, including Medicaid, the Essential Plan, and Qualified Health Plans available through the NY State of Health Marketplace. Each counselor meets patients where they are, whether during a hospital stay, in a clinic waiting room, or over the phone, to explain coverage options, answer questions, and support enrollment. Counselors also assist patients who are not eligible for public insurance by helping them apply for NYC Health + Hospitals’ financial assistance programs. Last year, more than 400,000 patients had a financial counseling interaction and 85% enrolled in either health insurance or a financial assistance program. This vital work ensures that cost does not stand in the way of care and helps advance a more equitable and accessible health system for all New Yorkers.

### QUALITY, ACCESSIBLE HOUSING

Stable, affordable, and high-quality housing affects health and well-being. Substandard living environments or housing instability can directly impact physical health, leading to issues like asthma and respiratory diseases, as well as mental health needs. Community members and health system leaders consistently emphasized the need for accessible housing that provides security and promotes well-being. Addressing housing insecurity alongside access to health care services is essential for ensuring long-term health outcomes and overall community well-being.



## EXPERT INSIGHT

NYC Health + Hospitals recognizes that the chronic health issues of unhoused individuals cannot be treated without stable housing. In fact, patients experiencing homelessness are more likely to visit emergency departments three times as often and have longer hospital stays.<sup>32</sup> To help address this, the Housing for Health initiative was established to help move patients experiencing homelessness into permanent housing.

“Our team is deeply invested in creating solutions,” Marjorie Momplaisir-Ellis, Senior Director, Housing Engagement & Collaborations, shared. “We’ve built a robust infrastructure to connect our patients in shelters to stable housing.”

This comprehensive initiative includes the city’s largest medical respite program, housing placement services, and affordable housing development. Housing for Health ensures patients are able to receive comprehensive support, including stable housing, and access to medical care and social services.

- **Housing Location and Placement Services** provide one-on-one support to patients throughout their housing journey. Patients receive assistance in finding and applying for permanent housing that best meets their needs, ensuring they have the resources to transition into stable living situations.
- **Medical Respite** offers temporary housing for medically vulnerable patients who are cleared for discharge from an acute care facility but still require ongoing care that is not available in a shelter setting. Respite services provide a safe environment for recovery, with access to medical services and intensive housing case management.
- **On-Site Social Services** at permanent housing locations are offered in partnership with community-based organizations to help patients stabilize and thrive in their new homes.
- **Affordable and Supportive Housing Development** is a key initiative in which NYC Health + Hospitals dedicates land for the creation of supportive and affordable housing. This approach helps expand housing options for patients and communities in need.
- **Strategic Collaboration** with City and State housing and homelessness agencies ensures that the most vulnerable patients receive coordinated support.

Despite the challenges of navigating this complex landscape, Housing for Health is making progress. “Our ability to support our most vulnerable patients continues to grow, and that impact is significant,” Marjorie noted.

“Every New Yorker deserves safe, quality, affordable housing, and we see time and again that once our patients are housed their health improves. Housing for Health is grateful for our government and nonprofit partners for their collaboration and investment in our patients and our community.”

– Leora Jontef, Senior Assistant  
Vice President, Housing + Real Estate



“NYC Health + Hospitals addresses social drivers of health including food insecurity and unstable housing. Housing for Health helps as many patients as possible to find stable, safe permanent housing and provide them the support they need to remain housed. These efforts improve health outcomes and align with our health system’s goal of providing quality care so that people can live their healthiest lives.”

– Marjorie Momplaisir-Ellis, Senior Director,  
Housing Engagement & Collaborations



## SPOTLIGHT

### Bridge to Home

NYC Health + Hospitals is planning to launch Bridge to Home, a new program that will provide a supportive, home-like environment for patients with serious mental illness who are ready for discharge but lack stable housing. Through intensive treatment and comprehensive support including meals, structured recreation, and therapy, Bridge to Home will help patients transition successfully to independent living. In addition to offering critical resources in the fight against homelessness, the program also aims to keep patients on a path toward sustained success, supporting their long-term stability, reducing unnecessary emergency room visits, and preventing unnecessary inpatient hospitalizations.<sup>31</sup>

“It’s not a ‘one size fits all’ with health equity. What does the group need and how do we fill the gap?”

– Nichola Davis, MD, MS,  
Vice President, Chief Population  
Health Officer



## ACCESS TO NUTRITIOUS AND AFFORDABLE FOOD

Diet plays a key role in preventing and managing chronic disease, including cardiovascular disease, cancer, and type 2 diabetes. Access to healthy, affordable food is a significant issue in New York City, and community members consistently express the need for nutritious food options to support healthier lifestyles. Addressing food insecurity is crucial for improving health outcomes, and ensuring reliable access to fresh, high-quality food is essential for bridging health gaps and reducing chronic health conditions. Supporting local food systems and expanding community-driven food programs can further promote long-term health.

## SPOTLIGHT

### Lifestyle Medicine Program’s Free, Monthly Produce Boxes

NYC Health + Hospitals now offers free, monthly produce boxes to patients enrolled in its Lifestyle Medicine Program, helping them turn nutrition guidance into practical, everyday habits. Each patient receives six home deliveries of seasonal, fresh fruits and vegetables alongside culturally relevant recipes and personalized counseling from dietitians. Sourced primarily from local and regional farms and delivered by Farm to People, the produce boxes make healthy eating more accessible while supporting patients in building sustainable, plant-based diets as part of their lifestyle change journey.

## ECONOMIC OPPORTUNITY

“Our brand has really been morphing into something great, especially in terms of showcasing the strength of our nursing workforce. People want to work for a place that’s known for high-quality care and truly reflects excellence.”

– Natalia Cineas, DNP, MSM-N,  
MBA, RN, NEA-BC, FAAN,  
FADLN, Senior Vice President,  
Chief Nurse Executive



Access to job opportunities that provide fair wages and potential for upward mobility is vital for long-term financial stability. These opportunities significantly influence access to essential aspects of life, such as health care, housing, and nutritious food. Ensuring that individuals have access to well-paying jobs with growth potential can help break cycles of poverty and enhance overall well-being. Addressing economic disparities through job creation and career advancement is essential for building stronger, healthier communities. That is true both for the New Yorkers we serve and for our own team members.

## SPOTLIGHT

### NYC Health + Hospitals Job Fairs

NYC Health + Hospitals job fairs are instrumental in promoting economic mobility by connecting local residents with career opportunities within the health system. These events bridge the gap between community members and meaningful employment, providing access to various positions and offering support for career advancement. These job fairs are one way the health system can provide a pathway to economic stability for individuals in the communities we serve.

## SAFE OUTDOOR SPACES

Physical activity is crucial for brain health, weight management, and reducing disease risk, and access to safe, clean outdoor spaces is equally important in encouraging active lifestyles. Many neighborhoods in New York City face challenges, such as inadequate infrastructure, unclean parks, and high crime rates, which discourage outdoor recreation. Community members have expressed the need for safe, accessible parks and public spaces that offer opportunities for exercise and recreation. Access to these spaces can significantly support healthier lifestyles and enhance the overall well-being of the community.

### SPOTLIGHT

#### Campus Walks

Across our health system, campus walks offer a simple way to promote physical and mental wellness during the day. For example, at NYC Health + Hospitals/Jacobi, staff-led walks invite colleagues to step outside together, sometimes with added incentives like t-shirt giveaways or with other wellness themes.

## VIOLENCE PREVENTION

Gun and community-based violence is now the leading cause of death for children in the United States, disproportionately affecting young people of color. Addressing this growing crisis requires prioritizing interventions and prevention strategies. Expanding youth engagement programs and increasing community center resources are key strategies to reduce violence and improve safety. Viewing violence as a public health issue, with a focus on identifying early risks, preventing harm, and supporting communities, can help mitigate its impact and enhance overall well-being.

Hospital-based Violence Interruption Programs utilize a multi-disciplinary approach, involving credible messengers, social workers, and physicians to provide care, mediate conflicts, and connect patients to supportive services. Collaborating with youth, these programs also offer positive alternatives to violence, such as peer mentoring, afterschool programming, and job training.

### SPOTLIGHT

#### Guns Down, Life Up

With some of the busiest emergency departments and trauma centers in New York City, NYC Health + Hospitals has a long history of treating and responding to community and gun violence. Guns Down, Life Up (GDLU) is a citywide initiative uniting public health experts, community leaders, and hospitals across New York City to stop the cycle of gun violence using a community-centered public health approach. Rooted in the belief that violence is a public health epidemic, GDLU programs provide young people with positive alternatives, such as sports, arts, and mentorship, while deploying trained community members, including interrupters and hospital responders, to engage youth following violent incidents and prevent retaliation. These efforts are part of NYC Health + Hospitals' broader Hospital-Based Violence Intervention & Prevention Initiative, which supports youth through intervention, prevention, and community outreach.

## NEXT STEPS

“Continuing to address the social needs of our patients is a one of the best ways to keep our communities healthy and our health system sustainable. When we combine that with a focus on providing clinical care beyond the four walls of the hospital—whether in community-based settings, in the home, or through virtual platforms—we will have even greater impact. We have a strong foundation to build on and must continue expanding these efforts to meet patients where they are.”

– Matthew Siegler,  
Senior Vice President,  
Chief Growth and Strategy Officer



With the completion of the CHNA, NYC Health + Hospitals will work with system and community stakeholders, including other New York City agencies, community partners, philanthropic funders, health care providers, and patients to develop a responsible and thoughtful implementation plan that appropriately responds to the identified priority needs.

# SUPPLEMENTAL STAKEHOLDER INTERVIEWS

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“Health equity has to start with a philosophy that it doesn’t matter who they are, where they come from, or what their insurance is. They are going to get the same level of care every time.”

– Vincent Calamia, MD, Board of Directors,  
NYC Health + Hospitals



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The CHNA team conducted over 35 interviews with key stakeholders from across the system and larger community, including members from the Board of Directors, senior executives, facility CEOs, and DOHMH leadership. These interviews provided critical internal and institutional perspectives, in addition to the broader community input described below. (See acknowledgements on page 103 for the full list of interviewees.)

Participants were asked to discuss several key topics, including:

- Their community’s strengths and assets
- Top health issues in their community
- Top socioeconomic issues in their community
- Priorities to achieve health equity
- Top maternal health issues in their community
- Recent trends to consider

Their responses are summarized below, complementing our quantitative survey results and additional qualitative feedback from our communities. This process serves as an important step in ensuring that system leaders remain aligned to the health needs articulated by our patients and community members.

## COMMUNITY STRENGTHS AND ASSETS

Stakeholders highlighted New York City’s multiculturalism as a significant strength within the communities they serve. Many believe that cultural pride, collaboration, robust support networks, and advocacy within the communities contribute to a strong sense of identity and resilience. This helps attract top-tier health care providers and fosters a vibrant, culturally competent health care system. Many staff members at NYC Health + Hospitals reflect the communities they serve, building trust and enhancing cultural competence.

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“A lot of people in our community don’t know what services we offer or what programs we have. We must let people know how to utilize and use the hospitals and clinics.”

– Jackie Rowe-Adams, Board of Directors,  
NYC Health + Hospitals



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Stakeholders also identified NYC Health + Hospitals as a key community resource throughout New York City. Renowned globally for its leadership in public health care delivery and historical significance, NYC Health + Hospitals provides primary and specialty care to all New Yorkers without exception.

The system continues to expand and integrate, providing unified and strategic services that improve efficiency and access, and reduces costs.

## TOP COMMUNITY HEALTH CHALLENGES IDENTIFIED IN STAKEHOLDER INTERVIEWS

Stakeholders identified mental health needs, chronic disease, lack of affordable housing, substance use, and inequitable access to resources as the primary challenges impacting the communities served by NYC Health + Hospitals.

Those interviewed emphasized the “tremendous need” for mental health resources and noted a “rebound effect” on behavioral health after the COVID-19 pandemic. There is particular concern regarding the mental health impact on youth and other vulnerable populations, who have experienced sustained trauma from the pandemic and a lack of socialization. Stakeholders stressed the importance of early interventions to identify and support individuals facing these challenges.

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“Building greater capacity in the community that is geographically, temporally, financially, and culturally accessible, is needed to help meet the health care needs of our patients.”

– Patsy Yang, DrPH, Senior Vice President,  
Correctional Health Services



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Stakeholders identified hypertension, diabetes, and obesity as the most prevalent chronic diseases in the community, in accordance with quantitative data. They highlighted several barriers to accessing care for these conditions, including language differences, financial insecurity, and a lack of preventive care, which must be addressed to improve health in the community. Additionally, mistrust in the health care system and insufficient awareness of available services often discourage individuals from seeking care, resulting in worse health outcomes. To foster trust with community members, resources and information should be provided in a culturally and linguistically sensitive manner.

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“Long-standing structural barriers, including discriminatory policies and practices, have led to insufficient funding and support for vulnerable communities. Programs addressing the economic and health needs of these communities are needed to safeguard our progress towards health equity.”

– Jenna Mandel-Ricci, Chief of Staff,  
NYC Department of Health and Mental Hygiene



Existing health issues are further compounded when patients lack stable housing or face challenges in maintaining affordable housing. Stakeholders described the systems designed to address housing needs as “complex, fragmented, and difficult to navigate.” This challenge is particularly acute for individuals with behavioral health needs, with stakeholders noting that successfully navigating these complex housing systems often requires “persistent advocacy.”

## TOP SOCIOECONOMIC ISSUES IN THE COMMUNITY

Stakeholders identified poverty, homelessness, the rising cost of living, employment challenges, and food insecurity as the primary socioeconomic issues affecting their communities. Each of these factors negatively impacts health outcomes and contributes to the “stress in people’s day-to-day lives.”

Poverty worsens many health issues, including mental health conditions like anxiety and depression. Many families find that their benefits do not cover the full cost of necessary health care, forcing them to finance part of their care. As coverage ends, they often lack the financial resources to continue extended care.

Housing availability and homelessness are critical issues in the community due to record-low housing supply and the significant impact housing has on overall well-being. Housing costs take up a large portion of personal and family budgets, and salaries often do not keep pace with rising rents, making affordability a constant struggle. Overcrowded or unsuitable living conditions can lead to additional health concerns, increased stress, and poor mental health, sometimes resulting in homelessness.

Access to essential resources such as food, transportation, and health care remains a significant challenge for many communities. Stakeholders expressed concern about whether their patients are receiving adequate meals. Ensuring vulnerable populations receive consistent, nutritious meals, especially when relying on health care facilities or social services for food assistance, is a major challenge. Additionally, patients often struggle to attend medical appointments due to unreliable or inadequate public transportation, which disproportionately affects older adults, individuals with disabilities, and those living in transit deserts.

## SERVING MARGINALIZED POPULATIONS

Stakeholder interviews underscored the critical need to prioritize fairness in health through community engagement, structural reforms, and expanded access to care for vulnerable populations. Participants emphasized that health equity should be explicitly recognized as both an issue and a priority within the community and the larger health care system. They advocated for addressing root causes such as education, housing, and economic investment, as these are fundamental challenges that cannot be resolved by health care alone and require a broader commitment to these communities.

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“We all know that there are communities where people live with fewer resources, no public health services, educational services, community services, and no childcare. All of these factors contribute to people not having the energy or opportunity to focus on their health.”



– Deborah Brown, JD, MSW,  
Senior Vice President, Chief External Affairs Officer

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Expanding access to care remains a top priority for the system, with stakeholders emphasizing the need to address provider shortages, language access challenges, and systemic barriers. Factors such as appointment availability, clinic hours, and patient understanding of how to access care can all serve as obstacles to care. Provider shortages are a broader challenge in health care, and NYC Health + Hospitals is actively addressing this by running the largest teaching program in the country and focusing on workforce development. Having providers who reflect the communities they serve builds trust and fosters better relationships with patients, ensuring that cultural heritage, lived experiences, and backgrounds are acknowledged and respected. One stakeholder noted that “if we have health equity among providers, we’re more likely to provide health equity to our patient populations.”

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“It’s a long-term play for better health—not a tomorrow play. If we get kids off on a better start very early in life, it will have tremendous dividends down the road for the health of our communities.”



– Andrea Cohen, JD, Senior Vice President,  
Legal Affairs and Labor Relations, General Counsel

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Stakeholders emphasized the importance of advancing health equity for populations such as youth, especially those in need of behavioral health services, as well as pregnant and postpartum individuals. They highlighted the critical role of early childhood development in addressing health disparities, advocating for increased support for early childhood programs and the expansion of evidence-based initiatives aimed at improving both maternal and child health outcomes. The focus on maternal and child health is further supported by the call for integration of health and social services in pediatric offices to support the development of children and the well-being of parents. Expanding access to behavioral health programs, particularly outpatient services for medication management and therapy, is also a priority, with an emphasis on ensuring low-barrier mental health options for all age groups, including those in the crucial early years of life.

## YOUTH HEALTH: INSIGHTS FROM THE YOUTH FOCUS GROUP

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“Showing up for other people, even if it’s inconvenient for you, is a strong community asset.”

– Youth focus group participant

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Understanding the experiences and perspectives of young people is essential to shaping effective health initiatives. In our youth focus group, participants shared insights on the strengths and challenges within their communities, highlighting both the resources they rely on and the barriers they face in accessing health care, healthy food, and wellness support. One of the most consistent themes that emerged was the need for better education about health—from understanding how to navigate the health care system to the risks of smoking and substance use. Many young people expressed uncertainty about how to access medical appointments, particularly when parents face language barriers or are unfamiliar with the system. They also voiced concerns about the growing presence of smoke shops in their neighborhoods. Participants expressed concerns that increasing substance accessibility and reinforcing unhealthy social norms could put young people at a disadvantage early on, making it much harder for them to stop using these substances as adults.

Access to quality food and exercise opportunities was another major concern. Youth in the Bronx and Brooklyn described living in food deserts, where fresh and healthy options are expensive or difficult to find, leading to reliance on fast food. “It’s tempting because you see it so frequently,” one participant noted. Similarly, while some community centers provide opportunities for physical activity, many young people are unaware of these resources, and those who do know about them often cite safety concerns or outdated facilities as barriers to use. A lack of clarity about what constitutes exercise also plays a role, with some participants pointing out that simple activities like walking or running are undervalued as forms of physical fitness.

Mental health emerged as a critical issue, with participants expressing frustration over the stigma surrounding anxiety, depression, and trauma. Many noted that growing up in New York City comes with exposure to distressing situations, sometimes leading to post traumatic stress disorder (PTSD) just from witnessing events. “You don’t have to actively be a part of something or be directly affected in order to be traumatized,” one participant explained. While mental health services exist, young people often struggle to access them due to a lack of awareness, concerns about social acceptance, and the fear of being judged for seeking help.

“Getting help might actually be the easy part, compared to the challenge of being socially accepted in their community for receiving it,” another participant shared. Expanding access to mental health education, normalizing conversations around care, and ensuring that both youth and their families understand available resources were identified as critical steps toward improving community well-being.

Strengthening education around health literacy, improving access to nutritious food and safe spaces for exercise, and reducing the stigma surrounding mental health are key community priorities that could lead to meaningful, long-term improvements in youth health outcomes.

## PREGNANT AND POSTPARTUM PEOPLE

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“We have to play a very important role in reducing the mortality rate for Black and brown women.”

– Patricia Marthone, MUDr,  
Board of Directors, NYC Health + Hospitals



Maternal health challenges extend far beyond childbirth, requiring a comprehensive approach to care before and throughout the prenatal and postpartum periods. Stakeholders observed that many patients receive inadequate prenatal care, often arriving at facilities in their third trimester or even ready to deliver without sufficient prior visits. Barriers to accessing prenatal care include distrust of the medical system, cultural and language limitations, and restricted access to services. Past negative experiences can erode trust, so health care providers have opportunities to engage patients in shared decision-making, thereby rebuilding trust and strengthening the provider-patient relationship. Establishing provider-patient relationships before pregnancy can also facilitate a smoother transition into prenatal care through proactive engagement and education about pregnancy. Moreover, improving the availability of timely appointments and acknowledging patients’ time constraints can help enhance their access to care.

Stakeholders also noted that it is common for pregnant individuals to enroll in services only during their first trimester, typically being seen for the first time between 14 and 16 weeks, and then coming again at or close to the time of delivery at 40 weeks, with many missing crucial postpartum visits. Increasing early intervention is essential for connecting expectant parents with vital social resources and support systems. Additionally, since most maternal deaths are linked to issues arising outside of labor and delivery, it is critical to address postpartum complications, such as postpartum depression, through continuous and integrated care.

Those interviewed expressed concerns about the health disparities that exist in Black maternal health outcomes, which are driven, at least in part, by systemic racism, unequal access to health care, and social drivers of health, such as poverty, housing instability, and food insecurity. Stakeholders stressed the importance of partnering with Black-led organizations, community health workers, and advocacy groups to provide education, support, and outreach specifically tailored to Black mothers. There is also a call for increased investment into community-based programs that amplify Black voices and empower women through culturally humble care.

## INCORPORATING HEALTH INNOVATIONS

As health care needs evolve, systems must adapt to address increasingly complex patient conditions, often worsened by delayed care. Stakeholders noted that patients are presenting with more advanced disease stages, particularly in the wake of the pandemic, requiring greater resources and specialized expertise.

Stakeholders identified several key trends to consider, including expanding access to care through innovation. Advances in technology were a major focus, particularly the emergence of Artificial Intelligence (AI) and its potential application in health care. Stakeholders noted that AI could help address provider shortages by improving diagnostic accuracy and streamlining workflows, but its implementation requires careful regulation and ethical oversight.

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**“In health care, AI becomes a powerful partner—enhancing decision-making, improving outcomes, and amplifying the power of patient, family, and community care.”**

– Kim Mendez, EdD, ANP, RN,  
Senior Vice President,  
Corporate Chief Information Officer



Telehealth, which gained prominence during the COVID-19 pandemic, also continues to improve access to care, reduces travel time, and increases patient convenience. Additionally, wearable technology and remote monitoring tools, such as glucose and blood pressure monitors, empower patients to actively manage their health while providing clinicians with real-time data to improve outcomes. Stakeholders noted that these innovations could enhance efficiency and improve patient experiences and outcomes by making care more accessible. Looking ahead, these changes could help address population needs and promote fair access to care.

# BOROUGH AND FACILITY-SPECIFIC FINDINGS

While NYC Health + Hospitals is proud to serve all of New York City, we are mindful of the distinctions across our boroughs and neighborhoods. The next section will identify specific health data and challenges for each of the five boroughs, as well as for the individual communities served by our facilities. We received this feedback through community discussions, focus groups, and interviews, plus analysis of primary and secondary data from the CHNA survey.



# Bronx

## BOROUGH FOCUS GROUP FINDINGS

### BOROUGH'S STRONGEST ASSETS

Bronx residents take pride in their vibrant neighborhoods, which offer a variety of small restaurants, service providers, and shops that foster local spirit and community connection. The borough's strong transportation network, including the subway, buses, and Metro North, enhances accessibility and mobility for residents.

A defining strength of the Bronx is its diversity, shaped by a history of cultural evolution from Jewish, Italian, and Irish communities to today's growing Puerto Rican, African, Muslim, and AAPI populations. One participant reflected, "The neighborhoods have diversified into the ethnicity—you have a crossover," underscoring how this cultural richness strengthens the borough's character.

Additionally, the Bronx benefits from a growing number of community-based organizations and grassroots efforts dedicated to improving public spaces, advocating for resources, and fostering a stronger sense of neighborhood pride. Farmers' markets, cultural festivals, and community health programs also serve as valuable assets that enhance residents' quality of life.

### BOROUGH'S BIGGEST CHALLENGES

Despite its strengths, Bronx residents face significant challenges related to substance use, mental health, homelessness, and access to essential resources. Participants expressed concerns about the intersection of drug use, homelessness, and mental health. One attendee shared, "It's an overwhelming situation, and I don't know how we're going to get a better handle on it." Many residents voiced frustrations with the mental health system, citing difficulties in accessing care, long wait times, and inconsistent availability of therapists.

Quality of life concerns, such as littering, illegal dumping, and neglected public spaces, were also raised. One participant said, "It's embarrassing and disheartening to walk down the street and see so much litter." Others pointed to illegal activities, including unlicensed car washes, reckless e-bike usage, and unregulated marijuana shops, as disruptions to the community: "You don't see that in other communities where there's a greater respect for the quality of life. That's one of my biggest frustrations living in the Bronx."

Access to healthy food and spaces for exercise remain significant issues. While farmers' markets offer fresh produce, they are often unaffordable without public assistance benefits. Many local supermarkets stock poor-quality food at high prices, forcing residents to travel outside the borough for better options. One participant explained, "The stores we have are not providing the quality that we need, and everything is more expensive to get here."

Additionally, seniors and young people lack safe, accessible spaces for exercise. One resident shared, "Seniors are told by their doctors to walk to control diabetes and other chronic illnesses, but they are afraid to go out and walk in the community."

Environmental health challenges also weigh heavily on Bronx residents. The South Bronx has the highest asthma rates in New York City due to industrial activity, heavy traffic, and excessive congestion. Poor housing conditions, including infestations, mold, and lead exposure, further contribute to health disparities. Additionally, rapid development and gentrification have raised concerns about displacement, overcrowded schools, and the erosion of long-standing communities. One resident expressed, "They're taking our houses down and building big, tall buildings—gentrification is happening, and it's everywhere. Our children are not getting served correctly."

Health care access remains a pressing concern, with many community members relying on urgent care or emergency rooms for medical needs. The high costs of urgent care, particularly for those without insurance, present significant barriers. One participant described urgent care as "unbelievably" expensive. Residents emphasized the need for better education about available health care options and suggested greater collaboration between health care systems, real estate developers, schools, and parent teacher associations to help the community navigate and access necessary resources.

**62** county health ranking<sup>34</sup>

out of 62 counties in New York

**78.0** years life expectancy<sup>34</sup>

compared to New York City average of 80.3 years

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## What is the community's perception?

### Top 5 poor health outcomes identified in the Bronx per survey responses<sup>2</sup>

Diabetes and high blood sugar

High blood pressure

Violence and gun violence

Mental health disorders (such as depression)

Obesity (high BMI)

### Top 5 service needs in the Bronx<sup>2</sup>

Lower out of pocket health care costs

Affordable health care

Stress relief and access to services for emotional wellbeing

Opportunities for increased exercise and movement

Expanded financial assistance and resource navigation

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## Leading causes of premature deaths in the Bronx<sup>35</sup>

Heart Disease

**1,409** deaths

**90.1** per **100,000**

Cancer

**1,081** deaths

**68.9** per **100,000**

Unintentional injury

**1,065** deaths

**78.5** per **100,000**

COVID-19

**345** deaths

**22.6** per **100,000**

Diabetes

**187** deaths

**12.0** per **100,000**

# NYC HEALTH + HOSPITALS/JACOBI

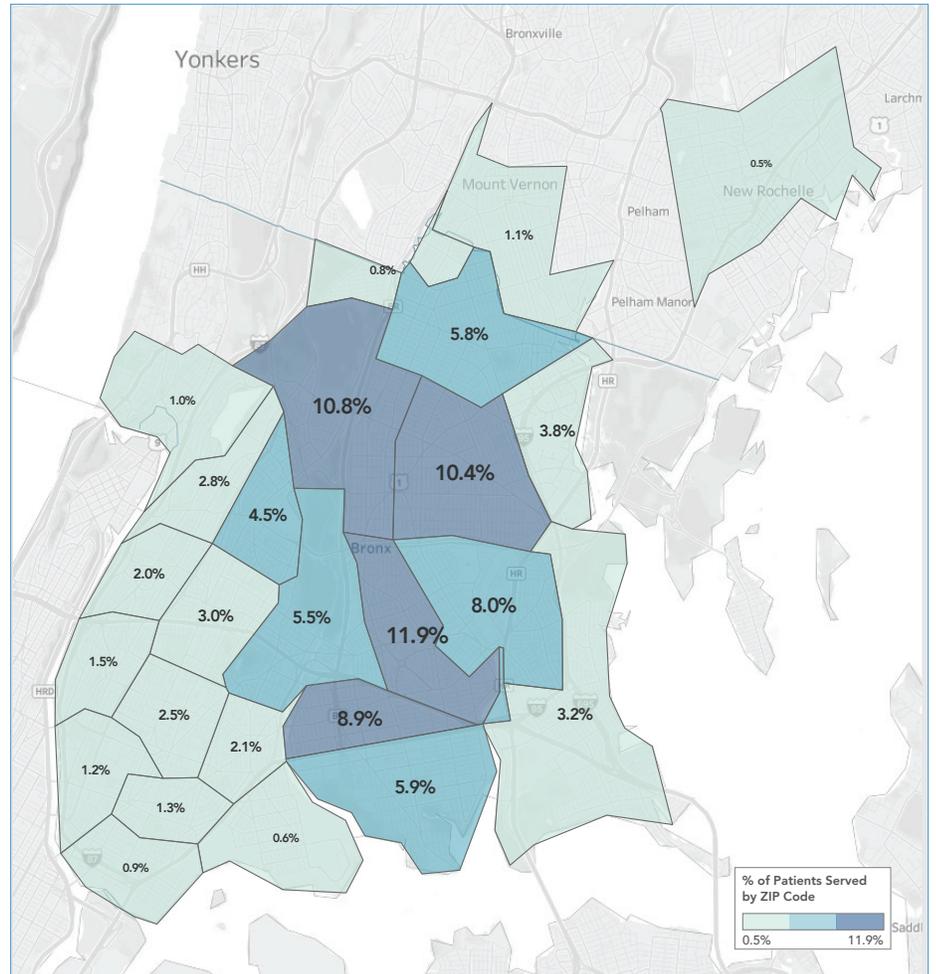
1400 Pelham Parkway South, Bronx, NY 10461

## COMMUNITY BACKGROUND

NYC Health + Hospitals/Jacobi is located in the Morris Park neighborhood of the Bronx, a diverse and vibrant area that blends residential and commercial spaces. The hospital serves nearby communities including Pelham Parkway, Allerton, and Van Nest, each with distinct cultural identities and community dynamics. These neighborhoods are home to a wide range of residents, including families, working professionals, and older adults. The area's diversity highlights the importance of delivering accessible, culturally responsive health care and support services that meet the needs of the surrounding community.

Participants in community forums consistently highlighted the area's greatest asset: its people. Their resilience and the strength derived from the cultural diversity enrich the community. Key institutions, including NYC Health + Hospitals/Jacobi, NYC Health + Hospitals/North Central Bronx, and Montefiore, are recognized as essential resources for local residents. Additionally, existing programs that serve the community are viewed as strengths with the potential for expansion to better meet local needs and enhance support for residents.

## Patients served by ZIP Code



Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

## WHAT THE COMMUNITY SHARED

### Assets

- Community members
- Diverse cultures
- Strong institutions

## Challenges

- Health care access
- Mental health
- Substance use
- Maternal health
- Senior health
- Access to resources



Approved Cleft Palate-Craniofacial Team

HHC JACOBI MEDICAL CENTER

← EMERGENCY + Patient Drop-off

↑ Jacobi Hospital Building 6

# NYC HEALTH + HOSPITALS/JACOBI

1400 Pelham Parkway South, Bronx, NY 10461

## THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Jacobi, founded in 1955, is a 457-bed Level I Trauma Center. It houses the Regional Hyperbaric Center and the Regional Snakebite Center, offering specialized emergency care. Affiliated with the Albert Einstein College of Medicine and the Physician Affiliate Group of New York (PAGNY), Jacobi provides expert medical services across various specialties.

### Our impact



**\$2.7B**  
Economic activity<sup>36</sup>



**9.7K**  
Jobs generated<sup>36</sup>



**1.7K**  
Babies delivered

### Encounters of our patients

**126K** Total patients  
**418K** Outpatient visits  
**20.4K** Inpatient visits  
**118K** Emergency Department visits  
**5.63K** Ambulatory surgery visits  
**546K** Total visits

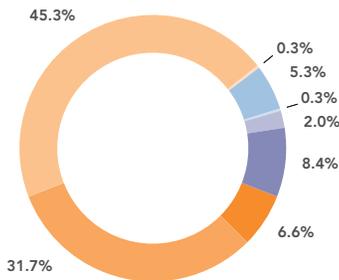
### Why are patients coming in?

- Encounter for general adult medical examination without abnormal findings
- Encounter for routine child health examination with abnormal findings
- Normal pregnancy
- Essential hypertension
- Type II diabetes mellitus without complication
- Encounter for routine child health examination without abnormal findings
- Surgical follow-up
- Dental caries
- Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasms
- Encounter for screening mammogram for malignant neoplasm of breast

Based on outpatient and inpatient encounters

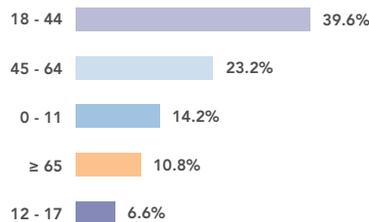
### Who are our patients?

#### Patients by race/ethnicity



- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

#### Patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

#### Top 10 preferred languages

- English 71.37%
- Spanish 22.31%
- Albanian 2.13%
- Bengali 1.52%
- Arabic 0.93%
- French 0.84%
- Other 0.42%
- Urdu 0.20%
- Wolof 0.19%
- Vietnamese 0.11%

**28%**  
of patients with preferred language other than English

#### Patients by sex

**Female** 54.46%  
**Male** 45.50%

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

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## JACOBI COMMUNITY FORUM FINDINGS

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“What is preventing our patients from getting the care they need? Are we in the communities that we need to be in, and how do we access them to get them to come in?”

– Christopher Mastromano, MBA, CEO, NYC Health + Hospitals/Jacobi | NCB



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## COMMUNITY'S BIGGEST CHALLENGES

### Access to resources

The Bronx faces significant challenges in health care access, including long primary care wait times (sometimes up to 4-5 months), transportation, language, and insurance barriers, as well as limited provider availability. Residents often rely on emergency rooms due to a lack of trust in urgent care and perceptions that providers are unresponsive. While telehealth is seen as helpful for mental health and screenings, many prefer in-person care, stating they “want to have in person visits with a person, not a machine.” Dental care is also “hard to find,” as many providers do not accept insurance.

Community forum participants highlighted the challenge of accessing affordable, healthy food despite the presence of culturally diverse options. Many rely on fast food and takeout, noting that “there need to be better prices for healthy foods, as everything is way too expensive.” While farmers’ markets and nutrition education programs exist, these resources are limited. Residents expressed a desire for more accessible farmers’ markets, trusted food sources, and expanded nutrition education to address the gaps in healthy food availability and affordability.

### Socioeconomic issues

Community members shared concerns about socioeconomic and educational barriers in the Bronx, including overcrowded schools and limited access to higher education. Recruiting and retaining teachers remains difficult, with one participant noting, “kids are stuffed into classrooms.” Environmental issues, such as dirty streets and air pollution, were also highlighted, as “that smoke, or whatever it is that they’re doing, that’s affecting people that don’t want to be a part of that.” Affordable housing continues to be a challenge, as residents expressed concerns about rising costs despite welcoming new developments: “They are building houses, but can people afford it? Can they get in? Even if they have 9 to 5 jobs, they can’t afford the apartments that are there.”

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“We’re trying to stuff too many people in the Bronx and there aren’t enough resources.”

– Community forum participant, NYC Health + Hospitals/Jacobi

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### Mental health and substance use

Mental health concerns are significant, with residents noting increased depression, substance use, and suicidal ideation. Residents highlighted the need for more support for those who have “attempted suicide several times” and linked unemployment to worsening mental health in the community. Participants mentioned limited mental health services and questioned whether people are aware of available resources or have the insurance to access them. They emphasized the importance of meeting individuals where they are, especially if they hesitate to seek care in facilities.

Substance use is a visible issue, with concerns about tobacco and marijuana, and their community impact. One community forum participant shared that, “the South Bronx is at its worst with substance use right now. It is very visible

and has gotten really bad.” Despite marijuana legalization, residents noted illegal street sales and unlicensed stores which contribute to secondhand smoke and affect the community negatively.

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“I’m forced to go into Manhattan for my primary care because most of the clinics in the Bronx are not accepting new patients or there are no appointments available.”

– Community forum participant, NYC Health + Hospitals/Jacobi

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### Maternal and senior health

Community members identified significant gaps in prenatal and postnatal care, citing both limited services and a lack of trust in existing facilities. Pregnant individuals are often “not getting any attention,” with one community member noting, “they don’t know where to go, or what to do... Children die because of this.” Participants emphasized the importance of outreach and education, suggesting services be implemented where they are most accessible. Many expressed a preference for large prenatal clinics over hospitals, as clinics are perceived as more approachable and comfortable for maternal care.

Seniors in the community face barriers including inadequate palliative and end-of-life care, limited mobility services, and insufficient patient education. While mobility services like Access-A-Ride exist, one resident noted, “Access-A-Ride is just not good.” Participants suggested that NYC Health + Hospitals help organize or educate on better transportation options for seniors. There is also a need for more adult support programs and home-visit clinical providers to deliver care directly to seniors, ensuring they receive the support they need within their own homes.

# NYC HEALTH + HOSPITALS/LINCOLN

234 East 149th Street, Bronx, NY 10451

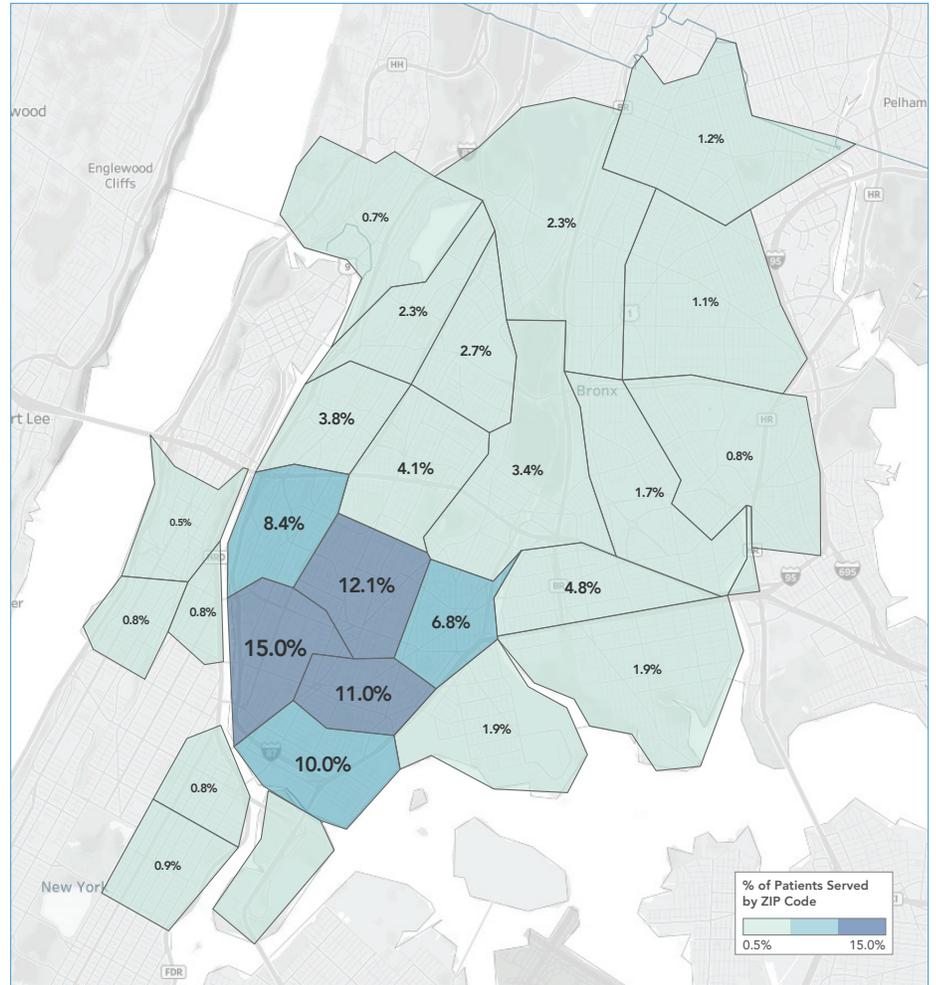
## COMMUNITY BACKGROUND

NYC Health + Hospitals/Lincoln, located in the heart of the South Bronx, serves neighborhoods including Mott Haven, Melrose, and Port Morris, communities known for their cultural vibrancy and resilience. The hospital has a deep-rooted history of service and social justice and this legacy continues today as Lincoln provides compassionate, high-quality care to a predominantly Latinx and African American population, many of whom have long-standing ties to the area.

The community's greatest strengths lie in its strong culture of unity. As one participant noted, "When there is something we are passionate about, people will come and rally around that issue." Residents actively share information about available resources, advocate for change, and work together to improve local conditions.

There is also a strong commitment to education, with residents recognizing the opportunities that higher education institutions provide for youth. One community member emphasized that a key asset is the collective effort of individuals from different organizations who care about the community and find ways to come together to make a difference. This shared dedication underscores the community's commitment to fostering positive change and enhancing the neighborhood.

## Patients served by ZIP Code



Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

## WHAT THE COMMUNITY SHARED

### Assets

- Sense of unity
- Community organization
- Commitment to education

## Challenges

- Mental health
- Substance use
- Access to resources
- Environmental health
- Chronic illness



# NYC HEALTH + HOSPITALS/LINCOLN

234 East 149th Street, Bronx, NY 10451

## THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Lincoln, founded in 1839, is a 362-bed facility and one of the busiest Level I Trauma Centers in the country. The hospital provides comprehensive care to the Bronx community and maintains clinical and academic affiliations with PAGNY and Weill Medical College of Cornell University.

### Our impact



**\$1.56B**  
Economic activity<sup>36</sup>



**7.0K**  
Jobs generated<sup>36</sup>



**1.4K**  
Babies delivered

### Encounters of our patients

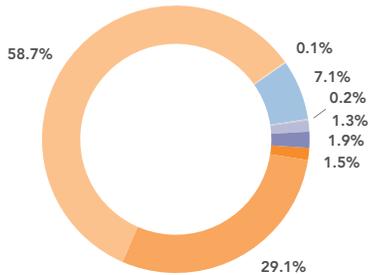
**135K** Total patients  
**442K** Outpatient visits  
**18.2K** Inpatient visits  
**152K** Emergency Department visits  
**6.48K** Ambulatory surgery visits  
**604K** Total visits

### Why are patients coming in?

- Encounter for general adult medical examination without abnormal findings
- Worried well
- Encounter for routine child health examination with abnormal findings
- Dental caries
- Normal pregnancy
- Essential hypertension
- Surgical follow-up
- Type II diabetes mellitus without complication
- Encounter for routine child health examination without abnormal findings
- Chest pain

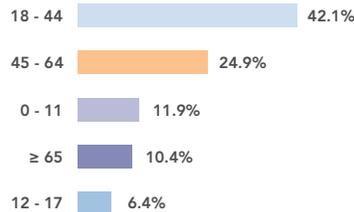
### Who are our patients?

#### Patients by race/ethnicity



- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

#### Patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

Based on outpatient and inpatient encounters

#### Top 10 preferred languages

- English 58.24%
- Spanish 37.85%
- French 2.09%
- Wolof 0.50%
- Other 0.48%
- Bengali 0.34%
- Arabic 0.29%
- Fulani 0.08%
- Haitian Creole 0.07%
- Filipino 0.06%

**42%**  
of patients with preferred language other than English

#### Patients by sex

**Female** 51.93%  
**Male** 48.00%

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

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## LINCOLN COMMUNITY FORUM FINDINGS

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“Listening to our community is the foundation of everything we do. We actively engage our patients in a shared model of decision-making, and this process provides valuable insights into the needs and priorities of our community.

– Cristina Contreras, LMSW,  
MPA, FABC, CEO,  
NYC Health + Hospitals/Lincoln



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## COMMUNITY’S BIGGEST CHALLENGES

### Mental health and substance use

Substance abuse remains one of the most pressing health challenges in the community, with drug use, particularly heroin and fentanyl, affecting public safety and community well-being. “On Melrose it is an open drug market, and there are people outside using heroin on the street,” one participant shared, capturing the visible and dangerous nature of this crisis. The community is concerned about the accessibility of drugs in public spaces, with the prevalence of used syringes and public drug use posing significant risks to both health and safety.

Mental health is another critical issue affecting many individuals in the community. Acknowledging the mental health challenges faced by residents, one participant noted, “there is a lot of depression in the community, and that affects their kids.” Depression not only impacts adults but also has a ripple effect on families, particularly children who may carry the burden of their parents’ mental health struggles. There is a need for greater access to mental health services and more public awareness about mental well-being. These issues are compounded by the social environment, with the stress of living in a high-crime, under-resourced community exacerbating mental health struggles.

### Access to resources

Access to health care remains a barrier for residents, with some stating they are unable to get timely appointments with primary care physicians. Community members shared that “trying to get an appointment with a primary care provider can take 3-4 months.” This lack of accessibility leads many to rely on urgent care or emergency rooms for non-emergency situations. The community also faces challenges with insurance transitions, with some expressing concerns over the lack of support for individuals moving from parental insurance to independent coverage. “There needs to be a transition for when people are transitioning from their parents’ insurance to their own insurance.”

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“Poison is cheap—the fast food options are affordable, but anything that contributes to a healthier lifestyle is not.”

– Community Forum Participant,  
NYC Health + Hospitals/Lincoln

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Food access plays a large role in the community’s health challenges. There are economic constraints that limit access to healthy food choices, and the neighborhood is often described as a food desert. Quality fruits and vegetables are often hard to come by, and affordable, unhealthy options are prevalent. “It’s really hard to get quality fruits and vegetables from the supermarket, and the stores buy the foods when they’re about to go bad,” one community member shared.

There is also concern about education and its role in health outcomes. The community struggles with high dropout rates and a lack of preparation for higher education, which has long-term impacts on economic mobility and health. As one community member emphasized, “The Bronx is the worst in education, and the public schools are not doing well compared to the other boroughs.”

This reflects the need for systemic changes in education to better equip youth for future success.

### Environmental health

The community’s health is also significantly affected by environmental factors such as poor sanitation, air quality, and safety concerns. One major issue is the high rates of asthma, which are exacerbated by pollution and poor waste management. “The Bronx is the most obese, and there’s no place for children to play,” one community member shared, highlighting the lack of safe spaces for outdoor activity, which can further compound issues like asthma. Safety concerns limit residents’ ability to walk or exercise outdoors, with many saying that they are fearful of exercising in public spaces due to the presence of crime. Poor sanitation also contributes to health risks, as “needles are all over” in public areas, creating a dangerous environment for both children and adults. These environmental factors, coupled with a lack of adequate public health resources, have a direct effect on the overall well-being of residents.

### Chronic disease

The community is grappling with chronic diseases such as cancer, asthma, heart disease, and diabetes. Community members emphasized the need for better health education and prevention strategies. Poor nutrition and limited access to fresh, healthy food options in the area further contribute to these chronic conditions. The lack of regular exercise, often due to time constraints and safety concerns, only compounds these health challenges.

# NYC HEALTH + HOSPITALS/NORTH CENTRAL BRONX\*

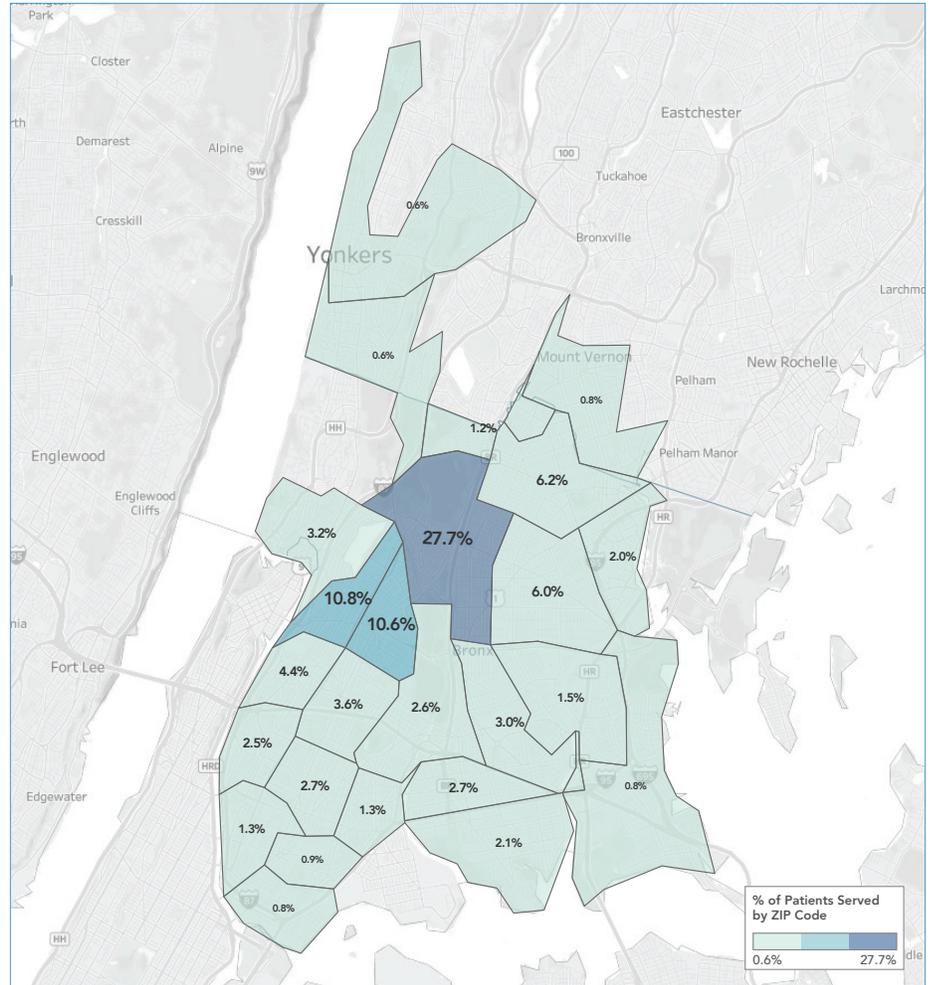
3424 Kossuth Avenue, Bronx, NY 10467

## COMMUNITY BACKGROUND

NYC Health + Hospitals/North Central Bronx is a community hospital located in the Norwood neighborhood of the Bronx. The 17-story facility was designed to provide accessible, high-quality care to residents of Norwood and surrounding neighborhoods such as Bedford Park, Williamsbridge, and Woodlawn Heights. Over the years, it has expanded its offerings to meet evolving community needs, adding services like a geriatric psychiatry unit, a self-contained ambulatory surgery suite, and a Sexual Assault Forensic Examiner (SAFE) Center of Excellence.

Community members emphasize that the neighborhood's strength lies in its deep-rooted connections and strong communication network. As one participant noted, "There's always somebody that knows somebody who will advocate for any kind of service. If it's good quality, they will talk about it." This interconnectedness facilitates access to resources and support, making it easier for residents to find necessary services. Additionally, the long-standing relationships among neighbors enhance the overall quality of life and foster a sense of belonging, which many residents view as a defining asset of their community.

## Patients served by ZIP Code





# NYC HEALTH + HOSPITALS/NORTH CENTRAL BRONX\*

3424 Kossuth Avenue, Bronx, NY 10467

## THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/North Central Bronx (NCB), established in 1976, is a 213-bed community hospital dedicated to serving the health needs of all New Yorkers. NCB is affiliated with PAGNY.

### Our impact



**\$.27B<sup>†</sup>**  
Economic activity<sup>36</sup>



**9.7K<sup>†</sup>**  
Jobs generated<sup>36</sup>



**942**  
Babies delivered

### Encounters of our patients

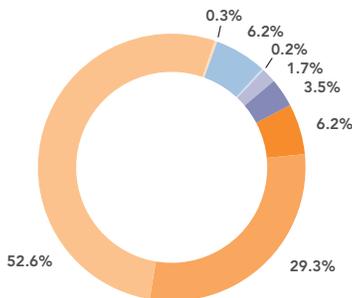
**56.7K** Total patients  
 209K Outpatient visits  
 7.75K Inpatient visits  
 53.1K Emergency Department visits  
 2.67K Ambulatory surgery visits  
**266K** Total visits

### Why are patients coming in?

- Encounter for general adult medical examination without abnormal findings
- Normal pregnancy
- Encounter for routine child health examination with abnormal findings
- Encounter for routine child health examination without abnormal findings
- Type II diabetes mellitus without complication
- Essential hypertension
- Dental caries
- Encounter for screening mammogram for malignant neoplasm of breast
- Encounter for routine gynecological examination without abnormal findings
- Chest pain

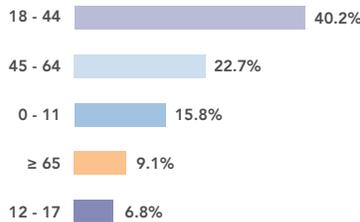
### Who are our patients?

#### Patients by race/ethnicity



- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

#### Patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

Based on outpatient and inpatient encounters

#### Patients by sex

**Female** 58.52%  
**Male** 41.45%

#### Top 10 preferred languages

- English 65.77%
- Spanish 29.28%
- Bengali 2.33%
- French 0.78%
- Other 0.58%
- Arabic 0.49%
- Albanian 0.45%
- Urdu 0.17%
- Hindi 0.08%
- American Sign Language 0.08%

**34%**  
of patients with preferred language other than English

\*NCB serves as the North Bronx campus of NYC Health + Hospitals/Jacobi  
<sup>†</sup>NCB data is calculated together with Jacobi

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

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## NORTH CENTRAL BRONX COMMUNITY FORUM FINDINGS

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“We need to continue to listen to the community—because the community is not stagnant. We have to pay attention, stay engaged, and get new ideas on how to address certain issues and better understand the needs of the community. It’s time to be a consumer of your own neighborhood; go take a walk around the block.”

– Alfredo Jones, Deputy Executive Director, NYC Health + Hospitals/ North Central Bronx



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## COMMUNITY’S BIGGEST CHALLENGES

### Mental health and substance use

Community members expressed deep concern about mental health and substance use issues, particularly among youth, and noted that these challenges are compounded by limited resources and increasing visibility in the community. They reported a rise in homelessness among teens, and pointed out that barriers to care include both a lack of mental health resources and the fact that “many are in denial they have an issue.” As one resident questioned, “do they keep up getting help after they leave the facility?” Community members suggested that resources targeting youth, especially in schools, might help address these challenges early on.

There is also worry about increased substance use, as residents have observed more frequent drug and tobacco use and fear the effects on children. Community members shared that “drugs affect everybody” and see these issues as contributing factors to elevated crime and violence in the area.

### Access to resources

In the community, access to healthy food is a challenge due to the affordability of fast food, which has grown increasingly common as other options become harder to afford. As one person noted, “Rents are so high now that only the fast-food chains can afford to be here.” Food banks in front of the hospital provide some support by distributing food, but community members would like to see a stronger emphasis on offering fresh and nutritious items through food banks and local organizations. There is interest in greater collaboration between NYC Health + Hospitals and CBOs to support food affordability and help people make healthier food choices.

When asked if residents use the emergency room over primary care providers, the overwhelming consensus was, “all the time.” Many explained that they face barriers in scheduling with their primary care doctors due to complex, time-consuming appointment processes. As a result, they often turn to urgent care for quicker resolutions. One resident noted, “you won’t have any signs or symptoms by the time you see your doctor because the emergency room or urgent care has already addressed them.” Some also shared that mental health issues can make accessing primary care challenging, leaving 911 as the immediate option.

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“Mental health issues are everywhere—they don’t have a certain face to it. It affects everyone.”

– Community forum participant, NYC Health + Hospitals/North Central Bronx

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### Environmental health

Environmental health challenges in the community are exacerbated by pollution, poor air quality, and neglected public spaces. Residents have pointed to the high asthma rates, particularly among children, which have been a persistent issue in the Bronx, worsened by the construction of a water filtration

plant over the past 20 years. In addition to air quality concerns, residents expressed frustration with the dirty streets, rodent infestations, and the lack of essential services, such as garbage cans. “You’d think I was asking for a luxury automobile trying to get a trash can,” one participant lamented, highlighting the community’s struggle with basic cleanliness and infrastructure issues.

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“The Bronx is so neglected in terms of community services.”

– Community forum participant, NYC Health + Hospitals/North Central Bronx

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### Senior health

Participants highlighted significant barriers that older adults face when accessing services in the community. They emphasized the need for senior services at NYC Health + Hospitals/ North Central Bronx, as the growing population needs more access than currently exists. Resources like classes and social activities could help seniors feel more connected. Additionally, community members expressed concern about some staff members who lack patience with seniors. Furthermore, seniors who are not comfortable using technology or lack support from friends or family need services brought directly to them. As one resident suggested, “We need to bring services to seniors and let them know the services exist around them.”

# Brooklyn

## BOROUGH FOCUS GROUP FINDINGS

### BOROUGH'S STRONGEST ASSETS

Focus group participants highlighted that “people who live here are active and care about their community” and are “not afraid to voice their opinion when there’s a need or if they feel mistreated.” Community cohesion stands out as a significant strength, along with some of the borough’s valuable resources. Members noted that the beach is inclusive and welcoming to everyone, while many health care facilities are strong and continue to modernize. Community gardens teach children how to grow food, fostering healthy eating habits, and promoting food security. East New York, in particular, boasts one of the largest gardens across all the boroughs, serving as a key resource for the community.

## BOROUGH'S BIGGEST CHALLENGES

In a borough-wide focus group discussion, Brooklyn residents identified key areas for improvement, including health care accessibility, nutrition, mental health, and community infrastructure.

Community members expressed significant concern about the prevalence of obesity among both adults and children. They noted that healthy food options are limited, often unappealing, or even rotten in some cases, and that this, combined with high prices, drives unhealthy eating habits and the overreliance on fast food throughout the borough. One resident explained, “Kids have diet-related diseases because the food they receive is the kind of food that makes you sick.” Although residents want to eat healthier, many must leave the community to find fresh produce or reasonably priced options. Another resident added, “It would be easier to eat healthy if they put fresh foods and healthier foods in the stores and in the front of the stores, but they just don’t do that here.”

Health care accessibility also remains a pressing concern. Despite improvements and the “positive vibes” surrounding some local facilities, many residents remain wary of seeking care. Immigrants and non-English speakers, in particular, struggle to access health care services, with many unaware of what is available. It is believed that “many don’t know about the services that are available to them.” Due to these barriers, the emergency room is often used in place of primary care, particularly by those who cannot access health care during regular hours. Residents emphasized the need for increased advertising and outreach to ensure community members are informed about available resources.

One person urged, “Please come to our community. Let’s join together, work together, and improve the health of our community—together.”

Residents are also deeply concerned about the growing presence of smoke shops across the borough, particularly in close proximity to schools. This has contributed to increased tobacco, alcohol, and drug use in the community, with one participant observing that “kids look like zombies on their way to school and are having mental issues from this.” Mental health challenges, especially among youth, are on the rise, and resources to address these issues remain limited. Residents believe that “mental health problems are surging throughout the city, but no one is dealing with the problem.” Additionally, they said that tobacco smoke exacerbates air pollution, posing risks for residents with respiratory conditions. Beyond health concerns, housing and infrastructure also present challenges; while some affordable housing options are available, residents stressed the need for more, along with additional parking to accommodate the borough’s growing developments.

**22** county health ranking<sup>34</sup>

out of 62 counties in New York

**80.7** years life expectancy<sup>34</sup>

compared to New York City average of 80.3 years

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## What is the community's perception?

### Top 5 poor health outcomes identified in Brooklyn per survey responses<sup>2</sup>

Diabetes and high blood sugar

High blood pressure

Mental health disorders such as depression

Obesity (high BMI)

Heart disease

### Top 5 service needs in Brooklyn

Lower out of pocket health care costs

Affordable health care

Stress relief and access to services for emotional wellbeing

Housing access, affordability and quality

Opportunities for increased exercise and movement

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## Leading causes of premature deaths in Brooklyn<sup>35</sup>

Heart Disease

**1,883** deaths

**62.9** per 100,000

Cancer

**1,777** deaths

**59.7** per 100,000

Unintentional injury

**957** deaths

**36.5** per 100,000

COVID-19

**509** deaths

**16.8** per 100,000

Diabetes

**262** deaths

**9.0** per 100,000

# NYC HEALTH + HOSPITALS/KINGS COUNTY

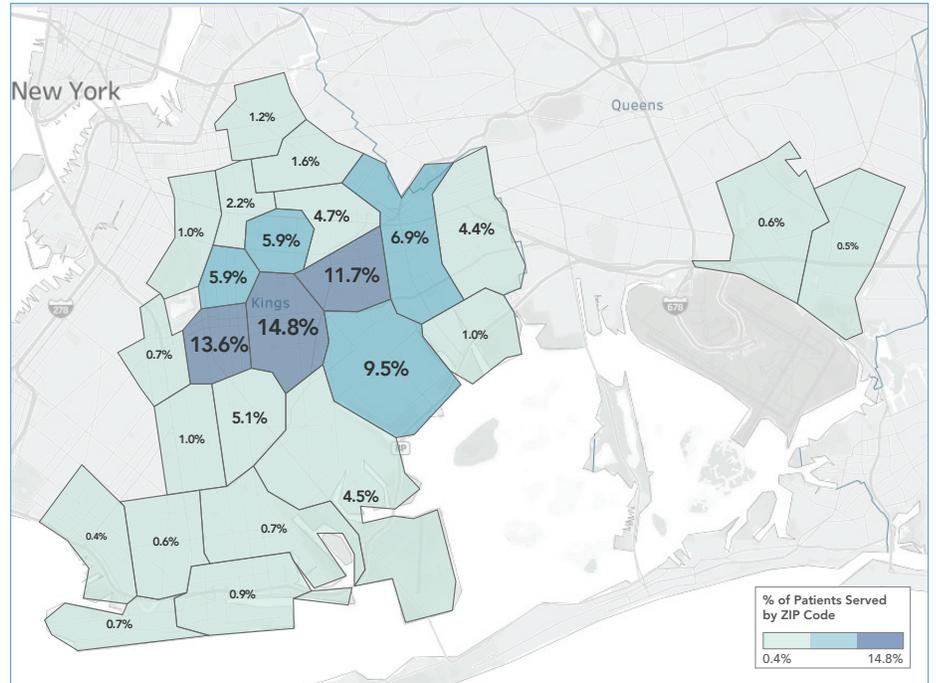
451 Clarkson Avenue, Brooklyn, NY 11203

## COMMUNITY BACKGROUND

NYC Health + Hospitals/Kings County is located in East Flatbush, Brooklyn, serving a vibrant and diverse community known for its rich cultural heritage. The surrounding neighborhoods are home to many Black and Caribbean-American residents, alongside growing immigrant communities from Africa, the Caribbean, and Latin America. Kings County Hospital is deeply committed to supporting this dynamic population by providing culturally responsive care that respects and celebrates their unique backgrounds. The hospital plays a vital role in promoting health and improving access to quality care, helping to strengthen the wellbeing of Central Brooklyn's resilient and thriving communities.

Community members emphasize the vibrant diversity and rich culture that define their neighborhood. Residents benefit from excellent transportation options, diverse housing, and access to green spaces, as well as schools, universities, and cultural landmarks. The strong sense of unity within the community is evident, as residents actively support one another, particularly during challenging times. One community member stated, "Our community's value lies in our commitment to each other and in creating a space of belonging for all."

## Patients served by ZIP Code



Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

## WHAT THE COMMUNITY SHARED

### Assets

- Sense of community
- Diversity
- Unity

### Challenges

- Mental health
- Substance use
- Housing
- Food insecurity
- Maternal health
- Senior health



# NYC HEALTH + HOSPITALS/KINGS COUNTY

451 Clarkson Avenue, Brooklyn, NY 11203

## THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Kings County was founded in 1831. The 624-bed hospital was the first Level I Trauma Center in the country and is affiliated with PAGNY and State University of New York (SUNY).

### Our impact



**\$2.14B**  
Economic activity<sup>36</sup>



**9.7K**  
Jobs generated<sup>36</sup>



**1.3K**  
Babies delivered

### Encounters of our patients

**145K** Total patients  
**728K** Outpatient visits  
**19.2K** Inpatient visits  
**136K** Emergency Department visits  
**4.15K** Ambulatory surgery visits  
**872K** Total visits

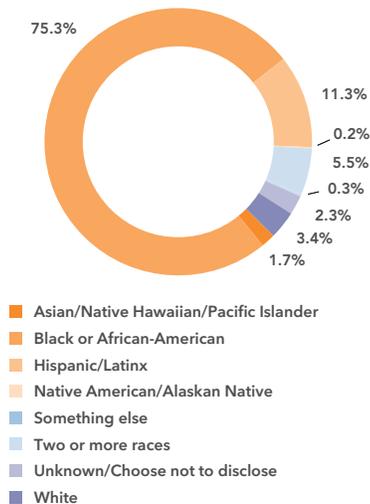
### Why are patients coming in?

- Encounter for general adult medical examination without abnormal findings
- Opioid dependence
- Essential hypertension
- Opioid abuse
- Dental caries
- Type II diabetes mellitus without complication
- Encounter for routine child health examination without abnormal findings
- Hyperglycemia due to type 2 diabetes mellitus
- Worried well
- Malignant tumor of prostate

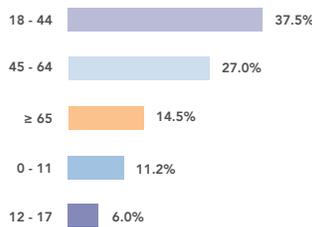
Based on outpatient and inpatient encounters

### Who are our patients?

#### Patients by race/ethnicity



#### Patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

#### Patients by sex

**Female** 56.05%  
**Male** 43.88%

#### Top 10 preferred languages

- English 86.53%
- Spanish 6.03%
- Haitian Creole 4.35%
- French 1.01%
- Arabic 0.53%
- Russian 0.44%
- Other 0.40%
- Bengali 0.33%
- French Creole 0.27%
- Fulani 0.12%

**13%**  
of patients with preferred language other than English

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

## KINGS COUNTY COMMUNITY FORUM FINDINGS

“Being an anchor institution places us in a position of being the only option for many to access care in this neighborhood. So, by default, we are the go-to for a large, diverse group of prospective patients in need of health care.”

– Sheldon McLeod, CEO, NYC  
Health + Hospitals/Kings County



## COMMUNITY'S BIGGEST CHALLENGES

### Mental health and substance use

Community members voiced significant concerns regarding mental health issues across the neighborhood, particularly for youth. They voiced the need for non-punitive support options that the community can engage with, expressing strong opposition to the involvement of police in de-escalation for mental health crises. Residents questioned, “What does it mean to engage with community members during a crisis?” and indicated a desire for compassionate and community-centered crisis response.

Worries around youth substance use are also on the rise. Following the legalization of marijuana in New York, residents have observed an increase in neighborhood dispensaries, which they feel may encourage youth to “indulge in these behaviors.” There are concerns that drugs sold locally may differ in quality and safety from those sold in other areas, with fears that marijuana may be laced with fentanyl and other harmful chemicals. Community members also noted a rise in vaping and nicotine use among young people and expressed a strong need for preventive measures aimed at youth. Many residents shared the sentiment that “until it affects

people who don't look like us, nothing will be done. When it starts impacting other communities, that's when action happens.”

### Housing and homelessness

Rising living costs and increasing gentrification are creating significant challenges for residents throughout the neighborhood. As one participant explained, “When you consider our system, we have to acknowledge that many of our community members are being forced out of the neighborhood.” Housing instability and the stress it brings are major concerns among forum participants. Beyond the health impacts of being unhoused, there is growing concern that patients and community members are now living farther from the health care services they rely on, which could have additional negative consequences for their well-being.

### Access to resources

Participants noted limited access to affordable, healthy food, with local options dominated by fast food, which forces residents to travel for nutritious, affordable alternatives. While some farmers' markets offer healthier options, it “requires intent for us to get quality, healthy food.” Although some stores have improved their offerings, affordability remains a barrier due to income constraints. There is a noticeable gap in food quality compared to other parts of Brooklyn, with one participant observing, “The quality of food sent to our community is despicable, while other areas get the freshest produce for free.” Many agreed that expanding urban farming could improve access to healthy food and foster community pride, but noted that these initiatives are often underfunded or underutilized due to a lack of awareness about their existence.

Many residents also face challenges accessing health care and rely on the emergency room for care. The primary barriers are access and timing. When the only time community members can seek care is after work, their options are limited. One participant shared that the mindset often becomes, “Yes, it's been bothering me, but I can only go

after work, so the only thing that's open for me is the emergency room.” The emergency room was also described as a “one-stop shop,” offering more convenience than seeing doctors who often require multiple appointments in different locations. Transportation issues further complicate health care access, with one participant emphasizing, “if I have to take the train and the bus to get these other tests, that's not convenient for me.”

### Maternal and senior health

Community forum participants stressed the importance of maternal health in the community. They shared personal experiences of encountering providers who didn't take the time to listen and often dismissed their concerns. This was particularly true for black and brown women, who historically face racial disparities in care and feel ignored by providers. As one participant emphasized, providers need to “believe the woman when she tells you what she's feeling. Women know their bodies. Seven out of 10 times, nobody is listening, and it's too late.” Participants called on health care providers to actively listen and for health care systems to address the root causes of these issues, including racism, sexism, and implicit bias.

Senior care is a concern for many community members, especially as the population ages. Participants shared frustrations that home care services are often insufficient and challenging to access. Some areas receive comprehensive, 24-hour support, while “seniors in our community only receive care until 5 p.m. and are left alone afterward. They need that help.” Transportation to and from medical appointments is also lacking, with seniors sometimes waiting over two hours for a ride home. One participant explained, “As they age, seniors need more health care but face reduced access to health insurance to cover it.” Many find it difficult to access support and resources, which often require significant effort. “Seniors have worked hard, paid taxes, and perhaps own their homes; they shouldn't have to lose that to afford long-term care.”

# NYC HEALTH + HOSPITALS/SOUTH BROOKLYN HEALTH

2601 Ocean Parkway, Brooklyn, NY 11235

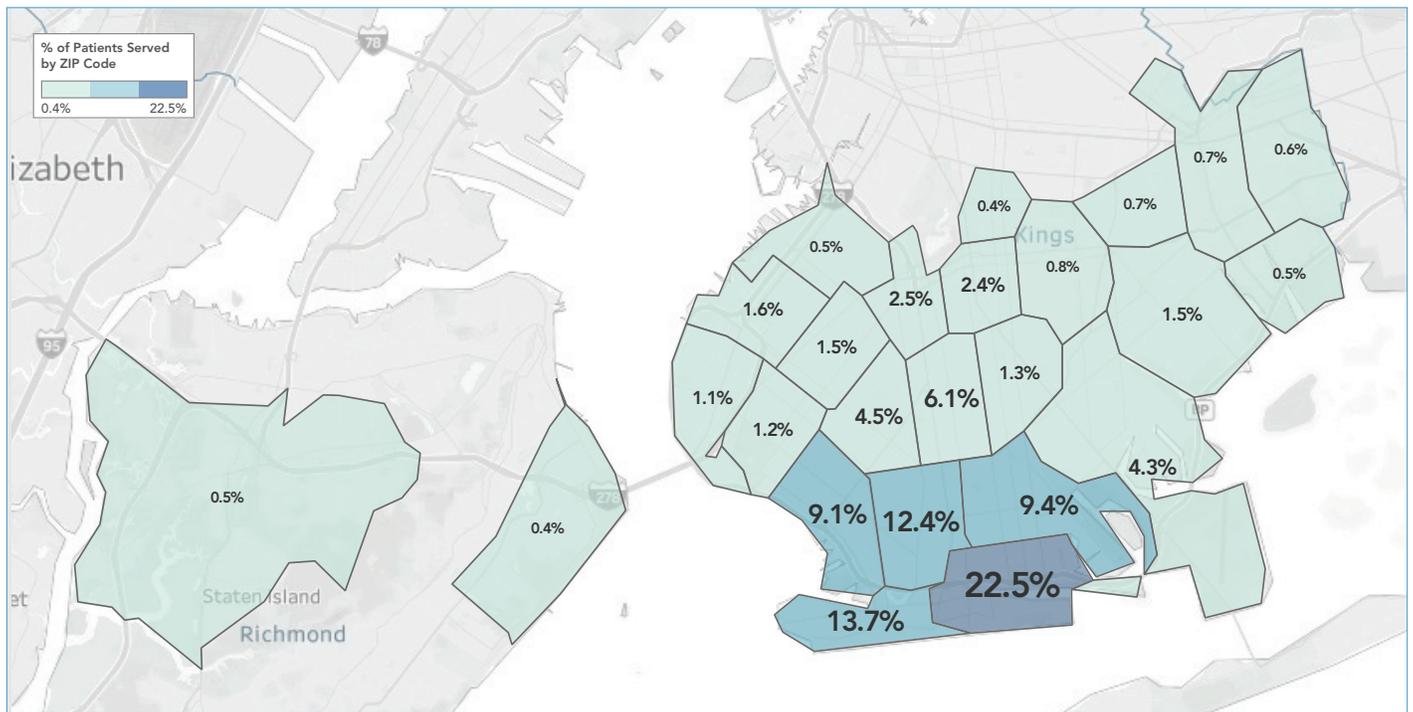
## COMMUNITY BACKGROUND

NYC Health + Hospitals/South Brooklyn Health, formerly known as Coney Island Hospital, serves a vibrant and diverse patient population from the neighborhoods of southern Brooklyn, including Coney Island, Brighton Beach, and Sheepshead Bay. These communities are culturally rich and include a broad mix of immigrants and long-term residents, representing

Caribbean, Russian, Eastern European, and other ethnic backgrounds. The hospital's commitment to culturally competent care ensures that services are tailored to meet the unique needs of this diverse population. Since its renaming in 2023 and the opening of the new Ruth Bader Ginsburg Hospital, South Brooklyn Health has strengthened its role as an accessible, inclusive health care provider dedicated to improving health outcomes for all its patients.

Community members emphasize that the area's diversity and rich resources are significant assets. The natural environment, with its accessible beaches and clean air, enhances the quality of life for residents. Additionally, a strong health care infrastructure, which includes multiple hospitals and medical facilities, ensures that essential services are readily available to the community. These resources contribute to a connected and engaged neighborhood, fostering a sense of belonging among residents.

## Patients served by ZIP Code





NYC  
HEALTH+  
HOSPITALS

South Brooklyn Health



**EMERGENCY**

Visitor Parking

# NYC HEALTH + HOSPITALS/SOUTH BROOKLYN HEALTH

2601 Ocean Parkway, Brooklyn, NY 11235

## THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/South Brooklyn Health was founded in 1908. The 351-bed is affiliated with PAGNY and SUNY.

### Our impact

 **\$2.41B**  
Economic activity<sup>36</sup>

 **4.6K**  
Jobs generated<sup>36</sup>

 **1.4K**  
Babies delivered

### Encounters of our patients

**90.7K** Total patients  
**327K** Outpatient visits  
**14.2K** Inpatient visits  
**102K** Emergency Department visits  
**6.45K** Ambulatory surgery visits  
**437K** Total visits

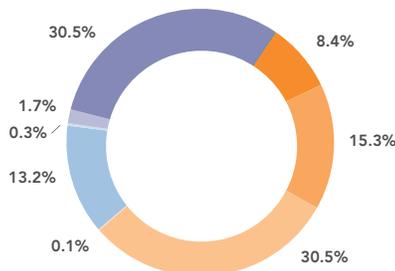
### Why are patients coming in?

- Encounter for general adult medical examination without abnormal findings
- Encounter for routine child health examination without abnormal findings
- Essential hypertension
- Schizoaffective disorder, bipolar type
- Normal pregnancy
- Type II diabetes mellitus without complication
- Chest pain
- Encounter for routine gynecological examination without abnormal findings
- Acute upper respiratory infection
- Alcohol intoxication

Based on outpatient and inpatient encounters

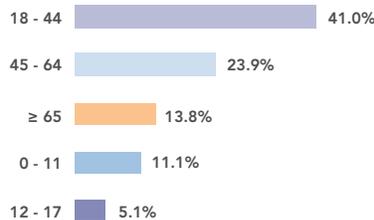
### Who are our patients?

#### Patients by race/ethnicity



- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

#### Patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

#### Patients by sex

**Female** 51.81%  
**Male** 48.16%

#### Top 10 preferred languages

- English 56.10%
- Spanish 22.39%
- Russian 14.84%
- Urdu 1.47%
- Other 1.18%
- Georgian 1.07%
- Arabic 1.02%
- Cantonese 0.82%
- Haitian Creole 0.56%
- Turkish 0.56%

**44%**  
of patients with preferred language other than English

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## SOUTH BROOKLYN HEALTH COMMUNITY FORUM FINDINGS

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“It’s hard to take care of your diabetes if you can’t access healthy food. It’s hard to take care of diabetes if there’s a homelessness issue, or there’s language or cultural issues. Social issues really drive the challenges of caring appropriately for yourself as an individual.”

– Svetlana Lipyanskaya, MPA  
CEO, NYC Health + Hospitals/  
South Brooklyn Health



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## COMMUNITY’S BIGGEST CHALLENGES

### Access to resources

While the area has multiple health care services nearby, residents expressed that these resources are not always accessible in ways that meet their needs. Community members report delays of one to two months for appointments, noting that “by the time they get an appointment, the issue may be gone.” This can lead to an increased reliance on emergency rooms or urgent care facilities.

Concerns around high prescription costs were common, with residents sharing that “doctors will prescribe medications, but patients may not use them as often as they’re prescribed because they can’t afford to.” Community members noted a particular struggle for those who do not qualify for Medicaid but also cannot afford private insurance. “The middle class has the biggest problem because they do not have the money for private insurance but have some money so they also can’t receive Medicaid,” one resident explained.

In addition, high food prices often restrict residents’ choices around healthy eating. Although healthier food options are available, they are costly, leading some to feel “there is not a choice to make.” Exercise opportunities are also limited; while there is a boardwalk, most people drive, and affordable exercise classes are scarce. Residents feel more community-based exercise programs could help support youth and senior health alike.

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“There is not enough focus on preventative measures, but a lot of focus on cures. Health care companies won’t pay for prevention, they’ll just wait until you get sick and then they will pay.”

– Community forum participant,  
NYC Health + Hospitals/  
South Brooklyn Health

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### Mental health and substance use

Residents have observed a rise in mental health challenges, especially depression, since the COVID-19 pandemic. Community members believe that factors like job scarcity and limited recreational activities contribute to declining mental health. One resident reported that “eighteen and nineteen-year olds are so depressed and withdrawn, they are always on their phones or sitting alone. Depression can lead to a lot of other illnesses.”

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“Being healthy is expensive.”

– Community forum participant,  
NYC Health + Hospitals/  
South Brooklyn Health

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Substance use compounds these issues, creating a broader impact on community well-being when both mental health struggles and substance use are prevalent.

### Maternal and senior health

Maternal health concerns were raised, especially for younger mothers. Some residents shared incidents of young women who lost their babies in the past year, highlighting a gap in accessible information on available support. While adequate support systems exist, many feel they are under-advertised. Participants emphasized the need for better outreach to the community and suggested increased education in high schools to raise awareness among young people.

Participants also underscored the need for expanded senior resources within the community, with many expressing that senior centers close too early. There is a call for centers with extended hours and engaging activities that will “challenge them.” Additionally, concerns about insurance were voiced, particularly around costs and the need for simpler, more understandable options for seniors.





# NYC HEALTH + HOSPITALS/WOODHULL

760 Broadway, Brooklyn, NY 11206

## THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Woodhull was founded in 1982. The 310-bed hospital is affiliated with NYU Langone Health.

### Our impact



**\$1.03B**  
Economic activity<sup>36</sup>



**4.3K**  
Jobs generated<sup>36</sup>



**1.1K**  
Babies delivered

### Encounters of our patients

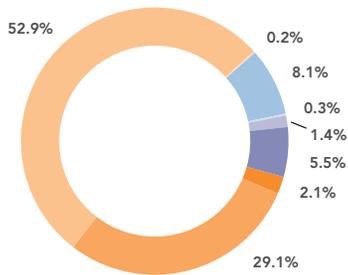
**95.8K** Total patients  
**404K** Outpatient visits  
**9.5K** Inpatient visits  
**93.4K** Emergency Department visits  
**5.79K** Ambulatory surgery visits  
**505K** Total visits

### Why are patients coming in?

- Encounter for general adult medical examination without abnormal findings
- Dental caries
- Normal pregnancy
- Essential hypertension
- Encounter for routine child health examination with abnormal findings
- Visit for dental examination
- Type II diabetes mellitus without complication
- Preventative health care
- Worried well
- Human immunodeficiency virus infection

### Who are our patients?

#### Patients by race/ethnicity

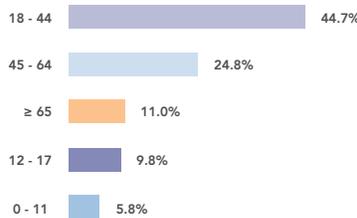


- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

#### Patients by sex

**Female** 53.14%  
**Male** 46.80%

#### Patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

#### Top 10 preferred languages

- English 56.11%
- Spanish 38.90%
- French 1.55%
- Polish 0.87%
- Arabic 0.83%
- Wolof 0.54%
- Bengali 0.44%
- Haitian Creole 0.40%
- Other 0.19%
- Russian 0.18%

Based on outpatient and inpatient encounters

**44%**  
of patients with preferred language other than English

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

## WOODHULL COMMUNITY FORUM FINDINGS

"In many cases, rents are so high that people within the community sometimes have to make a choice between paying rent, getting medication, or buying food. This impacts one's ability to get adequate health care."

– Gregory Calliste, CEO,  
NYC Health + Hospitals/  
Woodhull (Retired)



## COMMUNITY'S BIGGEST CHALLENGES

### Mental health

Community participants expressed growing concern over mental health challenges affecting the entire neighborhood. "Mental health affects the whole community. It affects you as a neighbor, it affects your children, it affects you walking down the street. You see it, and it breaks your heart," shared one resident.

The community has observed increases in conditions like schizophrenia, bipolar disorder, depression, substance use, and PTSD, with stress only "amplifying" these struggles. Participants agreed that there are not enough resources for those in need and noted the challenge of helping people who might not want assistance.

A key concern raised was the lack of trained personnel within the community. "When someone is not mentally well and causes fear or disruption, people call the police," a participant shared, "but police aren't always equipped to handle these situations, and it sometimes leads to tragedy." Residents strongly feel that those with mental health issues should not be criminalized, and the police should not always be involved in these situations.

### Food insecurity and nutrition

Parts of this neighborhood are classified as food deserts, limiting residents'

access to fresh produce and nutritious options. Residents widely agreed that fast food is often the community's go-to, largely due to its low cost and easy availability. The pace of life also pushes residents toward quick food options.

Fresh fruits, vegetables, meats, and fish are more expensive here, forcing many to weigh whether healthier alternatives fit their budget. Bodegas often lack refrigeration, which makes it hard to keep produce and meats fresh, and there is not enough demand or turnover to keep such items in stock. This was described as a "ground-up" issue that needs strong advocacy to bring fresh, affordable food into the community.

Additionally, there is a need for more nutrition education. Many residents "might have a misconception of what a healthy meal looks like or believe it has to be boring or tasteless. They simply don't know what a healthy plate should be."

### Environmental health and air quality

Air quality is a major concern, impacted by local train and bus depots and diesel trucks transporting Manhattan's waste to neighborhood transfer stations daily. These pollutants contribute to high asthma rates, particularly among children. "No other community has as many of these waste transfer stations as ours does," one resident pointed out, highlighting the unique burden on Bushwick.

Efforts to address asthma in schools and homes have involved training from NYC Health + Hospitals/Woodhull and local organizations. The community has initiated a "war on asthma," focusing on educating teachers, parents, and health care providers. They address not only air quality but also indoor factors, like dust mites, and the importance of limiting school bus idling. "It's multifaceted," one participant said, "It's everything coming together."

These combined efforts reduced emergency room visits by 58%.<sup>37</sup> The community-based approach has shown that education, awareness, and collaboration are essential to tackling this community's asthma and environmental health challenges.

### Maternal and senior health

Community members voiced concerns about limited resources for maternal and senior health in their neighborhood. For maternal health, residents noted that NYC Health + Hospitals/Woodhull is the primary provider of OB/GYN services, with few private options available. Many believe that expanding doula services and education could help improve maternal health outcomes in the community.

For the aging population, more geriatric resources are also needed. Seniors often prefer to maintain independence without home care, yet many are lacking adequate support. Community members highlighted issues with miscommunication in senior centers. Ensuring clear communication and compassionate care is crucial. "Just because someone is older doesn't mean they lack mental competency," one member emphasized. "They deserve to be treated with dignity, respect, and inclusion in their care decisions."

### Access to health care

Community forum participants expressed concerns about health care access, noting that many residents rely on urgent care centers or emergency rooms for treatment. While urgent care facilities are accessible, they are limited in providing preventative care or managing long-term health needs. Many residents lack primary care providers, struggle with availability, or are uninsured, leading them to use the emergency room for care instead. One resident highlighted, "Emergency room doctors go the extra mile. Sometimes primary care doctors gaslight us and don't take our concerns seriously. In the ER, we're more likely to get scans and MRIs." Another resident countered by noting, "People are short-changing themselves when they don't have a primary care provider."

Residents also emphasized the need for increased awareness of digital services like MyChart, which could help streamline their medical history for easier access during visits. Patient advocacy was highlighted as essential to help residents understand their medications and health issues, empowering them to better advocate for their own care.

# Manhattan

## BOROUGH FOCUS GROUP FINDINGS

### BOROUGH'S STRONGEST ASSETS

Community members emphasized how Manhattan thrives on its diversity and inclusivity. "We are a mosaic community that provides services to different populations," one participant shared. The borough's strong traditions, historical legacy, and cultural pride are also key assets, with residents expressing pride in both their neighborhood and in preserving the area's heritage. Institutions like City College and Columbia University contribute valuable resources, while community organizations, churches, and hospitals serve as essential connectors within the community.

## BOROUGH'S BIGGEST CHALLENGES

Participants in Manhattan's focus group identified several key challenges, including access to information and resources, housing, environmental and mental health issues, maternal health, and physical activity and safety.

Despite the borough's many resources, effectively disseminating health information, especially about available resources, remains a significant challenge. One participant asked, "How can we reach them to get that information?" This issue is linked to health care utilization concerns, as emergency rooms often serve as primary care points, with long wait times and inconsistent care. There are also worries about potential hospital closures in the borough, which could strain already limited resources.

Mental health, particularly in youth, is a growing concern. As one participant noted, "Even if they get access to therapy, that is their choice, and they may not feel that comfortable accessing it." Housing instability exacerbates mental health struggles and impacts health care access, as rising living costs put significant pressure on residents. "Even in our 'affordable living'—the rent raises are enormous, and people are stymied because they didn't come in with thoughts of these large rent increases." The high cost of fresh produce limits access to healthier options, with many residents opting for more affordable, less nutritious choices.

"People will usually go for the things they can do to stretch their dollar as far as they can," participants shared. Fast food dominance along key areas contributes to unhealthy dietary habits, and food insecurity remains a challenge despite growing awareness of fresh food benefits.

Air pollution continues to intensify asthma and lung issues, with major triggers of construction and idling cars. Long-term concerns about urban planning and environmental inequities persist. Those who walk and engage in other outdoor activities face barriers due to safety, construction, and poor air quality. Parks, though valuable for exercise, remain underutilized due to smoking and public safety concerns. "Some residents stay home because their asthma gets bad with everything outside, and they struggle to walk to their own doors due to these obstacles," one community member highlighted.

Maternal mortality, especially among Black women, is a major concern. One resident shared, "Black women have the fear of not being heard or ignored by a provider, or being unsure of how to advocate for themselves." Participants believe increased support for doulas and midwives could help improve these outcomes.

**7** county health ranking<sup>34</sup>  
out of 62 counties in New York

**83.7** years life expectancy<sup>34</sup>  
compared to New York City average of 80.3 years

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## What is the community's perception?

### Top 5 poor health outcomes identified in Manhattan per survey responses<sup>2</sup>

- Mental health disorders such as depression
- High blood pressure
- Obesity (high BMI)
- Substance use, including opioids, stimulants, and other drugs
- High blood pressure

### Top 5 service needs in Manhattan

- Lower out of pocket health care costs
- Affordable health care
- Housing access, affordability and quality
- Stress relief and access to services for emotional wellbeing
- Opportunities for increased exercise and movement

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## Leading causes of premature deaths in Manhattan<sup>35</sup>

Cancer

**962** deaths  
**48.4** per 100,000

Heart Disease

**893** deaths  
**46.0** per 100,000

Unintentional injury

**621** deaths  
**37.2** per 100,000

COVID-19

**170** deaths  
**8.6** per 100,000

Suicide

**117** deaths  
**6.9** per 100,000

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# NYC HEALTH + HOSPITALS/BELLEVUE

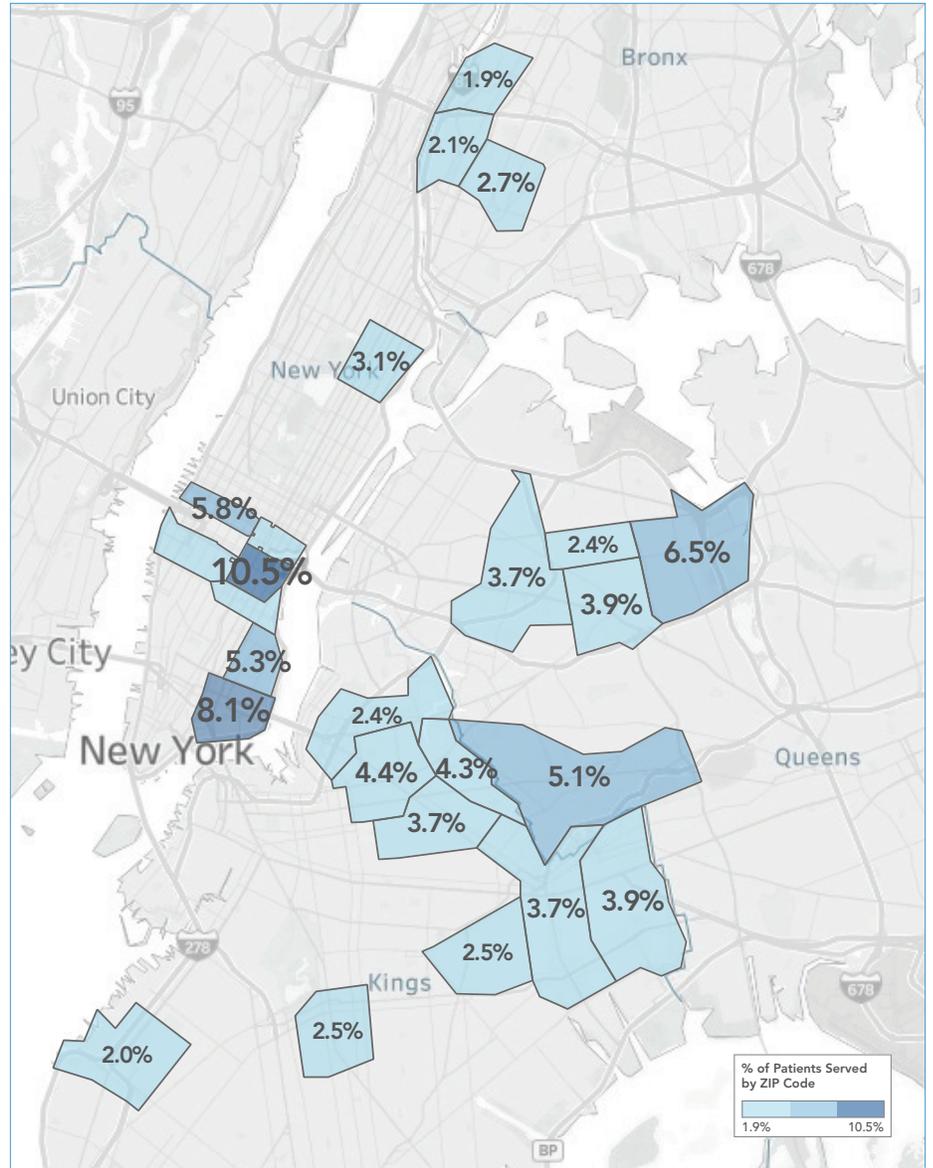
462 First Avenue, New York, NY 10016

## COMMUNITY BACKGROUND

NYC Health + Hospitals/Bellevue, located in the Kips Bay neighborhood of Manhattan, serves a diverse and expansive patient population from across New York City. While its primary service area includes neighborhoods such as East Harlem, Chelsea, and the Lower East Side, Bellevue's reach extends citywide, providing essential care to individuals from all five boroughs. New Yorkers from West Queens to Sunset Park, unhoused individuals, local residents from Union Square and the Lower East Side, as well as dignitaries, all seek care at this esteemed institution. Bellevue is not only a cornerstone of public health in New York City but also a teaching hospital committed to training the next generation of health care professionals. Its rich history, dating back to 1736, reflects a longstanding dedication to medical excellence and community service.

The community boasts a high concentration of hospitals and quality educational institutions at all levels, contributing to its overall health and well-being. Its diversity and robust public transportation system are notable strengths, with the area being recognized by one community member as "one of the best public transportation regions in the city." The lower density of buildings allows for more light and open spaces, creating a pleasant environment for residents. Additionally, there is significant potential for growth through partnerships with existing organizations and businesses, focusing on enhancing job pathways and improving overall community health.

## Patients served by ZIP Code



Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

## WHAT THE COMMUNITY SHARED

### Assets

- Diversity
- Access to transportation
- Local hospitals and education

### Challenges

- Environmental health
- Housing
- Mental health
- Substance use
- Access to food
- Senior health



# NYC HEALTH + HOSPITALS/BELLEVUE

462 First Avenue, New York, NY 10016

## THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Bellevue was founded in 1736. The 901-bed hospital is America's oldest public hospital, the largest public hospital in the country, and a Level I Adult and Level 2 Pediatrics Trauma Center. It is also the medical facility for the President of the United States and United Nations diplomats visiting New York City. The hospital is affiliated with NYU Langone Health.

### Our impact



**\$2.8B**  
Economic activity<sup>36</sup>



**11K**  
Jobs generated<sup>36</sup>



**1.6K**  
Babies delivered

### Encounters of our patients

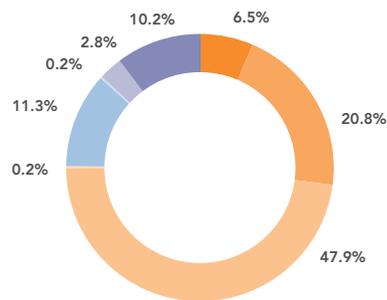
**156K** Total patients  
**686K** Outpatient visits  
**30K** Inpatient visits  
**120K** Emergency Department visits  
**10.2K** Ambulatory surgery visits  
**828K** Total visits

### Why are patients coming in?

- Encounter for general adult medical examination without abnormal findings
- Opioid dependence
- Obesity caused by energy imbalance
- Normal pregnancy
- Encounter for other preprocedural examination
- Obesity
- Surgical follow-up
- Type II diabetes mellitus without complication
- Encounter for routine child health examination without abnormal findings
- Posttraumatic stress disorder

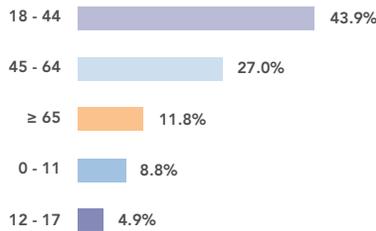
### Who are our patients?

#### Patients by race/ethnicity



- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

#### Patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

Based on outpatient and inpatient encounters

#### Patients by sex

**Female** 51.21%  
**Male** 48.64%

#### Top 10 preferred languages

- English 58.22%
- Spanish 35.00%
- French 2.24%
- Mandarin Chinese 1.32%
- Bengali 0.73%
- Arabic 0.66%
- Cantonese 0.65%
- Russian 0.42%
- Other 0.38%
- Wolof 0.37%

**41%**  
of patients with preferred language other than English

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

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## BELLEVUE COMMUNITY FORUM FINDINGS

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“As good data arrives, we start to put together targeted programs for populations that need the care—focusing on identifying the population and addressing the disparities and inequities they face.”

– William Hicks, CEO,  
NYC Health + Hospitals/Bellevue  
(Retired)



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## COMMUNITY'S BIGGEST CHALLENGES

### Mental health

For many community members, it feels like “mental health has reached a crisis state” both locally and more broadly. There appears to be an increase in more significant mental health issues, including anxiety, depression, substance use, and more severe conditions like schizophrenia or those experiencing hallucinations. Many residents noted that there is a lot of misinformation around mental health, which can lead to fear of seeking care due to past bad experiences or feeling that the system has failed them. As one resident highlighted, “Access to mental health care even with insurance is very difficult to receive. Imagine if you don’t have coverage, how would that look?”

Residents also shared that mental health issues in the community often correlate with substance use. “A lot of mental health problems come with drugs,” one community member explained.

Concerns have been raised about the impact of marijuana legalization, particularly its potential effect on youth. Some worry that the increased availability of marijuana could normalize it, which may extend into professional environments, such as foul odors of marijuana in the workplace. There is a call for increased education on substance use and its effect on mental and physical health, specifically marijuana, for young people.

### Environmental health

Residents expressed growing concerns about the privatization of public housing in the community. One resident noted that this shift is “actually breaking up the infrastructure,” with emerging health issues tied to increased construction. There are reports of lead and asbestos exposure, with rising cases of arsenic and lead poisoning, pneumonia, and pulmonary infections. While public transportation is a benefit, it has also contributed to increased particulate pollution, which worsens respiratory conditions and poses a greater risk to the community’s health.

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“It is very difficult to change an adult’s way of life and influence their habits. It’s why it’s so important to focus our efforts on teaching children good habits early on.”

– Community forum participant,  
NYC Health + Hospitals/Bellevue

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### Food access

Community forum participants agreed that access to healthy food is a significant barrier for many people. While healthy options are available, the high cost of fresh food is a major obstacle. As one resident reflected, “If someone can only afford \$10 a day or less, then that impacts what they’re eating and the choices that they’re making.”

The ease and availability of fast food and delivery apps often make those the more convenient option. Concerns were also raised about the quality of food provided in schools, with one resident expressing, “You’re never going to convince a child to eat a piece of fruit if it’s not good.” There is a need for increased education around healthy food choices and cooking classes to begin at a younger age.

### Senior health

Community members called for improved services for seniors. Programs like adult day centers have been largely privatized, which has left seniors with a gap in activities that are available to them. The complexity of tools like MyChart have caused challenges and frustration among seniors. Some seniors also find it “concerning to receive phone calls from their doctor’s office, even if it’s just about appointments. They automatically think something is very wrong.”

Specific services around care coordination for seniors would improve their experience with health care. “Not all patients have a relative that can help them navigate the health system. A care navigator can help,” one resident shared.

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“There is a gap between what people need and want, what they know how to access, and what the services want and are able to provide.”

– Community forum participant,  
NYC Health + Hospitals/Bellevue

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# NYC HEALTH + HOSPITALS/CARTER

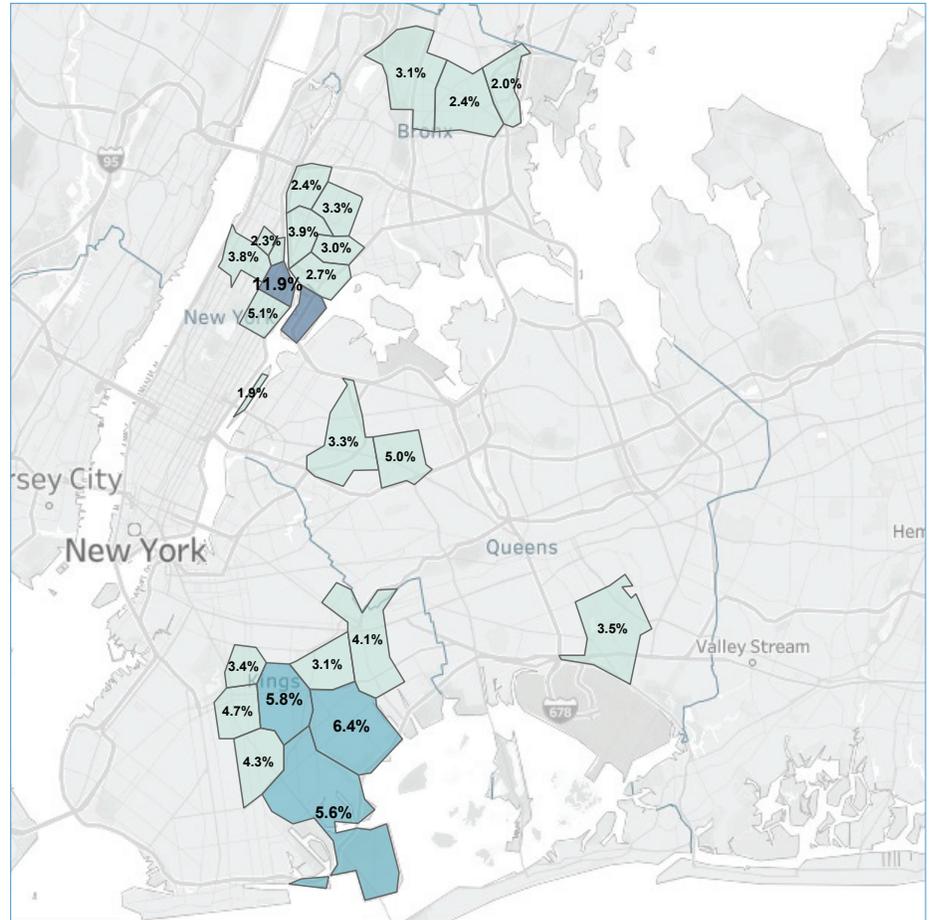
1752 Park Avenue, New York, NY 10035

## COMMUNITY BACKGROUND

NYC Health + Hospitals/Carter serves a diverse patient population from across Northern Manhattan and the Bronx. As a premier long-term care and rehabilitation center, it provides specialized care for patients recovering from complex illnesses and surgeries, as well as those requiring extended rehabilitation. The hospital's reach extends beyond East Harlem to surrounding neighborhoods, including Washington Heights and the South Bronx, supporting many residents, including seniors and individuals with disabilities.

Community members emphasized the neighborhood's strong sense of resilience, deep familial bonds, and rich multiculturalism. These values are central to the community's identity and have contributed to its endurance over time. Many residents also highlighted the area's accessibility as a key asset, with one participant noting, "There's a lot of great things in our community, and geographically it's the best location. It's very accessible." This combination of connectivity and community strength makes the neighborhood a vital and supportive environment for those who call it home.

## Patients served by ZIP Code



Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

## WHAT THE COMMUNITY SHARED

### Assets

- Multiculturalism
- Community bonds and resilience
- Proximity to health care

### Challenges

- Mental health
- Chronic conditions
- Environmental health
- Access to resources



# NYC HEALTH + HOSPITALS/CARTER

1752 Park Avenue, New York, NY 10035

## THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Carter Specialty Hospital and Nursing Facility opened in 2013. NYC Health + Hospitals/Carter is a 201-bed Long-term Acute-Care Hospital (LTACH) that is nationally recognized for pulmonary care and decades of experience in ventilator weaning. The LTACH provides care to patients throughout New York City and is accredited by The Joint Commission. The Medical and Rehabilitation staff are affiliated with the NYU School of Medicine.

### Our impact



**\$253M**  
Economic activity<sup>36</sup>



**1.3K**  
Jobs generated<sup>36</sup>

### Encounters of our patients

**2.09K** Total patients  
**2.87K** Outpatient visits  
**433** Inpatient visits  
**3.3K** Total visits

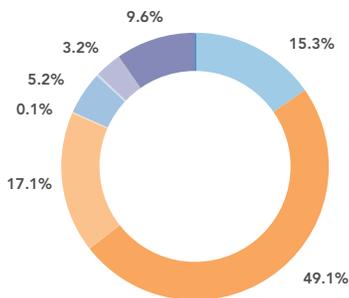
### Why are patients coming in?

- Physical exam, pre-employment
- Routine adult health maintenance
- Chronic respiratory failure
- Immunization due
- Chronic hypoxemic respiratory failure
- Respiratory failure
- Dysphagia
- Malfunction of gastrostomy tube
- Pain
- PEG (nutrition and medical feeding tube)

Based on outpatient and inpatient encounters

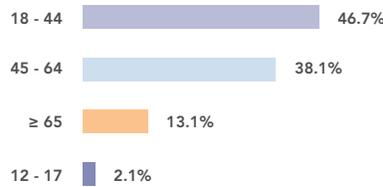
### Who are our patients?

#### Patients by race/ethnicity



- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

#### Patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

#### Top 10 preferred languages

- English 93.33%
- Spanish 4.61%
- Haitian Creole 0.48%
- French 0.38%
- Other 0.34%
- Mandarin Chinese 0.24%
- Russian 0.24%
- Bengali 0.19%
- Cantonese 0.10%
- Hindi 0.10%

**6%**  
of patients with preferred language other than English

#### Patients by sex

**Female** 65.89%  
**Male** 33.59%

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

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## CARTER COMMUNITY FORUM FINDINGS

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“We have to do more with less. We have to continue to provide services and meet the mission of NYC Health + Hospitals without a pay source and that is a challenge for us.”

– Floyd Long, LNHA, MBA, CEO, NYC Health + Hospitals/Carter



## COMMUNITY'S BIGGEST CHALLENGES

### Chronic conditions, mental health and substance use

Community forum participants highlighted chronic health conditions, mental health struggles, and substance use as significant challenges facing residents. Mental health issues, including depression and anxiety, appear to be on the rise, with many noting their connection to increased substance use in the community. This increased use thus leads to financial instability and “the erosion of public trust.” Chronic health conditions, such as diabetes, high blood pressure, and cancer, are also major concerns. One participant shared their perception that breast cancer rates are increasing, citing “poor prevention efforts due to limited healthy food options and access to resources” as contributing factors.

### Environmental and housing challenges

Environmental health and living conditions are major concerns in the community, driven by the lack of affordable housing, unsafe outdoor spaces, and environmental hazards. Limited affordable housing and poor living conditions exacerbate health risks, while unsafe parks and streets discourage physical activity. One participant shared the fear felt by elderly residents, as “they have gotten attacked in the park exercising, or just walking down the street. I’m afraid. I walk on occasion, but it’s always with someone and during the daytime.”

Rodents, unclean transportation, and poor air quality also impact health. Dirty public transportation and rodent infestations create an unhealthy environment, while poor air quality contributes to respiratory issues and other conditions. These challenges highlight the need for safer, cleaner spaces and better infrastructure to support residents’ well-being.

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“A lot of the same providers and NYC Health + Hospitals are taking the brunt of patient care in this community, and the appointments are so far away that it gets people discouraged.”

– Community forum participant, NYC Health + Hospitals/Carter

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### Access to resources

Access to resources like healthy food, health care, and social support is a significant challenge for community members. Healthy food access is limited by rising supermarket prices, which make it harder for residents to afford nutritious options.

One participant shared that “the supermarkets continue to go up in prices, which messes with our access to food. It’s all about their profit, not about our community.” This price inflation, along with a lack of fresh food options, contributes to health issues.

Health care is also perceived as difficult to access, with residents reporting they are unable to see their primary care providers due to limited appointment availability. This inaccessibility has been described as discouraging to those who are trying to access them. While there are residents who utilize telehealth as an option, many believe that the community should be “more open to that type of service.” This often leads individuals to seek care in emergency rooms, further burdening the system and delaying necessary treatment.

The lack of youth programs and social support is another key concern. Many residents highlighted the need for afterschool programs and community-based initiatives to support young people. Without these resources, youth face increased risks for mental health challenges and substance use, further stressing the need for expanded support services.

# NYC HEALTH + HOSPITALS/HARLEM

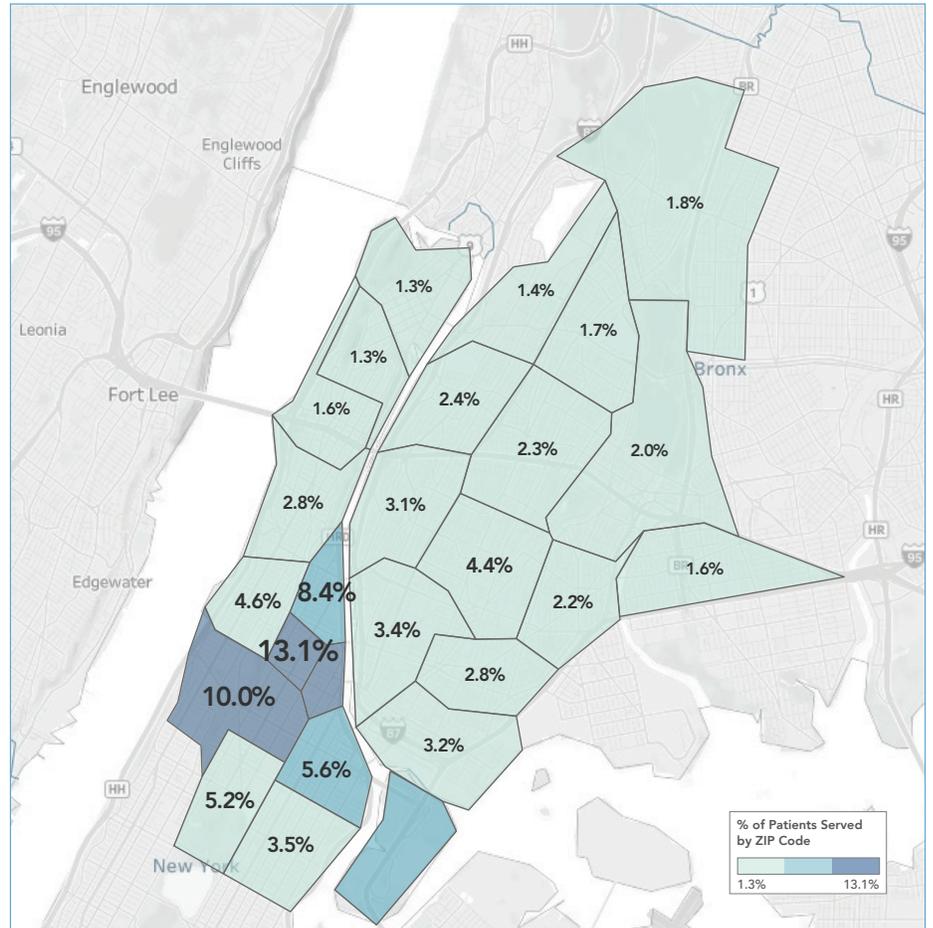
506 Lenox Avenue, New York, NY 10037

## COMMUNITY BACKGROUND

NYC Health + Hospitals/Harlem serves the vibrant and diverse communities of Harlem, East Harlem, and surrounding neighborhoods in Upper Manhattan, where a significant portion of the population is African American. Harlem is historically known as a cultural and political center for Black Americans, and the hospital has been a cornerstone of care for these communities since its founding in 1887. The hospital's legacy includes the lifesaving treatment of Dr. Martin Luther King Jr. in 1958, when its skilled surgical team operated on him after a near-fatal stabbing. Today, Harlem Hospital continues to honor its mission by providing high-quality, culturally responsive care that meets the needs of patients and community members.

Harlem's greatest strengths lie in its deep historical roots, strong sense of connection, and active community engagement. Residents take pride in Harlem's legacy and the enduring family ties that have shaped the neighborhood for generations. Faith-based institutions and senior centers play a vital role in fostering unity and providing essential support. One community member noted, "There's a concerted effort to bring seniors together and make sure they're being supported." Frequent cultural and civic events strengthen social bonds and encourage political and social advocacy, reflecting Harlem's longstanding tradition of resilience and collective action.

## Patients served by ZIP Code



Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

## WHAT THE COMMUNITY SHARED

### Assets

- Faith based institutions
- Community engagement
- History

## Challenges

- Housing
- Access to resources
- Public safety and crime



# NYC HEALTH + HOSPITALS/HARLEM

506 Lenox Avenue, New York, NY 10037

## THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Harlem was founded in 1887. The 268-bed hospital is a Level II Trauma Center, and is affiliated with PAGNY.

### Our impact



**\$1.13B**  
Economic activity<sup>36</sup>



**4.4K**  
Jobs generated<sup>36</sup>



**671**  
Babies delivered

### Encounters of our patients

**87K** Total patients  
**282K** Outpatient visits  
**10.4K** Inpatient visits  
**99.2K** Emergency Department visits  
**4.37K** Ambulatory surgery visits  
**386K** Total visits

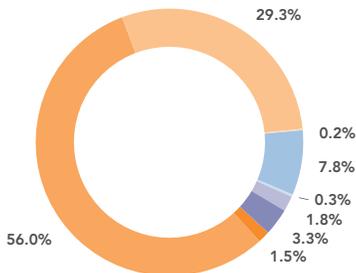
### Why are patients coming in?

- Encounter for general adult medical examination without abnormal findings
- Schizophrenia
- Essential hypertension
- Encounter for routine child health examination with abnormal findings
- Dental caries
- End-stage renal disease
- Surgical follow-up
- Type II diabetes mellitus without complication
- Encounter for routine child health examination without abnormal findings
- Chest pain

Based on outpatient and inpatient encounters

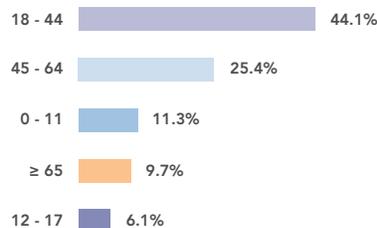
### Who are our patients?

#### Patients by race/ethnicity



- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

#### Patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

#### Patients by sex

**Male** 50.45%  
**Female** 49.51%

#### Top 10 preferred languages

- English 73.49%
- Spanish 16.62%
- French 5.93%
- Wolof 1.97%
- Arabic 0.72%
- Other 0.54%
- Fulani 0.22%
- Haitian Creole 0.21%
- Bambara 0.20%
- Mandarin Chinese 0.09%

**26%**  
of patients with preferred language other than English

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## HARLEM COMMUNITY FORUM FINDINGS

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“People who have been living in the community for generations can no longer afford what they used to.”

– Georges Leconte,  
CEO, NYC Health +  
Hospitals/Harlem



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## COMMUNITY’S BIGGEST CHALLENGES

### Socioeconomic and housing challenges

The community faces systemic poverty and a lack of resources which residents worry may perpetuate generational struggles. One resident reflected that this makes it “hard to see another pathway for yourself.” This contributes to health challenges and limits opportunities for residents to achieve a better quality of life. Some participants shared that there is an oversaturation of supportive housing in the community. Community members noted that it feels like “our undue fair share and it doesn’t come with the resources to support the influx of new residents that come into the community.”

Housing affordability remains a crucial issue, with participants expressing frustration over the misuse of the term “affordable housing.” As one community member shared, “when you have housing affordability, other things will flourish.” Gentrification also disrupts long-standing community connections as businesses lose their traditional customer base, which can create isolation and disconnect for some residents. “We lose familiar places as well,” one participant explained.

### Access to health care

Health care accessibility is a major barrier in Harlem, where residents often struggle to find nearby providers. “There really are no doctors in this community,” one participant shared, and others stated that they need to travel outside the neighborhood to receive care. Concerns about long wait times for appointments exacerbate this issue, with some reporting waiting months to receive necessary services. Additionally, insurance barriers are perceived as preventing residents from accessing care.

Maternal health is also a critical concern, particularly for Black women, who continue to fear higher risks of morbidity and mortality during pregnancy and childbirth. As one community member highlighted, “the fact that Black women are still dying because they are pregnant or having childbirth issues is disgraceful.” Participants called for more midwives, doulas, and maternal health providers to mitigate these health issues.

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“One of the contributing factors to the health challenges in our community is that we don’t have the same amount of resources to contribute to our quality of life.”

– Community forum participant,  
NYC Health + Hospitals/Harlem

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### Access to resources

Access to affordable and nutritious food remains a significant challenge. Participants shared that “the food distributed in our neighborhood is not good quality, it’s often old, and it’s been this way for years.” Price gouging in local stores forces many residents to travel to other neighborhoods to search for better deals. The lack of healthy food options and the prevalence of fast food can exacerbate health disparities. Poor school and youth nutrition further compound these issues, as one participant shared that they observe “children going to school drinking soda—how is their brain supposed to work this way?”

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“The environment here isn’t conducive to our well-being.”

– Community forum participant,  
NYC Health + Hospitals/Harlem

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Residents face barriers to safe and accessible spaces for physical activity. Community members said that parks and free gyms, once vital for exercise, are now either unsafe or unavailable. “Where can we go? We can’t go to the park because it’s not clean and it’s not safe,” one resident lamented. Free exercise classes and community centers that were once resources for health and fitness have closed, leaving residents with limited options. Community members believe there is a need for investments in public spaces to encourage community use and improve safety. “When you build proper places, it brings the people, and when the people are there, the safety will be there.”

### Public safety and crime

Concerns about youth crime and violence persist, with community members noting that, “we still have gun violence and crime in the community.” Substance use also impacts public safety and quality of life. Residents expressed frustration over the misuse of public spaces: “People use hookahs in park spaces where smoking is not allowed.” The legalization of marijuana is another area of concern, as attendees stressed the need for more education and responsible usage. Harlem hosts a high concentration of recovery programs, which, while necessary, draw people from across boroughs, sometimes contributing to local crime. The community expressed anxiety over the potential loss of services in relation to current events. “When you’re already a community with racial and social inequities, what’s going to happen? Who’s not going to get services?”





# NYC HEALTH + HOSPITALS/METROPOLITAN

1901 First Avenue, New York, NY 10029

## THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Metropolitan was founded in 1875. The 338-bed hospital is affiliated with PAGNY.

### Our impact



**\$889M**  
Economic activity<sup>36</sup>



**3.8K**  
Jobs generated<sup>36</sup>



**1.1K**  
Babies delivered

### Encounters of our patients

**82.2K** Total patients  
 434K Outpatient visits  
 8.36K Inpatient visits  
 65.4K Emergency Department visits  
 6.68K Ambulatory surgery visits  
**508K** Total visits

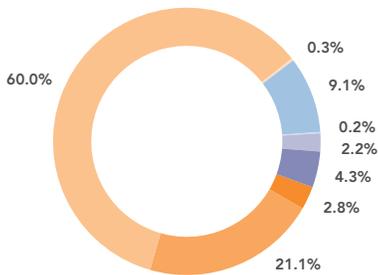
### Why are patients coming in?

- Encounter for general adult medical examination without abnormal findings
- Normal pregnancy
- Opioid dependence
- Encounter for routine child health examination with abnormal findings
- Type II diabetes mellitus without complication
- Essential hypertension
- Dental caries
- Opioid abuse
- Generalized anxiety disorder
- Encounter for routine child health examination without abnormal findings

Based on outpatient and inpatient encounters

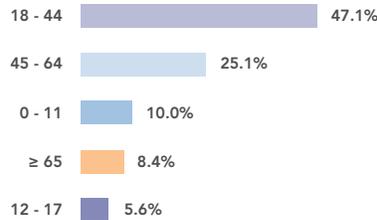
### Who are our patients?

#### Patients by race/ethnicity



- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

#### Patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

#### Patients by sex

**Female** 53.92%  
**Male** 49.51%

#### Top 10 preferred languages

- English 47.43%
- Spanish 46.25%
- French 3.00%
- Arabic 1.26%
- Wolof 0.72%
- Mandarin Chinese 0.28%
- Portuguese 0.31%
- Other 0.26%
- Russian 0.25%
- Bengali 0.24%

**52%**  
of patients with preferred language other than English

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

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## METROPOLITAN COMMUNITY FORUM FINDINGS

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“We want to be able to provide preventative care so that we don’t have these high episodes of acute situations where people are coming into the hospital and are being admitted to the hospital.”

– Julian John, MPA,  
CEO, NYC Health + Hospitals/  
Metropolitan



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## COMMUNITY’S BIGGEST CHALLENGES

### Access to resources

Food insecurity continues to be a significant challenge, with many residents struggling to access fresh, healthy options and relying on food pantries for support. Although fruit and vegetable vendors are present in the area, their produce is often stale or rotten, yet sold at premium prices. One participant expressed frustration, stating, “A lot of the produce has been sitting around so long that it’s gone stale or is rotten, but we’re charged the same amount as if it were fresh.” The abundance of fast-food options, combined with a lack of affordable healthy alternatives, contributes to high rates of diabetes, hypertension, and other health issues. Another community member pointed out, “Healthy food is more expensive, and if people are living below the poverty line, they can’t afford that. That’s where education comes in and can help.” There is a pressing need for initiatives that support local entrepreneurs in providing fresh produce, as well as community-wide education on nutrition to promote healthier eating habits.

### Housing

Housing and affordability issues also weigh on residents. Public housing conditions are often substandard, with unresolved issues like mold, leaks, and rodent infestations. “If you have your ceiling falling out and it’s leaking and you have rodents attacking your kids, the City is continuing to fail to meet their expectations for housing,” one participant expressed. Rent burdens continue to rise, further exacerbating economic pressures and leaving many families without the means to move to better living situations. “This is the last place that gentrification hasn’t really taken over yet, but it’s coming,” one participant warned, highlighting fears of displacement. There is also frustration over the lack of local hiring when businesses enter the community, further limiting economic opportunities for residents. “If you’re going to open up in this community, you should hire from the community as well. Those are a lot of jobs that are not being given to our community.”

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“With housing and rent burdens being so high it affects everything else—can you afford childcare? Can you afford food and other things you need to take care of yourself and live well?”

– Community Forum Participant,  
NYC Health + Hospitals/Metropolitan

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### Mental health and substance use

Mental health and substance use are interconnected issues that significantly affect the community. Mental health conditions, including severe cases, have contributed to increased violence and perceived aggression on the streets, leaving residents feeling unsafe. Intimate partner violence is also a major concern, creating long-lasting mental health challenges for everyone involved, leading one resident to describe it as a “silent pandemic.” The lack of comprehensive mental health support exacerbates these struggles.

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“We are a community in need that bears the burden of so many recovery services. You can’t bring all of that here in one place—we’ve been carrying that burden for so long.”

– Community Forum Participant,  
NYC Health + Hospitals/Metropolitan

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Substance use compounds these issues, and a major issue is the overconcentration of substance use treatment facilities in the neighborhood. These bring individuals from across the city without offering wraparound services that are needed for long-term recovery. Residents feel their community is disproportionately tasked with managing these services, which they feel can often lead to open drug sales and unsafe spaces. The addition of smoke shops throughout the community frustrates residents, replacing valuable community assets like affordable stores with businesses that perpetuate unhealthy habits. As one resident remarked, “You open more smoke shops than you open schools!” Suggestions like introducing mobile treatment facilities, as seen in the Bronx, could help redistribute services more equitably and reduce the strain on the community.

### Senior health

Seniors face unique challenges. Seniors often encounter barriers to accessing services, including transportation difficulties and a lack of local senior centers. Limited mobility keeps them indoors, which reduces socialization and leads to higher levels of loneliness. Participants also shared that seniors are especially affected by issues with food insecurity. “Seniors in the community are the ones who are suffering the most trying to access food,” one resident shared.

# Queens

## BOROUGH FOCUS GROUP FINDINGS

### BOROUGH'S STRONGEST ASSETS

Community members highlighted the importance of NYC Health + Hospitals/Elmhurst and NYC Health + Hospitals/Queens as assets that provide essential medical and behavioral health services to the community. Collaboration between social service organizations, libraries, senior centers, and cultural groups are “invaluable” and provide strength to the community. These partnerships ensure a network of support for community members that foster resilience and inclusion. As one participant noted, “libraries, senior centers, nonprofit and cultural organizations—these all provide stability to the community.” This contributes to a sense of connection and cohesion in Queens.

## BOROUGH'S BIGGEST CHALLENGES

Queens residents face significant challenges across multiple areas, including mental health, housing insecurity, health care access, food security, and safety. Community members voiced concerns about the stigma surrounding mental health and homelessness, noting the harm caused by misconceptions. One participant highlighted that “there’s often an unfair assessment that because people are homeless, they are an existential threat to the neighborhood. Meanwhile, housing is really the issue.”

Housing affordability remains a pressing concern. Residents stressed the disconnect between income levels and current affordability standards. As one participant shared, “Having housing available where someone needs an \$80,000 income and can afford \$3,000 a month in rent is not affordable.” Long waitlists and limited options exacerbate the issue, leaving many without safe and stable housing.

Health care access also emerged as a major challenge. A lack of primary care providers, limited coverage for those with Medicaid or managed care, and the complexities of navigating the system are perceived as making it difficult for many to receive timely care before health issues progress. One participant explained that it’s “challenging to access health care, and the system set up is very difficult to navigate even if the services or programs may actually be accessible to them.”

Food security is another concern. Food pantries fail to meet the community’s full needs, and affordability often outweighs nutritional value for families. A participant shared that the question needs to be, “Are there enough places where people can get affordable food?”, and that “affordability over whether it is healthy is the issue.” The community also sees a need for improved monitoring of food vendors to ensure safety and quality.

Safety is a significant worry, with residents emphasizing the importance of secure neighborhoods. Crime impacts daily life, as one participant shared the importance of “living in an environment that allows us to go to work and school safely and get the opportunities we should.”

**12** county health ranking<sup>34</sup>

out of 62 counties in New York

**81.8** years life expectancy<sup>34</sup>

compared to New York City average of 80.3 years

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## What is the community's perception?

### Top 5 poor health outcomes identified in Queens per survey responses<sup>2</sup>

Diabetes and high blood sugar

High blood pressure

Obesity (high BMI)

Mental health disorders such as depression

Heart disease

### Top 5 service needs in Queens

Lower out of pocket health care costs

Affordable health care

Stress relief and access to services for emotional wellbeing

Opportunities for increased exercise and movement

Housing access, affordability and quality

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## Leading causes of premature deaths in Queens<sup>35</sup>

Cancer

**1,607** deaths

**54.0** per 100,000

Heart Disease

**1,557** deaths

**46.0** per 100,000

Unintentional injury

**741** deaths

**31.5** per 100,000

COVID-19

**411** deaths

**13.4** per 100,000

Diabetes

**220** deaths

**7.6** per 100,000

# NYC HEALTH + HOSPITALS/ELMHURST

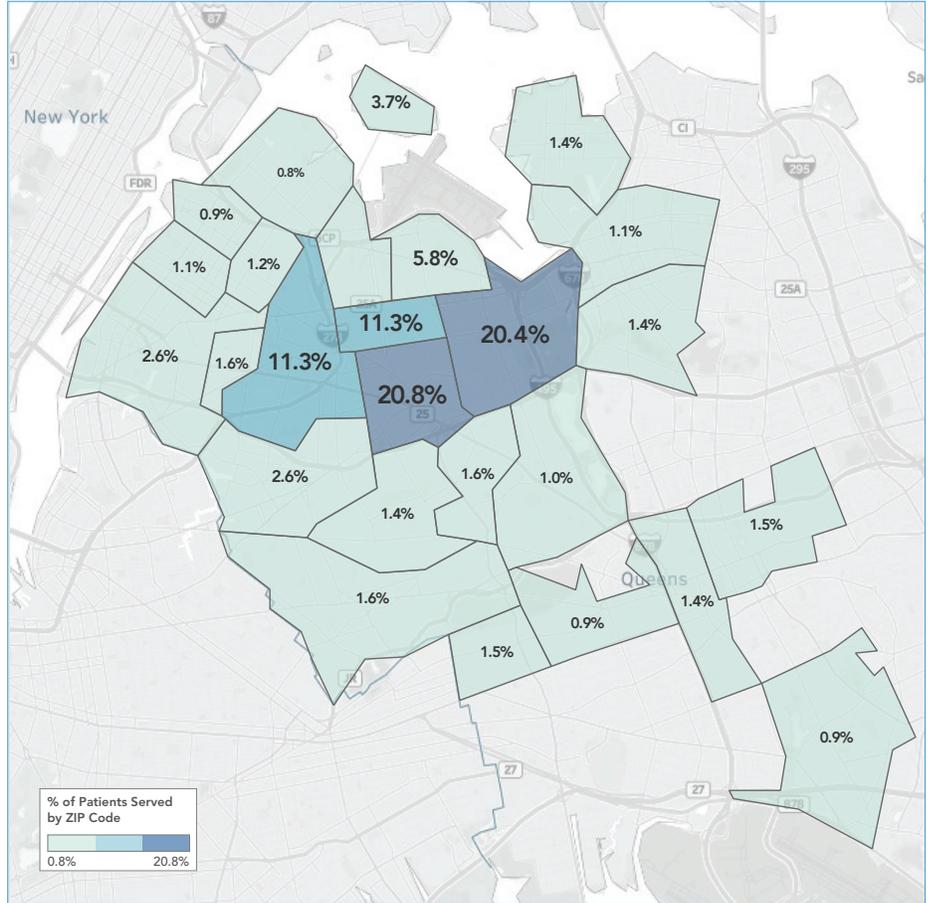
79-01 Broadway, Elmhurst, NY 11373

## COMMUNITY BACKGROUND

NYC Health + Hospitals/Elmhurst serves one of the most diverse communities in the country, welcoming residents from Elmhurst, Jackson Heights, Corona, and East Elmhurst. This vibrant area is home to many immigrant families, with over 60% of residents born outside the U.S., representing countries such as Ecuador, China, and Mexico. The population is predominantly Hispanic and Asian, with significant black and white communities, and more than 80% of households speak a language other than English at home.

Forum participants emphasized the neighborhood’s diversity and collaborative spirit as defining strengths. There is a strong sense of awareness around community needs and a shared commitment to addressing them. Well-established institutions, cultural diversity, and civic engagement help foster unity and connection among residents. As one participant shared, “We have a great community that knows each other and builds upon each other. All of these things build this community.”

## Patients served by ZIP Code



Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

## WHAT THE COMMUNITY SHARED

### Assets

- Diversity
- Civic engagement
- Community collaboration

## Challenges

- Housing
- Mental health
- Substance use
- Food access
- Senior health



# NYC HEALTH + HOSPITALS/ELMHURST

79-01 Broadway, Elmhurst, NY 11373

## THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Elmhurst was founded in 1832. The 545-bed hospital is a Level I Trauma Center and is affiliated with the Mount Sinai Health System.

### Our impact



**\$1.72B**  
Economic activity<sup>36</sup>



**6.6K**  
Jobs generated<sup>36</sup>



**2.6K**  
Babies delivered

### Encounters of our patients

**152K** Total patients  
**673K** Outpatient visits  
**21.3K** Inpatient visits  
**144K** Emergency Department visits  
**6.87K** Ambulatory surgery visits  
**828K** Total visits

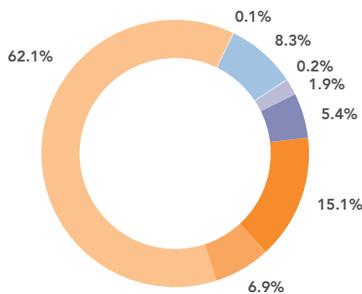
### Why are patients coming in?

- Encounter for general adult medical examination without abnormal findings
- Normal pregnancy
- Continuous opioid dependence
- Encounter for routine child health examination with abnormal findings
- Encounter for routine child health examination without abnormal findings
- Opioid dependence
- Encounter for immunization
- Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasms
- Schizoaffective disorder, bipolar type
- Type II diabetes mellitus without complication

Based on outpatient and inpatient encounters

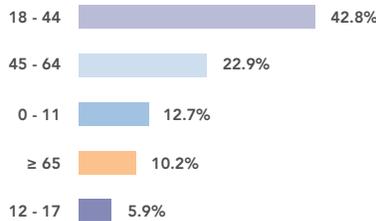
### Who are our patients?

#### Patients by race/ethnicity



- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

#### Patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

#### Patients by sex

**Female** 51.69%  
**Male** 48.26%

#### Top 10 preferred languages

- Spanish 53.41%
- English 40.83%
- Bengali 2.25%
- Mandarin Chinese 0.96%
- Nepali 0.82%
- Other 0.47%
- Arabic 0.36%
- French 0.30%
- Korean 0.30%
- Cantonese 0.29%

**59%**  
of patients with preferred language other than English

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

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## ELMHURST COMMUNITY FORUM FINDINGS

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“Health equity can sometimes be seen as the fancy word everyone is throwing around, but for us, it’s not a fancy word. It’s what we live by here because we serve such a diverse community. There’s no choice for us, especially if we want to give excellent care.”

– Helen Arteaga Landaverde,  
MPH, PhD, CEO,  
NYC Health + Hospitals/Elmhurst



## COMMUNITY’S BIGGEST CHALLENGES

### Housing and sanitation

Affordable housing and sanitation are challenges in the community. Residents shared that the high cost of living often forces people into cramped or inadequate living conditions. This leads to an uptick in those renting single rooms with limited access to kitchen facilities, which pushes many toward fast food and takeout. Sanitation is another significant concern, with community members describing street cleanliness as “unacceptable” and noting that poor sanitation can have a direct impact on the community’s health.

### Access to resources

Access to affordable, healthy food is a significant concern for the community, as much of the available food is either unhealthy or costly. Forum participants noted that many residents are “grateful to have food in their mouths” regardless of whether it’s healthy or not. The high availability of fast and processed food influences food choices across the neighborhood. This ease of access extends to exercise habits; as one participant shared, “it’s hard to exercise when everything is so easy to call and have delivered to you.”

Community members emphasized that more education on healthy eating and exercise, especially for youth, would be beneficial.

Access to health care also remains a challenge. Many residents are uncertain about where to seek care or how to navigate insurance options. This issue affects not only newcomers but also lifelong residents, including freelancers and temporary workers who often lack health insurance and may find coverage inaccessible or too costly. While some residents use telehealth for straightforward needs, such as medication refills, many expressed a preference for in-person visits. Additionally, community forum participants expressed concerns that current barriers to health care could worsen due to ongoing political changes.

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“Infrastructure can lead to a healthier lifestyle. Open streets have made it so more kids walk, bike or take scooters to school. Cultural changes in infrastructure make a change in lifestyle and health.”

– Community forum participant,  
NYC Health + Hospitals/Elmhurst

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### Mental health and substance use

Residents are increasingly concerned about substance use in the community, particularly following the legalization of marijuana. This rise not only impacts individuals’ health but also has broader effects on the community. Smoking marijuana exacerbates asthma, with one resident noting, “People are smoking without thinking that they are polluting the air for others.” Additionally, the pervasive odor of marijuana in apartments affects residents, especially seniors, who often feel powerless to address the issue.

Access to timely mental health services remains a significant challenge. Many community members face limited

options, such as calling a hotline, visiting the emergency room, or enduring a six-month wait to see a mental health professional. This leads to frustration and reluctance to seek help when needed. As one resident questioned, “If I’m not doing well today and I’m spiraling out of control, where can I go now?” The lengthy wait times may discourage residents from accessing services in the future. There is a strong need for expanded mental health support for all residents, including youth, through increased education and improved access to timely care.

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“We have to be truthful about how life and our environment has changed and how that has caused an enormous eruption psychologically and otherwise.”

– Community forum participant,  
NYC Health + Hospitals/Elmhurst

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### Senior support and resources

Seniors in the community often experience loneliness and struggle to navigate complex health care services, including Medicare and Medicaid. Many feel frustrated by income-based eligibility limits, questioning, “Do you just keep working and hope you don’t get sick, or you’ll end up paying more than others? I’ve worked my whole life—how is that fair?” Navigating available benefits and understanding their options is often challenging, and residents believe more education is needed in this area.

Additionally, seniors lack access to daytime programs and support for daily living activities that could significantly improve their quality of life. The high cost of home care is another major concern, as many seniors find it “outrageous” and beyond their financial reach. Increased resources and affordable options are essential to meet these growing needs.

# NYC HEALTH + HOSPITALS/QUEENS

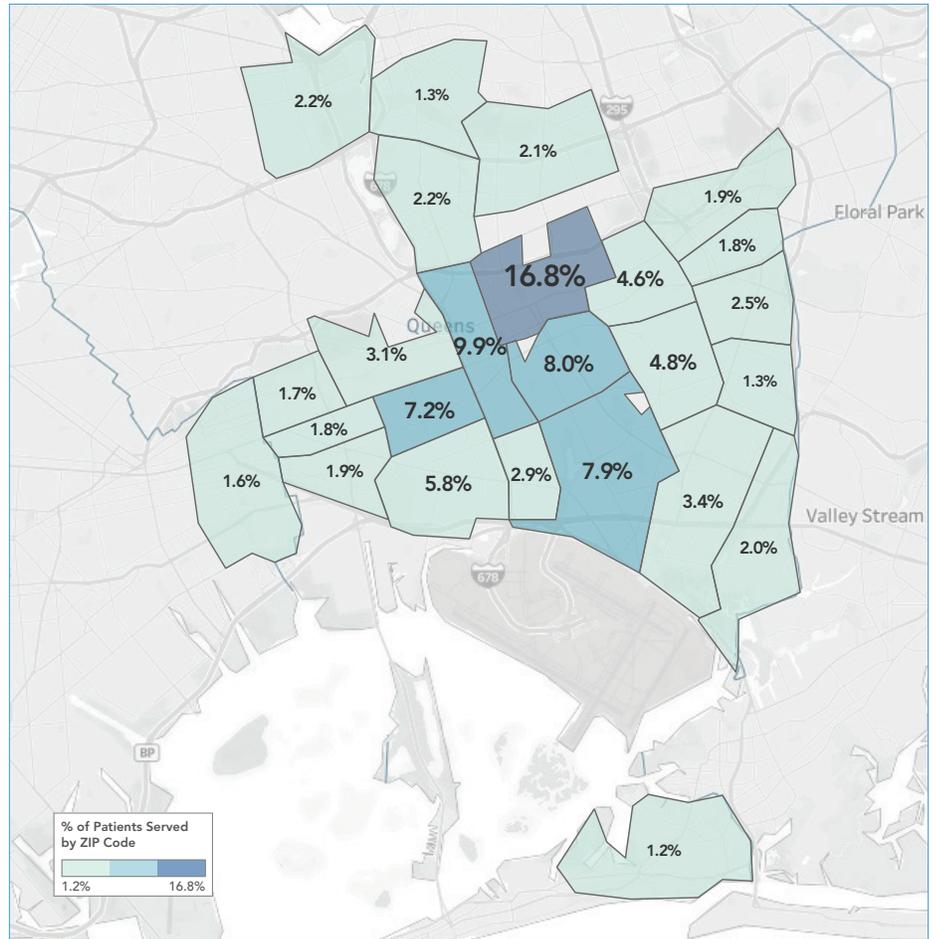
82-68 164th Street, Jamaica, New York 11432

## COMMUNITY BACKGROUND

NYC Health + Hospitals/Queens serves the vibrant and culturally rich neighborhoods of Jamaica and southeastern Queens, home to one of the city's most diverse populations. The hospital's patient community includes large numbers of Black, Hispanic, South Asian, and Southeast Asian residents, many of whom are immigrants and multilingual. These neighborhoods are marked by a strong sense of community and cultural heritage.

Community members highlighted the area's strengths, emphasizing its diversity and strong sense of unity. Active involvement in community boards and advisory groups fosters collaboration, with volunteers bringing passion and dedication to local initiatives. As one participant noted, "When people volunteer, you get more bang for your buck because people want to be there." The neighborhood's strong diasporas create a network of support, reinforcing resilience and a collective approach to challenges.

## Patients served by ZIP Code



Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

## WHAT THE COMMUNITY SHARED

### Assets

- Community groups
- Tight knit communities
- Mutual support

## Challenges

- Mental health and substance use
- Housing
- Education
- Food insecurity
- Health care access



# NYC HEALTH + HOSPITALS/QUEENS

82-68 164th Street, Jamaica, New York 11432

## THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Queens was founded in 1935. The 269-bed hospital is affiliated with the Mount Sinai Health System.

### Our impact



**\$1.09B**  
Economic activity<sup>36</sup>



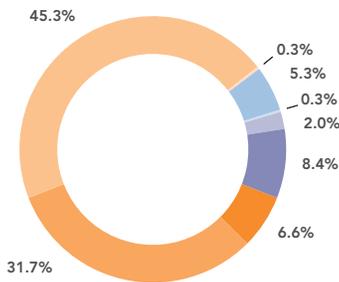
**4.3K**  
Jobs generated<sup>36</sup>



**1.3K**  
Babies delivered

### Who are our patients?

#### Patients by race/ethnicity



- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

#### Patients by sex

**Female** 55.03%

**Male** 44.93%

### Encounters of our patients

**107K** Total patients

481K Outpatient visits

12.4K Inpatient visits

111K Emergency Department visits

6.77K Ambulatory surgery visits

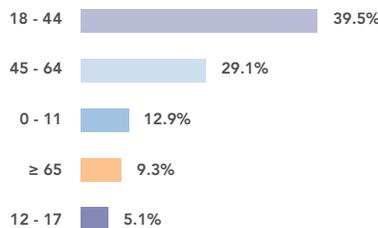
**600K** Total visits

### Why are patients coming in?

- Encounter for general adult medical examination without abnormal findings
- Essential hypertension
- Type II diabetes mellitus without complication
- Schizoaffective disorder, bipolar type
- Encounter for routine child health examination with abnormal findings
- Normal pregnancy
- Chest pain
- Encounter for routine child health examination without abnormal findings
- Encounter for immunization
- Schizophrenia

Based on outpatient and inpatient encounters

#### Patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

#### Top 10 preferred languages

- English 72.81%
- Spanish 19.49%
- Bengali 2.71%
- Haitian Creole 1.43%
- French 1.06%
- Punjabi 0.59%
- Mandarin Chinese 0.55%
- Hindi 0.51%
- Other 0.43%
- Arabic 0.43%

**27%**  
of patients  
with preferred  
language other  
than English

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## QUEENS COMMUNITY FORUM FINDINGS

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“There are many factors that affect if someone gets the care they need. Cultural barriers and social factors prevent people from accessing care, and sometimes the fear of the unknown is a barrier. So is the lack of health literacy where people may not recognize or realize they have a condition that requires immediate care.”

– Neil J. Moore, MBA,  
MPA, FACHE, CEO,  
NYC Health + Hospitals/Queens



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## COMMUNITY'S BIGGEST CHALLENGES

### Mental Health and Substance Use

The community emphasized a significant gap in mental health services, noting that existing resources are often insufficient, difficult to access, or unknown to residents. As one participant explained, “There are services, but do people know about them? Do they qualify for them? That’s a different conversation.”

Rising stress levels, driven by financial pressures, housing insecurity, and daily struggles, have further compounded mental health challenges. Cultural attitudes also present barriers, with sentiments like “what happens in this house stays in this house” and “our pride won’t allow us to get these services” reflecting the stigma surrounding seeking help. This stigma, combined with mistrust in the system, can lead individuals to disengage from care after questioning diagnoses. Additionally, participants expressed concern over the impact of drug, tobacco, and alcohol use, which “greatly affect the community and its mental health.” The increase of smoke shops “on every other corner” were cited as a concern contributing to these issues.

### Access to Resources

Economic challenges exacerbate other issues, particularly contributing to increases in food insecurity and homelessness. Residents commented that the affordability of food has become worse since the pandemic, and that the food people eat in the community is generally not healthy. It often comes down to a lack of access or time, and when parents are busy and working, they often go for fast or instant foods. As one participant shared, “I’ve seen moms feeding their kids jelly donuts for breakfast on the way to school—their food choices are terrible.” Food deserts and limited transportation make it difficult for families to buy and afford fresh produce, which further complicates this.

### Education

Education was another major area of concern, with participants highlighting low parental engagement, poorly attended Parent Teacher Association events, and the absence of life skills in the curriculum. Many believe that youth are unprepared for the workforce, and struggle with communication, writing, and technical skills. A lack of physical activity and recreational spaces throughout the community has further limited opportunities for youth to socialize, which has led to a growing “reliance on video games” among young people. Community members noted that these challenges not only affect the relationships and development of youth but also have a broader impact on the community as a whole.

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“The general hustle and bustle to get to one place or the next—that’s the biggest factor in why people aren’t at a place where they’re even at a level to be functional.”

– Community forum participant,  
NYC Health + Hospitals/Queens

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### Maternal Health

Significant barriers to preventive and maternal care persist within the community. As one participant observed, “A lot of women go to the doctor when they are ready to pop,” underscoring that many pregnant individuals in the catchment area seek or receive little to no prenatal care. The biggest challenge lies in getting pregnant people into the system, where they can be consistently followed up with after their initial visit. This gap is often driven by a lack of education and widespread misconceptions. “It’s about educating those who don’t think they can go to the hospital for care due to a lack of money or insurance,” a participant shared. Many emphasized the need to communicate that accessing care early—especially during the first trimester—is both important and possible. Fear surrounding care may also be compounded by systemic disparities that contribute to higher maternal mortality rates among Black women during pregnancy and postpartum, further deterring some from seeking services.

# Staten Island

## BOROUGH FOCUS GROUP FINDINGS

### BOROUGH'S STRONGEST ASSETS

Staten Island's geography fosters a high level of collaboration among community partners, enabling them to effectively identify and address local needs. As participants shared, "We do a really great job in partnering with each other to support Staten Islanders and their needs. We anticipate and react and respond in a way that is comfortable to Staten Islanders—we know Staten Island really well."

Community members are deeply attuned to the challenges faced by underserved and evolving populations across the borough, particularly in addressing health and service gaps. This strong sense of cohesion and shared responsibility is a defining asset for Staten Island.

### BOROUGH'S BIGGEST CHALLENGES

Staten Island focus group members identified several significant challenges facing the borough, including limited access to health care, the substance use and behavioral health crisis, housing and socioeconomic concerns, and the broader impact these issues have on food security and physical activity.

A recurring theme among participants was Staten Island's reputation as the "forgotten borough," a label they feel accurately reflects the lack of adequate health services and infrastructure. Services and grants often distributed across New York City or New York State frequently fail to reach Staten Island, despite the borough's pressing health needs.

One participant expressed their frustration, "We're watching from the other side of the bridge, saying, help! We're inundated."

The absence of a public hospital exacerbates these perceived challenges, placing an increased burden on local CBOs that are already stretched thin. "We are the bottom of the barrel in terms of getting any services to Staten Island, and that is unconscionable," another participant shared, highlighting the gap between the community's needs and the resources available to address them. These systemic disparities, coupled with the rising demand for culturally and linguistically competent care, underscore the urgent need for investment in Staten Island's health and social services infrastructure.

The opioid epidemic continues to devastate Staten Island, with community members highlighting alarming disparities in its impact. While some celebrate a "leveling off" in overdose data, one participant pointed out that "when the data is disaggregated, you actually see that it's older Black men that are dying at the highest rates." Participants expressed concern over the lack of cessation programs and prevention efforts to keep young people from starting substance use. Access to treatment remains a significant barrier, with tragic consequences. "At least every other month a body is found underneath the train trestle or underneath a park tree where someone has died from this. They could not get treatment of any kind on Staten Island," shared one attendee.

The borough's limited resources, long wait times, and insufficient culturally or linguistically appropriate services force many residents to seek help off-island. One participant emphasized the need for action, asking, "How can the city help us reach these populations that are most at risk and support them?"

Housing remains one of the most significant challenges for Staten Island residents. Community members highlighted the critical role that stable housing plays in overall health, with one participant sharing, "People can't take care of their physical well-being if they don't have a safe place to lay their heads."

Issues like mold, overcrowding, and a lack of affordable housing exacerbate health problems, while many individuals—particularly immigrants and seniors—struggle to qualify for public housing. The impact of displacement from Manhattan and Brooklyn has led to an increasing number of seniors and families relying on food pantries, with many community members on the brink of homelessness. Housing instability also affects children and families, creating barriers to education, food security, and mental health support. As one participant noted, "Housing, alcohol and drug treatment, mental health—they all fit into one category. It's about holistically providing for the needs of the people."

Food insecurity is another major issue, with many Staten Islanders relying on food pantries or school-provided meals due to limited access to fresh and affordable food. Families often turn to processed foods, which are cheaper but less nutritious, exacerbating health disparities in the borough. "With limited dollars and food deserts, people rely on processed foods because they're cheaper and plentiful."

**21** county health ranking<sup>34</sup>  
out of 62 counties in New York

**79.8** years life expectancy<sup>34</sup>  
compared to New York City average of 80.3 years

## What is the community's perception?

### Top 5 poor health outcomes identified in Staten Island per survey responses<sup>2</sup>

- High blood pressure
- Diabetes and high blood sugar
- Obesity (high BMI)
- Cancer
- Mental health disorders such as depression

### Top 5 service needs in Staten Island

- Lower out of pocket health care costs
- Affordable health care
- Stress relief and access to services for emotional wellbeing
- Opportunities for increased exercise and movement
- Access to health insurance

## Leading causes of premature deaths in Staten Island<sup>35</sup>

Cancer

**454** deaths  
**68.7** per 100,000

Heart Disease

**388** deaths  
**58.8** per 100,000

Unintentional injury

**203** deaths  
**40.7** per 100,000

COVID-19

**132** deaths  
**20.2** per 100,000

Diabetes

**83** deaths  
**12.7** per 100,000

# NYC HEALTH + HOSPITALS/ CORRECTIONAL HEALTH SERVICES

200 Construction Way, Flushing, NY 11371

## BACKGROUND

NYC Health + Hospitals/Correctional Health Services (CHS) is one of the nation's leading carceral health care systems in the quality of and innovations to care from pre-arraignment through community reentry. Beginning in 2016, as a new division of NYC Health + Hospitals, CHS became the direct provider of health care in New York City jails. CHS also conducts pre-arraignment health screenings and court-ordered forensic examinations and is a pivotal partner in NYC's criminal-legal reform efforts. As part of NYC Health + Hospitals, CHS is able to leverage the resources of the nation's largest municipal health care system to improve the care provided to New Yorkers while they are in custody and to help them successfully return to their communities. CHS does not have any other authority or role for the operations on Riker's Island.

## HEALTH OF THE PATIENT POPULATION

The average daily population in New York City jails in 2024 was 6,482 individuals, with almost 30,000 annual new admissions. Of the total patient population, 94 percent were male and 87 percent were Black or Latinx. Mental illness and substance use disorders are prevalent among CHS patients: more than half of CHS patients are enrolled in mental health services, one in five have a serious mental illness, and more than one in four patients have opioid use and/or alcohol use disorder. Pulmonary and cardiovascular diseases affect about 27 and 14 percent of patients, respectively. Most CHS patients (84%) are anticipated to have Medicaid coverage upon their release, and one in four are homeless or likely to be homeless.

## AN OVERVIEW OF SERVICES OFFERED TO PATIENTS

In 2024, CHS conducted more than 735,000 clinical encounters and completed more than 37,400 medical intakes. CHS' in-jail services include: medical, nursing, and mental health care; social work services; substance use treatment; dental and vision care; pharmacy; and discharge planning. CHS' Forensic Psychiatric Examination Service also conducts court-ordered psychiatric evaluations of adult criminal defendants in order to assess competence to stand trial, and CHS' Enhanced Pre-Arraignment Screening Service works in central booking in every borough in order to identify priority health issues, provide clinical information that may be considered by the courts, and to prevent unnecessary ambulance runs.

## CHALLENGES PATIENTS FACE UPON REENTRY INTO THE COMMUNITY

- Disruption in health care coverage, as Medicaid takes two to five business days to resume once an individual is released from jail
- Lack of housing or housing instability
- Biases, discrimination, and stigma affecting employment opportunities and eligibility for/acceptance into programs and supports
- Lack of identifying documentation
- Difficulty connecting or reconnecting to support networks

## REENTRY SUPPORT SERVICES

CHS makes **core reentry services** available to all patients starting at jail admission. These services, which are focused on connecting patients to community supports, include: aiding with applications for public assistance programs, such as supportive housing and Medicaid; facilitating access to medications on release; and connecting patients to treatment in the community.

CHS provides **individualized pre-release reentry services** (e.g. discharge plans) to all patients receiving mental health treatment, people living with HIV/AIDS, and other special populations.

For patients seeking treatment for opioid use disorder, CHS operates the nation's oldest jail-based opioid treatment program, **Key Extended Entry Program (KEEP)**. In addition to providing methadone and buprenorphine maintenance to patients while they are in jail, KEEP provides linkages to community-based treatment and harm-reduction services to patients reentering their communities.

The **CHS Reentry Service Center** opened its doors in July 2023 as the first resource hub on Rikers Island for the hundreds of people who are released from DOC custody each year, as well as members of the public who are visiting incarcerated loved ones. The center is staffed by CHS reentry liaisons, who can help connect people to community-based health and social services and can provide naloxone training and kits and fentanyl test strips to all visitors. CHS also distributes free phones with one-year service plans to all women, persons with serious mental illness, individuals who received complex medical care while in jail, and all patients enrolled in CHS' substance use services.

The **Point of Reentry and Transition (PORT)** practices at NYC Health + Hospitals/Bellevue and Kings County provide outpatient primary care and mental health services to individuals recently released from correctional facilities, including NYC jails and New York State prisons. PORT staff includes both hospital-based clinicians and clinicians who work in the jails, improving the continuity of care between jail and community and providing additional understanding of the patients' recent clinical and personal histories. Practice teams also include community health workers (CHWs) who have experienced reentry from incarceration and can help patients navigate a complex medical system and connect them to social services.

**PORTLine** is a dedicated reentry support hotline staffed by community health workers (CHWs) who have experienced the criminal-legal system.

Patients can call the hotline while they are still incarcerated and after they are discharged, for questions about and assistance with post-release resources. PORTLine assists with post-release prescriptions, troubleshoots problems with Medicaid, makes referrals to community-based treatment and services, and answers callers' questions about health care received during incarceration.

**Community Reentry Assistance Network (CRAN)** provides community-based re-entry support to patients after their release, including transitional case management and post-release 'one-stop-shop' services. CRAN connects individuals to medical and mental health treatment, refers individuals to vocational and educational programs, and helps individuals obtain medications and submit benefits applications.

## Our impact

**29.9K** Total number of patients

**775K** Total encounters



# NYC HEALTH + HOSPITALS/GOTHAM HEALTH

## Encounters of our patients

**134K** Total patients

**735K** Total visits

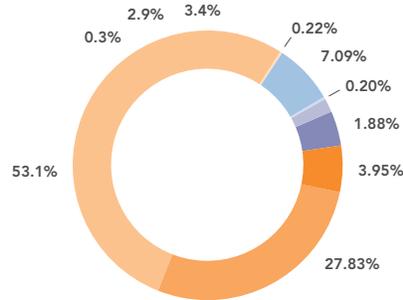
## Why are patients coming in?

- General health exams
- Child health exams
- Gynecological exams
- Preventative health care
- Hypertension
- Immunizations
- Child health exams with abnormal findings
- Diabetes
- Mammogram screenings
- Dental examinations

Based on outpatient and inpatient encounters

## Who are our patients?

### Patients by race/ethnicity

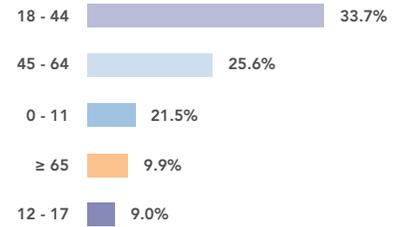


- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

### Patients by sex

Female	63.17%
Male	36.03%

### Patients by age group

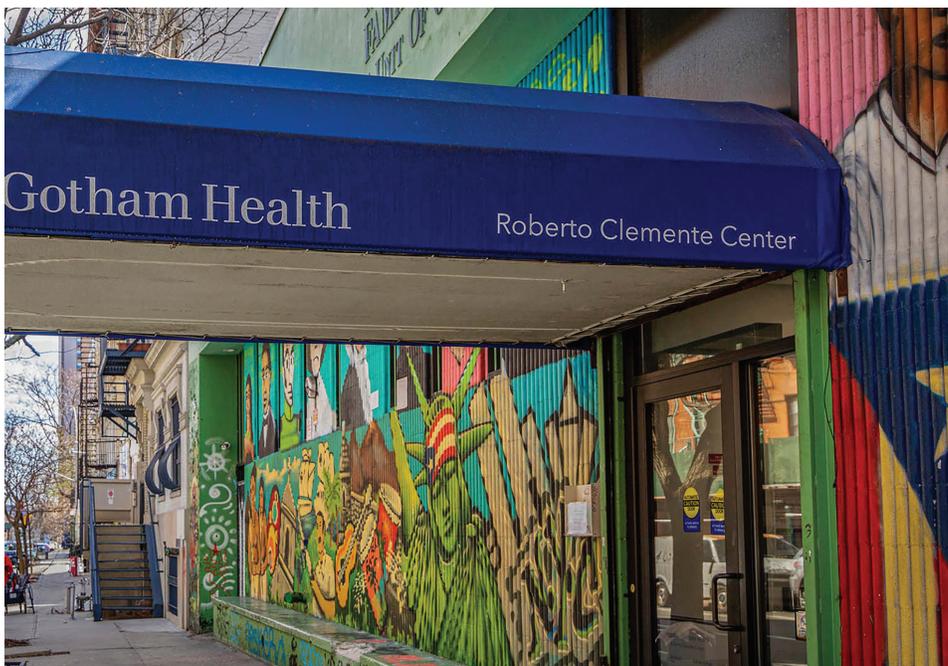


Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

### Top 10 preferred languages

- English
- Spanish
- Mandarin Chinese
- French
- Cantonese
- Polish
- Haitian Creole
- Bengali
- Arabic
- Other

**47%** of patients with preferred language other than English



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## GOTHAM HEALTH FOCUS GROUP FINDINGS

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“One of the most critical priorities is addressing the social determinants of health, such as poverty, education, housing, and food security, which directly influence health outcomes. Under-resourced communities often experience higher rates of chronic diseases and mental health challenges, largely due to limited access to healthy food, safe environments, and economic stability. Expanding access to affordable, high-quality health care is an essential priority.”

– Michelle Lewis, CEO  
NYC Health + Hospitals/  
Gotham Health



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## COMMUNITIES SERVED STRONGEST ASSETS

Gotham community forum members shared the wide range of assets that come from the services they provide to the communities they serve. Youth development centers are accessible, welcoming, inclusive, and community facing, strengthening communication with families and offering numerous programs. Gotham has strong connections with local political leaders that ensure community health initiatives are fortified and supported. Gotham Health’s health services are conveniently located within the communities that they serve, which residents appreciate, and local partnerships help families stay informed about available resources in the area.

## COMMUNITIES SERVED BIGGEST CHALLENGES

Affordable housing is a major concern, with residents often forced to prioritize securing housing over addressing health needs. Many are struggling with the high cost of living and limited local job opportunities. Widespread food insecurity is prevalent, as one participant noted, “There are a lot of fast-food options, but we need more healthy food choices.” Safety concerns, particularly related to crime, also affect residents’ daily lives.

Mental health and substance use are significant challenges affecting both youth and adults. There is a pressing need for more focus on behavioral health resources, including staffing and service availability. One participant emphasized, “If we can catch mental health issues earlier, we have more of a chance to put them on a positive path.” Mental health struggles are particularly concerning for youth, with rising depression, anxiety, and the impact of increased gun violence. Participants express that the legalization of marijuana has also led to a rise in “open-air drug use” alongside ongoing fentanyl addictions. As one participant put it, “There are a lot of zombies in the community.” There’s also a growing sense of isolation, and a lack of engaging activities is driving youth to drugs and contributing to their mental health struggles.

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“If you are comfortable with where you are living, you can do the next thing and help your children with their homework and take them to do things within the community. When this isn’t secure, your blood pressure goes up more and more every day that you think about these things— it affects your mental health and you put yourself on a back burner.”

– Gotham CAB focus group participant

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While health care services are available, many residents face significant barriers to accessing care. Long wait times, particularly for primary care appointments, are a major issue, with some patients waiting 3-4 months. Gotham Health centers also have limited specialists, forcing patients to seek care at hospitals or the emergency room, where wait times can reach 8-10 hours. Additional barriers such as language, insurance issues, and a lack of awareness about financial obligations further hinder access to care. Community members have called for more urgent care options from NYC Health + Hospitals that are not tied to the emergency room, particularly for those unable to seek care during regular hours.

# ACKNOWLEDGMENTS

## THANK YOU TO THE NYC HEALTH + HOSPITALS AND NYC DOHMH LEADERS AND COMMUNITY MEMBERS WHO CONTRIBUTED TO THIS REPORT

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### Youth Focus Group

Police Athletic League  
NYC Department of Education  
NYC Youth

## COMMUNITY FORUMS

### Facility Focus Group

October 17, 2024	NYC Health + Hospitals/Kings County
October 22, 2024	NYC Health + Hospitals/Elmhurst
October 23, 2024	NYC Health + Hospitals/Bellevue
October 28, 2024	NYC Health + Hospitals/Woodhull
November 6, 2024	NYC Health + Hospitals/North Central Bronx
November 7, 2024	NYC Health + Hospitals/South Brooklyn Health
November 13, 2024	NYC Health + Hospitals/Jacobi
November 14, 2024	NYC Health + Hospitals/Lincoln
November 14, 2024	NYC Health + Hospitals/Carter
November 20, 2024	NYC Health + Hospitals/Harlem
November 20, 2024	NYC Health + Hospitals/Queens
December 5, 2024	NYC Health + Hospitals/Metropolitan

### Borough Focus Group

November 19, 2024	Staten Island Focus Group
November 21, 2024	Queens Focus Group
December 3, 2024	Brooklyn Focus Group
December 5, 2024	Bronx Focus Group
December 10, 2024	Manhattan Focus Group

### Citywide Focus Group

December 4, 2024	Gotham Health (Federally Qualified Health Centers) Focus Group
January 23, 2025	Youth Focus Group

### Advisory Group Meetings

November 4, 2024	Advisory Group 1
January 6, 2025	Advisory Group 2
March 19, 2025	Advisory Group 3

# APPENDIX

## NYC HEALTH + HOSPITALS IMPACT SINCE THE 2022 IMPLEMENTATION STRATEGY

NYC Health + Hospitals assessed both quantitative and qualitative data to identify two priority health needs in the 2022 CHNA: 1) Advancing Health Equity and Combatting Chronic Disease, and 2) Enhancing Access to Resources. These critical issues were outlined and discussed in detail in the 2022 update, and formed the foundation for continued efforts to improve health outcomes across our diverse communities. Below are vital initiatives NYC Health + Hospitals has taken to address the significant health needs identified in the 2022 CHNA.

### 1) ADVANCING HEALTH EQUITY AND COMBATTING CHRONIC DISEASE

- NYC Health + Hospitals received recognition from the American Heart Association and American Medical Association for delivering high-quality care in critical areas, including type 2 diabetes, high blood pressure, heart failure, stroke, and resuscitation.
- A Lung Cancer Screening program was launched at ten NYC Health + Hospitals hospital sites. Over 10,000 scans have been performed since the beginning of the Lung Cancer Screening program in September 2022.
- Over 1.2 million plant-based meals were served in the program's first two years. Plant-based meals have become the default choice at lunch and dinner, promoting better health outcomes while reducing carbon emissions.

- The Lifestyle Medicine Program expanded citywide, launching at new locations and introducing free, monthly produce boxes delivered directly to patients' homes to increase access to fresh fruits and vegetables.
- A comprehensive three-year plan was launched to strengthen and expand behavioral health services, with \$41 million in funding from the state.
- NYC Health + Hospitals secured \$5 million in funding to support its behavioral health workforce, including \$4 million designated for student debt relief for behavioral health staff through the Behavioral Health Loan Repayment Program (BH4NYC).
- In partnership with the NYC Department of Health and Mental Hygiene, NYC Health + Hospitals launched a suicide prevention program for at-risk youth in the Bronx and Queens.
- The system expanded its services for survivors of intimate partner violence by integrating behavioral health services into the city's domestic violence shelter system.
- Recognition was earned for the health system's commitment to high-quality palliative care, with several hospitals and facilities receiving multiple awards.
- Telehealth abortion access was launched through Virtual ExpressCare, expanding access to essential care.
- New services were introduced, including a state-of-the-art surgical retina service at Harlem Hospital and 3D mammogram machines at multiple Gotham Health sites.
- Twenty new wellness rooms were opened across the system, providing staff with dedicated spaces to decompress and prioritize mental health.
- Our post-acute facilities were recognized in the America's Best Nursing Homes 2023 and 2024 lists by Newsweek, and NYC Health + Hospitals/Sea View ranked #1 in New York State.
- All 11 of our hospitals are now officially Baby-Friendly.

### 2) ENHANCING ACCESS TO RESOURCES

- NYC Health + Hospitals celebrated the opening of the Ruth Bader Ginsburg Hospital at NYC Health + Hospitals/South Brooklyn Health, designed to withstand future storms and enhance care delivery in the region.
- NYC Health + Hospitals/Correctional Health Services opened the first-ever reentry service center on Rikers Island, providing a critical resource hub for individuals released from jail.
- NYC Health + Hospitals successfully advocated for \$146 million in funding to support medical equipment and infrastructure upgrades across the System.
- The Housing for Health team assisted over one thousand patients in securing permanent housing, directly supporting stable living conditions for vulnerable New Yorkers.
- NYC Health + Hospitals launched "The Remedy," its own podcast, to connect with patients and share essential health information.
- The health system led a team of Community Health Workers who assisted 35,000 patients, connecting them to specialty care and addressing day-to-day needs, such as housing, financial, food, and legal services, as well as scheduling health care appointments and coordinating transportation.

## TOP 5 PERCEIVED RISK FACTORS FOR POOR HEALTH AND DEATH BY COMMUNITY STAKEHOLDERS\*

	New York City	Bronx	Brooklyn	Manhattan	Queens	Staten Island
1	High out-of-pocket cost	High out-of-pocket costs	High out-of-pocket costs	High out-of-pocket costs	High out-of-pocket costs	High out-of-pocket costs
2	Fear of medical cost	Fear of medical cost	Fear of medical cost	Fear of medical cost	Fear of medical cost	Fear of medical cost
3	Stress and poor emotional health	Stress and poor emotional health	Stress and poor emotional health	Lack of housing access, affordability and quality	Stress and poor emotional health	Stress and poor emotional health
4	Lack of housing access, affordability and quality	Lack of housing access, affordability and quality	Lack of housing access, affordability and quality	Stress and poor emotional health	Lack of exercise and physical activity	Lack of exercise and physical activity
5	Lack of exercise and physical activity	Lack of exercise and physical activity / poverty and limited resources	Lack of exercise and physical activity	Lack of exercise and physical activity	Lack of housing access, affordability and quality	Lack of health insurance

## TOP 5 PERCEIVED CAUSES OF POOR HEALTH AND DEATH BY COMMUNITY STAKEHOLDERS\*

	New York City	Bronx	Brooklyn	Manhattan	Queens	Staten Island
1	Diabetes and high blood sugar	Diabetes and high blood sugar	Diabetes and high blood sugar	Mental health disorders such as depression	Diabetes and high blood sugar	High blood pressure
2	High blood pressure	High blood pressure	High blood pressure	High blood pressure	High blood pressure	Diabetes and high blood sugar
3	Mental health disorders (such as depression)	Violence and gun violence / Mental health disorders (such as depression)	Mental health disorders such as depression	Obesity (high BMI)	Obesity (high BMI)	Obesity (high BMI)
4	Obesity (high BMI)	Obesity (high BMI)	Obesity (high BMI)	Substance use, including opioids, stimulants, and other drugs	Mental health disorders such as depression	Cancer
5	Heart disease	Substance use, including opioids, stimulants, and other drugs	Heart disease	High blood pressure	Heart disease	Mental health disorders such as depression

\*Findings are based on the results of 6,589 Community Health Needs Assessment surveys, administered to community members, and clinical and operational leaders between December 2, 2024 and January 13, 2025.

# NYC Health + Hospitals

## 2025 Community Health Needs Assessment Survey

NYC Health + Hospitals is conducting a Community Health Needs Assessment (CHNA) to identify, understand and respond to your community's health needs. A health need is anything that is necessary to improve or maintain health in your community.

The assessment is conducted every three years.

Please complete the survey below to help us understand the health needs of the communities in New York City. When scoring the questions think of how health and well-being affects you and your community. We want your opinion!

All responses are anonymous. Please complete the survey only once.

**Where is your community located?** A community is where you work, live, and play. It could also be where you spend most of your time with your family, neighbors, and friends, or where your clients live.

ZIP Code(s) or NYC Health + Hospitals site clients use	Name (optional)	Email (optional)

**What do you think are the top health problems that affect people in your community?** Score each option from 1 to 5, where 1 is not a health problem and 5 is a significant health problem. You can write in any health problems that you think are missing.

Causes of poor health and death	Score (Circle)					Causes of poor health and death	Score (Circle)				
Alcohol use	1	2	3	4	5	Kidney disease	1	2	3	4	5
Asthma, breathing issues, and lung diseases	1	2	3	4	5	Maternal and women's health risks	1	2	3	4	5
Autoimmune disease (such as lupus)	1	2	3	4	5	Mental health disorders (such as depression)	1	2	3	4	5
Cancer	1	2	3	4	5	Obesity (high BMI)	1	2	3	4	5
COVID-19	1	2	3	4	5	Sexually transmitted infections/diseases	1	2	3	4	5
Dementia and/or Alzheimer's disease	1	2	3	4	5	Sickle cell disease	1	2	3	4	5
Diabetes and high blood sugar	1	2	3	4	5	Stroke	1	2	3	4	5
Falls and injuries	1	2	3	4	5	Substance use, including opioids, stimulants, and other drugs	1	2	3	4	5
Heart disease	1	2	3	4	5	Suicide and self-harm	1	2	3	4	5
High blood pressure	1	2	3	4	5	Tuberculosis	1	2	3	4	5
HIV/AIDS	1	2	3	4	5	Violence	1	2	3	4	5
Infectious disease (COVID-19, flu, hepatitis)	1	2	3	4	5	Gun Violence	1	2	3	4	5
Joint disease	1	2	3	4	5	Other (write in):	1	2	3	4	5

**What are the top factors that you think most likely contribute to health problems in your community?**

**HEALTHY LIVING – These are individual experiences that contribute to poor health**

Score each option from 1 to 5, where 1 is not likely to contribute to health problems and 5 is most likely to contribute to health problems. You can write in any options that you think are missing.

Health factors	Score (Circle)	Health factors	Score (Circle)
Aging and frailty	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Immigration and citizenship status	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Cannabis use, including smoking, vaping, edibles	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Sexual assault	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Domestic/ intimate partner violence	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Stress and poor emotional health	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Hunger, food and nutrition instability	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Theft, crime, assault, violence	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Lack of exercise and physical activity	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Tobacco use, including vaping	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Other: (write in)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

**COMMUNITY CHARACTERISTICS – These are social conditions or experiences that affect a whole group**

Score each option from 1 to 5, where 1 is not likely to contribute to health problems and 5 is most likely to contribute to health problems. You can write in any options that you think are missing.

Health factors	Score (Circle)	Health factors	Score (Circle)
Inadequate access to quality education	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Poverty and limited resources	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Increased access/exposure to marijuana/weed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Social isolation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Limited economic opportunity	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Social stigma	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Low graduation completion rates	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Unsafe neighborhoods	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Police activity, criminal activity and legal involvement	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Unsafe working conditions	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Other: (write in)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

**LIVING AND ENVIRONMENTAL CONDITIONS – These are physical conditions or experiences that affect an individual and/or an entire group**

Score each option from 1 to 5, where 1 is not likely to contribute to health problems and 5 is most likely to contribute to health problems. You can write in any options that you think are missing.

Health factors	Score (Circle)	Health factors	Score (Circle)
Lack of green spaces and park access	1 2 3 4 5	Poor indoor air quality	1 2 3 4 5
Lack of housing access, affordability and quality	1 2 3 4 5	Poor outdoor air quality	1 2 3 4 5
Lack of internet access	1 2 3 4 5	Poor sanitation	1 2 3 4 5
Lack of reliable transportation	1 2 3 4 5	Poor water quality	1 2 3 4 5
Other:(write in):			1 2 3 4 5

**HEALTH CARE ACCESS – These are reasons individuals and/or groups may not access health care**

Score each option from 1 to 5, where 1 is not likely to affect getting health care and 5 is most likely to affect getting health care. You can write in any reasons that you think are missing.

Health factors	Score (Circle)	Health factors	Score (Circle)
Fear of engaging with health care due to immigration status	1 2 3 4 5	Lack of knowledge of when and how to use health care services	1 2 3 4 5
Fear of medical cost	1 2 3 4 5	Lack of language access/translation services	1 2 3 4 5
High out-of-pocket costs	1 2 3 4 5	Lack of mental and behavioral health care providers	1 2 3 4 5
Lack of childcare	1 2 3 4 5	Lack of primary care providers	1 2 3 4 5
Lack of dental care providers	1 2 3 4 5	Lack of specialty care providers, including cardiology, endocrinology, cancer screenings	1 2 3 4 5
Lack of health insurance	1 2 3 4 5	Social/cultural stigma to seeking care	1 2 3 4 5
Other:(write in):	1 2 3 4 5		1 2 3 4 5

Any other comments (optional):

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Note: Please leave a phone number that we can call for additional comments with the help of an interpreter.

2025 CHNA SURVEYS in different languages and flyers for different boroughs

# We Want to Hear from YOU

Complete Our Community Health Needs Assessment Survey



Based on your experience with your family, friends, and neighbors, complete the survey to let us know the causes of poor health and risk factors in your community.

Your feedback will help NYC Health + Hospitals to address the health needs and concerns in your community.

**Deadline to complete survey: January 6, 2025**



Scan the QR code to complete the survey or simply click on the link:  
[nychealthandhospitals.surveymonkey.com/r/NYCCHNA2025](https://nychealthandhospitals.surveymonkey.com/r/NYCCHNA2025)

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# Queremos conocer **su** opinión

Complete nuestra Encuesta de evaluación de necesidades de salud comunitaria



Con base en su experiencia con familiares, amigos y vecinos, complete la encuesta para informarnos sobre las causas de los problemas de salud y los factores de riesgo en su comunidad.

Sus comentarios ayudarán a NYC Health + Hospitals a abordar las necesidades y preocupaciones de salud en su comunidad.

**Fecha límite para completar la encuesta: 6 de enero de 2025**



Escanee el código QR para completar la encuesta o simplemente haga clic en el enlace:

[nychealthandhospitals.surveymonkey.com/r/NYCCHNA2025](https://nychealthandhospitals.surveymonkey.com/r/NYCCHNA2025)

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# Turn Your Ideas Into Action!

## Participate in our upcoming Staten Island Focus Group

Tell us your biggest concerns about health issues in your community.

Register and participate in our upcoming Community Health Needs Assessment Virtual Focus Group.

**Let's create solutions together.**

### STATEN ISLAND FOCUS GROUP

Tuesday, November 19, 12PM – 1PM

Registration link: [tinyurl.com/SI-Forum](https://tinyurl.com/SI-Forum)

Contact: Emmanuella Chevalier | (646) 634-5221 | [chevalie@nychhc.org](mailto:chevalie@nychhc.org)



To register, scan the QR code or go to the link above.



Live Your Healthiest Life. **NYC HEALTH+ HOSPITALS**

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