# Community Health Needs Assessment

*Prepared for*

THE MOUNT SINAI HOSPITAL

The Mount Sinai Hospital

Mount Sinai Queens

*By*

VERITÉ HEALTHCARE CONSULTING, LLC

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# ABOUT VERITÉ HEALTHCARE CONSULTING

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps health care providers conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 75 needs assessments for hospitals, health systems, and community partnerships nationally since 2010.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in community benefit and Community Health Needs Assessments.

The community health needs assessment prepared for the Mount Sinai Hospital was directed by the firm's Vice President. Firm staff members hold graduate degrees in relevant fields.

More information on the firm and its qualifications can be found at www.VeriteConsulting.com.

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# EXECUTIVE SUMMARY

## Introduction

This community health needs assessment (CHNA) was conducted by The Mount Sinai Hospital ("MSH" or "the hospital") to identify community health needs and to inform development of an implementation strategy to address identified significant needs.

The Mount Sinai Hospital is comprised of two campuses, the Mount Sinai Hospital in Manhattan, and Mount Sinai Queens in Queens. To enhance clarity, we use following acronyms throughout this document:

| Acronym | Entity |
|---|---|
| MS - Manhattan | Mount Sinai Hospital, the campus in Manhattan |
| MS - Queens | Mount Sinai Queens, the campus in Queens |
| MSH | Mount Sinai Hospital, the hospital facility with campuses in Manhattan and Queens |

# OBJECTIVES AND METHODOLOGY

## Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.[1] Each tax-exempt hospital facility must conduct a CHNA that identifies the most significant health needs in the hospital's community. The regulations require that each hospital:

- Take into account input from persons representing the broad interests of the community, including those knowledgeable about public health issues, and
- Make the CHNA widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the community health needs, and
- A prioritized list of the community's health needs.

Tax-exempt hospital organizations also are required to report information about the CHNA process and about community benefits they provide on IRS Form 990, Schedule H. As described in the instructions to Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. To be reported, community need for the activity or program must be established. Need can be established by conducting a Community Health Needs Assessment. Community benefit activities and programs also seek to achieve objectives, including:

- Improving access to health services,
- Enhancing public health,
- Advancing increased general knowledge, and
- Relieving government burden to improve health.[2]

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- ***Who*** in the community is most vulnerable in terms of health status or access to care?
- ***What*** are the unique health status and/or access needs for these populations?
- ***Where*** do these people live in the community?
- ***Why*** are these problems present?

The question of ***how*** each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

[1] Internal Revenue Code, Section 501(r).
[2] Instructions for IRS form 990 Schedule H, 2015.

## Methodology

Federal regulations that govern the CHNA process allow hospital facilities to define the community they serve based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served" (e.g., children, women, or older adults), and/or the hospital facility's principal functions (e.g., focus on a particular specialty area or targeted disease)."[3] The community defined by MSH accounts for over 79 percent of the hospital's 2022 inpatient discharges.

Secondary data from multiple sources were gathered and assessed. Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives. This assessment process increases confidence that significant community health needs have been identified accurately and objectively.[4]

Input from 40 individuals was received through key informant interviews and from 112 community members. These informants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health.

In addition, data were gathered to evaluate the impact of various services and programs identified in the previous CHNA process.

Certain community health needs were determined to be "significant" if there was negative variance from benchmarks or the need was identified by multiple key informants. A significant need was identified as a priority if it was identified as problematic in at least two of the following three data sources:

1. The most recently available secondary data regarding the community's health;
2. Take Care New York 2024, the New York City Department of Health and Mental Hygiene's "blueprint for advancing health equity" and/or the New York State Prevention Agenda 2019-2024; and
3. Input from the key informants who participated in the interview process.

### Collaborating Organizations

For this assessment, MSH collaborated with the Mount Sinai Health System and its following hospitals: Mount Sinai Beth Israel Hospital & Mount Sinai Brooklyn, Mount Sinai Morningside & Mount Sinai West, and New York Eye & Ear Hospital. CHNAs for these hospitals were developed alongside the MSH CHNA.

[3] 501(r) Final Rule, 2014.

[4] Note that some data sources present data by borough and others present data by county. As boroughs correspond to counties, data are consistently presented throughout the report as boroughs to simplify presentation. Specifically, Bronx County corresponds to the borough of Bronx, Kings County corresponds to the borough of Brooklyn, New York County corresponds to the borough of Manhattan, Queens County corresponds to the borough of Queens, and Richmond County corresponds to the borough of Staten Island.

### Information Gaps

This CHNA relies on multiple data sources and community input gathered between April and December 2023. A number of data limitations should be recognized when interpreting results. For example, some data (e.g., County Health Rankings, Behavioral Risk Factors Surveillance System, and others) exist only at a county-wide level of detail. Those data sources do not allow assessment of health needs at a more granular level of detail, such as by ZIP Code or census tract.

Secondary data upon which this assessment relies measure community health in prior years. For example, the most recent mortality rates available for the region were data collected in 2017. The impacts of the most recent public policy developments, changes in the economy, and other community developments are not yet reflected in those data sets.

The findings of this CHNA may differ from those of others conducted in the community. Differences in data sources, communities assessed (e.g., hospital service areas versus counties or cities), and prioritization processes can contribute to differences in findings.

### Input on Previous CHNA

No written comments were received regarding the previous CHNA or Implementation Strategy.

# Prioritized Significant Community Health Needs

The significant community health needs prioritized for this CHNA are, in alphabetical order, as follows:

- Access to Mental Health Care and Poor Mental Health Status;
- Access to Primary Health Care Services by Individuals with Limited Resources;
- Aging Population;
- Chronic Diseases and Contributing Lifestyle Factors;
- Environmental Determinants of Health;
- Homelessness;
- Navigating a Changing Health Care Provider Environment;
- Poverty, Financial Hardship, and Basic Needs Insecurity;
- Safe and Affordable Housing;
- Socio-Economic, Racial, Cultural, Ethnic, and Linguistic Barriers to Care; and
- Substance Use Disorder.

A summary of each of the health needs is below, along with supporting data and references to exhibit numbers that contain additional information.

### Access to Mental Health Care and Poor Mental Health Status

Mental health status is poor for many residents because of lingering trauma from the COVID-19 pandemic, day-to-day pressures, substance use, and psychiatric disorders. The supply of mental health providers is insufficient to meet the demand for mental health services.

- In County Health Rankings, the Bronx, Brooklyn, Queens, and Staten Island compared unfavorably to the state average for ratio of population to mental health providers **(Exhibit 29B)**.
- The suicide mortality rates for White residents were higher in the Bronx, Manhattan, Queens, and New York State than the overall state rate **(Exhibit 47)**.
- In the CDC's Youth Risk Behavior Surveillance System (YRBSS), more than one-third of all boroughs reported that they "felt sad every day for two weeks and stopped regular activities due to sadness", and this condition was reported by a greater percent of respondents in Brooklyn, Manhattan, Staten Island than New York overall **(Exhibit 48)**.
- There were many areas designated as Health Professional Shortage Areas for Mental Health throughout the community, particularly in the Bronx, Brooklyn, and Queens (**Exhibit 59C)**.
- Many interviewees identified mental health as an issue in the community, including COVID-19-related trauma, depression, and substance use. The impact of social isolation was also identified as an issue by participants, especially among older adults.

### Access to Primary Health Care Services by Individuals with Limited Resources

New York City has a robust health provider network. However, access to this network can be limited to individuals with limited financial resources, including lack of health insurance and relatively high deductibles / co-pays.

- The uninsured populations in the Bronx, Brooklyn, and Queens were greater than the state average **(Exhibit 18)**.
- In the 2023 County Health Rankings, the Bronx, Brooklyn, and Queens were the bottom three counties in all of New York for Clinical Care **(Exhibit 29A)**.
- Rates for ambulatory care sensitive conditions (ACSCs) are prevalent throughout the community **(Exhibit 52)**. ACSCs can indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.
- CDC's PLACES data identified areas of unfavorable health outcomes throughout the community (**Exhibit 56A**) as well as areas of low utilization of preventive services (**Exhibit 56B**).
- Federally designated Medically Underserved Areas (MUAs) and Primary Care Health Professional Shortage Areas (HPSAs) **were** present **(Exhibits 58 and 59A)**.
- Interviewees indicated that the primary health care services could be challenging to access by individuals without adequate insurance, community members that cannot afford co-pays and deductibles, and new arrivals to the community.

### Aging Population

The number of older adults in the community is growing rapidly. This growth will increase needed support for healthcare, housing, transportation, and nutrition assistance.

- In County Health Rankings, the Bronx and Brooklyn compared unfavorably for preventable hospitalizations among Medicare enrollees **(Exhibit 29B)**.
- The asthma hospitalization rates for residents aged 65 years or older was more than 50 percent higher the Bronx, Brooklyn, and New York City than New York State **(Exhibit 39)**,
- ACSC discharges for many conditions were higher for patients aged 65 years and older than any other cohort in New York City **(Exhibit 53)**.
- Many interviewees identified older adults as a community group that is especially vulnerable to unmet health needs and expressed concern that issues in older adults can arise quickly.

### Chronic Diseases and Contributing Lifestyle Factors

Chronic diseases in the community include arthritis, asthma, cancers, cardiovascular disease, diabetes, hypertension, kidney disease, and pulmonary issues. Contributing lifestyle factors might also include poor nutrition, alcohol consumption, and physical inactivity.

- The mortality rates for heart disease in the Bronx, Brooklyn, Queens, Staten Island, and New York City as a whole were higher than the New York State average. Rates for diabetes were higher in the Bronx, Brooklyn, Staten Island, and New York City as a whole **(Exhibit 30)**.
- Rates of HIV and AIDS were more than 50 percent greater than the state average in the Bronx, Brooklyn, Manhattan, and New York City as a whole **(Exhibit 37**).
- Asthma hospitalizations were significantly higher in the Bronx and New York City as a whole than the state average **(Exhibit 39)**, and rates were higher in each of the boroughs for various age cohorts.
- In the CDC's Youth Risk Behavior Surveillance System (YRBSS), respondents were less physically active than the state average for all boroughs except Manhattan **(Exhibit 48)**.
- The percentage of respondents who had ever had high blood pressure was higher in the Bronx and Staten Island than the city average. The percentage of overweight or obese people in the Bronx, Brooklyn, Queens, and Staten Island was higher than the city average **(Exhibit 50B)**.
- In Take Care New York 2024, the New York City Department of Health and Mental Hygiene identified "Chronic Disease Preventive Care and Management" as one of the two priorities.
- Interviewees indicated that chronic diseases are prevalent across the community and that disparities in outcomes are influenced by a myriad of factors, including social determinants, behavioral health, and age.

### Environmental Determinants of Health

Residents of local neighborhoods experience considerable traffic, pollution, crime, and noise. Transportation is difficult for individuals with limited mobility.

- Rates of robbery and aggravated assault in New York City were all 50 percent or greater than state rates, and rates for total violent crime, homicide, total property crime, larceny, and motor vehicle theft were higher than overall state rates **(Exhibit 23)**.
- In County Health Rankings, all boroughs ranked in the bottom half of all New York counties in Physical Environment. All boroughs also ranked in the bottom quartile in Air Pollution – Particulate Matter **(Exhibit 29A)**.
- Asthma hospitalization rates were particularly high in the Bronx, possibly indicating issues with air quality and the surrounding environment **(Exhibit 39)**.
- Interviewees identified environmental factors as negatively impacting the health of community members and contributing to prevalence of chronic diseases and conditions.

### Homelessness

Homelessness is problematic within the community and access to stable housing is a critical challenge to the most vulnerable community members. Homelessness is complex and intertwines with other issues including affordable housing, access to mental health care, substance abuse, and poverty.

- The number of unsheltered individuals in New York City overall increased by over 75 percent between 2021 and 2023 and the number of unsheltered individuals in the subways increased by over 65 percent during the same period **(Exhibit 27)**.
- In County Health Rankings, each of the five boroughs ranked in the bottom quartile of all New York counties in Severe Housing Problems **(Exhibit 29A)**.
- Interviewees indicated that uneven economic opportunity throughout the community contributes to housing insecurity, especially among low-income residents and community members of racial/ethnic minority groups. Interviewees also indicated that homelessness is a confounding social concern for some residents with serious and persistent mental illness.

### Navigating a Changing Health Care Provider Environment

Navigating the healthcare system, already challenging for residents with limited access to technology and limited English literacy, is increasingly difficult due to changes in the healthcare and social support environment. A lack of understanding of how to access health care is an issue for many community members, including migrants and refugees, generations of families without a regular provider, and adult children caring for aging parents.

- In County Health Rankings, the Bronx and Brooklyn ranked worse than the state average for preventable hospital stays **(Exhibit 29B)**.
- Rates for ambulatory care sensitive conditions (ACSCs) in the Bronx and Brooklyn were high compares to other boroughs **(Exhibit 51)**. High rates indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.
- Many interviewees detailed issues in navigating the changing health care provider environment. Specific issues identified include limited English literacy, low levels of health literacy, and difficulty accessing digital communication formats. Additionally, requirements of healthcare systems complicate navigation, as do insurance restrictions and administrative burdens, including paperwork requirements.

### Poverty, Financial Hardship, and Basic Needs Insecurity

Lower-income residents can experience considerable difficulty in accessing basic needs, including healthy food and safe, affordable housing. Primary care access can be limited due to the relatively high cost of deductible / co-pays. Unmet mental health needs may be an issue due to daily stress.

- Poverty rates in the Bronx, Brooklyn, and Manhattan were worse than the state and national averages **(Exhibit 12)**. The poverty percentages for Black and Hispanic or Latino residents were particularly higher than state and national comparisons **(Exhibit 13)**.
- Over 32 percent of households in the Bronx, over 23 percent in Brooklyn, and over 19 percent of Manhattan had an annual income of less than $25,000, compared to 17 percent nationwide **(Exhibit 14)**.
- Unemployment rates in all boroughs and New York City have been higher than state and national averages in 2020, 2021, and 2022 **(Exhibit 16)**. Rates were particularly high for Black and Hispanic or Latino residents **(Exhibit 17)**.
- High school graduation rates were lower in all five boroughs and New York City compared to New York State and the rates of children in poverty in the Bronx and Brooklyn were more than 50 percent higher than the state average **(Exhibit 29B)**.
- Census tracts in the Bronx, Queens, and Staten Island rank high in the Area Deprivation Index **(Exhibit 54)**.
- Interviewees indicated that low-income residents are especially prone to encountering challenges to healthy living conditions and utilization of health services, as are individuals with disabilities and new arrivals to the community.

### Safe and Affordable Housing

Inadequate housing contributes to poor health outcomes. Demand for housing in the community is contributing to increases in rent prices.

- According to the U.S. Department of Housing and Urban Development (HUD), the average months spent on waiting lists for subsidized housing were higher in the Bronx, Brooklyn, Queens, and New York City overall than the national average **(Exhibit 25)**.
- The average number of years in public housing was longer in Manhattan than the New York City average **(Exhibit 26B)**.
- In County Health Rankings, all boroughs ranked in the bottom quartile of all New York counties in Severe Housing Problems **(Exhibit 29A)**.
- Interviewees indicated that housing instability is especially prevalent among low-income residents and community members of racial/ethnic minority groups, as well as vulnerable populations, including homeless residents, individuals with addiction, and some older adults.

### Socio-Economic, Racial, Cultural, Ethnic, and Linguistic Barriers to Care

Social and cultural factors may contribute to access challenges. Some residents may hesitate or find it difficult to engage with healthcare providers who do not speak their native language or are not culturally sensitive with care. Social factors may be especially evident in residents with low health literacy, language barriers, and individuals with substance use disorders. Such issues are exacerbated by a lack of diversity among healthcare providers.

- Many neighborhoods in the MSH community are racially and ethnically diverse. Approximately 33 percent of residents in the Bronx and Brooklyn were Black, and over 56 percent of residents in the Bronx were Hispanic or Latino **(Exhibit 6**).
- The percentages of community members who are linguistically isolated are higher in all boroughs and New York City than the national average and the linguistic isolation rate is more than 50 percent higher in many neighborhoods **(Exhibit 10)**.
- Approximately 47 percent of Queens residents and more than 34 percent of the Bronx and Brooklyn residents were foreign born, compared to 23 percent statewide and 14 percent nationally **(Exhibit 11)**.
- The rates for cardiovascular disease mortality, diabetes mortality, and respiratory diseases greatly varied by race and ethnicity, with Black and Hispanic residents comparing particularly unfavorably to other cohorts in New York City **(Exhibits 34 and 40)**.
- Interviewees indicated numerous factors contribute to unequal access to healthcare including lack of adequate insurance, high co-pays and deductibles, locations of services, and transportation challenges. Factors also include limited English literacy, lack of computer literacy and access to technology, and disabilities, such as hearing, vision, and/or cognitive limitations.

### Substance Use Disorder

Substance use disorder has proliferated within the community due to a myriad of factors, including unmet mental health issues and widespread availability of substances, including alcohol.

- Manhattan ranked last among all counties in New York for excessive drinking **(Exhibit 29A)**.
- The percentage of adults who reported binge drinking during the past month was higher in Manhattan than the state average (**Exhibit 49D)**.
- Interviews indicated that the prescribing of pharmaceuticals for injury pain and the proliferation of sales outlets following the legalization of marijuana have contributed to substance use disorder within the community. Alcohol misuse is underacknowledged as problematic, including binge drinking among older adults.

# CHNA DATA AND ANALYSIS

# DEFINITION OF COMMUNITY ASSESSED

This section identifies and describes the community assessed by the Mount Sinai Hospital (MSH) and how it was determined.

MSH's community is comprised of the entirety of New York City, including each of the five boroughs[5] (**Exhibit 1**). The community is divided into neighborhoods utilized by the New York State Department of Health;[6] with each of the 42 neighborhoods in New York City in the MSH community.

Mount Sinai Hospital - Manhattan campus is located in the East Harlem neighborhood of Manhattan, and Mount Sinai – Queens campus is located in the neighborhood of Northwest Queens in Queens. To enhance clarity, we use following acronyms throughout this document:

| Acronym | Entity |
|---|---|
| MS - Manhattan | Mount Sinai Hospital, the campus in Manhattan |
| MS - Queens | Mount Sinai Queens, the campus in Queens |
| MSH | Mount Sinai Hospital, the hospital facility with campuses in Manhattan and Queens |

New York City (the MSH community) was estimated to have a population of approximately 8.7 million persons in 2021.

The community definition was validated based on the geographic origins of discharges from MS – Manhattan and MS – Queens. In 2022, the community collectively accounted for over 79 percent of MSH's 60732 inpatient discharges (**Exhibit 1**).

[5] Data are discussed at the borough-level in this CHNA. However, the Bronx is equivalent to Bronx County, Brooklyn is equivalent to Kings County, Manhattan is equivalent to New York County, Queens is equivalent to Queens County, and Staten Island is equivalent to Richmond County.

[6] New York State Department of Health. (2006). ZIP Code Definitions of New York City Neighborhoods. Retrieved 2013, from: www.health.ny.gov/statistics/cancer/registry/appendix/neighborhoods.htm

## Exhibit 1A: Community Population by Borough, 2021, and Inpatient Discharges, 2022

| Borough | 2021 Population | 2022 Discharges | Percent of Total Discharges | Percent of NYC Discharges |
|---|---|---|---|---|
| Bronx | 1,473,354 | 5,537 | 9.1% | 11.5% |
| Brooklyn | 2,712,217 | 8,041 | 13.2% | 16.7% |
| Manhattan | 1,655,106 | 18,499 | 30.5% | 38.5% |
| Queens | 2,420,469 | 15,083 | 24.8% | 31.4% |
| Staten Island | 493,194 | 945 | 1.6% | 2.0% |
| **Total** | **8,754,340** | **48,105** | **79.2%** | **100.0%** |

Source: U.S. Census ACS 2021 5-year estimates and the Mount Sinai Health System.

## Exhibit 1B: Community Population – Bronx, 2021, and Inpatient Discharges, 2022

| Neighborhood | 2021 Population | 2022 Discharges | Percent of Total Discharges | Percent of NYC Discharges |
|---|---|---|---|---|
| **Bronx** | **1,473,354** | **5,537** | **9.1%** | **11.5%** |
| Crotona-Tremont | 219,815 | 860 | 1.4% | 1.8% |
| Fordham-Bronx Park | 271,446 | 652 | 1.1% | 1.4% |
| High-Bridge-Morrisania | 220,270 | 1,267 | 2.1% | 2.6% |
| Hunts Point-Mott Haven | 144,304 | 971 | 1.6% | 2.0% |
| Kingsbridge-Riverdale | 96,643 | 372 | 0.6% | 0.8% |
| NE Bronx | 216,429 | 406 | 0.7% | 0.8% |
| Pelham-Throgs Neck | 304,447 | 1,009 | 1.7% | 2.1% |

Source: U.S. Census ACS 2021 5-year estimates and the Mount Sinai Health System.

## Exhibit 1C: Community Population – Brooklyn, 2021, and Inpatient Discharges, 2022

| Neighborhood | 2021 Population | 2022 Discharges | Percent of Total Discharges | Percent of NYC Discharges |
|---|---|---|---|---|
| **Brooklyn** | **2,712,217** | **8,041** | **13.2%** | **16.7%** |
| Bedford Stuyvesant-Crown Heights | 354,128 | 888 | 1.5% | 1.8% |
| Bensonhurst-Bay Ridge | 213,566 | 326 | 0.5% | 0.7% |
| Borough Park | 343,418 | 1,095 | 1.8% | 2.3% |
| Canarsie-Flatlands | 212,409 | 687 | 1.1% | 1.4% |
| Coney Island-Sheepshead Bay | 302,072 | 1,055 | 1.7% | 2.2% |
| Downtown Heights-Slope | 275,295 | 993 | 1.6% | 2.1% |
| East Flatbush-Flatbush | 304,594 | 789 | 1.3% | 1.6% |
| East New York | 205,414 | 480 | 0.8% | 1.0% |
| Greenpoint | 148,015 | 880 | 1.4% | 1.8% |
| Sunset Park | 122,085 | 116 | 0.2% | 0.2% |
| Williamsburg-Bushwick | 231,221 | 732 | 1.2% | 1.5% |

Source: U.S. Census ACS 2021 5-year estimates and the Mount Sinai Health System.

## Exhibit 1D: Community Population – Manhattan, 2021, and Inpatient Discharges, 2022

| Neighborhood | 2021 Population | 2022 Discharges | Percent of Total Discharges | Percent of NYC Discharges |
|---|---|---|---|---|
| **Manhattan** | **1,655,106** | **18,499** | **30.5%** | **38.5%** |
| Central Harlem-Morningside Heights | 183,460 | 2,634 | 4.3% | 5.5% |
| Chelsea-Clinton | 161,322 | 854 | 1.4% | 1.8% |
| East Harlem | 114,703 | 6,339 | 10.4% | 13.2% |
| Gramercy Park-Murray | 138,768 | 618 | 1.0% | 1.3% |
| Greenwich Village-Soho | 81,647 | 327 | 0.5% | 0.7% |
| Lower Manhattan | 64,008 | 190 | 0.3% | 0.4% |
| Union Square-Lower East Side | 191,254 | 838 | 1.4% | 1.7% |
| Upper East Side | 215,240 | 2,735 | 4.5% | 5.7% |
| Upper West Side | 232,499 | 2,836 | 4.7% | 5.9% |
| Washington Heights-Inwood | 272,205 | 1,128 | 1.9% | 2.3% |

Source: U.S. Census ACS 2021 5-year estimates and the Mount Sinai Health System.

## Exhibit 1E: Community Population – Queens, 2021, and Inpatient Discharges, 2022

| Neighborhood | 2021 Population | 2022 Discharges | Percent of Total Discharges | Percent of NYC Discharges |
|---|---|---|---|---|
| **Queens** | **2,420,469** | **15,083** | **24.8%** | **31.4%** |
| Bayside-Littleneck | 95,662 | 127 | 0.2% | 0.3% |
| Flushing-Clearview | 263,797 | 638 | 1.1% | 1.3% |
| Fresh Meadows | 101,723 | 218 | 0.4% | 0.5% |
| Jamaica | 356,727 | 857 | 1.4% | 1.8% |
| Long Island City-Astoria | 210,647 | 7,069 | 11.6% | 14.7% |
| Ridgewood-Forest Hills | 272,026 | 940 | 1.5% | 2.0% |
| Rockaway | 135,797 | 331 | 0.5% | 0.7% |
| SE Queens | 216,506 | 291 | 0.5% | 0.6% |
| SW Queens | 295,180 | 795 | 1.3% | 1.7% |
| West Queens | 472,404 | 3,817 | 6.3% | 7.9% |

Source: U.S. Census ACS 2021 5-year estimates and the Mount Sinai Health System.

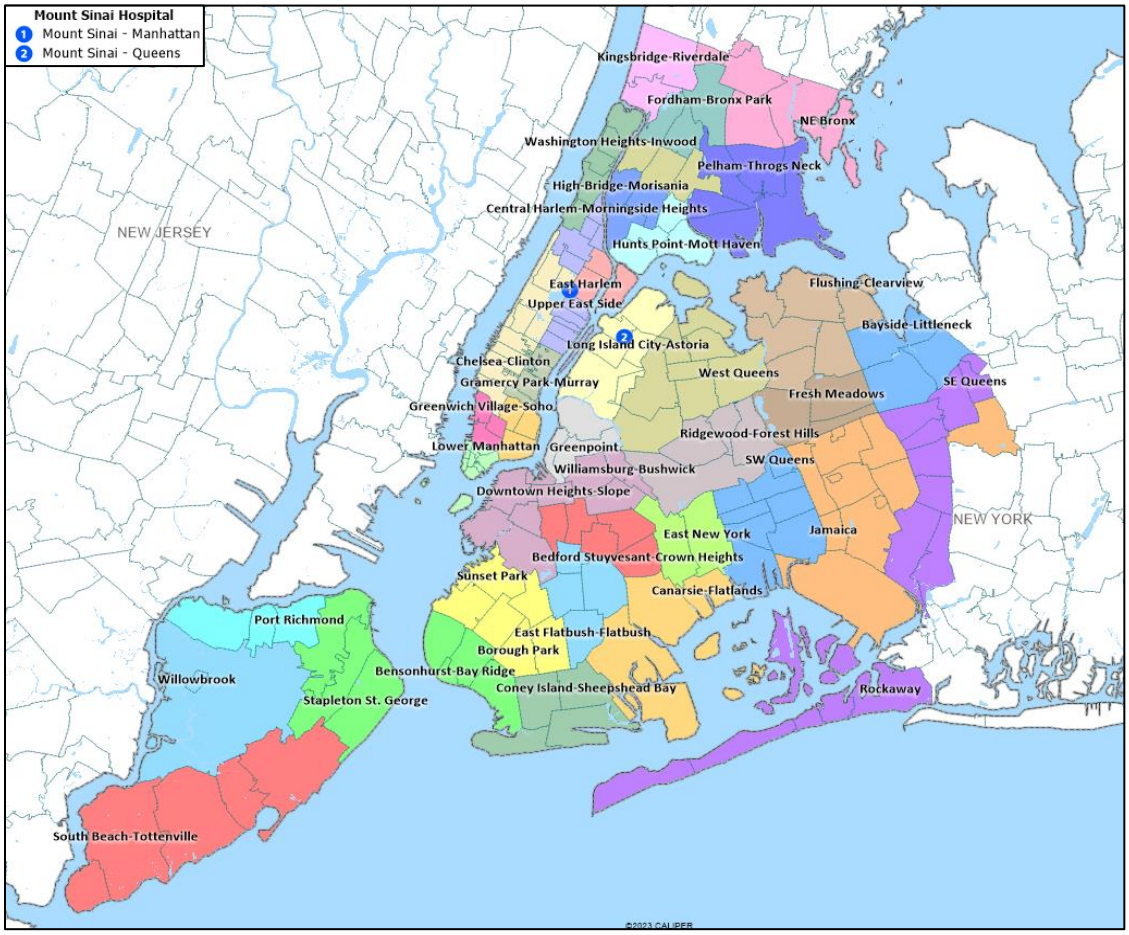
## Exhibit 1F: Community Population – Staten Island, 2021, and Inpatient Discharges, 2022

| Neighborhood | 2021 Population | 2022 Discharges | Percent of Total Discharges | Percent of NYC Discharges |
|---|---|---|---|---|
| **Staten Island** | **493,194** | **945** | **1.6%** | **2.0%** |
| Port Richmond | 71,589 | 187 | 0.3% | 0.4% |
| South Beach-Tottenville | 200,753 | 314 | 0.5% | 0.7% |
| Stapleton St. George | 127,116 | 272 | 0.4% | 0.6% |
| Willowbrook | 93,736 | 172 | 0.3% | 0.4% |

Source: U.S. Census ACS 2021 5-year estimates and the Mount Sinai Health System.

**Exhibit 2** presents a map displaying the 42 neighborhoods that comprise the MSH community.

**Exhibit 2: MSH Community**




Sources: Caliper Maptitude (2023) and the Mount Sinai Health System.

# SECONDARY DATA ASSESSMENT

This section presents secondary data regarding demographics, economic indicators, and health needs in the MSH community.

## Demographics

Population characteristics and changes influence health issues in and services needed by communities. A total of 8,736,047 people were estimated to reside in New York City (the MSH community) in 2021.

**Exhibit 3** illustrates the total number of residents living in the community by borough, and their distribution by sex and age in 2021.

**Exhibit 3: Population by Age and Sex, 2021**

| Borough | Ages 0-17 | Ages 18-44 | Ages 45-64 | Ages 65+ | Total Population |
|---|---|---|---|---|---|
| **Bronx** | **24.9%** | **38.2%** | **23.9%** | **13.0%** | **1,468,262** |
| Male | 26.8% | 39.0% | 23.2% | 10.9% | 695,801 |
| Female | 23.2% | 37.4% | 24.5% | 14.9% | 772,461 |
| **Brooklyn** | **22.9%** | **40.0%** | **23.0%** | **14.1%** | **2,712,360** |
| Male | 24.7% | 40.6% | 22.4% | 12.3% | 1,291,975 |
| Female | 21.4% | 39.4% | 23.5% | 15.8% | 1,420,385 |
| **Manhattan** | **14.5%** | **44.9%** | **23.9%** | **16.8%** | **1,669,127** |
| Male | 15.4% | 45.3% | 24.7% | 14.6% | 794,996 |
| Female | 13.7% | 44.5% | 23.1% | 18.8% | 874,131 |
| **Queens** | **20.2%** | **36.9%** | **26.9%** | **16.0%** | **2,393,104** |
| Male | 21.3% | 37.7% | 26.9% | 14.1% | 1,168,713 |
| Female | 19.2% | 36.1% | 26.8% | 17.9% | 1,224,391 |
| **Staten Island** | **22.0%** | **34.1%** | **27.7%** | **16.3%** | **493,194** |
| Male | 23.1% | 34.9% | 27.4% | 14.6% | 240,755 |
| Female | 20.9% | 33.3% | 27.9% | 17.9% | 252,439 |
| **Total** | **20.9%** | **39.4%** | **24.6%** | **15.1%** | **8,736,047** |
| Male | 22.2% | 40.1% | 24.5% | 13.1% | 4,192,240 |
| Female | 19.6% | 38.8% | 24.7% | 16.9% | 4,543,807 |

Source: U.S. Census Bureau, ACS 5 year estimates, 2017-2021.

In 2021, all of the boroughs had a higher proportion of women in the community. Manhattan had a lower proportion of residents aged 0 to 17 years, a higher proportion of those aged 18 to 44, and a higher proportion of those aged 65 and older than any other borough in New York City.

**Exhibit 4** illustrates the total number of residents living in the community by borough and neighborhood, and their distributions by age in 2021.

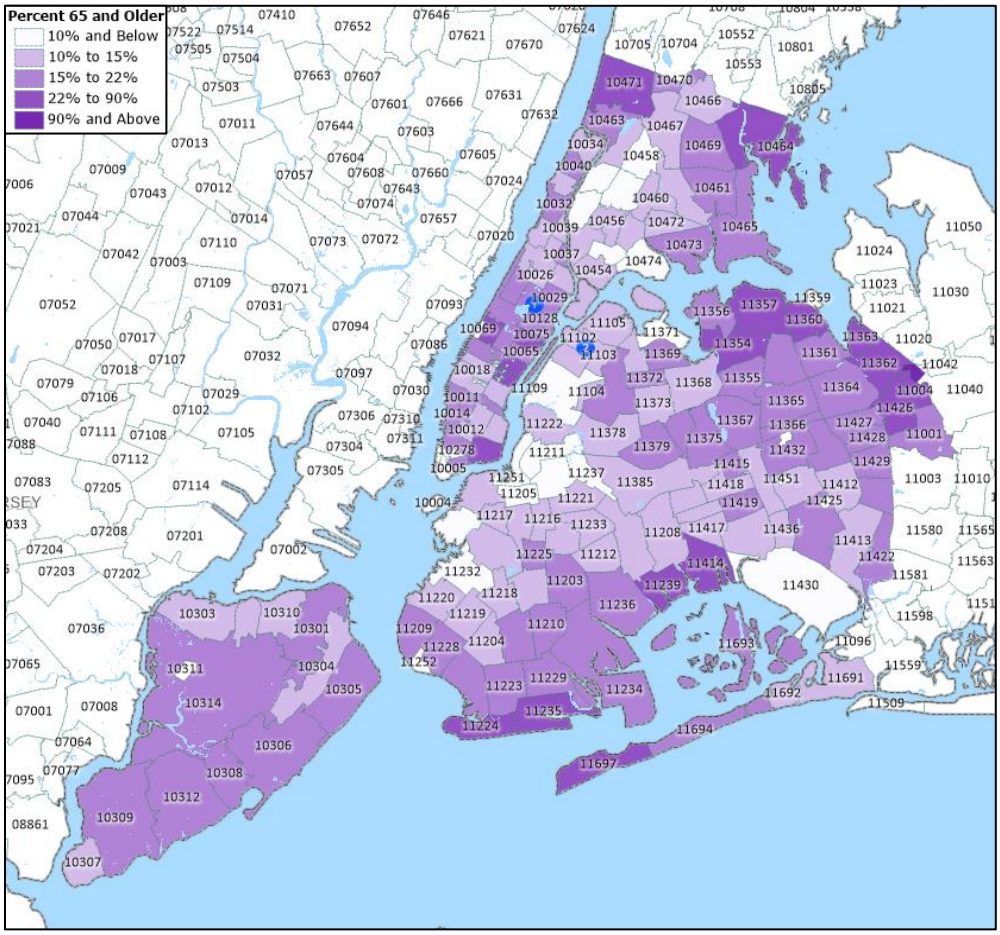
## Exhibit 4: Population by Age, 2021

| Location | Ages 0-17 | Ages 18-44 | Ages 45-64 | Ages 65+ | Total Population |
|---|---|---|---|---|---|
| **Bronx** | **369,107** | **559,079** | **352,675** | **192,493** | **1,473,354** |
| Bronx Park and Fordham | 71,528 | 108,757 | 62,631 | 28,530 | 271,446 |
| Central Bronx | 61,427 | 85,875 | 50,849 | 21,664 | 219,815 |
| High Bridge and Morrisania | 59,225 | 87,471 | 50,626 | 22,948 | 220,270 |
| Hunts Point and Mott Haven | 40,262 | 57,320 | 32,495 | 14,227 | 144,304 |
| Kingsbridge and Riverdale | 19,948 | 30,463 | 24,258 | 21,974 | 96,643 |
| Northeast Bronx | 43,550 | 74,624 | 56,523 | 37,315 | 212,012 |
| Southeast Bronx | 73,167 | 114,569 | 75,293 | 45,835 | 308,864 |
| **Brooklyn** | **622,098** | **1,084,398** | **623,057** | **382,664** | **2,712,217** |
| Borough Park | 106,176 | 116,655 | 73,028 | 47,559 | 343,418 |
| Bushwick and Williamsburg | 63,511 | 135,895 | 49,214 | 25,022 | 273,642 |
| Canarsie and Flatlands | 46,848 | 70,097 | 57,221 | 38,243 | 212,409 |
| Central Brooklyn | 71,200 | 156,246 | 84,056 | 42,626 | 354,128 |
| East New York and New Lots | 53,194 | 79,696 | 47,022 | 25,502 | 205,414 |
| Flatbush | 61,484 | 121,717 | 73,690 | 47,703 | 304,594 |
| Greenpoint | 18,953 | 59,079 | 17,250 | 10,312 | 105,594 |
| Northwest Brooklyn | 62,237 | 126,977 | 57,367 | 28,714 | 275,295 |
| Southern Brooklyn | 65,982 | 93,673 | 78,241 | 64,176 | 302,072 |
| Southwest Brooklyn | 43,231 | 74,876 | 56,796 | 38,663 | 213,566 |
| Sunset Park | 29,282 | 49,487 | 29,172 | 14,144 | 122,085 |
| **Manhattan** | **238,039** | **743,839** | **394,938** | **278,159** | **1,654,975** |
| Central Harlem | 35,727 | 83,406 | 42,867 | 21,460 | 183,460 |
| Chelsea and Clinton | 13,436 | 80,015 | 41,909 | 25,962 | 161,322 |
| East Harlem | 22,195 | 46,994 | 27,747 | 17,767 | 114,703 |
| Gramercy Park and Murray Hill | 13,882 | 70,884 | 27,555 | 26,447 | 138,768 |
| Greenwich Village and Soho | 8,452 | 40,693 | 19,216 | 13,286 | 81,647 |
| Inwood and Washington Heights | 44,093 | 123,351 | 66,032 | 38,729 | 272,205 |
| Lower East Side | 20,584 | 91,683 | 45,072 | 33,915 | 191,254 |
| Lower Manhattan | 10,296 | 32,310 | 14,787 | 6,484 | 63,877 |
| Upper East Side | 32,226 | 84,414 | 51,957 | 46,643 | 215,240 |
| Upper West Side | 37,148 | 90,089 | 57,796 | 47,466 | 232,499 |
| **Queens** | **488,638** | **892,329** | **649,963** | **387,385** | **2,418,315** |
| Central Queens | 22,283 | 33,877 | 27,631 | 17,932 | 101,723 |
| Jamaica, | 72,076 | 118,387 | 88,862 | 48,430 | 327,755 |
| North Queens | 47,270 | 84,392 | 76,365 | 55,770 | 263,797 |
| Northeast Queens | 18,225 | 27,831 | 29,072 | 20,534 | 95,662 |
| Northwest Queens | 32,557 | 108,019 | 45,030 | 25,041 | 210,647 |
| Rockaways | 37,749 | 42,445 | 34,773 | 20,830 | 135,797 |
| Southeast Queens | 46,928 | 81,891 | 67,735 | 46,770 | 243,324 |
| Southwest Queens | 59,868 | 107,399 | 83,829 | 44,084 | 295,180 |
| West Central Queens | 52,701 | 100,618 | 73,911 | 44,796 | 272,026 |
| West Queens | 98,981 | 187,470 | 122,755 | 63,198 | 472,404 |
| **Staten Island** | **108,334** | **168,122** | **136,419** | **80,319** | **493,194** |
| Mid-Island | 19,965 | 31,022 | 25,160 | 17,589 | 93,736 |
| Port Richmond | 18,308 | 26,378 | 18,550 | 8,353 | 71,589 |
| South Shore | 43,859 | 65,509 | 57,329 | 34,056 | 200,753 |
| Stapleton and St. George | 26,202 | 45,213 | 35,380 | 20,321 | 127,116 |
| **New York City** | **1,826,216** | **3,447,767** | **2,157,052** | **1,321,020** | **8,752,055** |

Source: U.S. Census Bureau, ACS 5-year estimates, 2017-2021.

The age distribution of community members varies by neighborhood. For instance, residents Ages 0-17 total 116,176 in Borough Park and 8,452 in Greenwich Village and Soho.

## Exhibit 5: Residents Aged 65+, 2021




Sources: Caliper Maptitude (2023) and U.S. Census Bureau, ACS 5-year estimates, 2017-2021.
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

The proportion of the population 65 years of age and older varies by ZIP Code. The ZIP Codes of 11005 (Southeast Queens), 10022 (Gramercy Park-Murray), and 11360 (Flushing-Clearview) had comparatively high proportions of this population cohort.

**Exhibit 6** indicates the distribution of the population by race in the MSH community.

**Exhibit 6: Distribution of Population by Race, 2021**

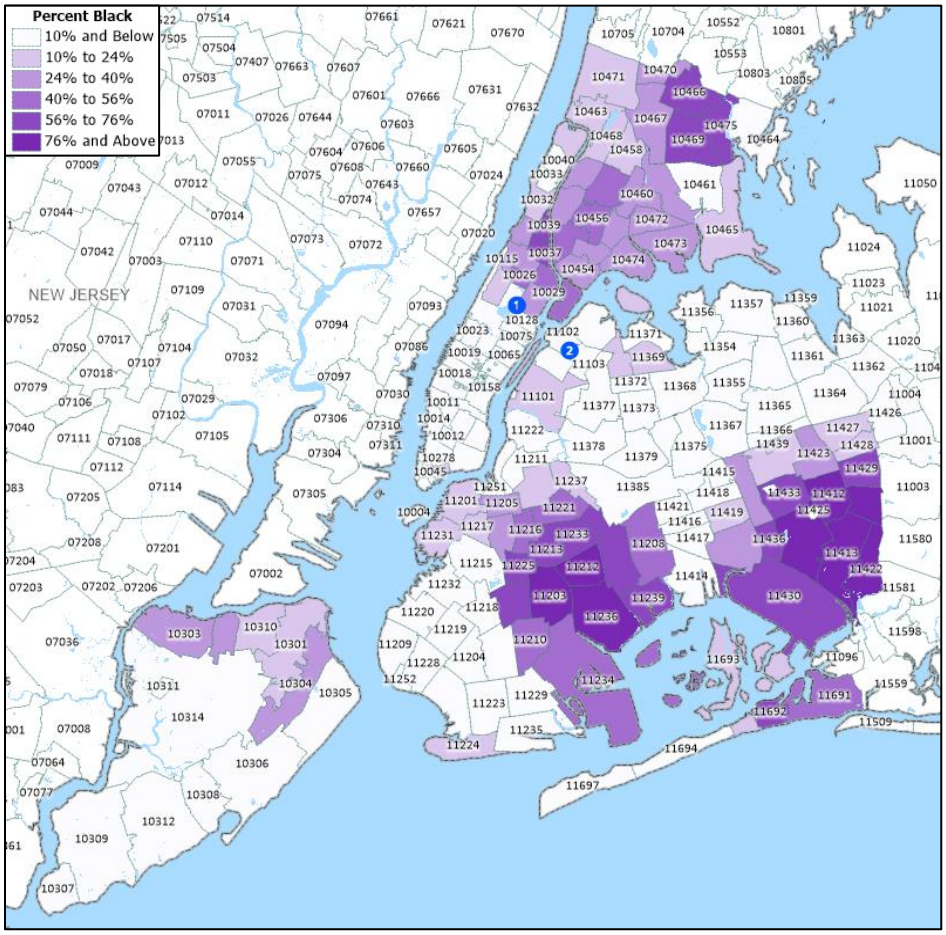
| Neighborhood | Total Population 2021 | White | Black | Asian | Other Race* | Two or More Races | Hispanic or Latino (Any Race) |
|---|---|---|---|---|---|---|---|
| **Bronx** | **1,473,354** | **19.9%** | **34.3%** | **3.8%** | **33.4%** | **8.6%** | **56.4%** |
| Crotona-Tremont | 219,815 | 14.9% | 37.5% | 1.3% | 34.0% | 12.3% | 67.0% |
| Fordham-Bronx Park | 271,446 | 16.1% | 24.8% | 4.3% | 47.2% | 7.6% | 66.8% |
| High-Bridge-Morrisania | 220,270 | 13.8% | 41.9% | 1.0% | 34.8% | 8.5% | 61.0% |
| Hunts Point-Mott Haven | 144,304 | 13.6% | 33.6% | 0.6% | 41.4% | 10.8% | 69.8% |
| Kingsbridge-Riverdale | 96,643 | 48.7% | 14.9% | 3.9% | 22.5% | 10.0% | 45.6% |
| NE Bronx | 216,429 | 16.0% | 59.4% | 3.5% | 16.0% | 5.1% | 27.7% |
| Pelham-Throgs Neck | 304,447 | 27.7% | 23.9% | 8.9% | 31.5% | 8.0% | 53.7% |
| **Brooklyn** | **2,712,217** | **42.1%** | **30.5%** | **11.8%** | **9.8%** | **5.8%** | **18.8%** |
| Bedford Stuyvesant-Crown Heights | 354,128 | 24.4% | 60.3% | 2.8% | 6.1% | 6.6% | 14.1% |
| Bensonhurst-Bay Ridge | 213,566 | 55.5% | 2.5% | 28.1% | 8.6% | 5.3% | 16.7% |
| Borough Park | 343,418 | 61.4% | 4.6% | 22.0% | 8.1% | 3.9% | 13.0% |
| Canarsie-Flatlands | 212,409 | 20.3% | 65.3% | 5.0% | 5.0% | 4.4% | 9.3% |
| Coney Island-Sheepshead Bay | 302,072 | 61.9% | 7.2% | 18.7% | 7.8% | 4.3% | 12.0% |
| Downtown Heights-Slope | 275,295 | 63.4% | 13.9% | 9.1% | 5.6% | 8.0% | 14.8% |
| East Flatbush-Flatbush | 304,594 | 19.3% | 66.2% | 3.0% | 6.2% | 5.2% | 10.2% |
| East New York | 205,414 | 18.2% | 55.5% | 4.4% | 16.3% | 5.7% | 37.7% |
| Greenpoint | 148,015 | 71.9% | 5.1% | 5.3% | 10.3% | 7.3% | 21.3% |
| Sunset Park | 122,085 | 31.4% | 3.9% | 36.0% | 23.0% | 5.7% | 41.9% |
| Williamsburg-Bushwick | 231,221 | 34.9% | 28.1% | 5.5% | 22.8% | 8.6% | 39.6% |
| **Manhattan** | **1,655,106** | **53.7%** | **14.0%** | **12.0%** | **12.7%** | **7.6%** | **25.3%** |
| Central Harlem-Morningside Heights | 183,460 | 22.6% | 50.0% | 5.7% | 13.7% | 7.9% | 25.3% |
| Chelsea-Clinton | 161,322 | 66.4% | 6.1% | 15.6% | 4.8% | 7.2% | 16.6% |
| East Harlem | 114,703 | 25.4% | 33.6% | 8.5% | 25.4% | 7.1% | 45.2% |
| Gramercy Park-Murray | 138,768 | 72.5% | 4.5% | 15.3% | 1.9% | 5.7% | 10.1% |
| Greenwich Village-Soho | 81,647 | 71.7% | 2.9% | 18.0% | 2.0% | 5.4% | 8.5% |
| Lower Manhattan | 64,008 | 63.4% | 6.3% | 22.1% | 2.7% | 5.4% | 8.7% |
| Union Square-Lower East Side | 191,254 | 51.3% | 7.2% | 24.8% | 9.2% | 7.5% | 20.4% |
| Upper East Side | 215,240 | 79.2% | 3.0% | 10.8% | 2.9% | 4.1% | 9.0% |
| Upper West Side | 232,499 | 70.0% | 7.0% | 10.1% | 6.3% | 6.5% | 15.1% |
| Washington Heights-Inwood | 272,205 | 29.5% | 15.4% | 3.6% | 37.8% | 13.8% | 63.9% |
| **Queens** | **2,420,469** | **33.9%** | **17.8%** | **25.6%** | **15.1%** | **7.5%** | **27.8%** |
| Bayside-Littleneck | 95,662 | 42.1% | 3.4% | 44.3% | 5.3% | 4.9% | 13.9% |
| Flushing-Clearview | 263,797 | 31.2% | 2.0% | 51.8% | 10.9% | 4.1% | 17.9% |
| Fresh Meadows | 101,723 | 39.9% | 8.6% | 37.3% | 7.8% | 6.4% | 17.8% |
| Jamaica | 356,727 | 13.4% | 46.0% | 19.3% | 16.0% | 5.3% | 17.0% |
| Long Island City-Astoria | 210,647 | 57.1% | 5.6% | 18.5% | 9.6% | 9.2% | 23.9% |
| Ridgewood-Forest Hills | 272,026 | 61.4% | 3.2% | 17.8% | 8.8% | 8.8% | 29.2% |
| Rockaway | 135,797 | 43.1% | 36.6% | 4.0% | 8.4% | 7.9% | 23.3% |
| SE Queens | 216,506 | 12.4% | 55.0% | 16.8% | 10.5% | 5.3% | 13.4% |
| SW Queens | 295,180 | 29.2% | 11.2% | 26.2% | 21.8% | 11.7% | 33.9% |
| West Queens | 472,404 | 32.1% | 5.7% | 26.9% | 26.4% | 8.8% | 51.6% |
| **Staten Island** | **493,194** | **69.4%** | **10.1%** | **10.4%** | **4.4%** | **5.8%** | **18.4%** |
| Port Richmond | 71,589 | 45.3% | 27.3% | 7.2% | 10.5% | 9.7% | 35.6% |
| South Beach-Tottenville | 200,753 | 85.1% | 1.8% | 6.5% | 2.1% | 4.5% | 12.3% |
| Stapleton St. George | 127,116 | 58.4% | 18.0% | 13.0% | 5.3% | 5.4% | 20.9% |
| Willowbrook | 93,736 | 68.9% | 4.0% | 17.8% | 3.4% | 5.9% | 15.1% |
| **New York City** | **8,754,340** | **39.8%** | **23.3%** | **14.2%** | **15.5%** | **7.1%** | **28.8%** |

Source: U.S. Census Bureau, ACS 5-year estimates, 2017-2021, and Verité analysis. * "Other Race" includes the following Census-designated race groups: American Indian / Alaska Native, Native Hawaiian / Pacific Islander, and Some Other Race

New York City and the MSH community are very diverse. Black populations were most prevalent in the Bronx and Brooklyn. Queens had a higher proportion of Asian residents, while the Bronx had a higher proportion of Hispanic (or Latino) residents. The diversity of the community is important to recognize given the presence of health disparities and barriers to health care access experienced by different racial and ethnic groups.

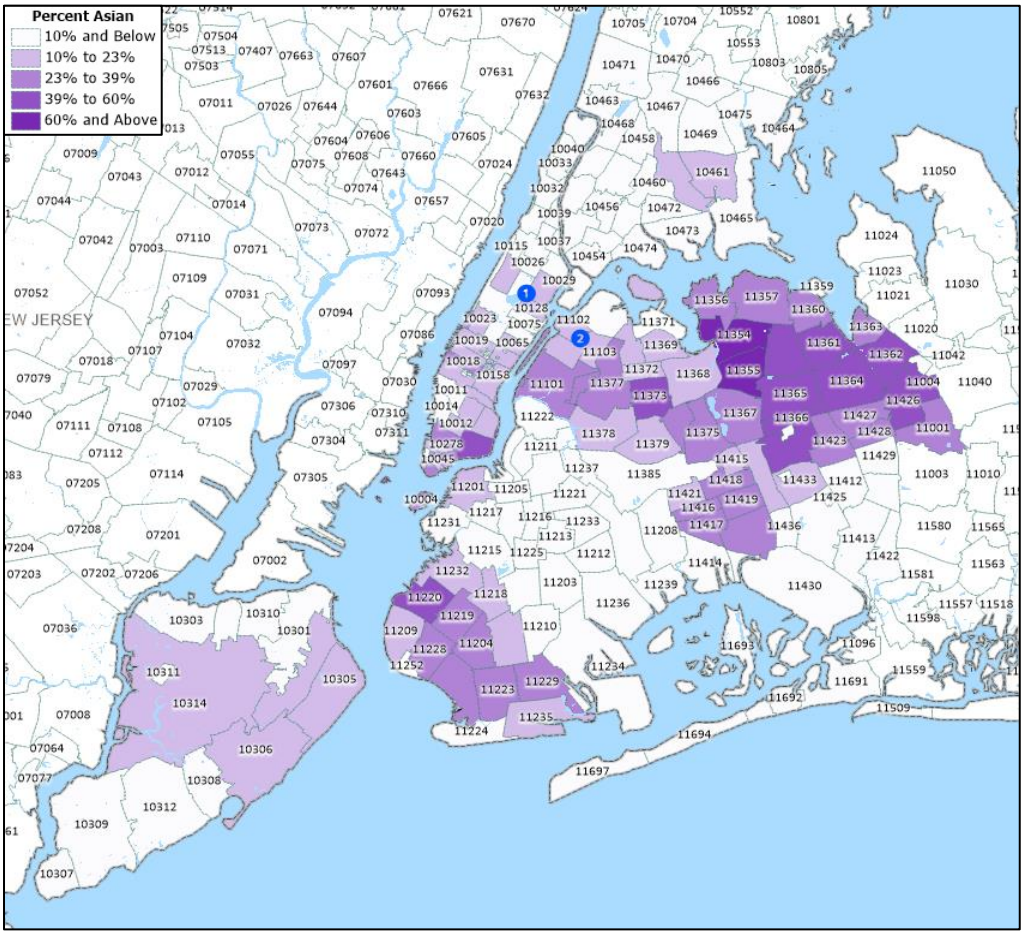
The percentage of Black residents is highest in the neighborhoods of SE Queens, East Flatbush-Flatbush, Jamaica, and Canarsie-Flatlands. Asian residents are most concentrated in the neighborhoods of Flushing-Clearview, SE Queens, and West Queens. Hispanic residents are most concentrated in the neighborhoods of Fordham-Bronx Park, West Queens, and Hunts Point-Mott Haven (**Exhibits 7, 8,** and **9)**.

**Exhibit 7: Percent of Population – Black, 2021**



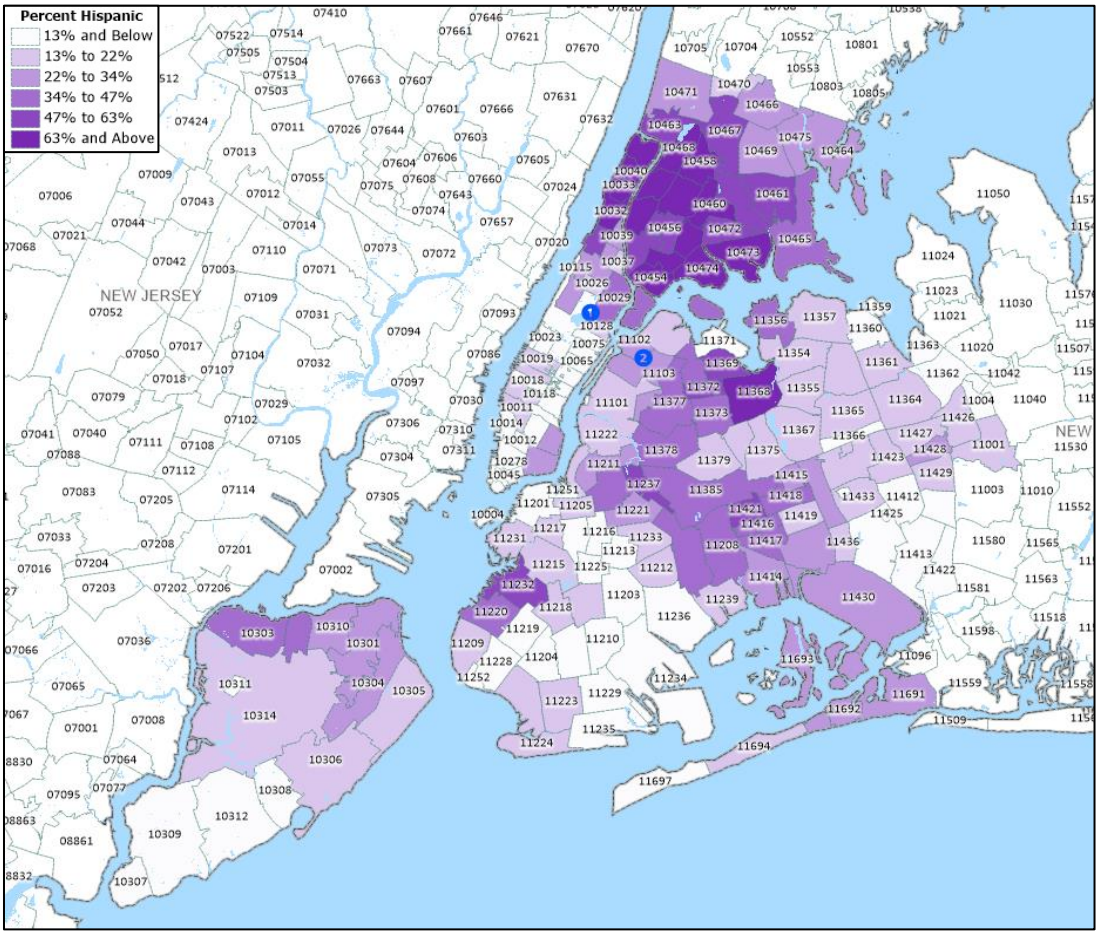

Sources: Caliper Maptitude (2023) and U.S. Census Bureau, ACS 5-year estimates, 2017-2021.
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

## Exhibit 8: Percent of Population – Asian, 2021




Sources: Caliper Maptitude (2023) and U.S. Census Bureau, ACS 5-year estimates, 2017-2021.
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

## Exhibit 9: Percent of Population – Hispanic (or Latino), 2021




Sources: Caliper Maptitude (2023) and U.S. Census Bureau, ACS 5-year estimates, 2017-2021.
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Other community demographic indicators are presented in **Exhibit 10**.

## Exhibit 10: Other Socioeconomic Indicators, 2017-2021

| Geographic Area Name | Population 25+ without High School Diploma | Population with a Disability | Population Linguistically Isolated |
|---|---|---|---|
| **Bronx** | 25.9% | 15.6% | 25.3% |
| Crotona-Tremont | 31.4% | 15.9% | 31.0% |
| Fordham-Bronx Park | 28.4% | 13.2% | 33.9% |
| High-Bridge-Morrisania | 31.9% | 17.5% | 30.7% |
| Hunts Point-Mott Haven | 34.0% | 18.7% | 28.5% |
| Kingsbridge-Riverdale | 15.0% | 16.4% | 17.0% |
| NE Bronx | 17.0% | 14.2% | 10.1% |
| Pelham-Throgs Neck | 22.2% | 15.6% | 22.3% |
| **Brooklyn** | 16.3% | 9.9% | 21.4% |
| Bedford Stuyvesant-Crown Heights | 14.8% | 11.8% | 6.4% |
| Bensonhurst-Bay Ridge | 17.7% | 10.7% | 32.5% |
| Borough Park | 22.1% | 9.3% | 35.7% |
| Canarsie-Flatlands | 11.7% | 9.0% | 10.8% |
| Coney Island-Sheepshead Bay | 15.8% | 13.2% | 41.4% |
| Downtown Heights-Slope | 7.8% | 7.7% | 8.4% |
| East Flatbush-Flatbush | 11.7% | 8.5% | 9.3% |
| East New York | 18.3% | 10.6% | 15.0% |
| Greenpoint | 13.0% | 7.7% | 16.9% |
| Sunset Park | 37.7% | 8.2% | 53.0% |
| Williamsburg-Bushwick | 20.7% | 10.3% | 20.0% |
| **Manhattan** | 11.6% | 10.5% | 14.0% |
| Central Harlem-Morningside Heights | 15.0% | 11.5% | 10.9% |
| Chelsea-Clinton | 5.1% | 11.0% | 8.1% |
| East Harlem | 24.2% | 16.1% | 20.3% |
| Gramercy Park-Murray | 3.1% | 6.1% | 5.4% |
| Greenwich Village-Soho | 6.5% | 6.7% | 8.7% |
| Lower Manhattan | 7.2% | 5.3% | 8.7% |
| Union Square-Lower East Side | 18.1% | 10.9% | 19.6% |
| Upper East Side | 2.7% | 7.4% | 5.9% |
| Upper West Side | 5.3% | 9.2% | 7.9% |
| Washington Heights-Inwood | 23.9% | 14.0% | 31.1% |
| **Queens** | 17.3% | 9.6% | 28.1% |
| Bayside-Littleneck | 11.8% | 9.1% | 27.9% |
| Flushing-Clearview | 22.5% | 8.8% | 47.6% |
| Fresh Meadows | 14.4% | 10.3% | 30.1% |
| Jamaica | 16.5% | 10.2% | 19.0% |
| Long Island City-Astoria | 10.0% | 8.0% | 19.3% |
| Ridgewood-Forest Hills | 11.8% | 9.2% | 24.9% |
| Rockaway | 17.0% | 12.6% | 12.5% |
| SE Queens | 11.9% | 10.3% | 13.7% |
| SW Queens | 20.2% | 10.4% | 20.7% |
| West Queens | 24.3% | 8.8% | 43.8% |
| **Staten Island** | 11.4% | 10.0% | 12.8% |
| Port Richmond | 15.6% | 9.6% | 13.4% |
| South Beach-Tottenville | 7.9% | 9.7% | 9.8% |
| Stapleton St. George | 15.7% | 11.0% | 16.8% |
| Willowbrook | 10.1% | 9.4% | 13.6% |
| **New York** | 12.6% | 11.6% | 13.1% |
| **United States** | 11.1% | 12.6% | 8.2% |

Source: U.S. Census Bureau, ACS 5-year estimates, 2017-2021, and Verité analysis.
Note: Light grey shading denotes worse than national average; dark grey denotes 50 percent worse than national average

Key findings include:

- The Bronx, Brooklyn, Manhattan, and Queens compared unfavorably to New York State and the U.S. for the percentage of residents aged 25 and older who did not graduate high school. The Bronx was particularly unfavorable.
- The Bronx compared unfavorably to New York State and the U.S. for the percentage of residents with a disability.
- The percentage of residents who were linguistically isolated was higher than the state average in every borough in New York City except for Staten Island, and all were significantly higher than the United States average. Linguistic isolation is defined as the population aged five and older who speak a language other than English and speak English less than "very well."

**Exhibit 11** presents the percentage of residents by borough and neighborhood who are foreign born, and their geographic region of origin.

### Exhibit 11: World Region of Birth of Foreign-Born Residents as a Percent of Total Population, 2017-2021

| Geographic Area Name | Total Population | Europe | Asia | Africa | Oceania | Latin America | Northern America | Total Foreign Born |
|---|---|---|---|---|---|---|---|---|
| **Bronx** | **1,468,262** | **1.6%** | **2.8%** | **3.7%** | **0.0%** | **26.0%** | **0.1%** | **34.2%** |
| Crotona-Tremont | 219,815 | 0.4% | 1.2% | 5.1% | 0.0% | 31.1% | 0.0% | 37.8% |
| Fordham-Bronx Park | 271,446 | 1.7% | 3.3% | 2.7% | 0.0% | 33.5% | 0.0% | 41.3% |
| High-Bridge-Morrisania | 220,270 | 0.3% | 1.0% | 5.7% | 0.0% | 26.3% | 0.1% | 33.5% |
| Hunts Point-Mott Haven | 144,304 | 0.2% | 0.4% | 4.0% | 0.0% | 24.7% | 0.0% | 29.3% |
| Kingsbridge-Riverdale | 96,643 | 5.1% | 3.4% | 1.0% | 0.1% | 17.7% | 0.2% | 27.6% |
| NE Bronx | 216,429 | 2.0% | 2.1% | 4.5% | 0.0% | 28.1% | 0.2% | 36.9% |
| Pelham-Throgs Neck | 304,447 | 2.4% | 6.2% | 2.1% | 0.0% | 18.1% | 0.0% | 28.8% |
| **Brooklyn** | **2,712,360** | **6.9%** | **10.2%** | **1.3%** | **0.1%** | **16.5%** | **0.3%** | **35.3%** |
| Bedford Stuyvesant-Crown Heights | 354,128 | 1.9% | 2.3% | 1.5% | 0.2% | 20.3% | 0.4% | 26.6% |
| Bensonhurst-Bay Ridge | 213,566 | 11.4% | 23.0% | 2.4% | 0.0% | 6.4% | 0.1% | 43.4% |
| Borough Park | 343,418 | 9.9% | 19.1% | 0.9% | 0.1% | 7.5% | 0.3% | 37.7% |
| Canarsie-Flatlands | 212,409 | 3.6% | 4.7% | 1.3% | 0.0% | 30.7% | 0.1% | 40.4% |
| Coney Island-Sheepshead Bay | 302,072 | 23.3% | 21.1% | 0.9% | 0.0% | 5.1% | 0.2% | 50.6% |
| Downtown Heights-Slope | 275,295 | 4.9% | 5.5% | 0.8% | 0.3% | 6.0% | 0.8% | 18.2% |
| East Flatbush-Flatbush | 304,594 | 2.1% | 2.5% | 2.1% | 0.1% | 35.7% | 0.2% | 42.7% |
| East New York | 205,414 | 0.6% | 4.3% | 2.0% | 0.0% | 27.6% | 0.1% | 34.5% |
| Greenpoint | 148,015 | 9.3% | 4.2% | 0.5% | 0.8% | 7.3% | 0.7% | 22.8% |
| Sunset Park | 122,085 | 2.7% | 26.3% | 1.3% | 0.0% | 19.6% | 0.1% | 50.0% |
| Williamsburg-Bushwick | 231,221 | 2.8% | 4.1% | 0.7% | 0.1% | 16.4% | 0.2% | 24.3% |
| **Manhattan** | **1,669,127** | **5.1%** | **8.7%** | **1.4%** | **0.4%** | **11.6%** | **0.8%** | **27.9%** |
| Central Harlem-Morningside Heights | 183,460 | 2.3% | 4.3% | 4.8% | 0.2% | 11.9% | 0.4% | 23.8% |
| Chelsea-Clinton | 161,322 | 7.2% | 11.5% | 1.0% | 0.6% | 7.0% | 1.3% | 28.7% |
| East Harlem | 114,703 | 2.1% | 6.4% | 2.0% | 0.0% | 13.7% | 0.3% | 24.6% |
| Gramercy Park-Murray | 138,768 | 6.9% | 10.8% | 0.8% | 0.3% | 4.5% | 1.0% | 24.4% |
| Greenwich Village-Soho | 81,647 | 7.8% | 11.7% | 0.5% | 1.3% | 2.6% | 1.3% | 25.2% |
| Lower Manhattan | 64,008 | 6.5% | 12.9% | 0.5% | 0.6% | 2.9% | 0.8% | 24.2% |
| Union Square-Lower East Side | 191,254 | 4.2% | 17.6% | 0.3% | 0.8% | 4.8% | 0.9% | 28.5% |
| Upper East Side | 215,240 | 7.5% | 9.2% | 1.1% | 0.4% | 4.3% | 0.9% | 23.4% |
| Upper West Side | 232,499 | 6.7% | 7.2% | 1.0% | 0.7% | 6.3% | 0.9% | 22.9% |
| Washington Heights-Inwood | 272,205 | 2.5% | 2.7% | 1.2% | 0.1% | 35.7% | 0.3% | 42.5% |
| **Queens** | **2,393,104** | **5.0%** | **18.4%** | **1.2%** | **0.0%** | **22.2%** | **0.1%** | **47.0%** |
| Bayside-Littleneck | 95,662 | 4.3% | 29.8% | 0.4% | 0.0% | 5.3% | 0.2% | 39.9% |
| Flushing-Clearview | 263,797 | 4.8% | 40.8% | 0.5% | 0.0% | 9.1% | 0.1% | 55.2% |
| Fresh Meadows | 101,723 | 4.3% | 29.5% | 1.0% | 0.0% | 8.7% | 0.1% | 43.6% |
| Jamaica | 356,727 | 1.7% | 12.8% | 1.9% | 0.0% | 28.0% | 0.1% | 44.5% |
| Long Island City-Astoria | 210,647 | 9.9% | 13.1% | 2.0% | 0.2% | 12.6% | 0.4% | 38.1% |
| Ridgewood-Forest Hills | 272,026 | 13.4% | 15.5% | 1.2% | 0.1% | 12.7% | 0.3% | 43.2% |
| Rockaway | 135,797 | 3.6% | 3.7% | 2.8% | 0.0% | 17.9% | 0.2% | 28.2% |
| SE Queens | 216,506 | 1.2% | 10.8% | 1.1% | 0.0% | 29.8% | 0.1% | 43.0% |
| SW Queens | 295,180 | 3.0% | 13.0% | 0.4% | 0.0% | 31.1% | 0.1% | 47.6% |
| West Queens | 472,404 | 4.1% | 20.0% | 0.9% | 0.0% | 32.6% | 0.1% | 57.7% |
| **Staten Island** | **493,194** | **7.7%** | **8.8%** | **2.2%** | **0.0%** | **5.4%** | **0.1%** | **24.2%** |
| Port Richmond | 71,589 | 2.8% | 5.8% | 3.4% | 0.0% | 13.7% | 0.1% | 25.7% |
| South Beach-Tottenville | 200,753 | 9.3% | 5.6% | 1.2% | 0.0% | 2.1% | 0.1% | 18.2% |
| Stapleton St. George | 127,116 | 9.1% | 11.5% | 3.0% | 0.1% | 6.5% | 0.2% | 30.5% |
| Willowbrook | 93,736 | 6.2% | 14.5% | 2.2% | 0.0% | 4.4% | 0.3% | 27.6% |
| **New York** | **20,114,745** | **3.6%** | **6.6%** | **1.0%** | **0.1%** | **10.9%** | **0.3%** | **22.5%** |
| **United States** | **329,725,481** | **1.5%** | **4.2%** | **0.8%** | **0.1%** | **6.8%** | **0.3%** | **13.6%** |

Source: U.S. Census Bureau, ACS 5-year estimates, 2017-2021, and Verité analysis.

In New York State in 2017-2021, 22.5 percent of the population was foreign born compared to 13.6 percent in the U.S. as a whole. These New York residents were primarily from Latin America and Asia. Queens had the highest percentage of foreign-born residents in the community, at 47.0 percent. Queens also had the largest percentage of the population that was born in Asia at 18.4 percent. The Bronx had the highest percentage of residents born in Latin America at 26.0 percent.

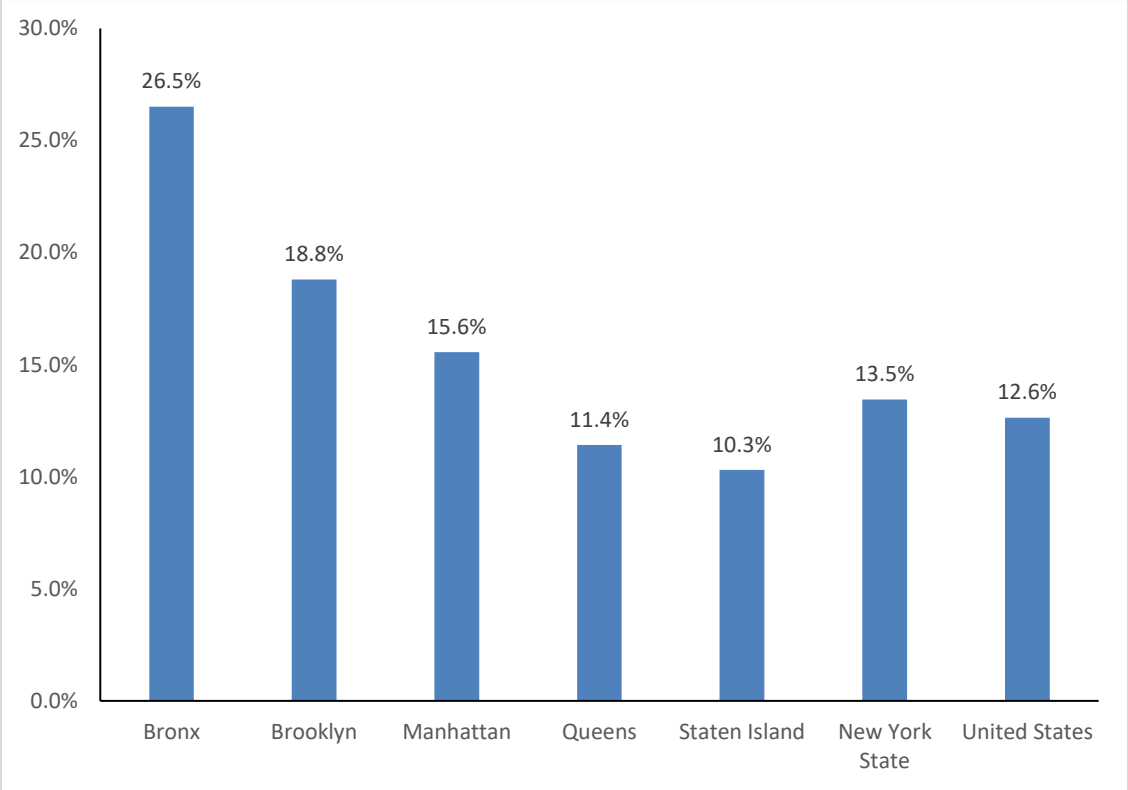
## Economic Indicators

The following types of economic indicators with implications for health were assessed: (1) people in poverty; (2) household income; (3) unemployment rates; (4) insurance status; (5) crime; (6) housing and homelessness; and (7) State of New York and New York City budget trends.

### People in Poverty

Many health needs are associated with poverty, making it important to understand poverty and other measures of economic well-being. According to the U.S. Census, in 2021 approximately 12.6 percent of people in the U.S., and 13.5 percent of people in New York State lived in poverty. The Bronx, Brooklyn, and Manhattan boroughs reported higher poverty rates than the New York State and U.S. averages (**Exhibit 12**).

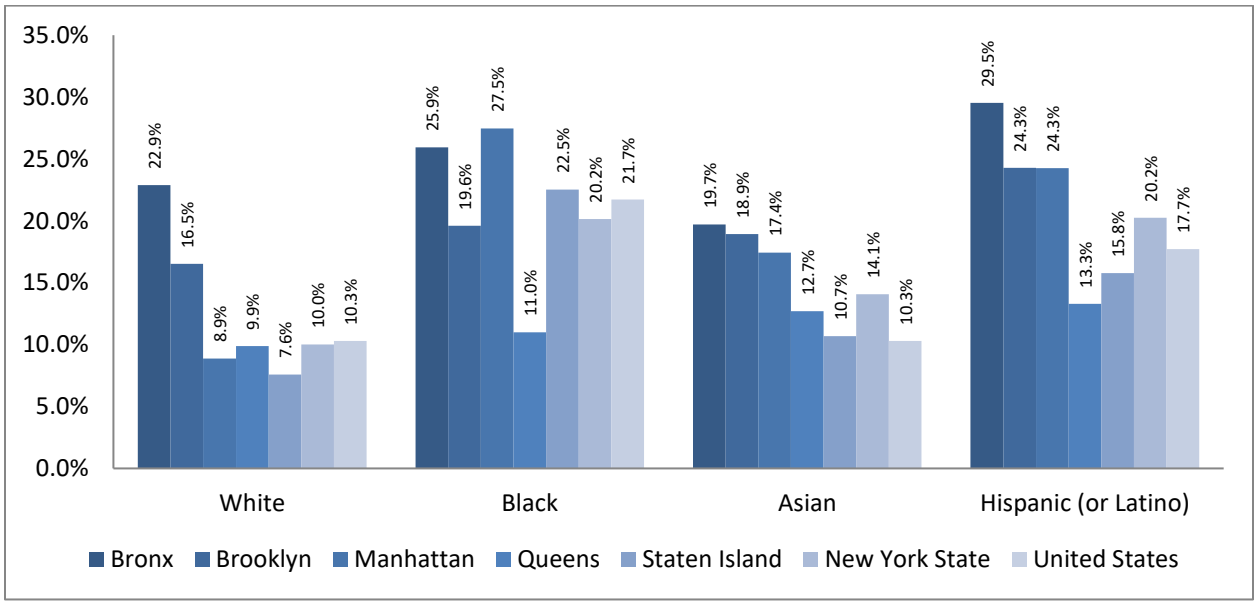
**Exhibit 12: Percent of People in Poverty, 2017-2021**




Source: U.S. Census Bureau, ACS 5-year estimates, 2017-2021.

**Exhibit 13** presents poverty rates by race and ethnicity in each borough.

**Exhibit 13: Percent of People in Poverty, by Borough and Race / Ethnicity, 2017-2021**




Source: U.S. Census Bureau, ACS 5-year estimates, 2017-2021.

Throughout each of the boroughs, poverty rates for Black and Hispanic (or Latino) residents were disproportionally higher compared to other groups. Poverty rates in the Bronx were higher than the New York State and national averages for every demographic group.

## Household Income

Household income is assessed by many public and private agencies to determine household needs for low-income assistance programs. In 2021, the Bronx (32.9 percent) and Brooklyn (23.2 percent) had the highest percentage of households with incomes below $25,000, an approximation of the federal poverty level (FPL) for a family of four (**Exhibit 14**).

**Exhibit 14: Percent Low-Income Households by Borough and Neighborhood, 2017-2021**

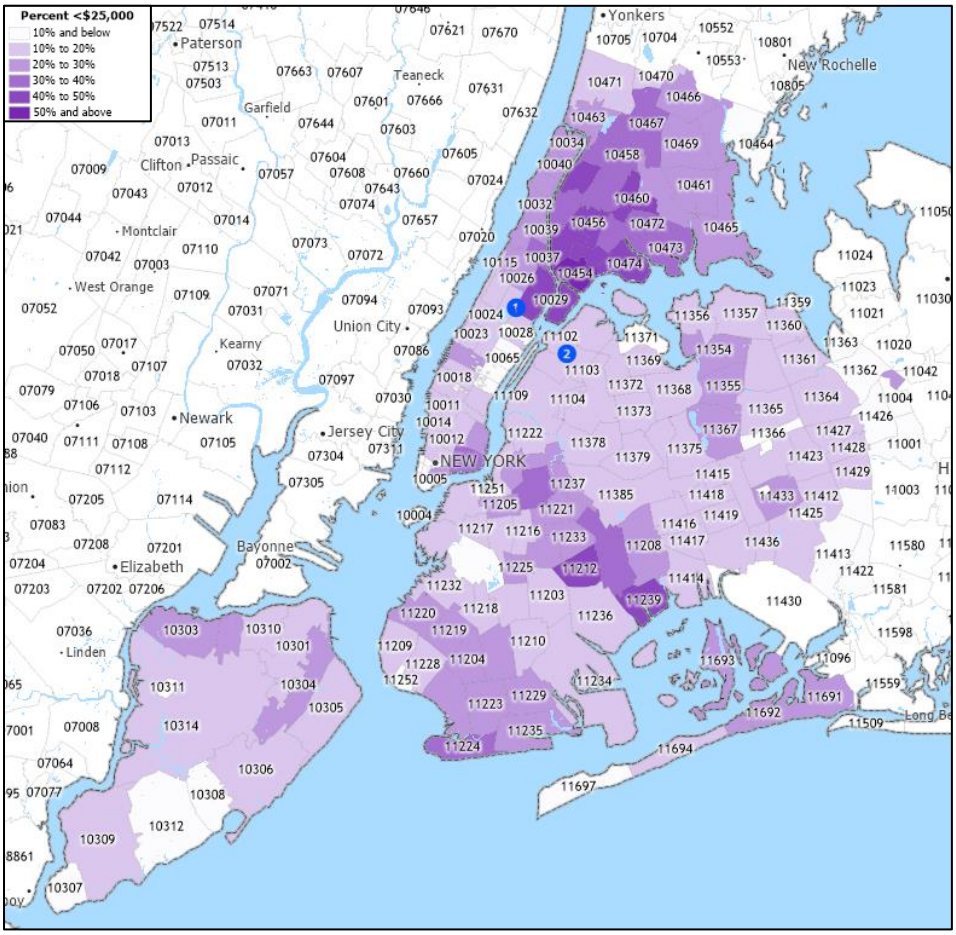
| Borough and Neighborhood | Occupied Housing Units | Average Median Income | Percent less than $25,000 per year | Percent less than $50,000 per year |
|---|---|---|---|---|
| **Bronx** | **525,313** | **$43,726** | **32.9%** | **54.9%** |
| Crotona-Tremont | 75,026 | $34,997 | 41.1% | 63.5% |
| Fordham-Bronx Park | 95,060 | $40,723 | 34.1% | 57.8% |
| High-Bridge-Morrisania | 80,092 | $32,821 | 41.0% | 67.8% |
| Hunts Point-Mott Haven | 51,034 | $30,443 | 44.2% | 68.6% |
| Kingsbridge-Riverdale | 39,216 | $70,708 | 20.9% | 37.8% |
| NE Bronx | 75,509 | $65,693 | 21.5% | 40.6% |
| Pelham-Throgs Neck | 109,376 | $55,862 | 27.1% | 46.5% |
| **Brooklyn** | **872,862** | **$67,753** | **23.2%** | **41.7%** |
| Bedford Stuyvesant-Crown Heights | 141,954 | $64,227 | 27.6% | 45.3% |
| Bensonhurst-Bay Ridge | 77,351 | $72,232 | 18.2% | 36.9% |
| Borough Park | 107,017 | $61,882 | 21.7% | 43.0% |
| Canarsie-Flatlands | 74,218 | $74,905 | 18.8% | 36.4% |
| Coney Island-Sheepshead Bay | 112,471 | $57,542 | 27.0% | 45.5% |
| Downtown Heights-Slope | 112,195 | $132,137 | 13.6% | 23.4% |
| East Flatbush-Flatbush | 112,459 | $67,628 | 18.4% | 37.3% |
| East New York | 67,547 | $47,634 | 30.5% | 51.9% |
| Greenpoint | 60,529 | $99,861 | 18.5% | 30.2% |
| Sunset Park | 36,694 | $62,060 | 20.7% | 42.4% |
| Williamsburg-Bushwick | 82,622 | $59,932 | 26.1% | 43.7% |
| **Manhattan** | **762,032** | **$93,956** | **19.5%** | **31.9%** |
| Central Harlem-Morningside Heights | 73,255 | $54,386 | 29.0% | 47.4% |
| Chelsea-Clinton | 93,031 | $115,266 | 17.2% | 29.1% |
| East Harlem | 47,374 | $33,493 | 43.0% | 60.7% |
| Gramercy Park-Murray | 74,087 | $140,236 | 11.2% | 20.7% |
| Greenwich Village-Soho | 41,983 | $131,448 | 12.3% | 20.4% |
| Lower Manhattan | 29,471 | $171,479 | 9.4% | 16.1% |
| Union Square-Lower East Side | 89,325 | $78,727 | 26.8% | 40.6% |
| Upper East Side | 108,706 | $137,939 | 10.5% | 18.5% |
| Upper West Side | 109,024 | $129,457 | 14.8% | 24.3% |
| Washington Heights-Inwood | 95,776 | $60,394 | 24.6% | 42.9% |
| **Queens** | **814,329** | **$75,886** | **15.5%** | **33.1%** |
| Bayside-Littleneck | 34,826 | $94,424 | 10.2% | 24.6% |
| Flushing-Clearview | 95,189 | $65,220 | 20.2% | 40.9% |
| Fresh Meadows | 35,354 | $76,126 | 17.0% | 35.0% |
| Jamaica | 107,991 | $76,622 | 15.3% | 33.3% |
| Long Island City-Astoria | 92,094 | $89,227 | 14.7% | 29.6% |
| Ridgewood-Forest Hills | 103,974 | $85,260 | 14.1% | 29.3% |
| Rockaway | 44,659 | $63,956 | 23.2% | 41.7% |
| SE Queens | 64,935 | $95,551 | 10.1% | 23.8% |
| SW Queens | 86,477 | $81,683 | 12.8% | 29.9% |
| West Queens | 148,830 | $65,734 | 16.4% | 37.6% |
| **Staten Island** | **169,528** | **$89,427** | **14.5%** | **29.0%** |
| Port Richmond | 23,054 | $81,202 | 19.5% | 32.4% |
| South Beach-Tottenville | 69,276 | $102,081 | 11.6% | 24.4% |
| Stapleton St. George | 45,437 | $73,115 | 18.4% | 34.8% |
| Willowbrook | 31,761 | $94,578 | 11.7% | 28.0% |
| **New York** | **7,530,150** | **$75,157** | **18.0%** | **35.1%** |
| **United States** | **124,010,992** | **$69,021** | **17.2%** | **36.8%** |

Source: U.S. Census Bureau, ACS 5-year estimates, 2017-2021, and Verité analysis.

There was significant variation in low-income households among boroughs and neighborhoods in New York City. The percentage of households with incomes below $25,000 was 32.9 percent in the Bronx (the highest), for instance, compared to 14.5 percent for Staten Island (the lowest). There was also considerable variation within boroughs by neighborhoods. For example, the Manhattan neighborhood of East Harlem had 43.0 percent of households with incomes below $25,000, while the Upper East Side neighborhood had 10.5 percent of households below this income level.

**Exhibit 15** presents a map of the percentage of households in the community with incomes under $25,000.

**Exhibit 15: Percent Households Less Than $25,000 Annual Income, by ZIP Code, 2021**

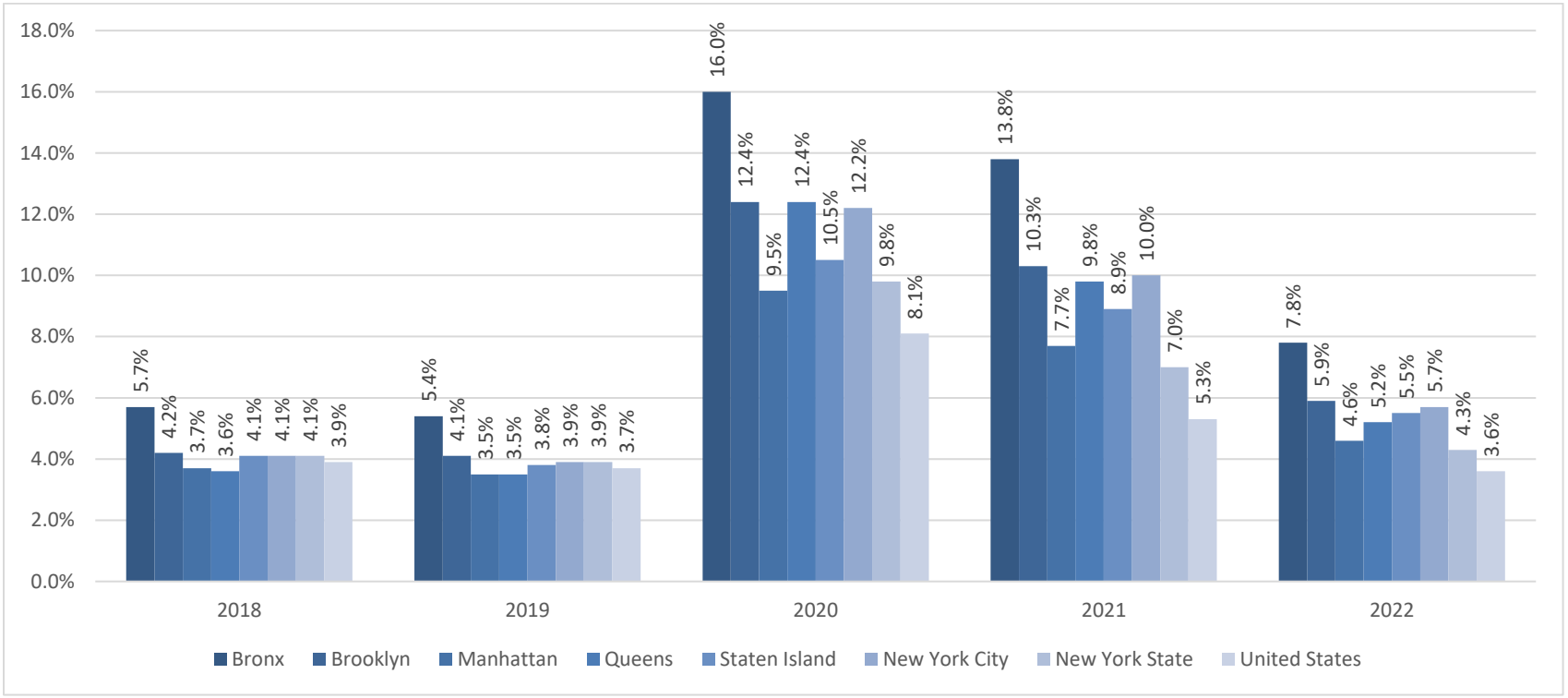



Sources: Caliper Maptitude (2023) and U.S. Census Bureau, ACS 5-year estimates, 2017-2021.
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

## Unemployment Rate

**Exhibit 16** shows the unemployment rate for each borough in the community, with New York City, New York State, and national averages for comparison.

**Exhibit 16: Unemployment Rates, 2018-2022**

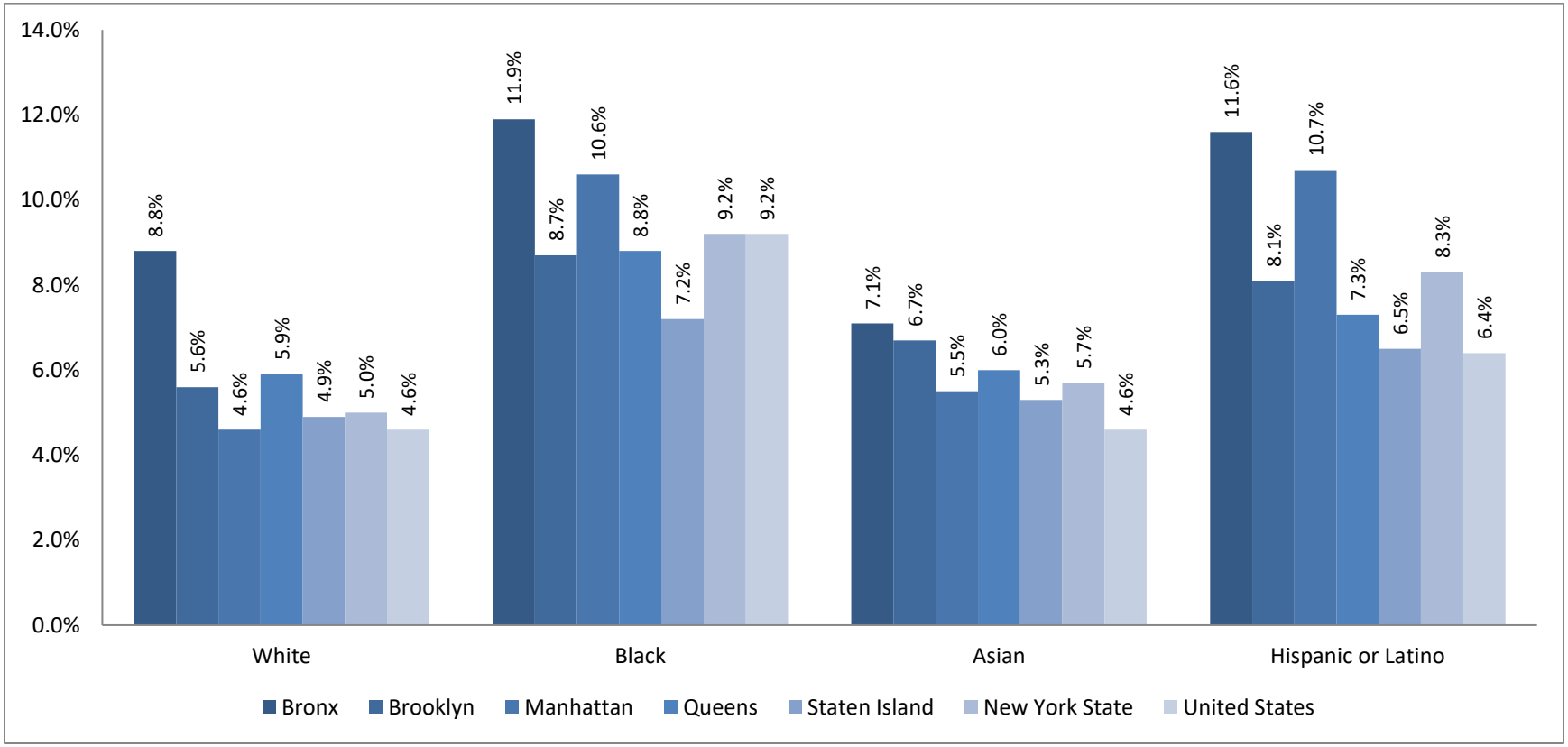



Source: U.S. Bureau of Labor Statistics, 2023.

New York City experienced higher unemployment rates than national averages for each year from 2018 through 2022. The unemployment rate in the Bronx was particularly high over this time period. All areas show an increase in unemployment in 2020, reflecting the impact of the COVID-19 pandemic, with unemployment decreasing in subsequent years.

**Exhibit 17** presents unemployment rates by race and ethnicity in each borough.

**Exhibit 17: Unemployment Rates by Race and Ethnicity, 2017-2021**




Source: U.S. Census Bureau, ACS 5-year estimates, 2017-2021.

The Black and Hispanic populations reported higher unemployment rates than other cohorts over the period 2017-2021. Differences in unemployment rates were most evident in Manhattan. The Bronx and Manhattan had higher rates of unemployment in the Black and Hispanic population than the state average.

## Insurance Status

**Exhibit 18** displays the percent of the population in the MSH community that is uninsured, with New York State and United States averages for comparison.

**Exhibit 18: Uninsured Population, 2017-2021**

| Borough and Neighborhood | Uninsured Population |
|---|---|
| **Bronx** | **7.8%** |
| Crotona-Tremont | 8.8% |
| Fordham-Bronx Park | 9.2% |
| High-Bridge-Morrisania | 7.8% |
| Hunts Point-Mott Haven | 9.0% |
| Kingsbridge-Riverdale | 4.2% |
| NE Bronx | 6.8% |
| Pelham-Throgs Neck | 7.0% |
| **Brooklyn** | **6.6%** |
| Bedford Stuyvesant-Crown Heights | 6.2% |
| Bensonhurst-Bay Ridge | 7.2% |
| Borough Park | 6.8% |
| Canarsie-Flatlands | 5.7% |
| Coney Island-Sheepshead Bay | 6.1% |
| Downtown Heights-Slope | 3.3% |
| East Flatbush-Flatbush | 7.6% |
| East New York | 5.6% |
| Greenpoint | 5.8% |
| Sunset Park | 12.4% |
| Williamsburg-Bushwick | 8.4% |
| **Manhattan** | **4.7%** |
| Central Harlem-Morningside Heights | 6.1% |
| Chelsea-Clinton | 3.0% |
| East Harlem | 7.3% |
| Gramercy Park-Murray | 3.2% |
| Greenwich Village-Soho | 3.5% |
| Lower Manhattan | 2.8% |
| Union Square-Lower East Side | 4.3% |
| Upper East Side | 2.9% |
| Upper West Side | 3.2% |
| Washington Heights-Inwood | 8.5% |
| **Queens** | **8.9%** |
| Bayside-Littleneck | 6.1% |
| Flushing-Clearview | 11.0% |
| Fresh Meadows | 6.2% |
| Jamaica | 7.5% |
| Long Island City-Astoria | 7.0% |
| Ridgewood-Forest Hills | 7.6% |
| Rockaway | 7.2% |
| SE Queens | 5.6% |
| SW Queens | 8.4% |
| West Queens | 13.7% |
| **Staten Island** | **4.1%** |
| Port Richmond | 6.4% |
| South Beach-Tottenville | 2.8% |
| Stapleton St. George | 5.2% |
| Willowbrook | 3.6% |
| **New York State** | **5.3%** |
| **United States** | **8.8%** |

Source: U.S. Census ACS 5-year estimates 2017-2021.

The boroughs of Bronx, Brooklyn, and Queens had higher rates of uninsured residents than the New York State average. Additionally, Queens had uninsured rates higher than the United States

average. The neighborhoods of Sunset Park (Brooklyn), Flushing-Clearview, and West Queens (Queens) each had uninsured rates of over 10 percent.

**Exhibit 19** portrays the distribution of MSH community discharges by neighborhood and by payer. This information helps to identify where higher percentages of self-pay individuals and Medicaid recipients live within the community.

**Exhibit 19: MSH Discharges by Neighborhood and Payer, 2022**

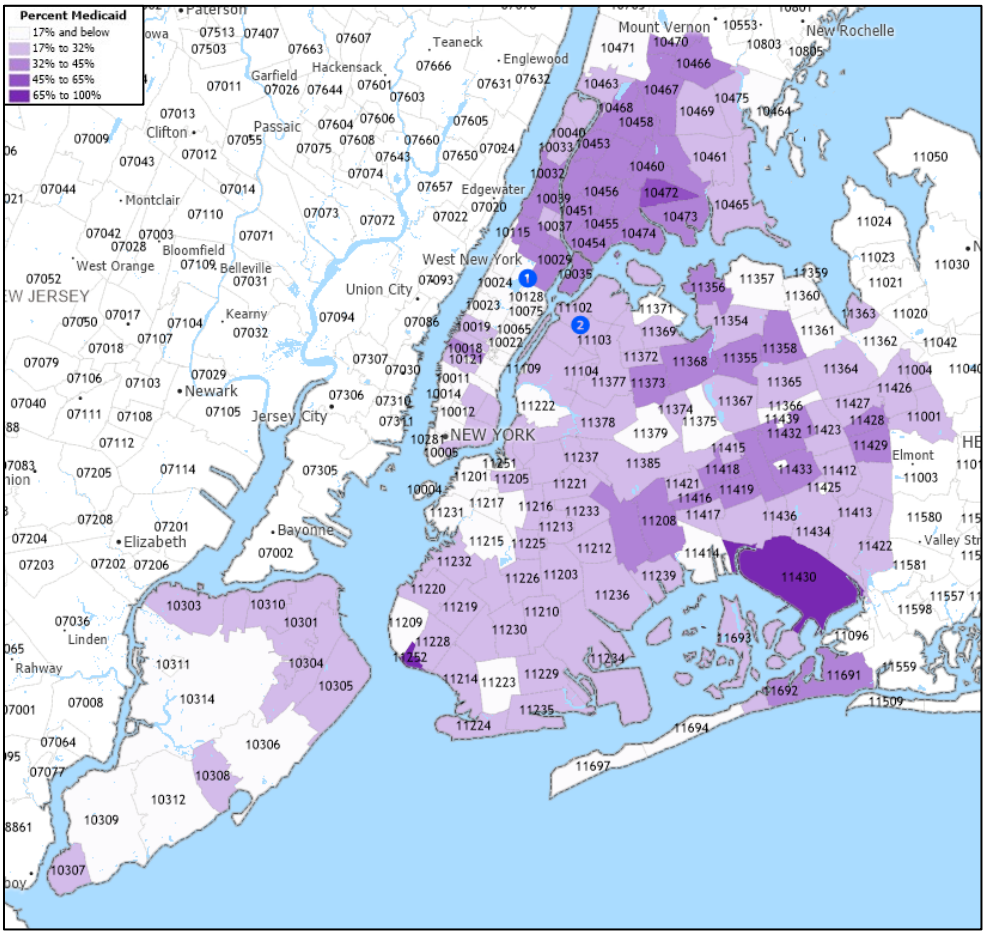
| Borough and Neighborhood | Private Insurance | Medicaid | Medicare | Exchange | Self-Pay / Other |
|---|---|---|---|---|---|
| **Bronx** | **20.7%** | **48.4%** | **27.7%** | **1.6%** | **1.7%** |
| Crotona-Tremont | 13.6% | 55.8% | 28.7% | 1.2% | 0.7% |
| Fordham-Bronx Park | 21.2% | 49.7% | 24.4% | 2.5% | 2.3% |
| High-Bridge-Morrisania | 16.7% | 52.7% | 27.0% | 1.8% | 1.7% |
| Hunts Point-Mott Haven | 14.6% | 54.8% | 27.5% | 2.2% | 0.9% |
| Kingsbridge-Riverdale | 41.9% | 17.2% | 37.9% | 1.1% | 1.9% |
| NE Bronx | 27.6% | 36.5% | 32.5% | 0.5% | 3.0% |
| Pelham-Throgs Neck | 26.6% | 46.1% | 24.1% | 1.2% | 2.1% |
| **Brooklyn** | **37.7%** | **27.8%** | **28.9%** | **4.0%** | **1.5%** |
| Bedford Stuyvesant-Crown Heights | 35.4% | 32.1% | 28.7% | 2.5% | 1.4% |
| Bensonhurst-Bay Ridge | 30.1% | 25.5% | 39.9% | 3.7% | 0.9% |
| Borough Park | 37.8% | 27.9% | 26.3% | 6.4% | 1.6% |
| Canarsie-Flatlands | 26.2% | 25.5% | 44.0% | 1.6% | 2.8% |
| Coney Island-Sheepshead Bay | 36.5% | 23.5% | 36.9% | 2.4% | 0.8% |
| Downtown Heights-Slope | 62.4% | 15.9% | 15.8% | 4.1% | 1.7% |
| East Flatbush-Flatbush | 36.0% | 32.1% | 27.8% | 2.7% | 1.5% |
| East New York | 18.1% | 41.9% | 35.8% | 2.1% | 2.1% |
| Greenpoint | 44.5% | 25.6% | 20.9% | 7.5% | 1.5% |
| Sunset Park | 25.0% | 31.9% | 33.6% | 7.8% | 1.7% |
| Williamsburg-Bushwick | 31.4% | 36.5% | 25.8% | 4.9% | 1.4% |
| **Manhattan** | **27.4%** | **28.4%** | **41.3%** | **1.4%** | **1.5%** |
| Central Harlem-Morningside Heights | 18.9% | 39.3% | 39.2% | 1.3% | 1.3% |
| Chelsea-Clinton | 41.0% | 23.2% | 31.1% | 2.2% | 2.5% |
| East Harlem | 10.9% | 41.5% | 45.9% | 0.7% | 1.0% |
| Gramercy Park-Murray | 52.4% | 7.3% | 34.1% | 1.6% | 4.5% |
| Greenwich Village-Soho | 66.1% | 8.9% | 21.1% | 2.4% | 1.5% |
| Lower Manhattan | 59.5% | 13.2% | 23.7% | 1.6% | 2.1% |
| Union Square-Lower East Side | 29.2% | 27.3% | 39.3% | 2.6% | 1.6% |
| Upper East Side | 48.6% | 8.9% | 39.3% | 1.6% | 1.6% |
| Upper West Side | 37.2% | 14.3% | 45.1% | 1.9% | 1.6% |
| Washington Heights-Inwood | 22.9% | 36.1% | 38.3% | 1.6% | 1.2% |
| **Queens** | **21.4%** | **31.2%** | **43.5%** | **2.7%** | **1.3%** |
| Bayside-Littleneck | 43.3% | 18.9% | 26.8% | 3.9% | 7.1% |
| Flushing-Clearview | 20.2% | 34.2% | 38.1% | 5.3% | 2.2% |
| Fresh Meadows | 36.2% | 25.7% | 31.7% | 2.8% | 3.7% |
| Jamaica | 20.9% | 42.7% | 31.9% | 2.9% | 1.6% |
| Long Island City-Astoria | 21.2% | 27.2% | 48.8% | 1.9% | 0.9% |
| Ridgewood-Forest Hills | 33.6% | 22.3% | 40.3% | 2.6% | 1.2% |
| Rockaway | 18.4% | 36.9% | 39.3% | 2.1% | 3.3% |
| SE Queens | 27.5% | 36.8% | 31.3% | 3.8% | 0.7% |
| SW Queens | 22.4% | 39.1% | 33.0% | 3.6% | 1.9% |
| West Queens | 17.3% | 35.7% | 42.5% | 3.3% | 1.2% |
| **Staten Island** | **31.1%** | **22.2%** | **40.7%** | **3.1%** | **2.9%** |
| Port Richmond | 28.3% | 34.2% | 35.3% | 2.1% | 0.0% |
| South Beach-Tottenville | 37.9% | 14.3% | 39.8% | 2.9% | 5.1% |
| Stapleton St. George | 24.6% | 25.4% | 43.4% | 4.0% | 2.6% |
| Willowbrook | 32.0% | 18.6% | 44.2% | 2.9% | 2.3% |
| **New York** | **26.6%** | **31.3%** | **38.3%** | **2.3%** | **1.5%** |

Source: Verité analysis dataset via the Mount Sinai Health System Health System

The highest percentages of discharges for private insurance were from the Bronx, Brooklyn, and Manhattan. Medicaid discharges were most prevalent in the Bronx and Queens. The percentage of Medicare discharges was highest in Manhattan, Queens, and Staten Island.

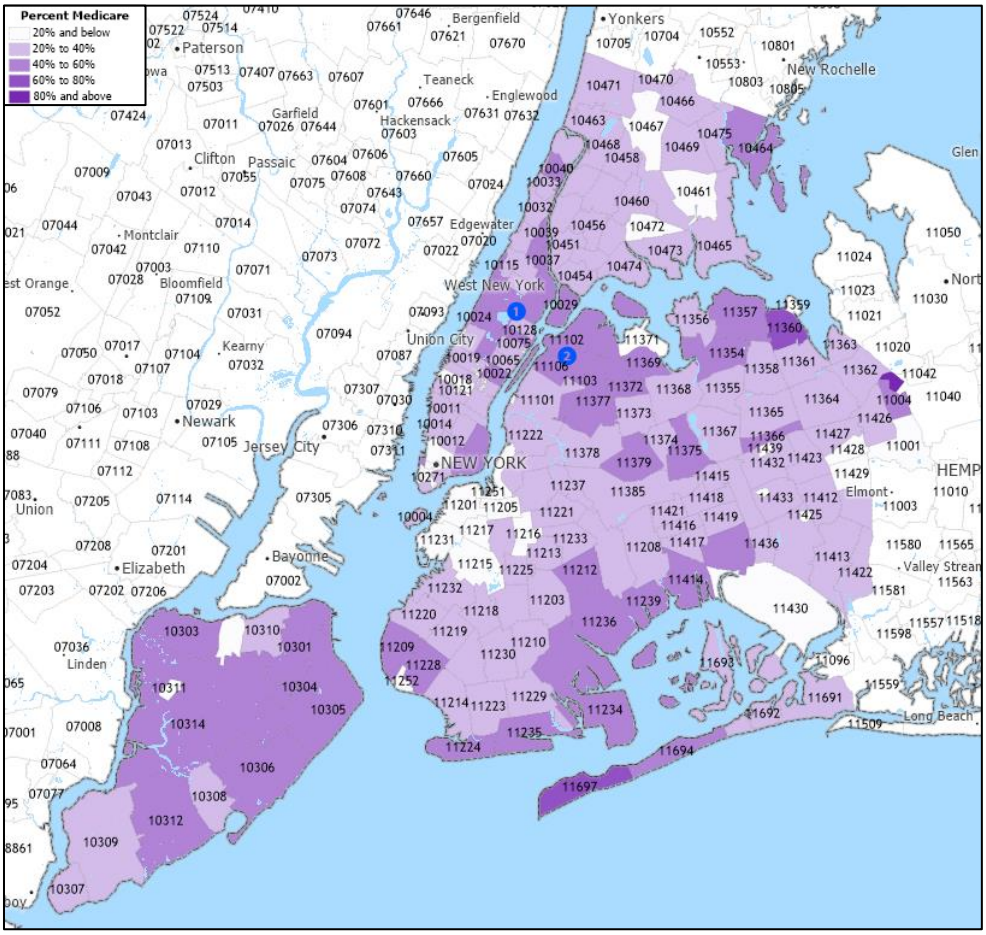
**Exhibits 20**, **21**, and **22** present MSH community discharges at a ZIP Code level.

**Exhibit 20A: Medicaid Discharges by ZIP Code, 2022**



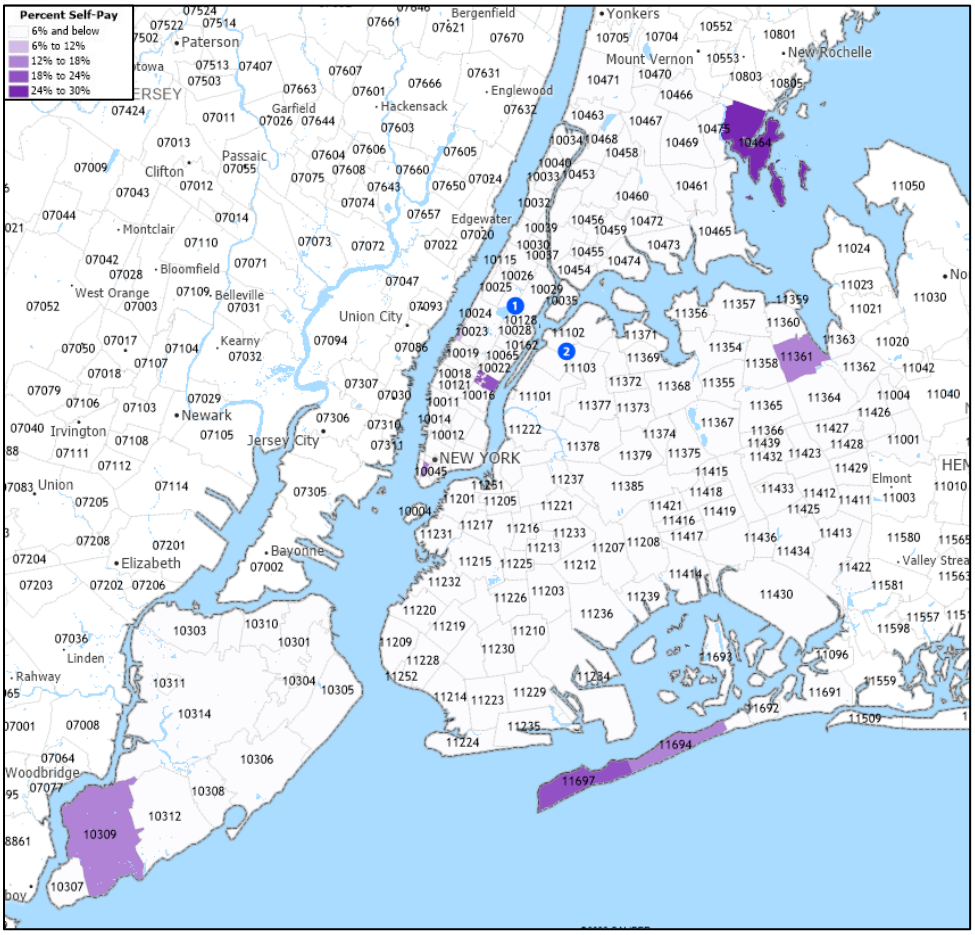

Source: Caliper Maptitude (2023) and Verité analysis of 2022 data from the Mount Sinai Health System.

## Exhibit 20B: Medicare Discharges by ZIP Code, 2022



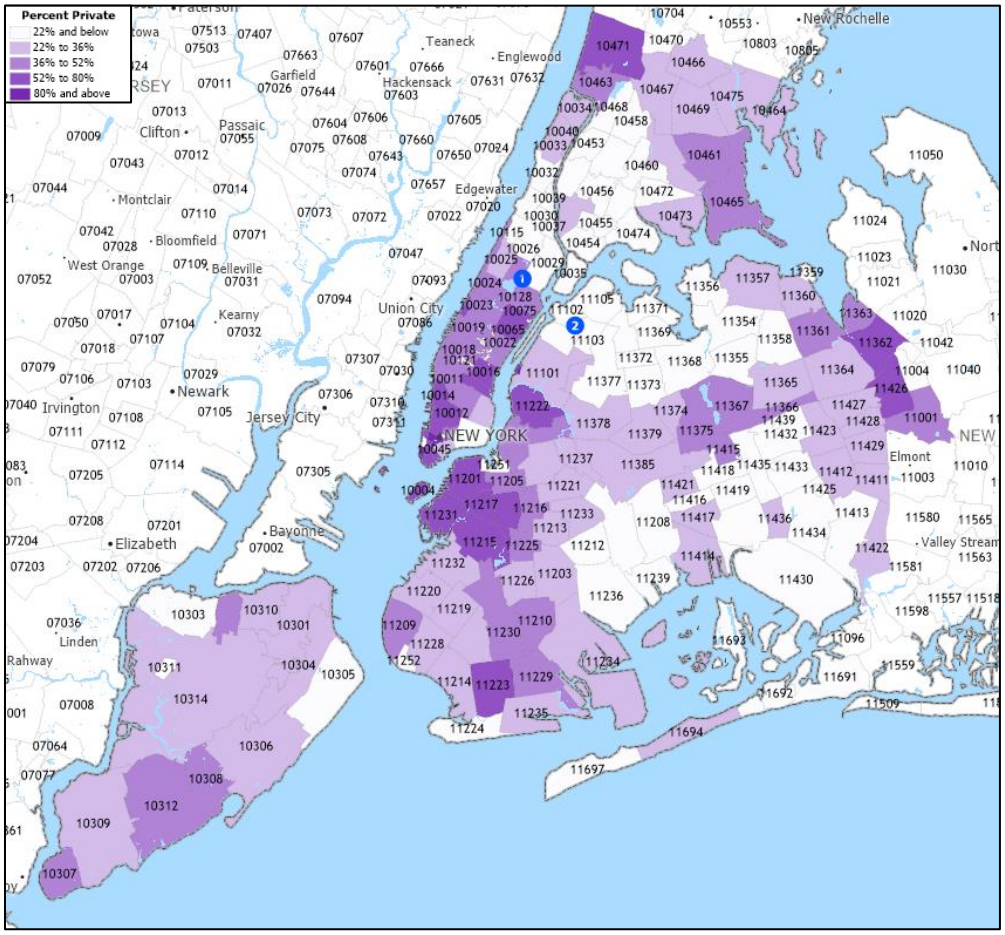

Source: Caliper Maptitude (2023) and Verité analysis of 2022 data from the Mount Sinai Health System.

## Exhibit 21: Self-Pay Discharges by ZIP Code, 2022




Source: Caliper Maptitude (2023) and Verité analysis of 2022 data from the Mount Sinai Health System.

## Exhibit 22: Private Discharges by ZIP Code, 2022




Source: Caliper Maptitude (2023) and Verité analysis of 2022 data from the Mount Sinai Health System.

## Crime

A safe environment supports community health by helping to prevent injury and promote recreation and good mental health. The Federal Bureau of Investigation's Uniform Crime Reporting Program provides data on violent and property crimes (**Exhibit 23**).

**Exhibit 23: Crime Rates per 100,000 Population, 2020**

| Indicator | New York City | New York State | United States |
|---|---|---|---|
| **Total Violent Crime** | 544.7 | **363.8** | **398.5** |
| Homicide | 5.3 | **4.2** | **6.5** |
| Rape | 25.6 | **28.3** | **38.4** |
| Robbery | 149.7 | **90.6** | **73.9** |
| Aggravated Assault | 364.1 | **240.7** | **279.7** |
| **Total Property Crime** | 1,469.3 | **1,410.7** | **1,958.2** |
| Burglary | 158.0 | **165.5** | **314.2** |
| Larceny | 1,206.2 | **1,143.6** | **1,398.0** |
| MV Theft | 105.2 | **101.7** | **246.0** |

Source: Federal Bureau of Investigation, Uniform Crime Reporting Program, 2023.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average.

New York City had comparatively high rates of violent crime in 2020, including homicide, robbery, and aggravated assault. The City also had high rates of property crimes when compared to New York State, but lower rates compared to the United States overall.

**Exhibit 24** presents crime rates among the young adult population aged 16-21, by borough in the community.

**Exhibit 24: Young Adult Crime Rates per 10,000 Population, 2020**

| Location | Young Adults - Driving While Intoxicated | | Young Adult Arrests - Drug Use/Possession/Sale Arrests | | Young Adult Arrests - Property Crimes Arrests | | Young Adult Arrests - Violent Crimes Arrests | |
|---|---|---|---|---|---|---|---|---|
| | Number | Rate | Number | Rate | Number | Rate | Number | Rate |
| Bronx | 40.0 | 3.0 | 573.0 | 43.0 | 643.0 | 48.2 | 1,427.0 | 107.0 |
| Brooklyn | 67.0 | 3.4 | 468.0 | 23.9 | 935.0 | 47.7 | 1,447.0 | 73.9 |
| Manhattan | 32.0 | 2.3 | 363.0 | 25.9 | 1,284.0 | 91.6 | 918.0 | 65.5 |
| Queens | 118.0 | 7.2 | 371.0 | 22.8 | 785.0 | 48.2 | 1,078.0 | 66.2 |
| Staten Island | 30.0 | 7.7 | 76.0 | 19.6 | 187.0 | 48.2 | 179.0 | 46.2 |
| New York City | 287.0 | 4.3 | 1,851.0 | 27.6 | 3,834.0 | 57.1 | 5,049.0 | 75.2 |
| New York State | 3,401.0 | 19.8 | 5,837.0 | 33.9 | 9,441.0 | 54.8 | 7,344.0 | 42.7 |

Source: NYS Division of Criminal Justice Services via Kids' Well-being Indicators Clearinghouse, 2023.
Rates are per 10,000 young adults aged 16-21 years. Data were presented by county, see Introduction.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average.

Young adult rates of driving while intoxicated compared well to the state. The rate of drug use, possession, or sale arrest rates were higher in the Bronx compared to New York City and the state. Property crime rates were higher in New York City compared to the state average and were more than 50 percent higher than the state average in Manhattan. Violent crime arrests were higher in all boroughs and New York City compared to the state and were more than 50 percent higher than the state in every borough except Staten Island.

## Housing and Homelessness

According to the U.S. Department of Housing and Urban Development (HUD), approximately 650,000 people in the five boroughs lived in HUD-subsidized housing in 2022, with approximately 65 percent of these residents living in the Bronx and Brooklyn. **Exhibit 25** provides average costs and wait times across all HUD programs.

**Exhibit 25: HUD-Subsidized Housing Estimates, All Programs, 2022**

| Location | People in Subsidized Housing | Average Household Income | Expenditure per Month | | Average Months on Waiting List |
|---|---|---|---|---|---|
| | | | Average Family Expenditure | Average HUD Expenditure | |
| Bronx | 201,889 | $20,001 | $488 | $1,186 | 27 |
| Brooklyn | 219,345 | $21,308 | $514 | $1,287 | 39 |
| Manhattan | 146,308 | $22,353 | $531 | $1,437 | 21 |
| Queens | 61,972 | $20,983 | $506 | $1,208 | 32 |
| Staten Island | 20,205 | $20,172 | $485 | $1,187 | 21 |
| **New York City** | **649,704** | **$21,092** | **$508** | **$1,282** | **30** |
| **New York State** | **985,056** | **$19,983** | **$481** | **$1,154** | **30** |
| **United States** | **9,027,284** | **$16,019** | **$386** | **$899** | **25** |

Source: U.S. Department of Housing and Urban Development, 2023.

Household and federal rent contributions per housing unit were higher in all boroughs than the state and U.S. averages. The average months on the waiting list for subsidized housing in Brooklyn and Queens were higher than state and national averages.

The New York City Housing Authority (NYCHA) is responsible for administering the City's Public Housing program and certain Section 8 Programs.[7] **Exhibit 26A** presents characteristics of NYCHA residents.

**Exhibit 26A: Characteristics of Families and Individuals Served by NYCHA, 2022**

| Location | Percentage of NYCHA Population Under 18 | Percentage of NYCHA Families with Head of Household 62+ | Percentage of NYCHA Population 62+ and Living Alone | Percentage of NYCHA Families with One Parent and Minors Under 18 | Percentage of NYCHA Families with One or More Employed |
|---|---|---|---|---|---|
| Bronx | 27.0% | 39.9% | 11.4% | 24.4% | 43.7% |
| Brooklyn | 26.2% | 39.3% | 10.4% | 22.8% | 45.2% |
| Manhattan | 22.0% | 46.9% | 12.6% | 18.3% | 41.9% |
| Queens | 25.3% | 41.0% | 11.7% | 23.2% | 43.8% |
| Staten Island | 31.0% | 39.4% | 12.3% | 26.1% | 39.0% |
| **New York City** | **25.2%** | **42.0%** | **11.5%** | **21.9%** | **43.5%** |

Source: New York City Housing Authority, Resident Data Book Summary, 2022.
Note: Light grey shading denotes higher than New York City average.

The Bronx, Brooklyn, Queens, and Staten Island have a higher percentage of residents who are under 18 than New York City overall. Manhattan has higher percentage of families with a head of household who is 62 years and older than other boroughs and New York City overall. In New York City, eleven and a half percent of NYCHA residents are 62 and older and live alone and approximately twenty-two percent of NYCHA households are single-parent families with children. Between 39.0 and 45.2 percent of NYCHA households have at least one family member who is employed.

[7] New York City Housing Authority (NYCHA). (2017, April). About NYCHA Fact Sheet. Retrieved 2017, from: https://www1.nyc.gov/assets/nycha/downloads/pdf/factsheet.pdf

**Exhibit 26B** presents additional characteristics of NYCHA residents by borough.

**Exhibit 26B: Characteristics of Families and Individuals Served by NYCHA, 2022**

| Borough | Average Family Size | All Average Total Gross Income | All Families Average Years in Public Housing |
|---|---|---|---|
| Bronx | 2.2 | $23,067 | 23.3 |
| Brooklyn | 2.2 | $24,864 | 23.8 |
| Manhattan | 2.1 | $25,232 | 27.6 |
| Queens | 2.1 | $24,693 | 23.4 |
| Staten Island | 2.2 | $23,254 | 19.4 |
| New York City | 2.2 | $24,454 | 24.7 |

Source: New York City Housing Authority, Resident Data Book Summary, 2022.

The average NYCHA family size ranges from 2.1 to 2.2 persons in community boroughs and New York City and average gross income is approximately $24,000. Manhattan residents served by NYCHA report longer tenures in public housing at an average of 27.6 years compared to the New York City average of 24.7 years.

The New York City Department of Homeless Services provides short-term, emergency shelter for individuals and families and engages in homelessness prevention initiatives. Each year, the Department conducts the Homeless Outreach Population Estimate (HOPE) survey, a point-in time-estimate of unsheltered individuals. **Exhibit 27** provides the results of the 2023 estimate.

**Exhibit 27: Unsheltered Individuals, 2021-2023**

| Borough | Unsheltered 2021 | Unsheltered 2022 | Unsheltered 2023 | Percent Change 2021-2023 | Percent Change 2022-2023 |
|---|---|---|---|---|---|
| **Surface Areas** | **1,096** | **1,297** | **1,919** | **75.1%** | **48.0%** |
| Manhattan | 700 | 571 | 1,188 | 69.7% | 108.1% |
| Bronx | 145 | 163 | 283 | 95.2% | 73.6% |
| Brooklyn | 117 | 228 | 187 | 59.8% | -18.0% |
| Queens | 88 | 283 | 222 | 152.3% | -21.6% |
| Staten Island | 46 | 52 | 39 | -15.2% | -25.0% |
| **Subways** | **1,280** | **2,142** | **2,123** | **65.9%** | **-0.9%** |
| **Total Unsheltered Individuals** | **2,376** | **3,439** | **4,042** | **70.1%** | **17.5%** |

Source: New York City Department of Homeless Services, 2023.

In 2023, an estimated 4,042 people in New York City were unsheltered, a 70.1 percent increase from 2021 and a 17.5 percent increase from 2022. The number of unsheltered individuals increased in each borough, except Staten Island, from 2021 to 2023. From 2021 to 2022 there was an increase of 65.9 percent of unsheltered individuals in the subways, followed by a less than one percent decrease of unsheltered individuals in the subways from 2022 to 2023.

New York City's overall rate of homelessness (39.2 per 100,000) is lower than that of many other large cities (**Exhibit 28**).

**Exhibit 28: Homelessness Rate, Selected Cities, 2022**

| City or Metropolitan Area | Total Population, 2022 | Unsheltered Homeless, 2022 | Rate per 100,000 |
|---|---|---|---|
| San Francisco | 808,437 | 4,397 | 543.9 |
| Los Angeles City & County | 10,014,042 | 45,878 | 458.1 |
| Seattle/King County | 2,266,789 | 7,685 | 339.0 |
| District of Columbia | 689,546 | 690 | 100.1 |
| Philadelphia | 1,603,799 | 788 | 49.1 |
| Chicago | 2,746,352 | 1,263 | 46.0 |
| **New York City** | **8,804,194** | **3,455** | **39.2** |
| Miami/Dade County | 2,673,837 | 970 | 36.3 |
| Boston | 675,632 | 119 | 17.6 |

Source: Verité analysis of data from the U.S. Department of Housing and Urban Development, 2023 and the U.S. Census, 2023

## State of New York and New York City Budget Trends

Examining recent trends in public budgets for health care, public health, and social services can illuminate the availability of public services that support the health of the community.

**New York State Budget Changes between FY 2023 and FY 2024**[8]

The State of New York provides "download disbursement information for the budget year and prior years going back to FY 1995 for all governmental funds."[9] The estimated FY 2023-2024 expenditures budget includes both funding increases and decreases from FY 2023-2024 for health-related services. Changes include:

- **Health**
  - The overall estimated expenditures for health increased $7.8 billion, or 8.6 percent;
  - The Office for the Aging budget increased $9.5 million, or 3.2 percent;
  - The Department of Health budget increased $7.8 billion, or 8.6 percent; and
  - The Office of the Medicaid Inspector General increased $1.9 million, or 4.0 percent.
- **Social Welfare**
  - The overall Social Welfare budget decreased $0.4 billion, or -3.0 percent;
  - The Office of Children and Family Services budget decreased $643.4 million, or -14.6 percent;
  - The Division of Housing and Community Renewal budget increased $421.2 million, or 33.0 percent;
  - The Division of Human Rights budget increased $10.0 million, or 65.0 percent;
  - The Department of Labor budget decreased $55.6 million, or -7.5 percent;
  - The National and Community Service budget increased $7.0 million, or 62.5 percent;
  - The Nonprofit Infrastructure Capital Investment Program budget increased $26.0 million, or 391.3 percent;
  - The Office of Temporary and Disability Assistance budget decreased $175.4 million, or -2.4 percent.
- **Mental Hygiene**
  - The overall Mental Hygiene budget increased $3.0 billion, or 33.8 percent;
  - The Office of Addiction Services and Supports budget increased $314.7 million, or 39.6 percent;
  - The Justice Center for the Protection of People with Special Needs budget increased $0.5 million, or 1.0 percent;
  - The Office of Mental Health budget increased $854.3 million, or 21.8 percent;
  - The Office for People with Developmental Disabilities increased $1.9 billion, or 44.1 percent.

[8] New York State Department of the Budget. (2023). *New York State Budget.* Retrieved 2023, from: ttps://openbudget.ny.gov/spendingForm.html

[9] https://openbudget.ny.gov/spendingForm.html

**New York City Budget Changes between FY 2023 and FY 2024**

The New York City Council budget for FY 2024 "demonstrates the Council's commitment to protecting the essential services that underpin the health, safety, and success of New Yorkers." While "New York City faces a number of fiscal challenges … the response does not merit sweeping cuts, but thoughtful decisions and investments."[10]

Included in the budget are Council initiatives for programs and services which are intended to meet community needs and fill gaps in services provided through the New York City government. Such programs and services are provided by community-based organizations, non-profit entities, and public service agencies, which are allocated discretionary funds from the Council.

The Council funded multiple organizations for numerous programs across various budget categories. FY 2024 budget categories that related to health are as follows:

- Anti-Poverty
- Community Development
- Community Safety and Victim Services
- Criminal Justice Services
- Domestic Violence Services
- Education
- Food Initiatives
- Health Services
- Homeless Services
- Housing
- Immigrant Services
- Mental Health Services
- Older Adult Services (formerly Senior Services)
- Veteran Services
- Youth Services
- Young Women's Initiative

A summary of programs by budget category, including a comparison to the FY 2023 budget, is below.

- **Anti-Poverty** – Purposes of funds distributed through the initiative include numerous grants for food assistance, housing preservation, nutrition education, workforce development, and social service resources. For FY 2024, $2,800,000 is budgeted for the initiative, which is unchanged from FY 2023.

[10] New York City Council Finance Division (2023), *Fiscal Year 2024 Adopted Expense Budget, Adjustment Summary* [Schedule C].

- **Community Development** – Initiatives are as follows:
    - AAPI Community Support, "programming for Asian American and Pacific Islander communities including direct services, mental health support, youth programs, racial literacy, and other culturally competent services," administered by Department of Youth and Community Development (DYCD), is budgeted for FY 2024 at $5,060,000, an increase of $60,000 from FY 2023;
    - The Adult Literacy Initiative, support for "basic literacy, English for Speakers of Other Languages and High School Equivalency classes, as well as civics education classes, for adults who cannot read, write or speak English," administered by DYCD, is budgeted for FY 2024 at $4,000,000, which is unchanged from FY 2023;
    - The Adult Literacy Pilot Project, "support services to students and fund digital literacy, professional development, and contextualized curriculum and instruction," administered by DYCD, is budgeted for FY 2024 at $2,500,000, which is unchanged from FY 2023;
    - The Communities of Color Nonprofit Stabilization Fund, "capacity building, strengthening and rescuing of nonprofit human service providers that serve communities of color," administered by DYCD, is budgeted for FY 2024 at $3,700,000, which is unchanged from FY 2023;
    - The Digital Inclusion and Literacy Initiative, "computer-based training and learning, technical skill development, improve internet access, and offer free public streaming services," is budgeted for FY 2024 at $4,590,000, which is unchanged from FY 2023;
    - The Diversity, Inclusion and Equity in Tech Initiative, "career readiness training for residents of the New York City Housing Authority (NYCHA) pursuing careers in the technology industry," administered by DYCD, is budgeted for FY 2024 at $700,000, which is unchanged from FY 2023;
    - LGBTQIA+ Community Services, "programs that increase coordinated delivery of health and human services for LGBT people and families," administered by DYCD, is budgeted for FY 2024 at $4,405,625, a decrease of $819,375 from FY 2023; and
    - Trans Equity Programs, "services to help empower the transgender and gender non-conforming (TGNC) community, administered by the Department of Health and Mental Hygiene (DOHMH), is budgeted for FY 2024 at $3,225,000, a decrease of $50,000 from FY 2023.

- **Community Safety and Victim Services**
    - Community Safety and Victim Services Initiatives are supports for "essential services that strengthen communities and make them safer. Initiatives include "services for victims of crime, as well as programs for youth, economic opportunity, housing stability, physical and mental health, community and recreational programs, and expanded access to services. Initiatives, administered by multiple agencies, are budgeted at $5,100,000, which is unchanged from FY 2023.

- **Criminal Justice Services** – Initiatives are as follows:
    - Alternatives to Incarceration (ATI), "alternative-to-incarceration (ATI) programs that provide individuals involved in the criminal justice system with intermediate sanctions," administered by the Mayor's Office of Criminal Justice (MOCJ), is budgeted for FY 2024 at $14,487,000, which is unchanged from FY 2023;
    - Discharge Planning, post-incarceration programming "to support reentry into communities," administered by DYCD, is budgeted for FY 2024 at $350,000, an increase of $100,000 from FY 2023;
    - Diversion Programs, various diversion programs across the City, administered by MOCJ, are budgeted for FY 2024 at $ 2,525,000, which is unchanged from FY 2023;
    - The Initiative to Combat Sexual Assault, support to "community-based organizations that provide physical and sexual assault related services," administered by ACS and DYCD, is budgeted for FY 2024 at $4,160,000, which is decrease of $50,000 from FY 2023;
    - Innovative Criminal Justice Programs, support to "criminal justice programs and reform efforts," administered through multiple City agencies, is budgeted for FY 2024 at $2,637,948, which is unchanged from FY 2023;
    - Support for Victims of Human Trafficking, "counseling and assistance with mental health, education, immigration, housing and employment services," administered by MOCJ, is budgeted for FY 2024 at $1,022,065, which is a decrease of $177,935 from FY 2023; and
    - Supports for Persons Involved in the Sex Trade, support to "organizations that offer services including health care, legal assistance, housing, emergency shelter, and case management to persons involved in the sex trade," administered through multiple City agencies, are budgeted for FY 2024 at $3,476,697, a decrease of $958,000 from FY 2023.

- **Domestic Violence Services** – Initiatives are as follows:
    - The Domestic Violence and Empowerment (DoVE) Initiative "supports a range of services that include case management, crisis intervention, referrals, counseling, empowerment workshops, legal advocacy and referrals," administered by multiple agencies, is budgeted for FY 2024 at $12,010,000, an increase of $510,000 from FY 2023; and
    - The Supportive Alternatives to Violent Encounters (SAVE), support for domestic violence programs, administered by multiple City agencies, is budgeted for FY 2024 at $2,450,000, which is unchanged from FY 2023.

- **Education** – Initiatives are as follows:
    - City's First Readers, support for "organizations that foster literacy development through direct programming, book distribution, parent engagement and in-home training," administered by multiple agencies, is budgeted for FY 2024 at $5,449,667, which is unchanged from FY 2023;
    - College and Career Readiness, support for "programs that ensure students are college and career ready," administered by DOE, is budgeted for FY 2024 at $1,740,000, which is unchanged from FY 2023;

- Community Schools initiatives, "funding supports community schools," administered by DOE, is budgeted for FY 2024 at $3,750,000, which is unchanged from FY 2023;
- Education Equity Action Plan, supports for "the creation of a K-12 Black Studies curriculum as well as support professional development of educators to support the effective implementation of the curriculum," administered by DOE, is budgeted for FY 2024 at $5,000,000, a decrease of $5,000,000 from FY 2023;
- Education Equity Action Plan, supports for "the creation of a K-12 Black Studies curriculum as well as support professional development of educators to support the effective implementation of the curriculum," administered by DOE, is budgeted for FY 2024 at $5,000,000, a decrease of $5,000,000 from FY 2023;
- Educational Programs for Students, support for "direct educational programs for students in areas such as literacy, math, science and technology," administered by DOE and DYCD, is budgeted for FY 2024 at $7,143,133, which is unchanged from FY 2023;
- The Jill Chaifetz Helpline, support for a helpline that "provides information about the policies, programs and practices of the Department of Education and its schools," administered by DYCD, is budgeted for FY 2024 at $500,000, which is unchanged from FY 2023;
- The LGBTQ Inclusive Curriculum, the "DOE's effort to support the needs of LGBTQIA+ youth and address the intersectionality of race, sexual orientation and gender identity through DOE's general curriculum," administered by DOE and DYCD, is budgeted for FY 2024 at $2,800,000, which is unchanged from FY 2023;
- Physical Education and Fitness, support "to improve fitness levels and the overall health of students by providing physical activity and fitness programs," administered by DOE and DYCD, is budgeted for FY 2024 at $925,000, a decrease of $250,000 from FY 2023;
- Social and Emotional Supports for Students, "a range of social-emotional supports to students experiencing severe adversity and trauma," administered by DOE, is budgeted for FY 2024 at $ 2,016,500, an increase of $100,00 from FY 2023;
- Substance Abuse Prevention and Intervention Specialists, support for "a range of prevention and intervention services in grades K-12," is budgeted for FY 2024 for $0, a decrease of $2,000,000 from 2023;
- Support for Arts Instruction, "funding to support K-12 arts instruction, administered by DOE, is budgeted for FY 2024 at $4,000,000, an increase of $1,000,000 from FY 2023; and
- Support for Educators, funding support for "professional development, training, and mentorship for educators and school leaders," administered by DOE, is budgeted for FY 2021 at $4,400,000, which is unchanged from FY 2023.

- **Food Initiatives** – Initiatives are as follows:
    - Access to Healthy Food and Nutritional Education, support for "programs that expand access to healthy food and improve understanding of nutrition and wholesome food choices," administered by the City University of New York (CUNY) and DYCD, is budgeted for FY 2024 at $2,133,750, which is unchanged from FY 2023;
    - Food Access and Benefits, support for "technical assistance" "and SNAP eligibility screening, application, and recertification assistance," administered by DSS and the Human Resources Administration (HRA), is budgeted for FY 2024 at $1,500,000, which is unchanged from FY 2023; and
    - Food Pantries, support for "food and hygiene product purchases and operational expenses for food pantries and soup kitchens," administered by DYCD, is budgeted for FY 2024 at $7,260,000, which is a decrease of $370,203 from FY 2023.

- **Health Services** – Initiatives are as follows:
    - Abortion Access Fund support for "referral-based services that provides travel, food, lodging, childcare and other logistical support for individuals seeking abortions," administered by DOHMH, is budgeted for FY 2024 at $850,000 and appears to be a new initiative;
    - Access Health, support to "culturally and linguistically competent community-based organizations to conduct outreach and education efforts," administered by the DOHMH, is budgeted for FY 2024 at $3,620,210, a decrease of $78,969 from FY 2023;
    - Cancer Services, support for "various educational and supportive services for breast, colon, and ovarian cancer," administered by DOHMH, is budgeted for FY 2024 at $743,908, which is unchanged from FY 2023;
    - Child Health and Wellness, support for "child health and wellness through various programs and services," administered by DOHMH, is budgeted for FY 2024 at $664,719, which is unchanged from FY 2023;
    - Ending the Epidemic, "prevention, education, outreach, and support services … to decrease new HIV infections is budgeted for FY 2024 at $9,373,342, a decrease of $179,688 from FY 2023;
    - HIV/AIDS Faith Based, support for "HIV/AIDS prevention, education, outreach, advocacy, and support services in local religious institutions and community-based organizations," administered by DOHMH, is budgeted for FY 2024 at $1,966,311, a decrease of $111,009 from FY 2023;
    - Maternal and Child Health Services, support for a "range of maternal and child health services and coordination efforts that aid expectant mothers and women of childbearing age," administered by DOHMH, is budgeted for FY 2024 at $3,728,525, which is unchanged from FY 2023;
    - Managed Care Consumer Assistance Program, support to "culturally and linguistically competent community-based organizations to conduct outreach, support and education efforts regarding healthcare access and coverage," including Medicare, Medicaid, and other public programs, administered by

DOHMH, is budgeted for FY 2024 at $953,787, which is a decrease of $60,327 from FY 2023;
    - Reproductive & Sexual Health Services, support for "a range of reproductive and sexual health services," administered by DOHMH, is budgeted for FY 2024 at $554,423, which is unchanged from FY 2023; and
    - Viral Hepatitis Prevention, support for a "a range of programs and services intended to combat the spread of Hepatitis B/C and HIV as passed through intravenous drug use," administered by DOHMH, is budgeted for FY 2024 at $2,247,454, a decrease of $118,653 from FY 2023.

- **Homeless Services** – Initiatives are as follows:
    - Children and Families in NYC Homeless System, "comprehensive case management services incorporating trauma-informed care, evidence-based interventions, and aftercare programs to children and families in homeless shelters," administered by the Department of Homeless Services (DHS), is budgeted for FY 2024 at $1,350,000, which is unchanged from FY 2023; and
    - Citywide Homeless Prevention Fund, support for "homelessness prevention programs that provide emergency grants to families in crisis at risk of eviction in order to keep them in their homes and avoid the shelter system," administered by HRA, is budgeted for FY 2024 at $820,000, which is unchanged from FY 2023.

- **Housing** –Initiatives are as follows:
    - Community Housing Preservation Strategies, support for "that work on a neighborhood level to combat the loss of affordable housing," administered by the Department of Housing Preservation and Development (HPD), is budgeted for FY 2024 at $3,651,000, which is unchanged from FY 2023;
    - Community Land Trust, support for "organizations that work on a neighborhood level to develop and expand the community land trust (CLT) model citywide," administered by HPD, is budgeted for FY 2024 at $1,500,000, which is unchanged from FY 2023;
    - Financial Empowerment for NYC Renters, supports "a financial empowerment program for New Yorkers looking to rent and apply for affordable housing," administered by HPD and the Department of Consumer and Worker Protection (DCWP), is budgeted for FY 2024 at $450,000, which is unchanged from FY 2023;
    - Foreclosure Prevention Programs, support for "foreclosure prevention programs, including the purchase of distressed mortgage notes, foreclosure prevention counseling and referral services, legal assistance, loan remediation assistance, mortgage modifications, outreach and education, training, research and advocacy around sub-prime lending and mortgage foreclosures," administered by HPD, are budgeted for FY 2024 at $4,150,000, a decrease of $100,000 from FY 2023;
    - Home Loan Program, funding for "direct, low-interest home improvement loans to owners of one-to four-family homes in the five boroughs," administered by HPD, is budgeted for FY 2024 at $1,800,000, a decrease of $200,000 from FY 2023;

- Housing Court Answers, support for "anti-eviction education and referral services at the City's housing courts," administered by DSS/HRA is budgeted for FY 2024 at $650,000, which is unchanged from FY 2023;
- Housing Information Project (SHIP), support for "the maintenance, management and expansion of a comprehensive database of New York City's privately owned subsidized housing, dissemination of the information to the public, and maintenance of the technical platform," administered by HPD, is budgeted for FY 2024 at $300,000, which is unchanged from FY 2023; and
- Stabilizing NYC, support to "combat the loss of affordable housing at the hands of predatory equity companies, and to defend low-income tenants in predatory equity building from harassment and eviction," administered by HPD, is budgeted for FY 2024 at $3,700,000, a decrease of $50,000 from FY 2023.

- **Immigrant Services** – Initiatives are as follows:
  - The CUNY Citizenship NOW! Program, support for "free immigration law services to assist immigrants on their path to U.S. citizenship," administered by CUNY and DYCD, is budgeted for FY 2024 at $3,350,000, an increase of $100,000 from FY 2023;
  - Immigrant Health Initiative, support for "programs that decrease health disparities among foreign-born New Yorkers by improving access to health care, addressing cultural and language barriers, and targeting resources and interventions," administered by DOHMH and H+H, is budgeted for FY 2024 at $2,430,341, which is unchanged from FY 2023;
  - Immigrant Opportunities Initiative, support for "legal services for recent immigrants to assist with applications for citizenship or permanent residency," administered by DSS/HRA and CUNY, is budgeted for FY 2024 at $2,600,000, which is unchanged from FY 2023;
  - Key to the City, support for "consulate identification services to overcome barriers to schools, financial institutions, higher education, and public safety; financial empowerment and access to sound financial services and college readiness workshops, immigration legal screenings, and other programs," administered by DYCD and budgeted for FY 2024 at $700,000, which is unchanged from FY 2023;
  - New York Immigrant Family Unity Project, support for "legal representation for New York immigrants detained and facing deportation who cannot afford an attorney," administered by DSS/HRA, is budgeted for FY 2024 at $16,600,000, which is unchanged from FY 2023;
  - Unaccompanied Minors and Families, support for "legal counsel for children in removal proceedings, and social services to children appearing on the Juvenile and Surge Dockets in New York Immigration court," administered by HRA, is budgeted for FY 2024 at $3,981,800, which is unchanged from FY 2023; and
  - Welcome NYC, support for "asylum seekers with workforce development programs, support literacy services, mentoring program, college awareness, youth leadership, social and educational programs, food services and other programs," administered by DYCD, is budgeted for FY 2024 at $1,175,000 and appears to be a new initiative.

- **Mental Health Services** – Initiatives are as follows:
    - Autism Awareness, support for "wraparound services for autistic children in after-school and summer programs and during school closings," administered by DOHMH and DCLA, is budgeted for FY 2024 at $3,261,846, a decrease of $55,000 from FY 2023;
    - Children Under Five, support for "community-based outpatient mental health clinics that provide mental health treatment to children aged five years and younger," administered by DOHMH, is budgeted for FY 2024 at $1,556,231, a decrease of $230,769 from FY 2023;
    - Court-Involved Youth Mental Health, support for "programs that utilize risk assessment tools to identify juveniles in the arrest process who require mental health services and that provide family counseling and respite services to families of court-involved youth," administered by DOHMH, is budgeted for FY 2024 at $3,425,000, which is unchanged from FY 2023;
    - Developmental, Psychological & Behavioral Health Services, support for "a range of programs and services that address the needs of individuals with chemical dependencies, developmental disabilities, and/or serious mental illnesses, as well as the needs of their families and caregivers," administered by DOHMH, is budgeted for FY 2024 at $2,255,493, which is unchanged from FY 2023;
    - Geriatric Mental Health, support to "organizations that provide a range of mental health services to older adults in 'non-clinical settings,' such as senior centers, drop-in centers, religious institutions, social clubs, homeless prevention programs, and individual homes," administered by DOHMH and DCLA, is budgeted for FY 2024 at $3,405,540, which is unchanged from FY 2023;
    - LGBTQIA+ Youth All-Borough Mental Health, support for "comprehensive mental health services for vulnerable LGBTQIA+ youth throughout the City," administered by DOHMH, is budgeted for FY 2024 at $1,200,000, which is unchanged from FY 2023;
    - Mental Health Services for Vulnerable Populations, support for "community-based organizations and advocacy networks that provide a range of mental health programs, services, trainings, and referrals throughout the City," administered by DOHMH, is budgeted for FY 2024 at $3,663,000, a decrease of $270,000 from FY 2023;
    - Mental Health Workforce Retention and Development, support for "retention and recruitment of public-mental health professionals working at public-facing agencies/organizations," administered by CUNY, is budgeted for FY 2024 at $250,000 and appears to be a new initiative;
    - Opioid Prevention and Treatment, support for "community-based organizations to conduct localized prevention and treatment efforts around opioid abuse," administered by DOHMH, is budgeted for FY 2024 at $3,075,000, a decrease of $425,000 from FY 2023; and
    - Trauma Recovery Centers, support for "the creation of New York City's first trauma recovery centers (TRC) to provide trauma-informed healing support to survivors of violent crime from underserved communities," administered by DOHMH, is budgeted for FY 2024 at $2,400,000, which is unchanged from FY 2023.

- **Older Adult Services (formerly Senior Services)** – Initiatives are as follows:
    - Access to Critical Services for Older Adults (formerly Access to Critical Services for Seniors), "funds a range of emergency services for low-income older adults, including emergency food and clothing, employment and legal assistance, benefit connections, and home safety," administered by DFTA, is budgeted for FY 2024 at $1,180,000, which is unchanged from FY 2023;
    - Borough Presidents' Discretionary Funding Restoration, "supports older adult services including older adult clubs, meals, case management, homecare, transportation, and other services," administered by DFTA, is budgeted for FY 2024 at $1,129,774, which is unchanged form FY 2023;
    - Case management, "case management services for eligible older adults" administered by DFTA, is budgeted for FY 2024 at $2,000,000, which is unchanged from FY 2023;
    - Elder Abuse Prevention Programs, "prevention programs that provide services to victims of elder abuse for organizations that specialize in serving immigrant populations" administered by DFTA, is budgeted for FY 2021 at $335,000, which is unchanged from FY 2023;
    - Elie Wiesel Holocaust Survivors, support for "Holocaust survivors living at or below the poverty line" administered by DFTA, is budgeted for FY 2024 at $4,200,000, a decrease of $50,000 from FY 2023;
    - Information and Referral Services, support for "information and referral services related to older adult services and other resources in the community" administered by DFTA, is budgeted for FY 2024 at $407,811, which is unchanged from FY 2023;
    - LGBTQIA+ Older Adult Services in Every Borough (formerly LGBTQ Senior Services in Every Borough), support for "variety of LGBTQIA+ culturally competent services for older adults," administered by DFTA, is budgeted for FY 2021 at $1,755,000, an increase $255,000 from FY 2023;
    - Naturally Occurring Retirement Communities (NORCs), support for "programs and nursing services offered by vertical and horizontal Naturally Occurring Retirement Communities (NORCs)," administered by DFTA, is budgeted for FY 2024 at $5,181,768, a decrease of $909,258 from FY 2023;
    - Older Adult Clubs for Immigrant Populations (formerly Senior Centers for Immigrant Populations) support "to culturally competent and linguistically accessible non-NYC Aging older adult clubs and programmatic support for NYC Aging older adult clubs that predominantly serve immigrant older adults," administered by DFTA, is budgeted for FY 2024 at $1,500,000, which is unchanged from FY 2023;
    - Older Adult Clubs, Programs, and Enhancements (formerly Senior Centers, Programs, and Enhancements), "operational and programmatic support for older adult clubs, meals, homecare, transportation, and other older adult services programs," administered by DFTA, is budgeted for FY 2024 at $2,145,415, a decrease of $2,231,255 from FY 2023;
    - Social Adult Day Care, support for "non-medical adult day care services to individuals with cognitive or physical limitations" administered by DFTA, is budgeted for FY 2024 at $1,505,556, which is unchanged from FY 2023;

- Support Our Older Adults (formerly Support Our Seniors), funding to "district-based older adult services," administered by DFTA, is budgeted for FY 2024 at $7,650,000, an increase of $510,000 from FY 2023;

- **Veteran Services** – Initiatives are as follows:
  - Homeless Prevention Services for Veterans, support for "homeless prevention services, shelter services, vocational programs, and healthcare services to veterans," administered by HRA, is budgeted for FY 2024 at $340,000, an increase of $40,000 from FY 2023;
  - Job Placement for Veterans, support for "curriculum and educational materials for veterans, National Guard members, and Reservists with job training and job placement services for green careers," administered by SBS, is budgeted for FY 2024 at $200,000, which is unchanged from FY 2023;
  - Legal Services for Veterans, support for "legal services for NYC veterans on a broad range of matters," administered by HRA, is budgeted for FY 2024 at $600,000, which is unchanged from FY 2023;
  - Mental Health Services for Veterans, support for "multifaceted mental health services for veterans," administer by DOHMH, is budgeted for FY 2024 at $420,000, a decrease of $80,000 from FY 2023;
  - Veterans Community Development, support for "a variety of supportive programs for veterans and their families," administered by multiple agencies, is budgeted for FY 2024 at $1,270,000, which is unchanged from FY 2023.

- **Young Women's Initiative** – Initiatives are as follows:
  - Dedicated Contraceptive Fund, "access to contraception, including Long-Acting Reversible Contraception (LARCs)" administered by DOHMH, is budgeted for FY 2024 at $973,126, which is unchanged from FY 2023;
  - HRA Teen RAPP, support for "the Grow, Rise, Lead (G.R.L.) program that teaches adolescent girls empowering and preventive measures to deal with all forms of violence," administered by HRA, is budgeted for FY 2024 at $250,000, which is unchanged from FY 2023;
  - Initiative for Immigrant Survivors of Domestic Violence, support for "services specifically for immigrant survivors of domestic violence," administer by DYCD, is budgeted for FY 2024 at $530,000, which is unchanged from FY 2023;
  - Prevent Sexual Assault (PSA) Initiative for Young Adults, support for "prevention and intervention services to end sexual exploitation of young women, transgender, and LGBT youth," administered by DYCD, is budgeted for FY 2024 at $350,000, which is unchanged from FY 2023;
  - Step In and Stop It Initiative to Address Bystander Intervention, support for "bystander intervention programs, mediation, peer support, counseling and violence prevention," administered by MOCJ, is budgeted for FY 2021 at $174,000, which is unchanged from FY 2023;
  - Work-Based Learning Internships, support for "paid internships for students enrolled in DOE Career and Technical Education Programs (CTE)," administered by DOE, is budgeted for FY 2024 at $714,500, which is unchanged from FY 2023;

- Wrap-Around Support for Transitional-Aged Foster Youth, support to "youth who are transitioning or have recently transitioned from foster care," administered by ACS, is budgeted for FY 2021 at $1,096,788, a decrease of $133,212 from FY 2023; and
- Young Women's Leadership Development, support for "leadership development training programs for young women and girls" administered by DYCD, is budgeted for FY 2021 at $1,740,500, a decrease of $65,000 from FY 2023; and

- **Youth Services** – Initiatives are as follows:
  - Afterschool Enrichment Initiative, support for "afterschool program providers that offer high-quality arts and athletic activities, as well as academic enrichment and support;" administered by DCLA and DYCD, is budgeted for FY 2024 at $8,235,000, a decrease of $65,000 from FY 2023;
  - Big Brothers Big Sisters of New York City, support for "mentoring services to New York City Youth," administered by DYCD, is budgeted for FY 2024 at $1,200,000, which is unchanged from FY 2023;
  - Citywide Young Adult Entrepreneurship Program Initiative, support for "Young adult entrepreneurship program for youth citywide," administered by DYCD, is budgeted for FY 2024 at $1,000,000, which is unchanged from FY 2023;
  - Civic Education in New York City Schools, support for "civic education programs that provide educators with content and expertise" administered by DYCD, is budgeted for FY 2024 at $500,000, which is unchanged from FY 2023;
  - COMPASS, support for "programming for children in grades K-5 under the Comprehensive Afterschool System of New York City (COMPASS NYC)" administered by DYCD, is budgeted for FY 2024 at $1,870,048, which is unchanged from FY 2023;
  - Sports Training and Rolemodels for Success Initiative (STARS), support for "afterschool programming that promotes physical activity, healthy living, and wellness for elementary, middle, and high school girls" administered by DYCD, is budgeted for FY 2024 at $1,472,000, a decrease of $350,000 from FY 2023; and
  - YouthBuild Project Initiative, support for "comprehensive education, training, service and leadership development program that gives young adults who have left high school without a diploma the opportunity to transform their life prospects and become responsible, contributing adults," administered by DYCD, is budgeted for FY 2024 at $1,750,000, a decrease of $385,000 from FY 2023.

## Local Health Status and Access Indicators

This section examines health status and access to care data for the Mount Sinai community from several sources. The data include: (1) County Health Rankings, (2) New York State Department of Health, (3) Youth Risk Behavioral Surveillance System, (4) New York Prevention Agenda 2019-2024, and (5) New York City Community Survey.

Note: New York City analyzes the health of community districts. Included in these comprehensive profiles are assessments of health, housing, air quality, and food accessibility. These New York City Community Health Profiles can be accessed at: https://www1.nyc.gov/site/doh/data/data-publications/profiles.page.

### County Health Rankings

*County Health Rankings,* a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation, incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of "health factors" and "health outcomes." These health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care, social and economic factors, and physical environment. *County Health Rankings* are updated annually. *County Health Rankings 2023* relies on data from 2014 to 2021, with most data from 2017 to 2021.

**Exhibit 29A** presents 2020 and 2023 rankings for each available indicator category. Rankings indicate how the county ranked in relation to all 62 counties in New York, with 1 indicating the most favorable rankings and 62 the least favorable. The table also indicates if rankings fell between 2020 and 2023.

*Note: County Health Rankings present data by county rather than borough. As each borough corresponds to a whole county, data are labeled with the borough name. Specifically, Bronx County corresponds to the borough of the Bronx, Kings County corresponds to the borough of Brooklyn, New York County corresponds to the borough of Manhattan, Queens County corresponds to the borough of Queens, and Richmond County corresponds to the borough of Staten Island.*

## Exhibit 29A: County Rank among 62 New York Counties, 2020-2023

| | Bronx | | | Brooklyn | | | Manhattan | | | Queens | | | Staten Island | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Measure | 2020 | 2023 | Fell? | 2020 | 2023 | Fell? | 2020 | 2023 | Fell? | 2020 | 2023 | Fell? | 2020 | 2023 | Fell? |
| **Health Outcomes** | 62 | 62 | | 15 | 22 | ↓ | 6 | 7 | ↓ | 7 | 12 | ↓ | 21 | 21 | |
| **Health Factors** | 62 | 62 | | 53 | 58 | ↓ | 11 | 9 | | 20 | 46 | ↓ | 19 | 26 | ↓ |
| **Length of Life** | 36 | 56 | ↓ | 8 | 11 | ↓ | 1 | 1 | | 4 | 8 | ↓ | 12 | 14 | ↓ |
| **Quality of Life** | 62 | 62 | | 42 | 45 | ↓ | 48 | 23 | | 41 | 35 | | 43 | 36 | |
| Poor or fair health | 62 | 62 | | 60 | 58 | | 44 | 10 | | 61 | 54 | | 40 | 28 | |
| Poor physical health days | 62 | 62 | | 32 | 22 | | 31 | 5 | | 30 | 12 | | 43 | 16 | |
| Poor mental health days | 27 | 8 | | 5 | 16 | ↓ | 15 | 18 | ↓ | 2 | 6 | ↓ | 11 | 30 | ↓ |
| Low birthweight | 62 | 62 | | 48 | 42 | | 57 | 54 | | 56 | 57 | ↓ | 52 | 46 | |
| **Health Behaviors** | 43 | 50 | ↓ | 12 | 10 | | 7 | 3 | | 6 | 6 | | 15 | 12 | |
| Adult smoking | 41 | 26 | | 9 | 8 | | 4 | 3 | | 5 | 5 | | 28 | 14 | |
| Adult obesity | 19 | 46 | ↓ | 3 | 5 | ↓ | 1 | 1 | | 7 | 4 | | 14 | 13 | |
| Food environment index | 55 | 61 | ↓ | 61 | 50 | | 24 | 37 | ↓ | 8 | 21 | ↓ | 4 | 6 | ↓ |
| Physical inactivity | 61 | 62 | ↓ | 31 | 60 | ↓ | 2 | 6 | ↓ | 49 | 61 | ↓ | 43 | 55 | ↓ |
| Access to exercise opportunities | 1 | 5 | ↓ | 1 | 1 | | 1 | 1 | | 10 | 9 | | 6 | 8 | ↓ |
| Excessive drinking | 1 | 1 | | 7 | 3 | | 62 | 46 | | 2 | 2 | | 12 | 7 | |
| Alcohol-impaired driving deaths | 17 | 10 | | 9 | 5 | | 6 | 4 | | 18 | 24 | ↓ | 15 | 19 | ↓ |
| Sexually transmitted infections | 62 | 61 | | 60 | 58 | | 61 | 60 | | 57 | 52 | | 40 | 37 | |
| Teen births | 58 | 54 | | 37 | 35 | | 13 | 10 | | 27 | 24 | | 15 | 12 | |
| **Clinical Care** | 62 | 62 | | 60 | 59 | | 3 | 1 | | 61 | 60 | | 26 | 17 | |
| Uninsured | 61 | 60 | | 59 | 58 | | 48 | 16 | | 62 | 62 | | 18 | 7 | |
| Primary care physicians | 30 | 27 | | 24 | 20 | | 3 | 2 | | 26 | 25 | | 8 | 9 | ↓ |
| Dentists | 31 | 30 | | 18 | 20 | ↓ | 1 | 1 | | 13 | 13 | | 17 | 21 | ↓ |
| Mental health providers | 29 | 28 | | 23 | 19 | | 1 | 1 | | 45 | 45 | | 20 | 25 | ↓ |
| Preventable hospital stays | 55 | 51 | | 42 | 38 | | 3 | 3 | | 25 | 20 | | 19 | 13 | |
| Mammography screening | 62 | 61 | | 61 | 61 | | 57 | 56 | | 60 | 59 | | 53 | 55 | ↓ |
| Flu Vaccination | 61 | 62 | ↓ | 62 | 61 | | 53 | 18 | | 60 | 57 | | 59 | 46 | |
| **Social & Economic Factors** | 62 | 62 | | 59 | 61 | ↓ | 31 | 57 | ↓ | 23 | 59 | ↓ | 30 | 55 | ↓ |
| High school graduation | 62 | 62 | | 61 | 59 | | 60 | 49 | | 56 | 60 | ↓ | 51 | 47 | |
| Some college | 58 | 56 | | 15 | 13 | | 1 | 1 | | 24 | 21 | | 13 | 15 | ↓ |
| Unemployment | 61 | 62 | ↓ | 26 | 61 | ↓ | 6 | 58 | ↓ | 4 | 60 | ↓ | 22 | 59 | ↓ |
| Children in poverty | 62 | 62 | | 59 | 59 | | 40 | 53 | ↓ | 14 | 24 | ↓ | 14 | 20 | ↓ |
| Income inequality | 60 | 60 | | 61 | 61 | | 62 | 62 | | 50 | 43 | | 58 | 54 | |
| Children in single-parent households | 62 | 62 | | 41 | 59 | ↓ | 52 | 61 | ↓ | 22 | 44 | ↓ | 11 | 30 | ↓ |
| Social associations | 62 | 62 | | 59 | 59 | | 11 | 9 | | 60 | 60 | | 61 | 61 | |
| Injury deaths | 7 | 15 | ↓ | 2 | 2 | | 3 | 3 | | 1 | 1 | | 10 | 8 | |
| **Physical Environment** | 57 | 59 | ↓ | 46 | 38 | | 32 | 32 | | 24 | 49 | ↓ | 43 | 39 | |
| Air pollution - particulate matter | 58 | 59 | ↓ | 57 | 52 | | 61 | 59 | | 18 | 54 | ↓ | 55 | 52 | |
| Severe housing problems | 62 | 62 | | 61 | 61 | | 58 | 58 | | 60 | 60 | | 56 | 56 | |
| Driving alone to work | 3 | 3 | | 2 | 2 | | 1 | 1 | | 4 | 4 | | 5 | 6 | ↓ |
| Long commute - driving alone | 57 | 58 | ↓ | 62 | 61 | | 60 | 62 | ↓ | 61 | 60 | | 52 | 57 | ↓ |

Source: County Health Rankings, 2023.

In 2023, the Bronx ranked in the bottom 50th percentile among New York counties for 30 of the 40 indicators assessed. Of those 30 indicators ranking in the bottom 50th percentile, 29 of them ranked in the bottom quartile, specifically Health Outcomes, Health Factors, Length of Life, Quality of Life, Poor or fair health, Poor physical health days, Low birthweight, Health behaviors, Adult obesity, Food environment index, Physical inactivity, Sexually transmitted infections, Teen births, Clinical Care, Uninsured, Preventable hospital stays, Mammography screening, Social & Economic Factors, High school graduation, Some college, Unemployment, Children in poverty, Income inequality, Children in single-parent households, Social associations, Injury deaths, Physical Environment, Air pollution - particulate matter, Severe housing problems, and Long commute - driving alone. Rankings for twelve indictors fell between 2020 and 2023.

Brooklyn ranked in the bottom 50th percentile among New York counties for 24 of the 40 indicators assessed. Of those 24 indicators ranking in the bottom 50th percentile, 19 of them ranked in the bottom quartile, specifically Health Factors, Poor physical health days, Food environment index, Physical inactivity, Sexually transmitted infections, Clinical Care, Uninsured, Mammography screening, Flu Vaccination, Social & Economic Factors, High school graduation, Children in poverty, Income inequality, Children in single-parent households, Social associations, Injury deaths, Air pollution - particulate matter, Severe housing problems, and Long commute - driving alone. Rankings for eleven indictors fell between 2020 and 2023.

Manhattan ranked in the bottom 50th percentile among New York counties for 15 of the 40 indicators assessed. Of those 15 indicators ranking in the bottom 50th percentile, 12 of them ranked in the bottom quartile, specifically Low birthweight, Sexually transmitted infections, Mammography screening, Social and Economic Factors, High school graduation, Unemployment, Children in poverty, Income inequality, Children in single-parent households, Air pollution - particulate matter, Severe housing problems, and Long commute - driving alone. Rankings for nine indictors fell between the time periods.

Queens ranked in the bottom 50th percentile among New York counties for 21 of the 40 indicators assessed. Of those 21 indicators ranking in the bottom 50th percentile, 16 of them ranked in the bottom quartile, specifically Poor or fair health, Low birthweight, Physical inactivity, Sexually transmitted infections, Clinical Care, Uninsured, Mammography screening, Flu Vaccination, Social and Economic Factors, High school graduation, Unemployment, Social associations, Physical Environment, Air pollution – particulate matter, Severe housing problems, and Long commute - driving alone. Rankings for fifteen indictors fell between the time periods.

Staten Island ranked in the bottom 50th percentile among New York counties for 15 of the 40 indicators assessed. Of those 15 indicators ranking in the bottom 50th percentile, ten of them ranked in the bottom quartile, specifically Physical inactivity, Mammography screening, Social and Economic Factors, High school graduation, Unemployment, Income inequality, Social associations, Air pollution - particulate matter, Severe housing problems, and Long commute - driving alone. Rankings for 18 indictors fell between the time periods.

**Exhibit 29B** provides data for each underlying indicator of the composite categories in the County Health Rankings.[11] The County Health Rankings methodology provides a comparison of counties within a state to one another.

It also is important to analyze how these same indicators compare to the state and national averages. For example, the rates of annual mammography screening in female Medicare enrollees ages 65-74 that were lower than the state average, and the boroughs were shaded to reflect this relationship.

[11]County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf

## Exhibit 29B: Borough Data Compared to State and U.S. Average, 2023

| Indicator Category | Data | Bronx | Brooklyn | Manhattan | Queens | Staten Island | New York State | United States |
|---|---|---|---|---|---|---|---|---|
| **Health Outcomes** | | | | | | | | |
| Length of Life | Years of potential life lost before age 75 per 100,000 population* | 8,106.5 | 5,839.3 | 4,412.9 | 5,243.8 | 5,981.7 | 5,952.2 | 7,300.0 |
| Quality of Life | Percentage of adults reporting fair or poor health* | 20.9% | 14.0% | 10.5% | 13.4% | 11.8% | 11.8% | 12.0% |
| | Average number of physically unhealthy days reported in past 30 days* | 3.5 | 2.9 | 2.5 | 2.8 | 2.9 | 2.7 | 3.0 |
| | Average number of mentally unhealthy days reported in past 30 days* | 4.3 | 4.6 | 4.6 | 4.2 | 4.7 | 4.1 | 4.4 |
| | Percentage of live births with low birthweight (< 2,500 grams). | 9.7% | 7.7% | 8.1% | 8.4% | 7.9% | 8.0% | 8.0% |
| **Health Factors** | | | | | | | | |
| **Health Behaviors** | | | | | | | | |
| Adult Smoking | Percentage of adults who are current smokers* | 17.0% | 14.0% | 11.4% | 13.0% | 15.1% | 12.3% | 16.0% |
| Adult Obesity | Percent of adults that report a BMI >= 30* | 32.1% | 24.8% | 19.0% | 24.7% | 28.4% | 26.5% | 32.0% |
| Food Environment Index | Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). | 6.8 | 7.7 | 8.0 | 8.3 | 8.7 | 8.9 | 7.0 |
| Physical Inactivity | Percentage of adults age 18 and over reporting no leisure-time physical activity* | 37.1% | 27.8% | 19.8% | 30.9% | 26.0% | 25.2% | 22.0% |
| Access to Exercise Opportunities | Percentage of population with adequate access to locations for physical activity | 99.9% | 100.0% | 100.0% | 98.9% | 99.0% | 93.2% | 84.0% |
| Alcohol Impaired Driving Deaths | Percentage of driving deaths with alcohol involvement | 13.0% | 10.1% | 8.9% | 17.6% | 15.8% | 20.2% | 27.0% |
| Excessive Drinking | Percentage of adults reporting binge or heavy drinking* | 14.4% | 17.1% | 21.9% | 15.2% | 18.5% | 17.6% | 19.0% |
| STDs | Number of newly diagnosed chlamydia cases per 100,000 population | 1,015.2 | 674.7 | 763.5 | 494.0 | 304.1 | 502.3 | 481.3 |
| Teen Births | Number of births per 1,000 female population ages 15-19 | 21.7 | 14.9 | 8.8 | 11.9 | 9.4 | 12.8 | 19.0 |
| **Clinical Care** | | | | | | | | |
| Uninsured | Percentage of population under age 65 without health insurance. | 8.8% | 7.6% | 4.7% | 9.7% | 4.4% | 6.1% | 10.0% |
| Primary Care Physicians | Ratio of population to primary care physicians | 1545:1 | 1396:1 | 719:1 | 1536:1 | 1105:1 | 1174:1 | 1,310:1 |
| Dentists | Ratio of population to dentists | 1931:1 | 1575:1 | 530:1 | 1369:1 | 1582:1 | 1218:1 | 1,380:1 |
| Mental Health Providers | Ratio of population to mental health providers | 425:1 | 379:1 | 98:1 | 543:1 | 404:1 | 299:1 | 340:1 |
| Preventable Hospital Stays | Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees | 3,377.0 | 2,923.0 | 1,973.0 | 2,508.0 | 2,333.0 | 2,586.0 | 2,809.0 |
| Mammography Screening | Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening | 28% | 28% | 34% | 31% | 36% | 37% | 37% |
| Flu Vaccination | Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination | 40% | 41% | 55% | 47% | 51% | 53% | 51% |

* Age-Adjusted

- Table Continued -

-- Table continued from prior page –

| Indicator Category | Data | Bronx | Brooklyn | Manhattan | Queens | Staten Island | New York State | United States |
|---|---|---|---|---|---|---|---|---|
| **Social & Economic Factors** | | | | | | | | |
| High School Graduation | Percentage of adults ages 25 and over with a high school diploma or equivalent | 74.1% | 83.7% | 88.4% | 82.7% | 88.6% | 87.4% | 89.0% |
| Some College | Percentage of adults ages 25-44 with some post-secondary education | 54% | 70% | 85% | 67% | 70% | 70% | 67% |
| Unemployment | Percentage of population ages 16 and older unemployed but seeking work | 13.6% | 10.1% | 7.6% | 9.6% | 8.7% | 6.9% | 5.4% |
| Children in poverty | Percentage of people under age 18 in poverty | 34.3% | 25.8% | 22.7% | 17.0% | 16.5% | 18.8% | 17.0% |
| Income Inequality | Ratio of household income at the 80th percentile to income at the 20th percentile | 6.9 | 6.9 | 9.3 | 4.8 | 5.1 | 5.8 | 4.9 |
| Children in single-parent households | Percentage of children that live in a household headed by a single parent. | 50.6% | 30.2% | 35.2% | 24.6% | 21.6% | 26.5% | 25.0% |
| Social Associations | Number of membership associations per 10,000 population | 2.8 | 5.3 | 13.1 | 4.9 | 4.3 | 8.1 | 9.1 |
| Injury Deaths | Number of deaths due to injury per 100,000 population | 54.9 | 37.2 | 42.0 | 36.6 | 49.6 | 53.3 | 76.0 |
| **Physical Environment** | | | | | | | | |
| Air Pollution | Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) | 8.6 | 7.6 | 8.6 | 7.8 | 7.6 | 6.9 | 7.4 |
| Severe Housing Problems | Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities | 38.5% | 33.0% | 23.9% | 30.4% | 22.8% | 22.9% | 17.0% |
| Drive Alone to Work | Percentage of the workforce that drives alone to work | 24.1% | 18.3% | 5.8% | 32.8% | 54.6% | 51.3% | 73.0% |
| Long Commute- Drive Alone | Among workers who commute in their car alone, the percentage that commute more than 30 minutes | 55.7% | 63.0% | 67.3% | 62.7% | 52.9% | 38.9% | 37.0% |

Source: County Health Rankings, 2023

All boroughs in New York City compared unfavorably to the state average for mammography screening, unemployment, air pollution, and long commute – drive alone. Unemployment, severe housing problems, and long commute – drive alone were particularly problematic, with many boroughs with rates greater than 50 percent of the state average. Four of the five boroughs compared unfavorably for physical inactivity, sexually transmitted infections, income inequality, social associations, and ratio of population to mental health providers.

## New York State Department of Health

The New York State Department of Health collects data regarding a number of health issues. **Exhibit 30** presents a summary of selected causes of death by borough. Data presented in **Exhibit 31** through **Exhibit 47** present more in-depth data analyses pertaining to cancer, cardiovascular disease, obesity, communicable diseases, respiratory-related indicators, maternal and infant health, and injury and substance abuse. Data by race and ethnicity are included, where available.

**Exhibit 30: Selected Causes of Death, Rates per 100,000 Population, 2020**

| Area | Diseases of the Heart | Malignant Neoplasms | Cerebro-vascular Disease | Acquired Immune Deficiency Syndrome (AIDS) | Pneumonia | Chronic Lower Respiratory Diseases (CLRD) | Accidents (Total) | Diabetes Mellitus | Homicide / Legal Intervention | Cirrhosis of the Liver | Suicide | COVID-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bronx | 232.9 | 120.7 | 30.6 | 7.7 | 28.7 | 26.6 | 52.9 | 29.3 | 9.7 | 8.8 | 5.6 | 293.5 |
| Brooklyn | 231.0 | 110.5 | 20.0 | 3.6 | 21.5 | 15.9 | 29.8 | 26.4 | 6.9 | 5.4 | 4.9 | 231.6 |
| Manhattan | 143.3 | 99.2 | 19.4 | 3.5 | 11.1 | 14.3 | 31.0 | 14.5 | 3.7 | 5.5 | 7.2 | 130.5 |
| Queens | 197.3 | 103.2 | 21.0 | 1.8 | 18.1 | 13.4 | 28.3 | 18.3 | 4.0 | 5.9 | 6.2 | 224.3 |
| Staten Island | 237.3 | 133.8 | 18.9 | 1.4 | 11.3 | 22.5 | 40.5 | 25.5 | 4.9 | 7.2 | 6.0 | 184.8 |
| New York City | 202.8 | 109.0 | 21.7 | 3.6 | 18.7 | 16.9 | 33.6 | 21.9 | 5.8 | 6.2 | 5.9 | 214.6 |
| **New York State** | **177.9** | **125.1** | **24.2** | **1.8** | **15.8** | **24.6** | **40.8** | **20.6** | **4.8** | **7.9** | **7.9** | **137.6** |

Source: New York State Department of Health, 2023.
Rates are age-sex adjusted.

The Bronx, Brooklyn, Manhattan, and New York City were more than 50 percent worse than the state for AIDS mortality. The Bronx, Brooklyn, Queens, and New York City experienced COVID-19 death rates more than 50 percent higher than the New York state average. Four of the five boroughs had high rates of heart disease mortality, AIDS mortality, and pneumonia mortality. The rate of pneumonia mortality was particularly high in the Bronx. The rates of homicide/ legal intervention mortality were particularly high in the Bronx and Brooklyn.

## Exhibit 31A: Cancer Indicators, 2017-2019

| Indicator | Bronx | Brooklyn | Manhattan | Queens | Staten Island | New York City | New York State |
|---|---|---|---|---|---|---|---|
| **All Cancers** | | | | | | | |
| Incidence per 100,000 | 437.9 | 442.3 | 445.9 | 425.8 | 526.7 | 443.0 | 483.7 |
| Mortality rate per 100,000 | 134.4 | 125.1 | 111.5 | 114.1 | 143.0 | 121.7 | 135.1 |
| **Lip, oral cavity, and pharynx cancer** | | | | | | | |
| Incidence per 100,000 | 10.2 | 9.5 | 10.8 | 9.1 | 10.5 | 9.9 | 11.4 |
| Mortality rate per 100,000 | 2.6 | 1.9 | 1.8 | 1.9 | 1.9 | 2.0 | 2.1 |
| **Colon and rectum cancer** | | | | | | | |
| Incidence per 100,000 | 36.1 | 38.9 | 31.6 | 36.7 | 41.2 | 36.5 | 37.2 |
| Mortality rate per 100,000 | 12.4 | 12.7 | 9.2 | 10.9 | 13.5 | 11.4 | 11.7 |
| **Lung and bronchus cancer** | | | | | | | |
| Incidence per 100,000 | 45.1 | 44.0 | 44.1 | 43.9 | 65.9 | 45.6 | 56.9 |
| Mortality rate per 100,000 | 25.0 | 22.5 | 20.4 | 20.5 | 32.7 | 22.5 | 29.7 |
| **Female breast cancer** | | | | | | | |
| Incidence per 100,000 | 117.4 | 129.6 | 141.6 | 130.0 | 137.4 | 130.7 | 137.7 |
| Mortality rate per 100,000 | 19.9 | 20.4 | 16.0 | 16.7 | 17.9 | 18.2 | 18.2 |
| **Cervix uteri cancer** | | | | | | | |
| Incidence per 100,000 | 9.9 | 9.5 | 7.0 | 9.8 | 7.6 | 9.0 | 7.7 |
| Mortality rate per 100,000 | 2.7 | 2.3 | 1.8 | 1.8 | 1.5 | 2.1 | 1.9 |
| **Ovarian cancer** | | | | | | | |
| Incidence per 100,000 | 10.6 | 11.5 | 10.1 | 10.8 | 13.6 | 11.0 | 11.3 |
| Mortality rate per 100,000 | 4.9 | 6.7 | 6.5 | 5.8 | 7.4 | 6.2 | 6.3 |
| **Prostate cancer** | | | | | | | |
| Incidence per 100,000 | 148.9 | 133.0 | 129.1 | 116.5 | 121.3 | 128.9 | 134.5 |
| Mortality rate per 100,000 | 22.5 | 19.0 | 16.0 | 16.3 | 15.0 | 17.8 | 16.7 |

Source: New York State Department of Health, 2023.
All rates are age-adjusted.

Overall, the Bronx, Brooklyn, and Staten Island compared unfavorably to the state for indicators related to many cancers. Queens compared relatively favorable to the state for most indicators except the incidence rate for cervix uteri cancer. Manhattan also compared relatively well to the state except for incidence of female breast cancer and mortality rate for ovarian cancer.

## Exhibit 31B: Cancer Screening Indicators

| Indicator | Bronx | Brooklyn | Manhattan | Queens | Staten Island | New York City | New York State |
|---|---|---|---|---|---|---|---|
| **Screenings** | | | | | | | |
| Percentage of women aged 21-65 years receiving cervical cancer screening | 83.6 | 82.7 | 86.3 | 83.9 | 87.6 | 82.8 | 84.7 |
| Percentage of women aged 50-74 years receiving breast cancer screening | 78.5 | 77.5 | 78.6 | 73.1 | 79.0 | 77.1 | 78.2 |
| Percentage of women (aged 50-74 years) who had a mammogram | 70.7 | 65.8 | 68.8 | 71.1 | 62.6 | 68.8 | 66.5 |

Source: New York State Department of Health, 2023.
Note: Cervical cancer screening data are for 2018, breast cancer screening data are for 2021, and mammogram data are for 2020.

The Bronx, Brooklyn, Queens, and New York City compared unfavorably to the state for cervical cancer screening indicators. Manhattan compared favorably to the state for all cancer screenings. Brooklyn and Staten Island compared unfavorably for mammograms.

**Exhibit 32** presents cancer indicators by race and ethnicity.

**Exhibit 32: Cancer Indicators by Race and Ethnicity, 2017-2019**

| Borough and Race/Ethnicity | Lung Cancer Incidence | Colorectal Cancer Mortality | Female Breast Cancer Mortality | Cervix Uteri Cancer Mortality |
|---|---|---|---|---|
| **Bronx** | | | | |
| White | 57.0 | 14.6 | 20.9 | 3.3 |
| Black | 52.3 | 13.3 | 26.6 | 3.4 |
| Asian/Pacific | 39.3 | 6.1 | N/A | - |
| Hispanic | 37.5 | 10.9 | 15.7 | 2.3 |
| Total | 45.1 | 12.4 | 19.9 | 2.7 |
| **Brooklyn** | | | | |
| White | 48.7 | 12.6 | 21.5 | 1.6 |
| Black | 37.4 | 14.0 | 24.7 | 2.8 |
| Asian/Pacific | 61.7 | 10.1 | 9.8 | 1.6 |
| Hispanic | 31.4 | 11.0 | 14.4 | 3.5 |
| Total | 44.0 | 12.7 | 20.4 | 2.3 |
| **Manhattan** | | | | |
| White | 43.1 | 7.1 | 14.9 | 1.0 |
| Black | 61.4 | 16.0 | 30.0 | 4.1 |
| Asian/Pacific | 54.3 | 8.3 | 8.6 | 2.0 |
| Hispanic | 30.5 | 9.9 | 12.2 | 1.8 |
| Total | 44.1 | 9.2 | 16.0 | 1.8 |
| **Queens** | | | | |
| White | 58.0 | 12.0 | 19.9 | 0.8 |
| Black | 35.2 | 14.7 | 22.3 | 2.8 |
| Asian/Pacific | 47.5 | 7.0 | 10.3 | 1.8 |
| Hispanic | 22.1 | 8.1 | 11.3 | 1.8 |
| Total | 43.9 | 10.9 | 16.7 | 1.8 |
| **Staten Island** | | | | |
| White | 70.7 | 14.2 | 17.9 | 1.7 |
| Black | 55.9 | 16.6 | 14.5 | N/A |
| Asian/Pacific | 54.6 | 4.1 | 10.1 | N/A |
| Hispanic | 41.4 | 11.2 | 17.7 | - |
| Total | 65.9 | 13.5 | 17.9 | 1.5 |
| **New York City** | | | | |
| White | 52.4 | 11.2 | 18.7 | 1.3 |
| Black | 43.1 | 14.3 | 25.0 | 3.1 |
| Asian/Pacific | 52.0 | 7.9 | 9.7 | 1.7 |
| Hispanic | 30.9 | 9.9 | 13.6 | 2.2 |
| Total | 45.6 | 11.4 | 18.2 | 2.1 |
| **New York State** | | | | |
| White | 64.3 | 11.8 | 18.2 | 1.6 |
| Black | 47.1 | 14.3 | 24.8 | 3.1 |
| Asian/Pacific | 46.6 | 8.0 | 9.7 | 1.7 |
| Hispanic | 31.9 | 9.4 | 13.5 | 2.0 |
| Total | 56.9 | 11.7 | 18.2 | 1.9 |

Source: New York State Department of Health, 2023.
All rates are age adjusted per 100,000 population.

In the Bronx, cancer mortality rates were higher than the state average for colorectal cancer, breast cancer, and cervix uteri cancer. Additionally, lung cancer incidence rates were higher for White residents in the Bronx and mortality rates for breast and cervix uteri cancer were more than 50 percent higher than state averages for both White and Black residents. In Manhattan, cancer mortality rates were higher for all cancer types for Black residents. Particularly problematic were the cervix uteri cancer mortality rates across the boroughs, especially for Black and Hispanic residents. (**Exhibit 32**).

**Exhibit 33** presents cardiovascular disease-related indicators by borough compared to the state.

**Exhibit 33: Cardiovascular Disease Indicators, 2018-2020**

| Borough | Diseases of the Heart Mortality | Cerebrovascular Disease (stroke) Mortality | Coronary Heart Disease Mortality | Congestive Heart Failure Mortality | Diabetes Mortality |
|---|---|---|---|---|---|
| Bronx | 208.0 | 27.5 | 182.7 | 5.6 | 28.0 |
| Brooklyn | 210.7 | 18.9 | 189.9 | 5.1 | 24.6 |
| Manhattan | 135.3 | 17.0 | 115.6 | 4.8 | 14.0 |
| Queens | 182.5 | 20.7 | 164.0 | 5.0 | 17.1 |
| Staten Island | 243.6 | 16.1 | 224.8 | 4.2 | 24.0 |
| New York City | 187.9 | 20.2 | 167.4 | 5.0 | 20.7 |
| New York State | 174.6 | 24.3 | 137.0 | 10.6 | 19.2 |

Source: New York State Department of Health, 2023.
All rates are age-adjusted and per 100,000 population.

Across New York City, heart disease mortality, coronary heart disease mortality, and diabetes mortality were worse than the state average. The rate of coronary heart disease mortality was particularly high in Staten Island.

**Exhibit 34** presents cardiovascular disease and diabetes indicators by borough, race, and ethnicity.

## Exhibit 34: Cardiovascular Disease and Diabetes Mortality Rates by Race and Ethnicity, 2018-2020

| Borough and Race/Ethnicity | Diseases of the Heart Mortality | Cerebrovascular Disease (stroke) Mortality | Coronary Heart Disease Mortality | Congestive Heart Failure Mortality | Diabetes Mortality |
|---|---|---|---|---|---|
| **Bronx** | | | | | |
| White | 227.9 | 23.3 | 204.1 | 5.8 | 20.0 |
| Black | 243.9 | 30.7 | 214.9 | 5.5 | 33.4 |
| Asian/Pacific | 100.4 | 16.5 | 94.3 | 1.2 | 17.0 |
| Hispanic | 162.1 | 26.0 | 140.8 | 4.9 | 26.9 |
| Total | 208.0 | 27.5 | 182.7 | 5.6 | 28.0 |
| **Brooklyn** | | | | | |
| White | 205.5 | 13.5 | 187.2 | 5.1 | 11.5 |
| Black | 232.2 | 23.1 | 206.6 | 5.4 | 41.1 |
| Asian/Pacific | 117.6 | 16.1 | 108.6 | 1.7 | 12.3 |
| Hispanic | 189.6 | 22.5 | 169.5 | 4.9 | 28.8 |
| Total | 210.7 | 18.9 | 189.9 | 5.1 | 24.6 |
| **Manhattan** | | | | | |
| White | 109.4 | 12.0 | 92.5 | 4.0 | 6.0 |
| Black | 249.6 | 30.9 | 217.3 | 6.8 | 37.2 |
| Asian/Pacific | 97.1 | 16.0 | 83.3 | 2.8 | 9.5 |
| Hispanic | 130.1 | 18.2 | 111.0 | 5.8 | 18.8 |
| Total | 135.3 | 17.0 | 115.6 | 4.8 | 14.0 |
| **Queens** | | | | | |
| White | 202.1 | 18.0 | 180.9 | 6.2 | 11.8 |
| Black | 219.1 | 25.1 | 197.5 | 6.3 | 27.8 |
| Asian/Pacific | 110.5 | 16.6 | 101.5 | 2.1 | 14.4 |
| Hispanic | 137.0 | 18.1 | 123.2 | 3.2 | 13.8 |
| Total | 182.5 | 20.7 | 164.0 | 5.0 | 17.1 |
| **Staten Island** | | | | | |
| White | 244.1 | 15.0 | 223.6 | 4.5 | 20.7 |
| Black | 277.3 | 18.3 | 262.3 | 3.4 | 39.0 |
| Asian/Pacific | 139.5 | 17.6 | 129.4 | 1.4 | 11.0 |
| Hispanic | 197.0 | 18.7 | 186.9 | 2.8 | 32.0 |
| Total | 243.6 | 16.1 | 224.8 | 4.2 | 24.0 |
| **New York City** | | | | | |
| White | 183.5 | 15.1 | 164.3 | 5.1 | 11.5 |
| Black | 234.3 | 26.0 | 208.3 | 5.8 | 35.9 |
| Asian/Pacific | 110.2 | 16.5 | 100.3 | 2.1 | 13.0 |
| Hispanic | 153.6 | 21.4 | 135.1 | 4.7 | 22.2 |
| Total | 187.9 | 20.2 | 167.4 | 5.0 | 20.7 |
| **New York State** | | | | | |
| White | 170.5 | 23.4 | 128.5 | 12.3 | 15.4 |
| Black | 224.2 | 28.3 | 190.4 | 7.8 | 35.9 |
| Asian/Pacific | 104.3 | 17.2 | 93.2 | 2.6 | 13.3 |
| Hispanic | 144.6 | 22.5 | 123.5 | 5.6 | 21.1 |
| Total | 174.6 | 24.3 | 137.0 | 10.6 | 19.2 |

Source: New York State Department of Health, 2023.
All rates are age adjusted per 100,000 population.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average

In the Bronx, Brooklyn, Manhattan, Staten Island, and New York City overall coronary heart disease and diabetes mortality rates for Black residents were more than 50 percent worse than the state average. Diseases of the heart, coronary heart disease, and diabetes mortality rates were higher for most population cohorts throughout the boroughs and New York City overall compared to state averages. In Staten Island, the coronary heart disease mortality rates for White, Black, and overall cohorts were more than 50 percent worse than the state average for those population groups, as well as heart disease and diabetes mortality rates for Black residents.

Obesity increases the risk for many health conditions. Obesity measures, health behaviors that contribute to obesity, and obesity-related chronic diseases are reported in **Exhibit 35.**

**Exhibit 35: Obesity-Related Indicators**

| Indicator | Bronx | Brooklyn | Manhattan | Queens | Staten Island | New York City | New York State |
|---|---|---|---|---|---|---|---|
| Percentage of pregnant women in WIC who were pre-pregnancy overweight or obese (BMI 25 or higher) [2015-2017] | 59.2% | 46.1% | 53.7% | 48.4% | 55.3% | 51.1% | 54.2% |
| Percentage obese (95th percentile or higher) children (aged 2-4 years) in WIC [2015-2017] | 14.6% | 11.5% | 12.3% | 13.1% | 16.8% | 12.8% | 13.8% |
| Percentage of WIC infants breastfeeding at least 6 months [2015-2017] | 41.0% | 57.6% | 39.9% | 46.0% | 35.4% | 48.1% | 41.0% |
| Age-adjusted percentage of adults overweight or obese (BMI 25 or higher) [2021] | 70.5% | 57.6% | 47.1% | 60.3% | 69.0% | 59.4% | 63.5% |
| Age-adjusted percentage of adults who participated in leisure time physical activity in the past 30 [2021] | 64.3% | 74.4% | 80.0% | 71.0% | 74.5% | 72.1% | 74.6% |
| Age-adjusted percentage of adults with physician diagnosed diabetes [2021] | 13.4% | 10.4% | 7.2 | 11.6 | 12.2 | 11.4 | 10.2 |
| Age-adjusted cardiovascular disease mortality rate per 100,000 [2018-2020] | 263.6 | 248.3 | 169.6 | 221.2 | 276.9 | 227.6 | 216.8 |
| Age-adjusted cerebrovascular disease (stroke) mortality rate per 100,000 [2018-2020] | 27.5 | 18.9 | 17.0 | 20.7 | 16.1 | 20.2 | 24.3 |
| Age-adjusted diabetes mortality rate per 100,000 [2018-2020] | 28.0 | 24.6 | 14.0 | 17.1 | 24.0 | 20.7 | 19.2 |

Source: New York State Department of Health, 2023.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average

Overall, New York City compared unfavorably to the state for percentage of adults participating in physical activity, percentage of adults diagnosed with diabetes, cardiovascular disease mortality rate, and diabetes mortality rate. The Bronx and Staten Island compared unfavorably to the state for many of the indicators. Manhattan compared favorably to New York state for all indicators except the percent of WIC infants breastfeeding at least 6 months.

**Exhibit 36** presents communicable disease incidence rates for the MSH community.

**Exhibit 36: Communicable Disease Indicators**

| Indicator | Bronx | Brooklyn | Manhattan | Queens | Staten Island | New York City | New York State |
|---|---|---|---|---|---|---|---|
| Pneumonia/flu hospitalization rate per 10,000 - Aged 65 years and older [2018-2020] | 101.0 | 61.9 | 58.8 | 64.0 | 71.8 | 68.2 | 81.7 |
| Pertussis incidence per 100,000 [2018-2020] | 1.3 | 3.0 | 1.7 | 1.3 | 1.9 | 1.9 | 3.0 |
| Mumps incidence per 100,000 [2018-2020] | 0.8 | 1.4 | 3.3 | 1.6 | 0.4 | 1.7 | 1.0 |
| Meningococcal incidence per 100,000 [2018-2020] | 0.1 | 0.1 | 0.2 | 0.1 | 0.1 | 0.1 | 0.1 |
| Haemophilus influenza incidence per 100,000 [2018-2020] | 1.7 | 1.3 | 1.4 | 1.3 | 1.7 | 1.4 | 1.6 |
| Hepatitis A incidence per 100,000 [2018-2020] | 0.7 | 0.6 | 1.1 | 0.9 | 0.7 | 0.8 | 1.4 |
| Acute hepatitis B incidence per 100,000 [2018-2020] | 0.5 | 0.2 | 0.3 | 0.3 | 0.4 | 0.3 | 0.3 |
| Chronic Hepatitis C cases per 100,000 [2018-2020] | 54.6 | 41.1 | 52.1 | 37.6 | 35.7 | 44.3 | 45.2 |
| Tuberculosis incidence per 100,000 [2018-2020] | 5.8 | 5.7 | 4.4 | 8.9 | 4.0 | 6.2 | 3.6 |
| E. coli Shiga Toxin incidence per 100,000 [2018-2020] | 6.2 | 4.9 | 11.5 | 5.6 | 2.6 | 6.5 | 4.8 |
| Salmonella incidence per 100,000 [2018-2020] | 15.6 | 14.2 | 15.4 | 15.5 | 11.3 | 14.9 | 13.6 |
| Shigella incidence per 100,000 [2018-2020] | 10.0 | 9.0 | 18.1 | 8.1 | 1.6 | 10.3 | 6.2 |
| Lyme disease incidence per 100,000 [2018-2020] | 1.9 | 10.9 | 16.2 | 4.5 | 13.2 | 8.8 | 36.3 |
| Age-adjusted percentage of fee-for-service Medicare enrollees that had an annual flu vaccination [2019] | 38.0% | 38.0% | 49.0% | 44.0% | 46.0% | N/A | 49.0% |
| Percentage of adults aged 65 years and older with pneumococcal immunization [2021] | 53.2% | 53.1% | 71.0% | 60.0% | 62.6% | 58.3% | 65.6% |

Source: New York State Department of Health, 2023.
Note: Light grey shading denotes worse than national average; dark grey denotes 50 percent worse than national average.

New York City compared unfavorably to the state in incidence rates for mumps, tuberculosis, E. coli Shiga Toxin, salmonella, shigella, and the percentage of senior adults receiving pneumococcal immunization. Mumps incidence was particularly unfavorable in Manhattan and Queens. Meningococcal incidence was particularly unfavorable in Manhattan. Hepatitis B was particularly unfavorable in the Bronx. Tuberculosis incidence was particularly unfavorable in the Bronx, Brooklyn, and Queens. E. coli Shiga Toxin incidence was particularly unfavorable in Manhattan. Shigella incidence was particularly unfavorable in the Bronx and Manhattan.

**Exhibits 37** and **38** present prevalence and new diagnosis rates for HIV and AIDS.

**Exhibit 37: Living with HIV and AIDS Cases, Prevalence Rate per 100,000, 2021**

| Cohort | Bronx | Brooklyn | Manhattan | Queens | Staten Island | New York City | New York State |
|---|---|---|---|---|---|---|---|
| Male | 1,875.7 | 1,115.6 | 2,072.0 | 770.7 | 396.2 | 1,392.8 | 739.4 |
| Female | 947.9 | 476.8 | 391.9 | 235.9 | 186.0 | 477.5 | 268.7 |
| White | 825.4 | 294.5 | 894.1 | 310.9 | 142.6 | 511.2 | 199.2 |
| Black | 2,248.9 | 1,569.9 | 3,040.4 | 1,010.3 | 1,355.9 | 1,914.1 | 1,549.1 |
| Hispanic | 1,121.8 | 925.4 | 1,323.7 | 722.9 | 442.5 | 1,058.6 | 815.3 |
| Asian | 194.4 | 114.0 | 269.2 | 134.3 | 50.9 | 154.8 | 134.2 |
| Native American | 653.0 | 400.1 | 1,102.5 | 312.1 | 474.5 | 538.3 | 319.4 |
| Total | 1,687.2 | 816.7 | 1,216.0 | 521.5 | 352.9 | 916.6 | 499.7 |

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology, 2023.
All rates are age-adjusted.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average

The prevalence rate of HIV and AIDS in New York City was nearly twice as high as the state average in 2021. Manhattan, the Bronx, and New York City compared particularly unfavorably, with the rate for every demographic cohort higher than state averages. In Brooklyn, all population cohorts, except Asian, were higher than state averages. Male, female, White, and Native American cohorts were more than 50 percent above state averages in New York City overall. Staten Island compared favorably to New York state averages for all populations except Native Americans.

As illustrated in **Exhibit 38**, the Bronx, Brooklyn, Manhattan, Queens, and New York City reported new HIV and AIDs case rates that were higher than the state average in 2021. The rates for the Bronx, Manhattan, and New York City for new HIV and AIDs cases were more than 50 percent higher than the state averages. Staten Island compared favorably to the state except for new HIV and AIDs case rates for Black residents and new AIDs case rates for females.

## Exhibit 38: Newly Diagnosed HIV and AIDS Cases, 2021

| Borough and Demographic Cohort | HIV Diagnoses | AIDS Diagnoses | HIV Case Rate per 100,000 | AIDS Case Rate per 100,000 |
|---|---|---|---|---|
| **Bronx - Total** | 411 | 239 | 28.6 | 16.7 |
| Male | 308 | 170 | 44.5 | 25.0 |
| Female | 103 | 69 | 13.8 | 9.2 |
| White | 19 | 14 | 17.1 | 12.3 |
| Black | 180 | 130 | 42.5 | 29.7 |
| Hispanic | 204 | 90 | 24.9 | 11.4 |
| Asian/Pacific Islander | 6 | 3 | 9.0 | 4.2 |
| Native American | - | - | - | - |
| **Brooklyn - Total** | 458 | 199 | 16.7 | 7.4 |
| Male | 369 | 146 | 27.6 | 11.2 |
| Female | 89 | 53 | 6.7 | 3.9 |
| White | 61 | 21 | 5.6 | 2.0 |
| Black | 276 | 132 | 35.3 | 16.8 |
| Hispanic | 95 | 38 | 17.9 | 7.5 |
| Asian/Pacific Islander | 21 | 5 | 5.5 | 1.1 |
| Native American | - | - | - | - |
| **Manhattan - Total** | 335 | 157 | 18.9 | 9.2 |
| Male | 307 | 136 | 35.4 | 16.1 |
| Female | 28 | 21 | 3.5 | 2.6 |
| White | 87 | 37 | 10.6 | 4.8 |
| Black | 124 | 62 | 57.5 | 28.1 |
| Hispanic | 101 | 52 | 22.0 | 11.7 |
| Asian/Pacific Islander | 19 | 3 | 8.2 | 1.5 |
| Native American | - | . | - | . |
| **Queens - Total** | 340 | 164 | 14.8 | 6.8 |
| Male | 282 | 132 | 24.7 | 10.9 |
| Female | 58 | 32 | 5.1 | 2.8 |
| White | 33 | 16 | 6.0 | 2.5 |
| Black | 98 | 45 | 23.8 | 10.5 |
| Hispanic | 165 | 75 | 24.3 | 10.9 |
| Asian/Pacific Islander | 38 | 23 | 6.0 | 3.3 |
| Native American | 1 | - | 9.1 | - |
| **Staten Island - Total** | 35 | 20 | 7.3 | 4.1 |
| Male | 26 | 10 | 11.1 | 4.3 |
| Female | 9 | 10 | 3.5 | 3.8 |
| White | 11 | 5 | 3.8 | 1.5 |
| Black | 16 | 9 | 32.9 | 19.7 |
| Hispanic | 6 | 6 | 6.5 | 7.1 |
| Asian/Pacific Islander | - | - | - | - |
| Native American | - | - | - | - |
| **New York City - Total** | 1,579 | 779 | 18.0 | 8.8 |
| Male | 1,292 | 594 | 30.1 | 13.8 |
| Female | 287 | 185 | 6.6 | 4.1 |
| White | 211 | 93 | 7.4 | 3.3 |
| Black | 694 | 378 | 36.7 | 19.6 |
| Hispanic | 571 | 261 | 22.1 | 10.4 |
| Asian/Pacific Islander | 86 | 34 | 6.2 | 2.4 |
| Native American | 1 | 1 | 4.2 | 3.9 |
| **New York State - Total** | 2,123 | 1,056 | 10.8 | 5.3 |
| Male | 1,740 | 803 | 17.8 | 8.1 |
| Female | 383 | 253 | 3.9 | 2.5 |
| White | 421 | 211 | 4.1 | 2.0 |
| Black | 902 | 485 | 30.5 | 16.3 |
| Hispanic | 673 | 308 | 16.7 | 7.9 |
| Asian | 102 | 37 | 5.2 | 1.9 |
| Native American | 4 | 2 | 6.6 | 3.1 |

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology, 2022. All rates are age-adjusted. Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average

**Exhibit 39** presents data on chronic lower respiratory disease (CLRD) and asthma in the MSH community.

**Exhibit 39: Respiratory-Related Indicators**

| Indicator | Bronx | Brooklyn | Manhattan | Queens | Staten Island | New York City | New York State |
|---|---|---|---|---|---|---|---|
| Chronic lower respiratory disease hospitalization rate per 10,000 [2018-2020] | 50.5 | 23.2 | 17.8 | 18.5 | 24.5 | 25.6 | 24.0 |
| Age-adjusted chronic lower respiratory disease mortality rate per 100,000 [2018-2020] | 25.4 | 16.7 | 15.2 | 15.5 | 25.4 | 17.9 | 27.3 |
| Asthma hospitalization rate per 10,000 [2018-2020] | 28.4 | 10.7 | 8.4 | 7.8 | 7.9 | 12.3 | 8.2 |
| Aged 0-4 years | 71.1 | 30.6 | 31.8 | 27.0 | 19.2 | 37.0 | 27.4 |
| Aged 5-14 years | 36.9 | 19.1 | 21.5 | 13.2 | 12.2 | 21.1 | 13.2 |
| Aged 0-17 years | 43.6 | 21.3 | 23.2 | 16.4 | 13.0 | 24.3 | 15.9 |
| Aged 5-64 years | 23.5 | 8.6 | 6.8 | 5.8 | 7.0 | 10.0 | 6.8 |
| Aged 15-24 years | 14.8 | 6.4 | 5.3 | 4.8 | 5.3 | 7.4 | 4.4 |
| Aged 25-44 years | 13.9 | 4.3 | 2.9 | 2.9 | 5.5 | 5.2 | 4.5 |
| Aged 45-64 years | 32.3 | 10.1 | 8.7 | 6.6 | 6.8 | 12.3 | 7.6 |
| Aged 65 years or older | 35.5 | 12.5 | 9.8 | 10.0 | 7.9 | 14.3 | 8.2 |

Source: New York State Department of Health, 2023.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average.

Data indicate that asthma is a health problem in much of New York City, particularly in the Bronx. The Bronx's compared particularly unfavorably to the state with most indicators more than 50 percent worse than the New York State average in 2021. Although not as severe as the Bronx, multiple asthma hospitalization and mortality rates in Brooklyn, Manhattan, Staten Island, and New York City were higher than the state rates. The entire community benchmarks favorably to the state for Chronic Lower Respiratory Disease (CLRD) mortality rate.

**Exhibit 40** presents respiratory asthma and CLRD indicators by race and ethnicity.

**Exhibit 40: Respiratory Indicators by Race and Ethnicity, 2018-2020**

| Borough and Race/Ethnicity | Asthma hospitalizations | Asthma hospitalizations, aged 0-17 years | Chronic lower respiratory disease mortality | Chronic lower respiratory disease hospitalizations |
|---|---|---|---|---|
| **Bronx** | | | | |
| White | 7.0 | 9.4 | 32.7 | 24.4 |
| Black | 27.2 | 45.2 | 24.5 | 47.5 |
| Asian/Pacific | 8.5 | 18.3 | 10.0 | 15.4 |
| Hispanic | 28.2 | 37.2 | 21.7 | 46.5 |
| Total | 28.3 | 43.6 | 25.4 | 48.7 |
| **Brooklyn** | | | | |
| White | 2.3 | 3.4 | 16.0 | 9.2 |
| Black | 19.9 | 44.0 | 17.4 | 33.1 |
| Asian/Pacific | 2.2 | 4.2 | 10.9 | 5.8 |
| Hispanic | 11.4 | 15.7 | 18.6 | 23.1 |
| Total | 10.9 | 21.3 | 16.7 | 22.2 |
| **Manhattan** | | | | |
| White | 1.9 | 5.2 | 12.4 | 5.2 |
| Black | 25.1 | 49.2 | 28.3 | 41.1 |
| Asian/Pacific | 1.6 | 4.4 | 11.4 | 3.7 |
| Hispanic | 12.9 | 25.1 | 14.2 | 21.7 |
| Total | 10.2 | 23.2 | 15.2 | 17.7 |
| **Queens** | | | | |
| White | 3.2 | 5.9 | 21.4 | 11.8 |
| Black | 11.0 | 18.9 | 14.7 | 22.6 |
| Asian/Pacific | 4.9 | 12.3 | 8.1 | 8.6 |
| Hispanic | 8.4 | 16.7 | 9.4 | 14.1 |
| Total | 8.0 | 16.4 | 15.5 | 16.6 |
| **Staten Island** | | | | |
| White | 3.7 | 4.4 | 28.0 | 16.2 |
| Black | 25.8 | 45.5 | 24.1 | 49.1 |
| Asian/Pacific | 3.0 | 3.5 | 3.4* | 6.5 |
| Hispanic | 13.5 | 14.7 | 11.4 | 25.8 |
| Total | 8.1 | 13.0 | 25.4 | 21.1 |
| **New York City** | | | | |
| White | 2.7 | 4.6 | 18.8 | 10.3 |
| Black | 20.3 | 39.7 | 19.7 | 35.2 |
| Asian/Pacific | 3.8 | 9.0 | 9.4 | 7.3 |
| Hispanic | 16.4 | 25.0 | 16.1 | 27.9 |
| Total | 12.8 | 24.3 | 17.9 | 24.0 |
| **New York State** | | | | |
| White | 3.0 | 5.0 | 31.4 | 14.1 |
| Black | 18.1 | 32.8 | 21.2 | 34.1 |
| Asian/Pacific | 3.5 | 8.2 | 8.8 | 6.9 |
| Hispanic | 13.4 | 19.6 | 15.6 | 24.0 |
| Total | 8.5 | 15.9 | 27.3 | 20.7 |

Source: New York State Department of Health, 2023.
Rates are per 10,000 population, except chronic lower respiratory disease mortality is per 100,000 population.
Rates are age-adjusted, except "Asthma hospitalizations, aged 0-17 years."
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average.

Asthma hospitalizations were most severe for Black and Hispanic cohorts in New York City overall, as well as in each of the boroughs in the community. Asthma and chronic lower respiratory disease hospitalizations were particularly problematic for cohorts in the Bronx, Brooklyn, Manhattan, and Staten Island.

**Exhibits 41** through **46** present data related to maternal and infant health. **Exhibit 41** portrays maternal and infant health indicators by borough, New York City, and New York State.

**Exhibit 41: Maternal and Infant Health Indicators, 2018-2020**

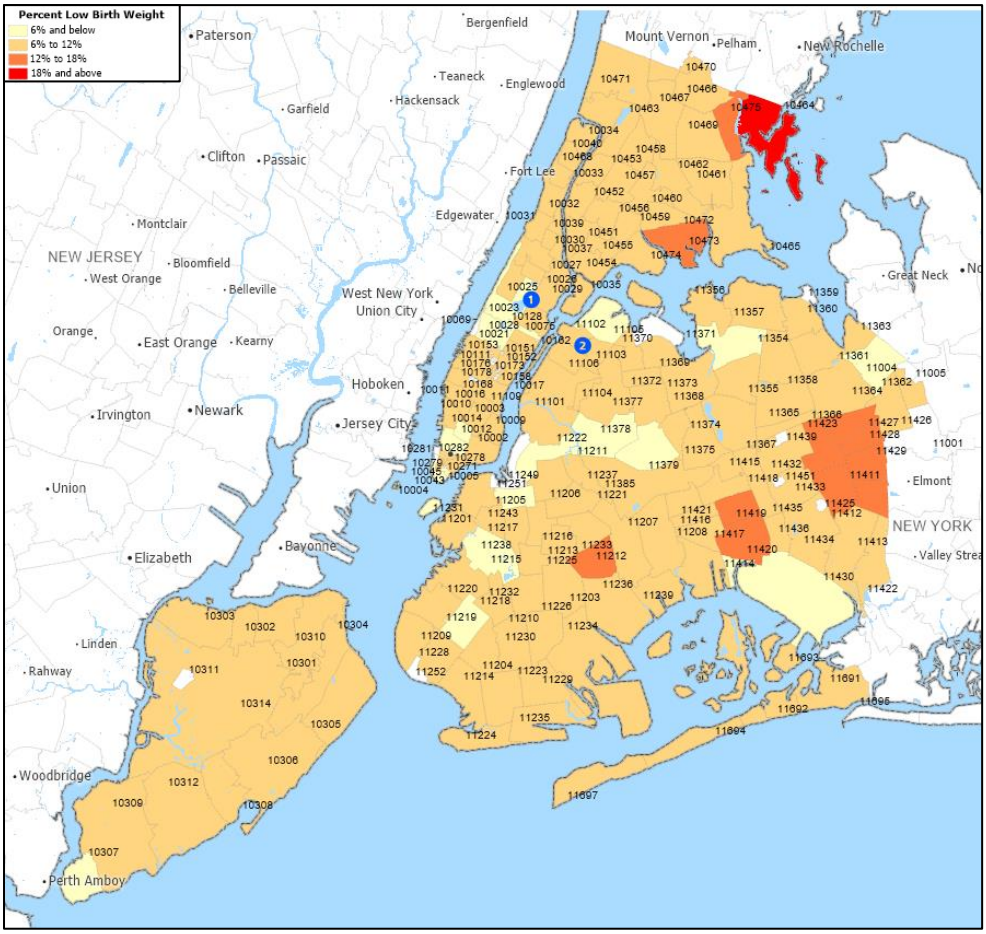
| Borough | Percentage of births with early (1st trimester) prenatal care | Percentage of births with adequate prenatal care (APNCU) | Percentage of premature births (< 37 weeks gestation - clinical estimate) | Percentage of low birthweight births (< 2.5 kg) | Teen pregnancies per 1,000 females aged under 18 years | Infant mortality per 1,000 live births |
|---|---|---|---|---|---|---|
| Bronx | 59.4% | 61.4% | 10.3% | 10.2% | 7.7 | 4.9 |
| Brooklyn | 76.2% | 74.5% | 8.5% | 7.8% | 4.7 | 3.4 |
| Manhattan | 78.7% | 77.9% | 8.7% | 8.0% | 5.3 | 2.7 |
| Queens | 74.9% | 73.6% | 9.1% | 8.7% | 4.6 | 3.8 |
| Staten Island | 87.0% | 79.6% | 9.2% | 7.8% | 3.4 | 3.6 |
| New York City | 73.7% | 72.7% | 9.1% | 8.5% | 5.3 | 3.7 |
| **New York State** | 76.2% | 75.1% | 9.1% | 8.1% | 4.2 | 4.2 |

Sources: New York State Department of Health, 2023.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average.

New York City compared unfavorably to New York State from 2018-2020 in percentage of births with early prenatal care, adequate prenatal care, low birth weights, and teen pregnancy rate. In the Bronx, all maternal and infant health indicators compared unfavorably to the state, with the teen pregnancy (ages 15-19) rate more than 50 percent higher than the state average. Teen pregnancy rates were higher in all boroughs, except for Staten Island, compared to the state rate.

**Exhibits 42, 43,** and **44** illustrate maternal and infant health indicators by ZIP Code. **Exhibit 42** illustrates low birth weight births by ZIP Code.

**Exhibit 42: Low Birth Weight Infants by ZIP Code, 2020**

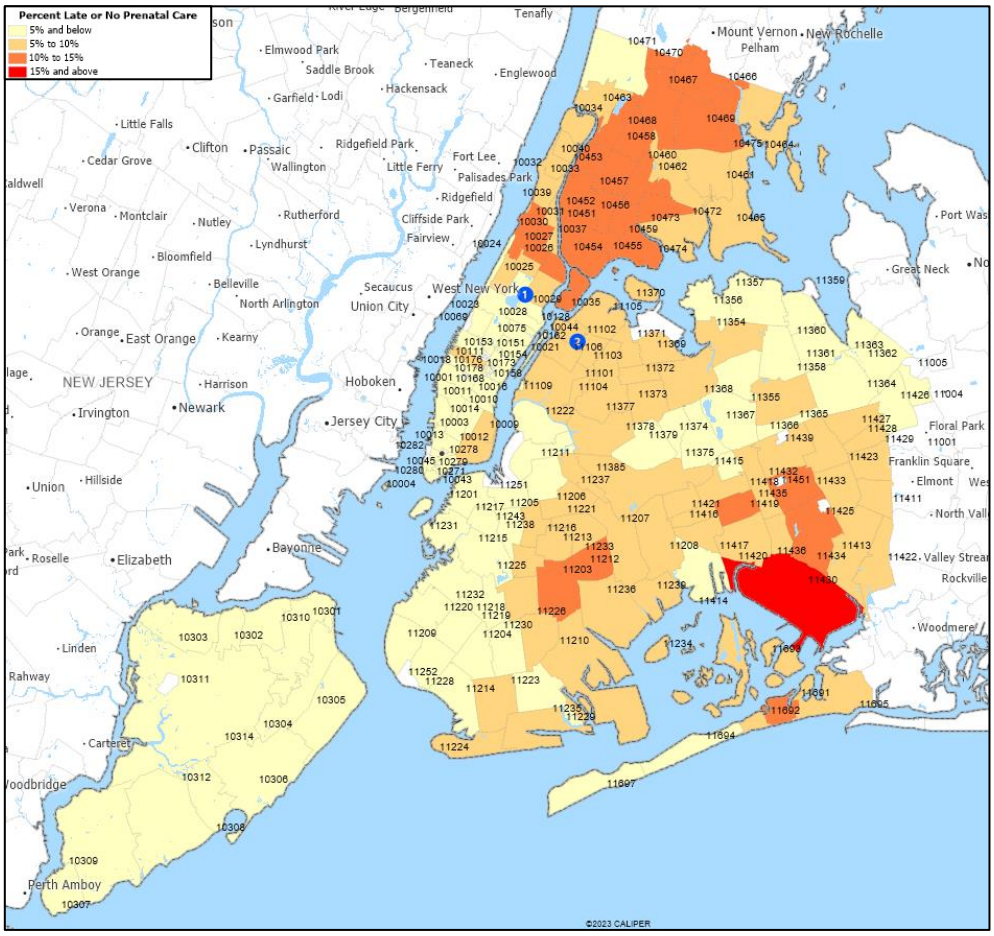



Sources: Caliper Maptitude (2023) and New York State Department of Health, 2020.
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Within the MSH community, areas that display high rates of low birthweight births are concentrated in the Bronx, Brooklyn, and Queens. Northeast Bronx ZIP Code 10464 had a low-birth-weight percentage above 20 percent. Southeast Queens ZIP Codes 11411 and 11429 each had low birth weight percentages above 13 percent.

**Exhibit 43** illustrates late or no prenatal care by ZIP Code.

**Exhibit 43: Mothers with Late or No Prenatal Care by ZIP Code, 2020**

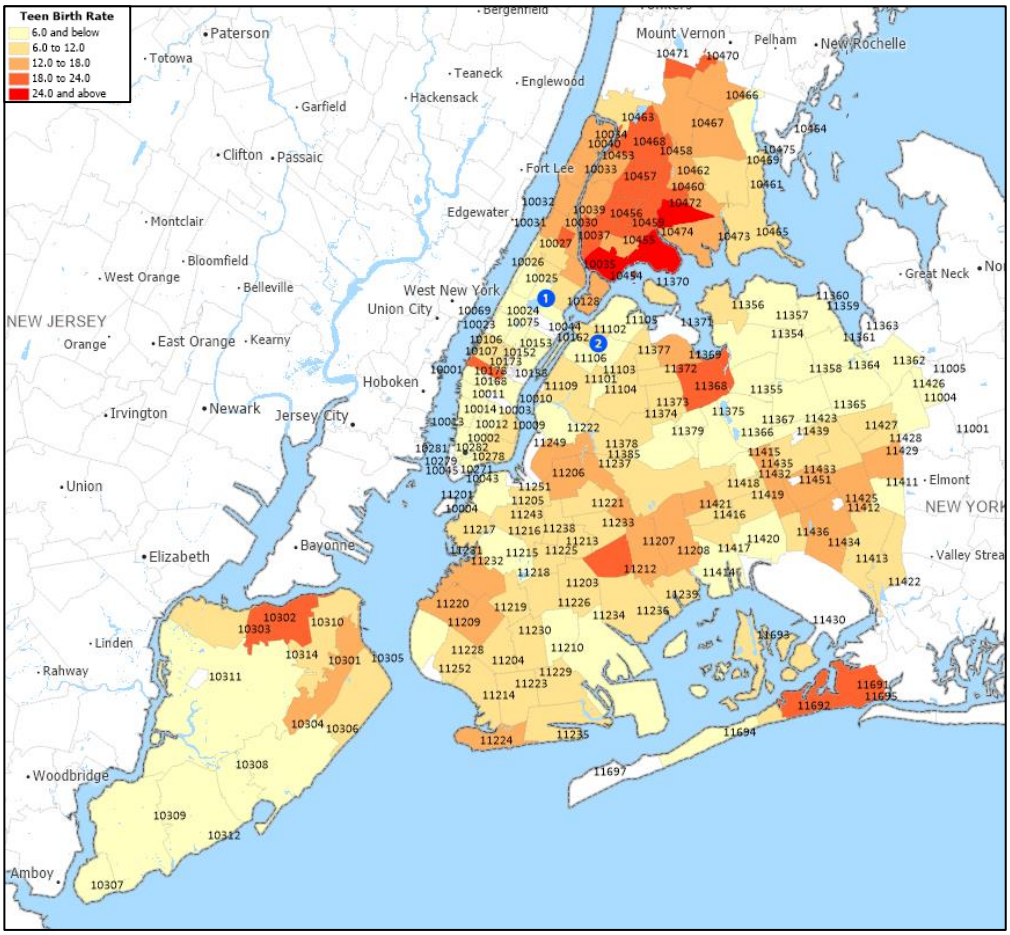



Sources: Caliper Maptitude (2023) and New York State Department of Health, 2020.
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Neighborhoods in the Bronx had high rates of late or no prenatal care. ZIP Code 11430 (Jamaica) had a rate of 20 percent for mothers with late or no prenatal care. ZIP Codes 10474 and 10459 (Hunts Point - Mott Haven), ZIP Code10456 (High-Bridge-Morrisania), and ZIP Code 11434 (Jamaica) had rates above 12 percent.

**Exhibit 44** illustrates teen pregnancy rates by ZIP Code.

**Exhibit 44: Teen Pregnancy Rate 15-19 by ZIP Code, 2020***




Sources: Caliper Maptitude (2023) and New York State Department of Health, 2020.
* Teen pregnancy rates are per 1,000 females ages 15-19
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Several locations throughout the community displayed high teen pregnancy rates. Bronx ZIP Codes 10454 and 10474 (Hunts Point-Mott Haven), 10472 (Pelham-Throgs Neck), 10460 and 10460 (Crotona-Tremont), and 11212 (Bedford Stuyvesant-Crown Heights), and 10030 (Central Harlem-Morningside) each had rates of 20 or more teen pregnancies for 1,000 females, ages 15-19.

**Exhibit 45** presents maternal and child health indicators by race and ethnicity.

**Exhibit 45: Maternal and Infant Health Indicators by Race and Ethnicity, 2018-2020**

| Borough and Race/Ethnicity | Percentage of births with early (1st trimester) prenatal care | Percentage of births with adequate prenatal care (APNCU) | Percentage of premature births (< 37 weeks gestation - clinical estimate) | Percentage of low birthweight births (< 2.5 kg) | Teen pregnancies per 1,000 females aged under 18 years | Infant mortality per 1,000 live births |
|---|---|---|---|---|---|---|
| **Bronx** | | | | | | |
| White | 67.9% | 65.5% | 7.5% | 7.0% | 2.9 | 3.3 |
| Black | 55.7% | 58.5% | 11.7% | 12.4% | 8.2 | 6.9 |
| Asian/Pacific | 60.2% | 67.3% | 8.9% | 10.8% | 1.0 | 1.3 |
| Hispanic | 60.3% | 62.0% | 10.0% | 9.3% | 7.4 | 3.6 |
| Total | 59.4% | 61.4% | 10.3% | 10.2% | 7.7 | 4.9 |
| **Brooklyn** | | | | | | |
| White | 79.3% | 74.9% | 5.7% | 5.2% | 0.5 | 1.8 |
| Black | 66.4% | 69.6% | 13.6% | 12.8% | 7.9 | 6.8 |
| Asian/Pacific | 83.6% | 82.1% | 8.2% | 8.2% | 0.7 | 1.2 |
| Hispanic | 74.6% | 73.6% | 10.1% | 8.2% | 6.8 | 3.3 |
| Total | 76.2% | 74.5% | 8.5% | 7.8% | 4.7 | 3.4 |
| **Manhattan** | | | | | | |
| White | 87.2% | 84.5% | 6.9% | 6.2% | 1.6 | 1.7 |
| Black | 62.5% | 65.3% | 12.9% | 12.6% | 9.3 | 6.6 |
| Asian/Pacific | 84.6% | 81.5% | 7.4% | 7.9% | 0.7 | 1.8 |
| Hispanic | 66.4% | 68.5% | 10.9% | 9.3% | 6.2 | 2.0 |
| Total | 78.7% | 77.9% | 8.7% | 8.0% | 5.3 | 2.7 |
| **Queens** | | | | | | |
| White | 83.6% | 78.3% | 7.3% | 6.1% | 0.9 | 2.8 |
| Black | 67.0% | 70.1% | 12.8% | 12.9% | 6.4 | 8.1 |
| Asian/Pacific | 75.8% | 74.3% | 8.7% | 9.5% | 1.3 | 1.8 |
| Hispanic | 72.0% | 71.5% | 9.1% | 7.5% | 6.1 | 2.6 |
| Total | 74.9% | 73.6% | 9.1% | 8.7% | 4.6 | 3.8 |
| **Staten Island** | | | | | | |
| White | 90.2% | 80.8% | 7.4% | 6.4% | 0.9 | 2.5 |
| Black | 80.2% | 74.7% | 14.4% | 13.0% | 8.5 | 5.3 |
| Asian/Pacific | 87.0% | 82.4% | 8.4% | 6.9% | 0.6 | 2.8 |
| Hispanic | 84.1% | 79.1% | 11.1% | 8.9% | 5.7 | 3.4 |
| Total | 87.0% | 79.6% | 9.2% | 7.8% | 3.4 | 3.6 |
| **New York City** | | | | | | |
| White | 82.1% | 77.7% | 6.4% | 5.7% | 0.9 | 2.1 |
| Black | 63.6% | 66.4% | 12.9% | 12.7% | 7.8 | 7.0 |
| Asian/Pacific | 78.7% | 77.4% | 8.4% | 8.9% | 1.0 | 1.6 |
| Hispanic | 68.0% | 68.4% | 9.9% | 8.6% | 6.7 | 3.1 |
| Total | 73.7% | 72.7% | 9.1% | 8.5% | 5.3 | 3.7 |
| **New York State** | | | | | | |
| White | 82.0% | 79.6% | 7.6% | 6.2% | 1.5 | 3.2 |
| Black | 65.8% | 67.7% | 13.1% | 13.1% | 7.7 | 8.4 |
| Asian/Pacific | 78.5% | 77.4% | 8.4% | 8.7% | 0.9 | 1.6 |
| Hispanic | 70.0% | 69.8% | 10.0% | 8.5% | 6.6 | 3.7 |
| Total | 76.2% | 75.1% | 9.1% | 8.1% | 4.2 | 4.2 |

Source: New York State Department of Health, 2023.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average.

Overall, New York City rates of early prenatal care, adequate prenatal care, low birthweight births, and teen pregnancy compared unfavorably to state averages. In New York City, teen pregnancy rates for Black and Hispanic residents were greater than 50 percent the state averages.

**Exhibit 46** presents data from the New York State Pregnancy Risk Assessment Monitoring System (PRAMS), which assesses maternal experiences and behaviors before, during, and after pregnancy. In 2020, the percentages of women who smoked during the last 3 month were higher than the New York City average for White and Hispanic women and more than 50 percent higher than the New York City average for women with less than a high school education and women who were 35 years and older.

**Exhibit 46: PRAMS Indicators for New York City, 2020**

| Sociodemographic Characteristic | Women who report alcohol use in the three months before pregnancy | Women who were asked by a health care worker if they were drinking alcohol | Women who initiated breastfeeding | Women who report smoking in the last three months of pregnancy |
|---|---|---|---|---|
| **Race / Ethnicity** | | | | |
| White, non-Hispanic | 57.5% | 84.2% | 95.6% | 1.1% |
| Black, non-Hispanic | 33.4% | 94.6% | 91.0% | 0.1% |
| Other, non-Hispanic | 30.3% | 85.5% | 89.0% | 0.7% |
| Hispanic | 39.4% | 93.7% | 89.7% | 0.9% |
| **Education** | | | | |
| Less than high school | 18.4% | 87.3% | 84.3% | 2.0% |
| High school graduate | 24.9% | 90.2% | 89.3% | 0.0% |
| More than high school | 57.9% | 89.9% | 94.9% | 0.8% |
| **Maternal Age** | | | | |
| Less than 20 years old | N/A | N/A | N/A | N/A |
| 20-24 years old | 33.3% | 90.8% | 89.5% | 0.2% |
| 25-34 years old | 44.8% | 91.0% | 93.8% | 0.7% |
| 35 years old or more | 46.9% | 86.6% | 89.4% | 1.3% |
| **Marital Status** | | | | |
| Married | 43.8% | 87.8% | 93.7% | 0.9% |
| Not Married | 41.8% | 92.6% | 88.6% | 0.5% |
| **Medicaid Status** | | | | |
| On Medicaid | 28.9% | 89.9% | 90.5% | 1.1% |
| Not on Medicaid | 58.6% | 89.3% | 93.3% | 0.4% |
| **New York City Total** | 43.1% | 89.6% | 91.8% | 0.8% |

Source: New York State Department of Health, Pregnancy Risk Assessment Monitoring System (PRAMS), 2023.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average.

**Exhibit 47** presents injury and behavioral health indicators by race and ethnicity.

**Exhibit 47: Injury and Substance Abuse/Mental Health Indicators by Race and Ethnicity, 2018-2020**

| Borough and Race/Ethnicity | Motor vehicle-related mortality per 100,000 population, age-adjusted | Unintentional injury mortality per 100,000 population, age-adjusted | Fall hospitalizations per 10,000 population, aged 65 years or older | Poisoning hospitalizations per 10,000 population, age-adjusted | Suicide mortality per 100,000 population, age-adjusted | Opioid burden per 100,000 population |
|---|---|---|---|---|---|---|
| **Bronx** | | | | | | |
| White | 5.7 | 65.0 | 209.1 | 15.9 | 8.9 | 858.5 |
| Black | 3.0 | 40.5 | 131.0 | 22.0 | 5.0 | 402.9 |
| Asian/Pacific | 1.7 | 10.8 | 69.3 | 2.6 | 4.2 | 36.1 |
| Hispanic | 2.6 | 39.2 | 156.2 | 16.7 | 4.1 | 386.4 |
| Total | 3.1 | 42.2 | 190.4 | 20.6 | 5.0 | 476.3 |
| **Brooklyn** | | | | | | |
| White | 2.9 | 23.8 | 160.3 | 5.4 | 7.2 | 245.5 |
| Black | 3.8 | 25.2 | 80.2 | 9.8 | 3.4 | 210.8 |
| Asian/Pacific | 2.3 | 9.1 | 70.7 | 1.9 | 5.1 | 17.9 |
| Hispanic | 3.9 | 30.7 | 98.7 | 8.2 | 4.5 | 339.5 |
| Total | 3.5 | 24.7 | 137.2 | 8.7 | 5.3 | 259.2 |
| **Manhattan** | | | | | | |
| White | 1.5 | 19.6 | 161.2 | 4.9 | 8.3 | 171.7 |
| Black | 2.3 | 48.5 | 115.2 | 22.0 | 5.6 | 658.3 |
| Asian/Pacific | 0.8 | 8.8 | 99.2 | 1.7 | 5.7 | 23.9 |
| Hispanic | 2.4 | 35.4 | 102.0 | 8.7 | 4.3 | 385.2 |
| Total | 1.8 | 26.8 | 164.7 | 10.0 | 6.9 | 327.8 |
| **Queens** | | | | | | |
| White | 2.8 | 33.5 | 224.5 | 5.8 | 8.5 | 206.4 |
| Black | 3.5 | 21.5 | 86.8 | 6.3 | 4.0 | 147.6 |
| Asian/Pacific | 3.2 | 12.1 | 99.2 | 2.4 | 5.7 | 21.0 |
| Hispanic | 4.3 | 24.0 | 103.4 | 4.6 | 4.8 | 108.0 |
| Total | 3.9 | 24.5 | 167.8 | 6.0 | 6.3 | 135.5 |
| **Staten Island** | | | | | | |
| White | 2.7 | 43.0 | 263.5 | 9.2 | 8.0 | 388.0 |
| Black | 6.7 | 40.5 | 132.2 | 11.9 | 3.3 | 300.7 |
| Asian/Pacific | 1.3 | 9.1 | 80.2 | 2.1 | 6.2 | 17.6 |
| Hispanic | 6.0 | 28.3 | 169.8 | 7.3 | 2.3 | 242.3 |
| Total | 3.7 | 37.5 | 240.7 | 9.1 | 6.6 | 329.9 |
| **New York City** | | | | | | |
| White | 2.5 | 28.1 | 192.2 | 6.2 | 7.8 | 246.5 |
| Black | 3.4 | 30.7 | 97.0 | 13.1 | 4.2 | 292.6 |
| Asian/Pacific | 2.4 | 10.6 | 90.6 | 2.1 | 5.6 | 21.4 |
| Hispanic | 3.4 | 32.3 | 119.8 | 10.0 | 4.3 | 301.2 |
| Total | 3.2 | 28.4 | 166.1 | 10.1 | 5.9 | 277.1 |
| **New York State** | | | | | | |
| White | 5.5 | 39.8 | 205.0 | 8.6 | 10.3 | 247.1 |
| Black | 5.1 | 35.0 | 100.6 | 13.2 | 4.5 | 269.4 |
| Asian/Pacific | 2.5 | 11.0 | 87.0 | 2.3 | 5.3 | 20.8 |
| Hispanic | 4.7 | 33.2 | 121.0 | 8.8 | 4.6 | 253.3 |
| Total | 5.2 | 36.1 | 192.6 | 10.0 | 8.1 | 254.0 |

Source: New York State Department of Health, 2023.
All rates are age adjusted. Mortality rates are per 100,000 population and hospitalization rates are per 10,000 population.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average.

Poisoning hospitalization rates, including drug and alcohol overdose/poisoning hospitalizations, were particularly high in the Bronx, with rates for all populations, except Asian/Pacific, being more than 50 percent above state averages. For White residents in the Bronx, all indicators

compared unfavorably to state averages. In the Bronx and Manhattan, the opioid burden per 100,000 population was particularly problematic.

### Youth Risk Behavior Surveillance System

Data collected as part of the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System (YRBSS) are based on national, state, territorial, tribal, and neighborhood school-based surveys that gather data from young adults in grades 9 through 12 on health-risk behaviors such as drug and tobacco use, unhealthy dietary behaviors, sexual behavior, and the prevalence of asthma. The survey is conducted every two years.

New York City and borough-specific results from the 2019 Youth Risk Behavior Survey (YRBS) are available from the Centers for Disease Control and Prevention (CDC). Analysis of YRBS data can identify localized health issues and trends, and enable borough, state, or nation-wide comparisons. **Exhibit 48** displays the prevalence of various indicators for the five boroughs, New York City, New York State, and the U.S.

## Exhibit 48: YRBS Indicators and Variation from New York State and the U.S., 2019

| Category | Indicator | Bronx | Brooklyn | Manhattan | Queens | Staten Island | New York City | New York State | United States |
|---|---|---|---|---|---|---|---|---|---|
| Alcohol or Tobacco Use | Binge Drinking (5 or More Drinks in the Past Month) | 9.3% | 8.6% | 10.6% | 7.4% | 9.6% | 8.9% | **12.7%** | **13.7%** |
| | Consumed At Least One Alcoholic Drink in the Past Month | 21.1% | 21.7% | 23.4% | 18.0% | 20.6% | 20.8% | **26.4%** | **29.2%** |
| | Smoking in the Past Month | 3.9% | 2.3% | 4.0% | 3.2% | 3.9% | 3.3% | **4.2%** | **6.0%** |
| | Vaping in the Past Month | 14.7% | 15.2% | 14.5% | 14.9% | 19.9% | 15.2% | **22.4%** | **32.7%** |
| Mental Health | Attempted Suicide One or More Times During the Past 12 Months | 11.8% | 8.9% | 8.0% | 8.4% | 10.2% | 9.2% | **8.5%** | **8.9%** |
| | Felt Sad (Every Day for 2 weeks) & Stopped Regular Activities due to Sadness | 34.5% | 35.8% | 38.4% | 35.1% | 36.2% | 35.9% | **35.1%** | **36.7%** |
| Physical Activity | Not Physically Active for 60 Minutes Per Day at least once in the Past Week | 28.7% | 24.6% | 18.7% | 23.2% | 24.5% | 23.8% | **20.0%** | **17.0%** |
| | Did Not Attend Physical Education (PE) classes on 1 or more days in Average Week | 15.5% | 17.4% | 9.4% | 15.7% | 18.6% | 15.0% | **10.3%** | **47.8%** |
| Sexual Behaviors | Ever Had Sexual Intercourse | 30.8% | 25.7% | 22.7% | 25.6% | 19.7% | 25.5% | **30.3%** | **38.4%** |
| | Did Not Use a Condom During Last Sexual Intercourse | 46.5% | 45.6% | 44.7% | 43.3% | 51.4% | 45.3% | **42.2%** | **45.7%** |
| Substance Abuse | Cocaine Use During Lifetime | 6.9% | 4.3% | 4.1% | 4.4% | 7.4% | 5.0% | **6.3%** | **3.9%** |
| | Heroin Use During Lifetime | 7.8% | 5.1% | 3.8% | 4.8% | 9.3% | 5.5% | **5.8%** | **1.8%** |
| | Marijuana Use in the Past Month | 18.6% | 18.6% | 19.3% | 15.0% | 17.2% | 17.7% | **19.1%** | **21.7%** |
| | Methamphetamines Use During Lifetime | 7.5% | 4.5% | 2.8% | 4.4% | 7.5% | 4.9% | **4.9%** | **2.1%** |
| | Ever Used Synthetic Marijuana | 11.5% | 10.0% | 8.5% | 8.8% | 13.2% | 9.9% | **10.3%** | **7.3%** |
| | Ever Injected an Illegal Drug | 5.8% | 3.6% | 2.9% | 3.5% | 6.3% | 4.0% | **3.8%** | **1.6%** |
| Violence | Physical Fight One or More Times During the Past 12 Months | 25.6% | 23.0% | 19.7% | 21.7% | 23.2% | 22.5% | **20.8%** | **21.9%** |
| | Electronically Bullied | 15.4% | 15.0% | 13.4% | 12.7% | 17.8% | 14.3% | **17.3%** | **15.7%** |
| | Bullied on School Property | 17.5% | 15.9% | 17.4% | 16.4% | 22.4% | 17.1% | **21.0%** | **19.5%** |
| | Did Not Go to School because Felt Unsafe at least Once in the Past 30 days | 10.1% | 12.0% | 7.5% | 10.2% | 13.1% | 10.4% | **10.9%** | **8.7%** |
| Weight and Nutrition | Did Not Eat Fruit in Past 7 Days | 14.4% | 11.9% | 8.9% | 11.4% | 13.5% | 11.7% | **9.4%** | **6.3%** |
| | One or More Sugary Drinks Consumed in the Past 7 Days | 66.4% | 62.8% | 64.4% | 65.1% | 60.0% | 64.2% | **64.7%** | **68.3%** |
| | Overweight or Obese | 36.1% | 30.5% | 26.3% | 31.3% | 31.1% | 30.9% | **29.7%** | **31.6%** |

Source: Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System, 2023.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average.

The percentage of youth not attending physical education (PE) classes on one or more days in average week was more than 50 percent worse the Bronx, Brooklyn, Queens, and Staten Island, as compared to New York State. Staten Island had problematic rates of indicators related to substance abuse with heroin use, methamphetamines use, and injection of illegal drugs rates being more than 50 percent worse than New York State. New York City and most boroughs had problematic rates of indicators related to mental health, physical activity, violence, and weight and nutrition. Manhattan compared favorably to the other boroughs and to the state for most indicators.

### New York Prevention Agenda 2019-2024

The New York Prevention Agenda is the state's health improvement plan for 2019-2024. Five priority areas were identified to improve the health of state residents and to reduce disparities:

- Prevent chronic diseases;
- Promote a healthy and safe environment;
- Promote healthy women, infants, and children;
- Promote well-being and prevent mental and substance use disorders; and
- Prevent communicable diseases.

The state developed tracking indicators or goals for indicators relating to each priority area. Baseline data are available for each borough along with a target for the year 2024. **Exhibits 49A**, **49B**, **49C**, and **49D** compare each borough's baseline data to the 2024 target.

All of the boroughs in New York City had a large number of indicators that were worse than the 2024 target. Each of the five boroughs was worse than the 2024 target for the following indicators (**Exhibits 49A**, **49B**, **49C**, and **49D**):

- Percentage of adults (aged 18-64) with health insurance;
- Percentage of adults who have a regular health care provider;
- Rate of assault-related hospitalizations;
- Work-related emergency department (ED) visits (Ratio of Black non-Hispanics to White non-Hispanics;
- Crash-related pedestrian fatalities, rate per 100,000 population;
- Percentage of adults with disabilities who participate in leisure-time physical activity;
- Percentage of adults who had a test for high blood sugar or diabetes within the past three years, aged 45+ years;
- Percentage of women with a preventive medical visit in the past year, aged 18-44 years; and
- Frequent mental distress during the past month among adults.

## Exhibit 49A: Prevention Agenda 2019-2024 Indicators Compared to Objectives

| Prevention Agenda 2019-2024 Priority Areas and Indicators | Data years | Bronx | Brooklyn | Manhattan | Queens | Staten Island | New York City | New York State | NYS Target |
|---|---|---|---|---|---|---|---|---|---|
| **Improve Health Status and Reduce Health Disparities** | | | | | | | | | |
| Percentage of deaths that are premature (before age 65 years) | 2020 | 31.8% | 25.9% | 21.3% | 25.1% | 23.2% | 25.9% | 23.3% | **22.8%** |
| Premature deaths (before age 65 years), difference in percentages between Black non-Hispanics and White non-Hispanics | 2020 | 20.2 | 15.1 | 15.9 | 15.1 | 23.2 | 16.6 | 16.5 | **17.3** |
| Premature deaths (before age 65 years), difference in percentages between Hispanics and White non-Hispanics | 2020 | 17.2 | 17.4 | 8.6 | 21.3 | 22.3 | 16.6 | 17.2 | **16.2** |
| Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years | 2020 | 167.4 | 106.0 | 75.4 | 82.9 | 89.0 | 101.7 | 96.2 | **115.0** |
| Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Black non-Hispanics and White non-Hispanics | 2020 | 107.1 | 101.7 | 162.6 | 68.5 | 122.1 | 110.5 | 99.0 | **94.0** |
| Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Hispanics and White non-Hispanics | 2020 | 64.8 | 57.7 | 54.4 | 12.6 | 21.2 | 54.8 | 29.7 | **23.9** |
| Percentage of adults with health insurance, aged 18-64 years | 2020 | 88.8% | 90.6% | 94.7% | 88.2% | 94.7% | N/A | 92.7% | **97.0%** |
| Adults who have a regular health care provider, age-adjusted percentage | 2021 | 81.5% | 84.1% | 79.5% | 82.3% | 81.8% | 82.2% | 85.0% | **86.7%** |
| **Promote a Healthy and Safe Environment** | | | | | | | | | |
| Hospitalizations due to falls among adults, rate per 10,000 population, aged 65+ years | 2019 | 200.4 | 135.2 | 168.2 | 165.1 | 257.4 | 168.1 | 193.9 | **173.7** |
| Assault-related hospitalizations, rate per 10,000 population | 2019 | 7.9 | 3.9 | 3.7 | 3.1 | 3.9 | 4.3 | 3.1 | **3.0** |
| Assault-related hospitalizations, ratio of rates between Black non-Hispanics and White non-Hispanics | 2019 | 1.6 | 5.2 | 6.6 | 3.0 | 5.0 | 4.3 | 5.1 | **5.5** |
| Assault-related hospitalizations, ratio of rates between Hispanics and White non-Hispanics | 2019 | 0.8 | 3.0 | 2.7 | 1.8 | 2.7 | 2.4 | 2.4 | **2.5** |
| Assault-related hospitalizations, ratio of rates between low-income ZIP Codes and non-low-income ZIP Codes | 2019 | 2.5 | 1.7 | 2.1 | 1.5 | 4.0 | 2.2 | 2.8 | **2.7** |
| Firearm assault-related hospitalizations, rate per 10,000 population | 2019 | 0.7 | 0.4 | 0.2 | 0.2 | 0.15* | 0.3 | 0.3 | **0.4** |
| Work-related emergency department (ED) visits, ratio of rates between Black non-Hispanics and White non-Hispanics | 2020 | 1.9 | 1.8 | 4.2 | 1.2 | 1.2 | 1.9 | 1.4 | **1.3** |
| Crash-related pedestrian fatalities, rate per 100,000 population | 2019 | 1.1 | 1.9 | 1.1 | 2.3 | 2.3 | 1.7 | 1.7 | **1.4** |
| Percentage of population living in a certified Climate Smart Community | 2022 | N/A | N/A | N/A | N/A | N/A | N/A | 30% | **8.6%** |
| Percentage of people who commute to work using alternate modes of transportation (e.g., public transportation, carpool, bike/walk) or who telecommute | 2016-2020 | 74.0% | 80.2% | 90.7% | 66.2% | 43.1% | 75.8% | 46.2% | **47.9%** |

Source: New York State Department of Health, 2023.
Note: Light grey shading denotes worse than state target; dark grey denotes 50 percent worse than state target.

## Exhibit 49B: Prevention Agenda 2019-2024 Indicators Compared to Objectives

| Prevention Agenda 2019-2024 Priority Areas and Indicators | Data years | Bronx | Brooklyn | Manhattan | Queens | Staten Island | New York City | New York State | NYS Target |
|---|---|---|---|---|---|---|---|---|---|
| **Prevent Chronic Diseases** | | | | | | | | | |
| Percentage of children with obesity, among children aged 2-4 years participating in the WIC program | 2017 | 14.8% | 11.7% | 13.1% | 13.1% | 16.6% | 13.1% | 13.9% | **13.0%** |
| Percentage of children and adolescents with obesity | 2018-2019 | 25.2% | 19.9% | 16.1% | 20.8% | 20.2% | 20.9% | 0.0% | **19.4%** |
| Percentage of adults with obesity | 2021 | 34.5% | 24.3% | 17.2% | 26.7% | 30.2% | 25.7% | 29.1% | **24.2%** |
| Percentage of adults with an annual household income less than $25,000 with obesity | 2021 | 38.1% | 28.9% | 27.0% | 35.3% | N/A | 32.6% | 34.4% | **29.0%** |
| Percentage of adults with an annual household income less than $25,000 who consume one or more sugary drinks per day | 2021 | 24.1% | 28.2% | 26.3% | 21.9% | N/A | 25.8% | 27.5% | **28.5%** |
| Percentage of adults with an annual household income less than $25,000 with perceived food security | 2021 | 45.9% | 50.3% | 39.0% | 47.0% | N/A | 45.0% | 48.1% | **61.4%** |
| Percentage of adults who participate in leisure-time physical activity | 2021 | 64.7% | 74.5% | 80.1% | 70.9% | 74.1% | 72.1% | 74.2% | **77.4%** |
| Percentage of adults with disabilities who participate in leisure-time physical activity | 2021 | 53.6% | 60.0% | 60.4% | 58.9% | 58.1% | 57.8% | 58.3% | **61.8%** |
| Percentage of adults who participate in leisure-time physical activity, aged 65+ years | 2021 | 61.1% | 67.1% | 78.2% | 66.6% | 72.8% | 68.3% | 68.4% | **75.9%** |
| Prevalence of cigarette smoking among adults | 2021 | 11.4% | 10.7% | 9.8% | 9.3% | 14.3% | 10.5% | 12.0% | **11.0%** |
| Percentage of adults who smoke cigarettes among adults with income less than $25,000 | 2021 | 14.1% | 18.8% | 15.8% | 13.8% | N/A | 15.2% | 20.4% | **15.3%** |
| Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines, aged 50-64 years | 2018 | 62.0% | 60.7% | 73.9% | 62.3% | 66.0% | 63.8% | 65.4% | **66.3%** |
| Percentage of adults who had a test for high blood sugar or diabetes within the past three years, aged 45+ years | 2021 | 65.2% | 67.2% | 64.2% | 63.1% | 68.1% | 65.6% | 64.3% | **71.7%** |
| Percentage of adults with an annual household income less than $25,000 who had a test for high blood sugar or diabetes within the past three years, aged 45+ years | 2021 | 60.3% | 57.1% | 54.2% | 52.8% | N/A | 57.8% | 60.3% | **67.4%** |
| Asthma emergency department visits, rate per 10,000, aged 0-17 years | 2020 | 110.2 | 53.2 | 66.0 | 38.3 | 29.1 | 61.2 | 39.0 | **131.1** |
| Percentage of Medicaid Managed Care members who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year, aged 5-18 years | 2020 | 64.1% | 65.0% | 60.5% | 67.5% | 74.1% | 64.9% | 67.6% | **69.0%** |
| Percentage of adults with hypertension who are currently taking medicine to manage their high blood pressure | 2021 | 76.0% | 76.5% | 77.3% | 77.4% | 82.6% | 78.6% | 80.2% | **80.7%** |
| Percentage of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition | 2021 | 12.1% | 8.2% | 9.2% | 12.3% | 9.1% | 9.5% | 9.8% | **10.6%** |

Source: New York State Department of Health, 2023.
Note: Light grey shading denotes worse than state target; dark grey denotes 50 percent worse than state target.

## Exhibit 49C: Prevention Agenda 2019-2024 Indicators Compared to Objectives

| Prevention Agenda 2019-2024 Priority Areas and Indicators | Data years | Bronx | Brooklyn | Manhattan | Queens | Staten Island | New York City | New York State | NYS Target |
|---|---|---|---|---|---|---|---|---|---|
| **Promote Healthy Women, Infants, and Children** | | | | | | | | | |
| Percentage of women with a preventive medical visit in the past year, aged 18-44 years | 2021 | 79.1% | 68.1% | 70.1% | 80.2% | 74.9% | 74.6% | 75.9% | **80.6%** |
| Percentage of women with a preventive medical visit in the past year, aged 45+ years | 2021 | 82.4% | 91.2% | 86.1% | 90.6% | 88.9% | 88.2% | 87.9% | **85.0%** |
| Percentage of women who report ever talking with a health care provider about ways to prepare for a healthy pregnancy, aged 18-44 years | 2021 | 33.3% | 19.9% | 24.2% | 18.4% | N/A | 21.7% | 28.5% | **38.1%** |
| Maternal mortality, rate per 100,000 live births | 2018-2020 | 23.1 | 21.9 | 19.2 | 15.2 | 6.6 | 19.2 | 19.3 | **16.0** |
| Infant mortality, rate per 1,000 live births | 2020 | 5.1 | 2.8 | 2.6 | 4.1 | 3.5 | 3.6 | 4.1 | **4.0** |
| Percentage of births that are preterm | 2020 | 11.0% | 8.3% | 8.8% | 9.2% | 8.9% | 9.1% | 9.2% | **8.3%** |
| Newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs of addiction (any diagnosis), crude rate per 1,000 newborn discharges | 2020 | 4.0 | 2.2 | 4.4 | 2.2 | 8.2 | 3.2 | 8.8 | **9.1** |
| Percentage of infants who are exclusively breastfed in the hospital among all infants | 2020 | 30.7% | 45.4% | 62.4% | 48.3% | 33.5% | 45.4% | 47.3% | **51.7%** |
| Percentage of infants who are exclusively breastfed in the hospital among Hispanic infants | 2020 | 28.1% | 38.1% | 38.0% | 49.9% | 27.7% | 37.2% | 36.1% | **37.4%** |
| Percentage of infants who are exclusively breastfed in the hospital among Black non-Hispanic infants | 2020 | 33.0% | 32.1% | 48.1% | 43.2% | 27.8% | 36.0% | 34.9% | **38.4%** |
| Percentage of infants supplemented with formula in the hospital among breastfed infants | 2020 | 66.7% | 51.4% | 34.5% | 47.0% | 53.2% | 50.5% | 46.2% | **41.9%** |
| Percentage of WIC enrolled infants who are breastfed at 6 months | 2017 | 41.1% | 59.5% | 41.3% | 47.7% | 35.9% | 0.0% | 42.0% | **45.5%** |
| Suicide mortality among youth, rate per 100,000, aged 15-19 years | 2018-2020 | 2.8 | 4.6 | 4.4 | 4.1 | 2.3 | 3.9 | 5.4 | **4.7** |
| Percentage of families participating in the Early Intervention Program who meet the state's standard on the NY Impact on Family Scale | July 2020-June 2021 | 91.4% | 91.8% | 91.7% | 92.3% | 93.9% | 92.0% | 92.9% | **73.9%** |
| Percentage of residents served by community water systems that have optimally fluoridated water | 2021 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 71.2% | **77.5%** |

Source: New York State Department of Health, 2023.

Note: Light grey shading denotes worse than state target; dark grey denotes 50 percent worse than state target.

## Exhibit 49D: Prevention Agenda 2019-2024 Indicators Compared to Objectives

| Prevention Agenda 2019-2024 Priority Areas and Indicators | Data years | Bronx | Brooklyn | Manhattan | Queens | Staten Island | New York City | New York State | NYS Target |
|---|---|---|---|---|---|---|---|---|---|
| **Promote Well-Being and Prevent Mental and Substance Use Disorders** | | | | | | | | | |
| Opportunity Index Score | 2019 | 42.6 | 53.6 | 64.1 | 55.9 | 56.5 | - | 57.4 | **59.2** |
| Frequent mental distress during the past month among adults, age-adjusted percentage | 2021 | 14.2 | 14.6 | 14.7 | 12.2 | 13.1 | 13.6 | 13.4 | **10.7** |
| Economy Score | 2019 | 26.4 | 37.2 | 53.3 | 50.9 | 51.9 | - | 51.9 | **52.3** |
| Community Score | 2019 | 53.6 | 57.8 | 71.7 | 60.0 | 58.3 | - | 58.4 | **61.3** |
| Binge drinking during the past month among adults, age-adjusted percentage | 2021 | 12.0% | 16.6% | 20.9% | 14.4% | 12.5% | 15.8% | 16.0% | **16.4%** |
| Overdose deaths involving any opioids, age-adjusted rate per 100,000 population | 2020 | 33.8 | 14.9 | 17.7 | 13.8 | 26.4 | 18.7 | 21.2 | **14.3** |
| Patients who received at least one buprenorphine prescription for opioid use disorder, age-adjusted rate per 100,000 population | 2021 | 202.0 | 162.9 | 169.9 | 115.3 | 483.5 | 173.7 | 427.0 | **415.6** |
| Opioid analgesic prescription, age-adjusted rate per 1,000 population | 2021 | 211.3 | 146.4 | 164.4 | 139.5 | 282.8 | 166.5 | 261.6 | **350.0** |
| Emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted rate per 100,000 population | 2020 | 88.6 | 44.6 | 49.9 | 28.2 | 75.4 | 49.2 | 60.9 | **53.3** |
| Percentage of adults who have experienced two or more adverse childhood experiences (ACEs) | 2021 | 47.2% | 37.2% | 45.1% | 44.1% | 32.6% | 44.6% | 41.9% | **33.8%** |
| Indicated reports of abuse/maltreatment, rate per 1,000 children, aged 0-17 years | 2020 | N/A | N/A | N/A | N/A | N/A | 12.7 | 14.6 | **15.6** |
| Suicide mortality, age-adjusted rate per 100,000 population | 2018-2020 | 5.0 | 5.3 | 6.9 | 6.3 | 6.6 | 5.9 | 8.1 | **7.0** |

Source: New York State Department of Health, 2023.

Note: Light grey shading denotes worse than state target; dark grey denotes 50 percent worse than state target.

## New York City Community Health Survey

The New York City Department of Health and Mental Hygiene (DOHMH) conducts an annual survey of City residents regarding health behaviors and chronic diseases.[12] The survey sample size is approximately 10,000 adults aged 18 years and older. Data are available at a city, borough, and neighborhood level. **Exhibits 50A**, **50B**, **50C**, and **50D** present selected indicators related to health care access, chronic conditions, health behaviors, and mental health by borough and neighborhood.

**Exhibit 50A** summarizes access indicators for MSH neighborhoods.

[12] EpiQuery is an online tool for New York City from which Community Health Survey and other datasets can be accessed. The tool enhances user ability to access these data by various demographic categories, including age, sex race/ethnicity, and geographic location, such as borough, and neighborhood. While the New York City Community Health Survey has been continued to be conducted recently, capacity constraints related to the COVID-19 pandemic have delayed EpiQuery updates of more recent Community Health Survey data.

NYC Community Health Survey data presented utilize the most recent data available from EpiQuery. While these data are from 2017, results can continue to inform assessments of community health across different neighborhoods.

The current webpage that summarizes New York City Community Health Survey data can via EpiQuery is https://a816-health.nyc.gov/hdi/epiquery/visualizations?PageType=ps&PopulationSource=CHS. The current webpage to access datasets for multiple years of the Community Health Survey is https://www.nyc.gov/site/doh/data/data-sets/community-health-survey-public-use-data.page.

## Exhibit 50A: New York City Community Health Survey, Access Indicators, 2017

| Borough and Neighborhood | Percentage Who Had Medicaid | Percentage Who Had Medicare | Percentage Who Were Uninsured | Did Not Receive Medical Care | No PCP |
|---|---|---|---|---|---|
| **Bronx** | **35.5%** | **15.8%** | **12.7%** | **13.1%** | **16.2%** |
| Kingsbridge - Riverdale | 14.3% | 15.7% | 7.2% | 8.5% | 13.5% |
| Northeast Bronx | 23.8% | 14.0% | 7.5% | 15.5% | 7.5% |
| Fordham - Bronx Park | 43.0% | 14.2% | 12.6% | 10.6% | 15.8% |
| Pelham - Throgs Neck | 24.1% | 16.3% | 15.0% | 14.2% | 20.7% |
| Crotona - Tremont | 46.4% | 17.5% | 13.5% | 12.9% | 15.2% |
| **Brooklyn** | **26.7%** | **16.1%** | **12.1%** | **11.7%** | **14.9%** |
| Greenpoint | 33.5% | 21.7% | 7.3% | 8.8% | 18.7% |
| Downtown - Heights - Slope | 14.2% | 12.3% | 7.0% | 12.7% | 11.5% |
| Bedford Stuyvesant - Crown Heights | 32.6% | 13.5% | 10.5% | 11.8% | 17.0% |
| East New York | 35.6% | 17.3% | 10.0% | 6.9% | 13.9% |
| Sunset Park | 29.9% | 13.9% | 28.0% | 13.4% | 20.7% |
| Borough Park | 32.8% | 16.4% | 8.4% | 10.3% | 15.5% |
| East Flatbush - Flatbush | 24.7% | 16.4% | 13.4% | 12.1% | 12.7% |
| Canarsie - Flatlands | 15.0% | 17.3% | 14.4% | 12.4% | 10.8% |
| Bensonhurst - Bay Ridge | 23.6% | 15.4% | 13.4% | 8.7% | 16.7% |
| Coney Island - Sheepshead Bay | 25.3% | 18.6% | 10.6% | 12.4% | 14.1% |
| Williamsburg - Bushwick | 32.1% | 14.1% | 16.1% | 17.0% | 15.8% |
| **Manhattan** | **16.7%** | **17.0%** | **7.7%** | **8.7%** | **15.6%** |
| Washington Heights - Inwood | 34.4% | 16.0% | 12.0% | 9.1% | 18.8% |
| Central Harlem - Morningside Heights | 18.0% | 19.5% | 6.9% | 9.7% | 16.2% |
| East Harlem | 40.0% | 20.5% | 6.8% | 8.2% | 9.9% |
| Upper West Side | 13.7% | 17.6% | 0.0% | 8.2% | 14.6% |
| Upper East Side | 5.7% | 13.3% | 3.6% | 7.5% | 10.5% |
| Chelsea - Clinton | 6.7% | 16.6% | 12.6% | 8.1% | 22.6% |
| Union Square - Lower East Side | 17.7% | 20.5% | 7.3% | 10.5% | 14.3% |
| **Queens** | **21.2%** | **15.7%** | **14.8%** | **8.6%** | **16.0%** |
| Long Island City - Astoria | 15.6% | 14.9% | 10.6% | 10.6% | 22.4% |
| West Queens | 27.4% | 13.1% | 22.7% | 9.5% | 21.0% |
| Flushing - Clearview | 27.9% | 16.7% | 10.6% | 4.4% | 9.1% |
| Bayside - Little Neck | 22.1% | 17.5% | 5.6% | 7.4% | 8.9% |
| Rockaway | 22.2% | 16.5% | 11.2% | 16.9% | 17.7% |
| Ridgewood - Forest Hills | 17.5% | 13.8% | 21.2% | 8.2% | 20.6% |
| Southwest Queens | 20.8% | 17.4% | 11.2% | 8.1% | 11.4% |
| Jamaica | 19.9% | 15.0% | 15.7% | 10.9% | 14.8% |
| Southeast Queens | 12.1% | 18.4% | 9.3% | 5.5% | 10.9% |
| **Staten Island** | **12.9%** | **15.8%** | **8.7%** | **10.5%** | **8.3%** |
| Port Richmond | 17.6% | 16.8% | 7.8% | 10.4% | 5.7% |
| Willowbrook | 9.9% | 15.5% | 9.0% | 10.6% | 10.1% |
| **New York City** | **23.8%** | **16.1%** | **11.8%** | **10.3%** | **15.2%** |

Source: New York City Department of Health and Mental Hygiene, 2020.

Overall, residents of the Bronx were more likely to have Medicaid, be uninsured, not receive medical care, and/or have no primary care physician than the New York City averages. Brooklyn residents were more likely to have Medicaid, be uninsured, and have no primary care physician than City averages. Manhattan residents were more likely to have Medicare and have no primary care physician than City averages. Queens residents were more likely to be uninsured and not have a primary care physician than City averages. Staten Island residents were more likely to not receive medical care than City averages.

**Exhibit 50B** summarizes chronic conditions within MSH neighborhoods.

**Exhibit 50B: New York City Community Health Survey, Chronic Conditions, 2017**

| Borough and Neighborhood | Ever Been Told Had Asthma | Ever Had High Blood Pressure | Ever Told You Have Diabetes | Overweight and Obese |
|---|---|---|---|---|
| **Bronx** | **6.8%** | **34.2%** | **17.5%** | **69.9%** |
| Kingsbridge - Riverdale | 0.0% | 29.7% | 8.2% | 54.0% |
| Northeast Bronx | 5.6% | 28.8% | 16.3% | 69.4% |
| Fordham - Bronx Park | 8.1% | 32.7% | 20.7% | 65.5% |
| Pelham - Throgs Neck | 7.2% | 32.2% | 15.0% | 69.1% |
| Crotona - Tremont | 7.0% | 39.0% | 19.0% | 76.0% |
| **Brooklyn** | **3.7%** | **28.0%** | **11.6%** | **58.5%** |
| Greenpoint | 1.7% | 20.4% | 9.0% | 52.4% |
| Downtown - Heights - Slope | 4.3% | 23.5% | 6.8% | 46.0% |
| Bedford Stuyvesant - Crown Heights | 7.5% | 34.5% | 12.3% | 68.0% |
| East New York | 3.6% | 37.2% | 15.2% | 66.3% |
| Sunset Park | 2.9% | 27.4% | 7.9% | 49.7% |
| Borough Park | 2.2% | 23.4% | 9.0% | 56.3% |
| East Flatbush - Flatbush | 4.0% | 30.1% | 15.6% | 63.8% |
| Canarsie - Flatlands | 3.8% | 26.8% | 11.9% | 60.3% |
| Bensonhurst - Bay Ridge | 2.2% | 24.0% | 9.0% | 49.6% |
| Coney Island - Sheepshead Bay | 2.5% | 26.6% | 12.2% | 58.4% |
| Williamsburg - Bushwick | 2.2% | 32.8% | 14.9% | 62.0% |
| **Manhattan** | **4.6%** | **23.9%** | **7.3%** | **44.6%** |
| Washington Heights - Inwood | 7.2% | 32.8% | 12.1% | 61.3% |
| Central Harlem - Morningside Heights | 1.9% | 37.4% | 11.9% | 53.6% |
| East Harlem | 0.0% | 38.4% | 16.4% | 63.3% |
| Upper West Side | 1.1% | 20.1% | 2.3% | 42.6% |
| Upper East Side | 4.2% | 17.9% | 4.5% | 37.6% |
| Chelsea - Clinton | 3.7% | 18.3% | 4.5% | 37.4% |
| Union Square - Lower East Side | 5.1% | 22.7% | 9.2% | 38.4% |
| **Queens** | **3.9%** | **27.3%** | **11.5%** | **57.8%** |
| Long Island City - Astoria | 5.4% | 22.8% | 9.9% | 58.4% |
| West Queens | 2.5% | 23.5% | 11.2% | 53.7% |
| Flushing - Clearview | 3.8% | 27.9% | 9.2% | 47.8% |
| Bayside - Little Neck | 1.9% | 23.9% | 7.7% | 50.7% |
| Rockaway | 7.4% | 32.5% | 10.2% | 76.4% |
| Ridgewood - Forest Hills | 4.8% | 26.4% | 9.5% | 58.2% |
| Southwest Queens | 2.9% | 29.0% | 14.0% | 60.1% |
| Jamaica | 6.0% | 36.8% | 15.0% | 67.0% |
| Southeast Queens | 0.0% | 28.5% | 16.2% | 56.7% |
| **Staten Island** | **1.7%** | **28.6%** | **10.6%** | **60.5%** |
| Port Richmond | 2.0% | 28.2% | 15.1% | 64.3% |
| Willowbrook | 1.4% | 29.1% | 7.6% | 58.2% |
| **New York City** | **4.3%** | **28.0%** | **11.5%** | **57.3%** |

Source: New York City Department of Health and Mental Hygiene, 2020.

Overall, residents of the Bronx had higher percentages for each of the four indicators than the New York City averages. Brooklyn residents were more likely to have ever had high blood pressure and diabetes and to be overweight and obese by City averages. Manhattan residents were more likely to have ever had asthma. Queens residents were more likely to have been overweight or obese than the City average. Staten Island residents were more likely to have had high blood pressure and have been overweight or obese than the City averages.

**Exhibit 50C** summarizes health behaviors within MSH neighborhoods.

**Exhibit 50C: New York City Community Health Survey, Health Behaviors, 2017**

| Borough and Neighborhood | Binge Drinker* | Current Smoker | No Exercise in the Past 30 Days | Consumed on Average One or More Sugary Beverage | Consumed 0 Servings of Fruit and/or Vegetables Yesterday** |
|---|---|---|---|---|---|
| **Bronx** | **13.9%** | **13.6%** | **30.1%** | **32.0%** | **17.8%** |
| Kingsbridge - Riverdale | 20.6% | 14.8% | 21.2% | 23.2% | 12.0% |
| Northeast Bronx | 11.0% | 9.7% | 36.6% | 27.3% | 9.1% |
| Fordham - Bronx Park | 17.2% | 10.3% | 29.0% | 32.5% | 20.5% |
| Pelham - Throgs Neck | 11.8% | 15.9% | 26.0% | 32.3% | 18.1% |
| Crotona - Tremont | 14.0% | 13.9% | 31.6% | 34.5% | 21.0% |
| **Brooklyn** | **15.5%** | **13.6%** | **28.3%** | **22.8%** | **11.0%** |
| Greenpoint | 17.9% | 9.7% | 25.8% | 19.9% | 9.1% |
| Downtown - Heights - Slope | 25.3% | 11.6% | 17.0% | 12.9% | 9.4% |
| Bedford Stuyvesant - Crown Heights | 16.1% | 19.2% | 28.1% | 28.8% | 16.6% |
| East New York | 13.0% | 17.1% | 27.6% | 31.6% | 18.3% |
| Sunset Park | 14.3% | 15.4% | 34.6% | 22.8% | 13.9% |
| Borough Park | 9.7% | 9.8% | 35.2% | 14.6% | 3.5% |
| East Flatbush - Flatbush | 15.6% | 9.8% | 22.1% | 28.9% | 17.9% |
| Canarsie - Flatlands | 7.1% | 11.2% | 31.5% | 31.8% | 14.5% |
| Bensonhurst - Bay Ridge | 16.1% | 11.9% | 29.6% | 16.4% | 1.8% |
| Coney Island - Sheepshead Bay | 13.1% | 16.8% | 30.7% | 17.5% | 6.9% |
| Williamsburg - Bushwick | 22.4% | 19.5% | 25.0% | 30.1% | 13.2% |
| **Manhattan** | **25.1%** | **12.0%** | **16.7%** | **16.6%** | **10.0%** |
| Washington Heights - Inwood | 19.3% | 12.2% | 24.5% | 25.1% | 16.7% |
| Central Harlem - Morningside Heights | 25.9% | 16.9% | 26.5% | 32.7% | 11.5% |
| East Harlem | 19.2% | 18.7% | 19.9% | 26.7% | 10.7% |
| Upper West Side | 24.7% | 14.0% | 8.5% | 16.2% | 13.5% |
| Upper East Side | 22.5% | 7.6% | 10.7% | 10.2% | 8.4% |
| Chelsea - Clinton | 33.2% | 12.5% | 18.6% | 10.0% | 8.7% |
| Union Square - Lower East Side | 30.5% | 12.4% | 14.9% | 9.7% | 6.2% |
| **Queens** | **15.1%** | **12.2%** | **26.0%** | **21.4%** | **11.2%** |
| Long Island City - Astoria | 19.9% | 13.9% | 21.1% | 21.2% | 5.4% |
| West Queens | 14.2% | 11.2% | 28.4% | 21.1% | 6.7% |
| Flushing - Clearview | 12.0% | 18.6% | 24.2% | 17.0% | 10.5% |
| Bayside - Little Neck | 12.3% | 11.6% | 25.5% | 12.8% | 12.9% |
| Rockaway | 23.3% | 17.3% | 25.3% | 23.9% | 13.9% |
| Ridgewood - Forest Hills | 16.0% | 11.4% | 27.7% | 17.6% | 11.4% |
| Southwest Queens | 18.7% | 12.7% | 28.9% | 24.7% | 13.9% |
| Jamaica | 14.1% | 11.2% | 28.6% | 31.3% | 22.7% |
| Southeast Queens | 10.7% | 6.8% | 14.2% | 20.0% | 13.2% |
| **Staten Island** | **18.5%** | **24.0%** | **28.8%** | **30.3%** | **8.3%** |
| Port Richmond | 22.0% | 19.7% | 28.9% | 36.0% | 8.6% |
| Willowbrook | 15.9% | 26.8% | 28.5% | 26.4% | 7.8% |
| **New York City** | **17.3%** | **13.4%** | **25.5%** | **23.0%** | **11.8%** |

Source: New York City Department of Health and Mental Hygiene, 2020. *Binge drinking is defined as five or more drinks on one occasion for males and four or more drinks on one occasion for females. **A serving equals one medium apple, a handful of broccoli, or a cup of carrots

Overall, residents of the Bronx had higher percentages of current smoking, no exercise in the past 30 days, consumption of sugary beverages, and consuming no servings of fruits and vegetables than New York City averages. Brooklyn residents had higher percentages of current smoking and no exercise in the past 30 days. Manhattan residents had higher percentages of binge drinking. Queens residents had higher percentages of no exercise in the past 30 days. Staten Island residents had higher percentages of binge drinking, current smoking, no exercise in the last 30 days, and consumption of sugary beverages than City averages.

**Exhibit 50D** summarizes mental health indicators within MSH neighborhoods.

**Exhibit 50D: New York City Community Health Survey, Mental Health Indicators, 2017**

| Borough and Neighborhood | Current Depression | No mental health treatment (among those with depression) |
|---|---|---|
| **Bronx** | **13.4%** | **60.9%** |
| Kingsbridge - Riverdale | 14.2% | 79.3% |
| Northeast Bronx | 9.5% | 80.6% |
| Fordham - Bronx Park | 14.0% | 64.4% |
| Pelham - Throgs Neck | 8.9% | 60.1% |
| Crotona - Tremont | 16.9% | 55.5% |
| **Brooklyn** | **8.4%** | **61.2%** |
| Greenpoint | 6.6% | 50.7% |
| Downtown - Heights - Slope | 3.3% | 0.0% |
| Bedford Stuyvesant - Crown Heights | 11.3% | 74.9% |
| East New York | 10.9% | 77.1% |
| Sunset Park | 5.1% | 0.0% |
| Borough Park | 5.3% | 80.1% |
| East Flatbush - Flatbush | 8.6% | 64.3% |
| Canarsie - Flatlands | 10.1% | 67.1% |
| Bensonhurst - Bay Ridge | 5.2% | 0.0% |
| Coney Island - Sheepshead Bay | 13.7% | 32.0% |
| Williamsburg - Bushwick | 8.7% | 62.8% |
| **Manhattan** | **9.8%** | **45.0%** |
| Washington Heights - Inwood | 12.7% | 50.4% |
| Central Harlem - Morningside Heights | 5.3% | 53.4% |
| East Harlem | 21.4% | 0.0% |
| Upper West Side | 8.2% | 37.8% |
| Upper East Side | 8.0% | 0.0% |
| Chelsea - Clinton | 11.3% | 58.2% |
| Union Square - Lower East Side | 10.6% | 41.7% |
| **Queens** | **7.7%** | **59.1%** |
| Long Island City - Astoria | 7.9% | 33.2% |
| West Queens | 3.9% | 0.0% |
| Flushing - Clearview | 8.8% | 51.9% |
| Bayside - Little Neck | 6.6% | 73.7% |
| Rockaway | 13.7% | 56.4% |
| Ridgewood - Forest Hills | 10.7% | 44.3% |
| Southwest Queens | 6.7% | 0.0% |
| Jamaica | 12.0% | 0.0% |
| Southeast Queens | 3.9% | 56.9% |
| **Staten Island** | **9.3%** | **63.5%** |
| Port Richmond | 9.7% | 0.0% |
| Willowbrook | 8.8% | 0.0% |
| **New York City** | **9.3%** | **57.3%** |

Source: New York City Department of Health and Mental Hygiene, 2020.

Overall, Bronx residents had higher percentages for each of the two indicators than the New York City averages. Residents of Brooklyn, Queens, and Staten Island had a higher percentage of residents with no mental health treatment (among those with depression) than the City average. Manhattan residents had a higher percentage of residents with depression than the City average.

## Ambulatory Care Sensitive Conditions

This section examines the frequency of discharges for Ambulatory Care Sensitive Conditions (ACSCs) from MSH's community.

ACSCs are health "conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."[13] As such, rates of hospitalization for these conditions can "provide insight into the quality of the health care system outside of the hospital," including the accessibility and utilization of primary care, preventive care and health education, as well as the ability to navigate to these services. Among these conditions are diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma. Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the community's health care system and ways to improve outcomes.

### Borough/Neighborhood-Level Analysis

**Exhibit 51** indicates the percentage of adult discharges from all hospitals in the MSH community that were for ACSCs, by payer.

**Exhibit 51: Adult Discharges for ACSC by Borough and Payer, 2022**

| Borough | Private | Medicaid | Medicare | Self-Pay / Other | Total |
|---|---|---|---|---|---|
| Bronx | 6.7% | 9.5% | 14.3% | 0.0% | 10.9% |
| Brooklyn | 3.9% | 7.8% | 13.5% | 1.0% | 9.4% |
| Manhattan | 1.7% | 8.9% | 11.7% | 0.0% | 8.7% |
| Queens | 4.2% | 7.2% | 12.1% | 0.7% | 8.7% |
| Staten Island | 2.7% | 7.8% | 10.9% | 0.0% | 8.3% |
| **Total** | **3.9%** | **8.3%** | **12.8%** | **0.5%** | **9.4%** |

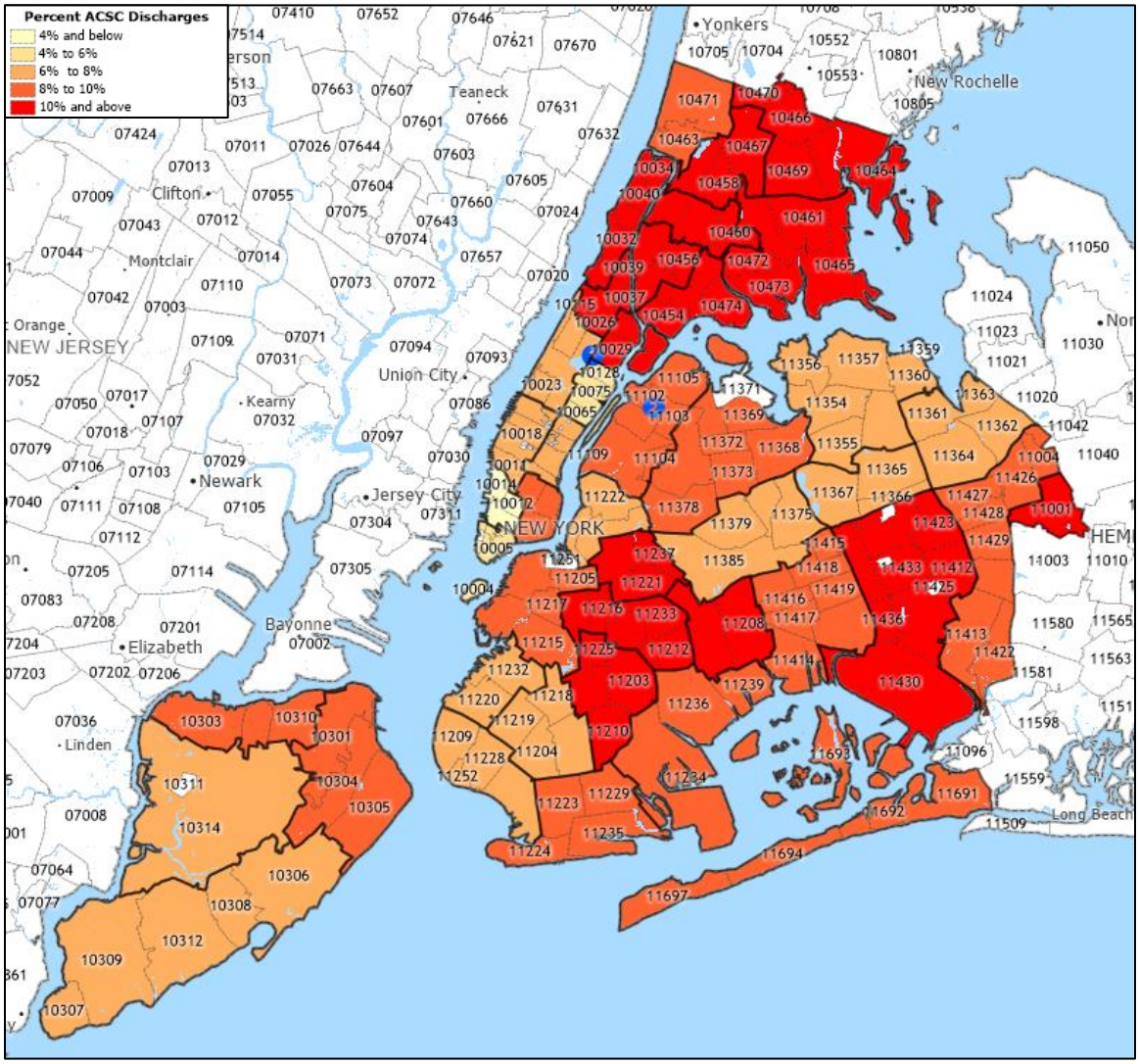
Source: DataGen®, Inc., 2023

The table indicates that 9.4 percent of adult discharges in the community were for ACSCs in 2022. Medicare patients and patients from the Bronx had the highest proportions of discharges for ACSCs.

[13]Agency for Healthcare Research and Quality (AHRQ), *Prevention Quality Indicators Overview*. Retrieved 2020, from: https://www.qualityindicators.ahrq.gov/modules/pqi_overview.aspx.

**Exhibit 52A** illustrates the percentages of adult discharges from all hospitals in the community that were for ACSCs, by neighborhood.

**Exhibit 52A: Adult Discharges for ACSC by Neighborhood, 2022**

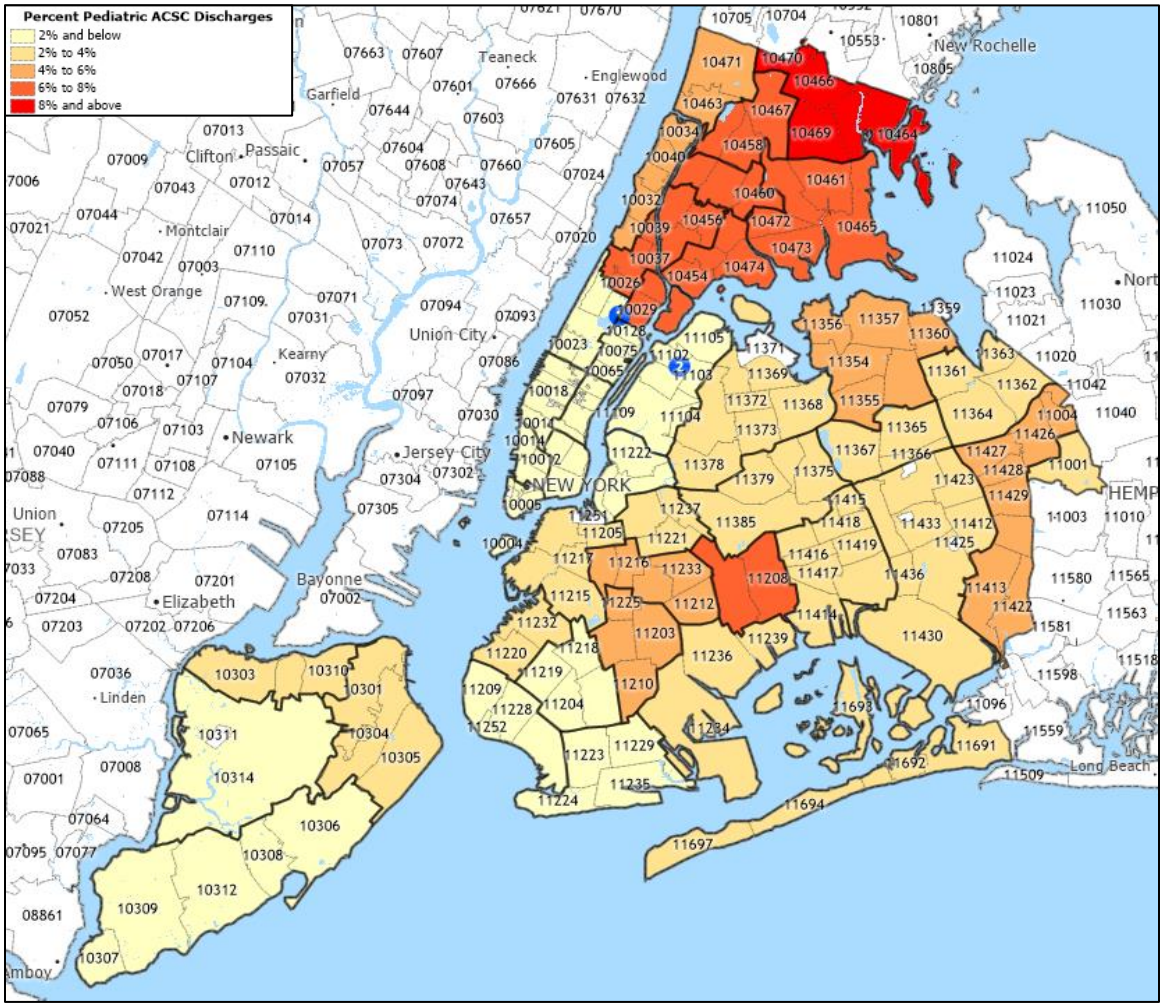



Sources: Caliper Maptitude (2023) and DataGen®, Inc., 2023
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

The ACSC rates for adult discharges were higher in neighborhoods Bedford Stuyvesant-Crown Heights, Central Harlem-Morningside Heights, Crotona-Tremont, East Flatbush-Flatbush, East Harlem, East New York, Fordham-Bronx Park, High-Bridge-Morrisania, Hunts Point-Mott Haven, Jamaica, NE Bronx, Pelham-Throgs Neck, Rockaway, and Washington Heights-Inwood, Williamsburg-Bushwick, all with rates over 10 percent.

**Exhibit 52B** illustrates the percentages of pediatric discharges from all hospitals in the community that were for ACSCs, by neighborhood.

**Exhibit 52B: Pediatric Discharges for ACSC by Neighborhood, 2022**




Sources: Caliper Maptitude (2023) and DataGen®, Inc., 2023
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

The ACSC rates for pediatric discharges were higher in neighborhoods Central Harlem-Morningside Heights, Crotona-Tremont, East Harlem, East New York, Fordham-Bronx Park, High-Bridge-Morrisania, Hunts Point-Mott Haven, NE Bronx, Pelham-Throgs Neck, and Washington Heights-Inwood, all with rates over six percent.

## ACSC Conditions Analysis

**Exhibit 53** displays the frequency and percentage of all hospital discharges of residents in the MSH community for ACSC by age and condition. For each condition, the percentage figures indicate the proportion of discharges in each age cohort.

**Exhibit 53: ACSC Discharges of MSH Community Members from all hospitals by Condition and Age, 2022**

| Condition | 0 to 17 | 18 to 39 | 40 to 64 | 65+ | Total |
|---|---|---|---|---|---|
| Heart Failure | 0.0% | 2.4% | 32.5% | 65.1% | 24,890 |
| COPD or Asthma in Older Adults | 0.0% | 0.0% | 47.1% | 52.9% | 10,746 |
| Diabetes Long-Term Complications | 0.0% | 5.8% | 50.0% | 44.3% | 9,007 |
| Urinary Tract Infection | 0.0% | 7.4% | 20.6% | 72.0% | 6,051 |
| Hypertension | 0.0% | 6.9% | 45.7% | 47.4% | 5,542 |
| Diabetes Short-Term Complications | 0.0% | 36.4% | 43.6% | 20.0% | 4,585 |
| Pediatric Asthma | 100.0% | 0.0% | 0.0% | 0.0% | 3,926 |
| Uncontrolled Diabetes | 0.0% | 5.3% | 36.6% | 58.2% | 3,839 |
| Community-Acquired Pneumonia | 0.0% | 3.3% | 30.2% | 66.5% | 3,734 |
| Lower-Extremity Amputation - Patients with Diabetes | 0.0% | 0.0% | 54.1% | 45.9% | 2,091 |
| Pediatric Gastroenteritis | 100.0% | 0.0% | 0.0% | 0.0% | 1,336 |
| Asthma in Younger Adults | 0.0% | 100.0% | 0.0% | 0.0% | 1,231 |
| Pediatric Urinary Tract Infection | 100.0% | 0.0% | 0.0% | 0.0% | 154 |
| Pediatric Diabetes Short-Term Complications | 100.0% | 0.0% | 0.0% | 0.0% | 108 |

Source: DataGen®, Inc.., 2023

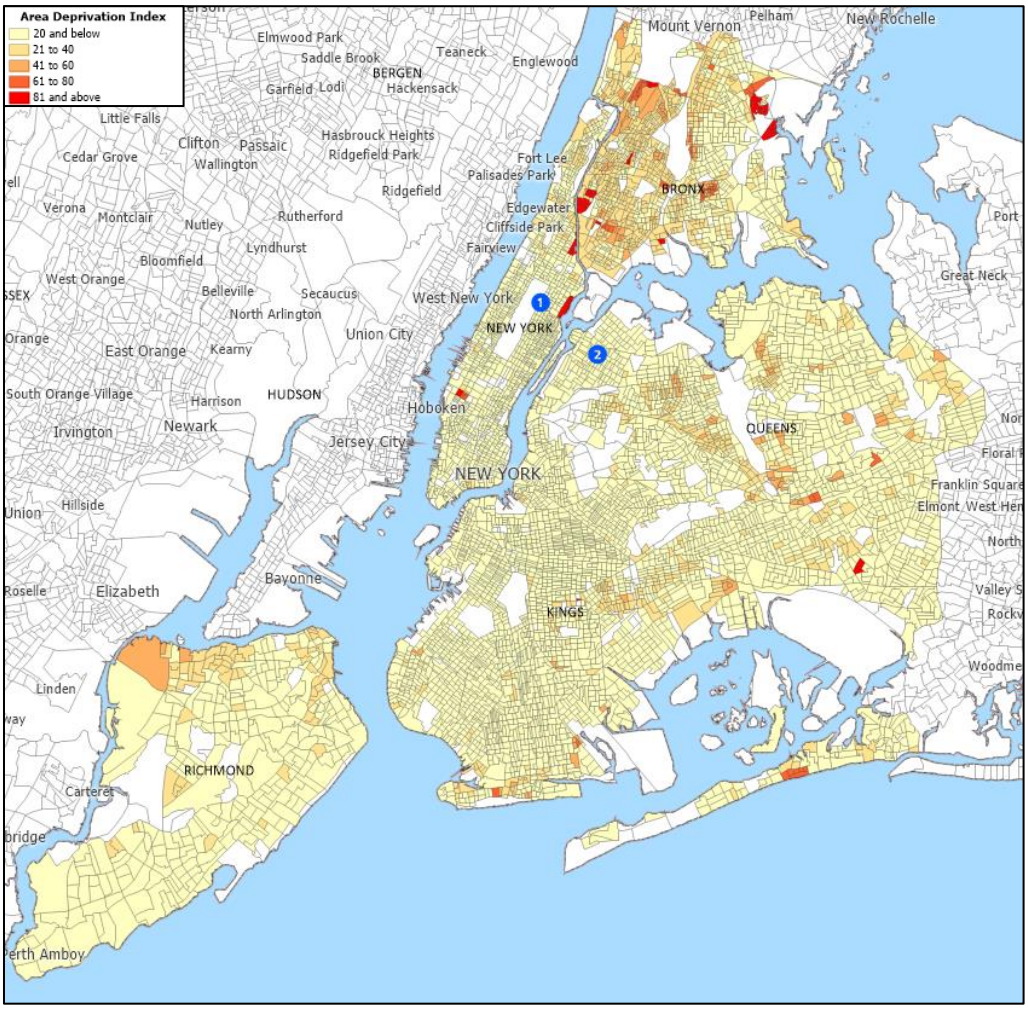
The top five ACSC conditions in the MSH community by number of discharges were heart failure, COPD or asthma in older adults, diabetes long-term complications, urinary tract infection, and hypertension. Patients aged 65 years and over had the highest percentage of discharges for ACSC conditions, followed by the 40- to 64-year-old cohort.

## Area Deprivation Index, Social Vulnerability Index, CDC PLACES, and Food Deserts

### Area Deprivation Index

**Exhibit 54** presents the University of Wisconsin, School of Medicine and Public Health, Center for Health Disparities Research's Area Deprivation Index (ADI) for the MSH community. The ADI ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality. ADIs are calculated for census block groups in national percentile rankings from 1 to 100. A block group ranking of 1 indicates the lowest level of disadvantage within the nation and an ADI ranking of 100 indicates the highest level of disadvantage.

**Exhibit 54: Area Deprivation Index by Census Block Group, 2020**




Source: University of Wisconsin School of Medicine and Public Health. Area Deprivation Index, 2020, as downloaded from https://www.neighborhoodatlas.medicine.wisc.edu/, on March 28, 2023, and Caliper Maptitude, 2023.

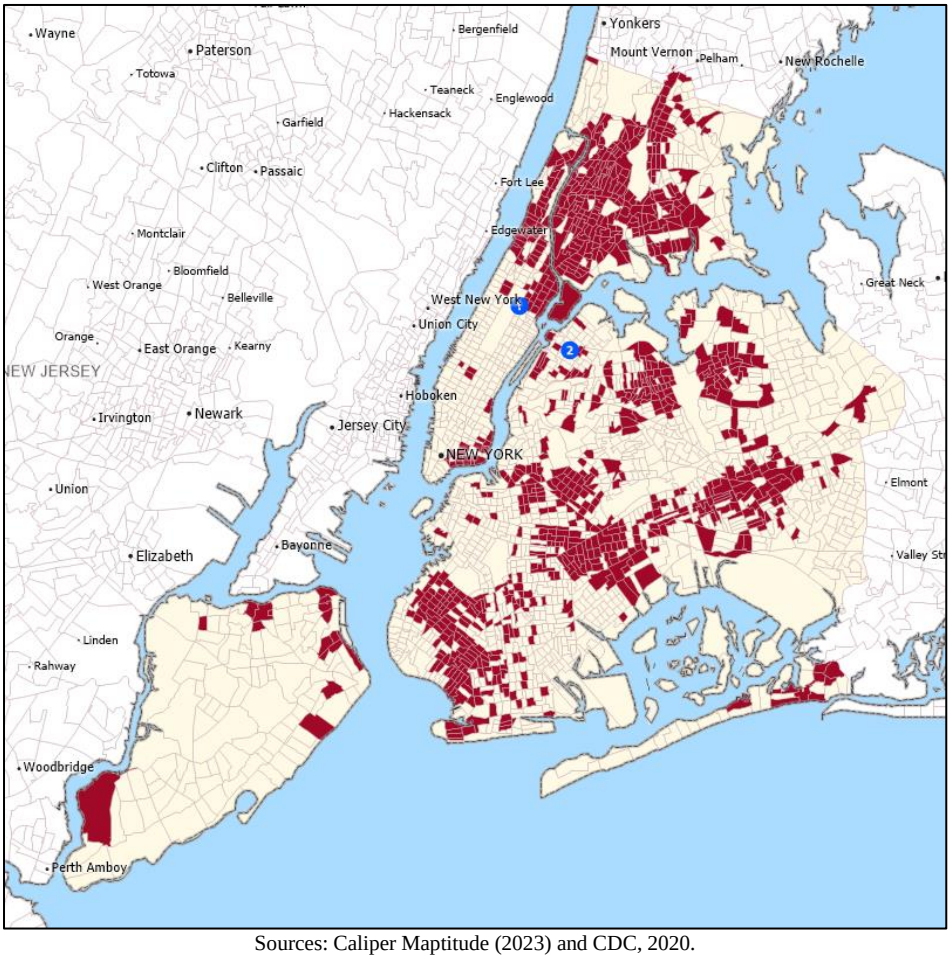
The highest ADIs were present in the Bronx, Queens, and Staten Island.

## Social Vulnerability Index

The CDC has developed the *Social Vulnerability Index* (CDC SVI) that assesses the "potential negative effects on communities caused by external stresses on human health."[14] The CDC SVI is determined from fifteen variables reported by the U.S. Census Bureau. Variables are grouped into the following four themes: Socioeconomic status; Household composition; Race, Ethnicity, and Language; and Housing and transportation.

**Exhibit 55A** identifies the top quartile of CDC SVI for socioeconomic vulnerability for census tracts in New York City.

**Exhibit 55A: Top Quartile Census Tracts for Socioeconomic Vulnerability**



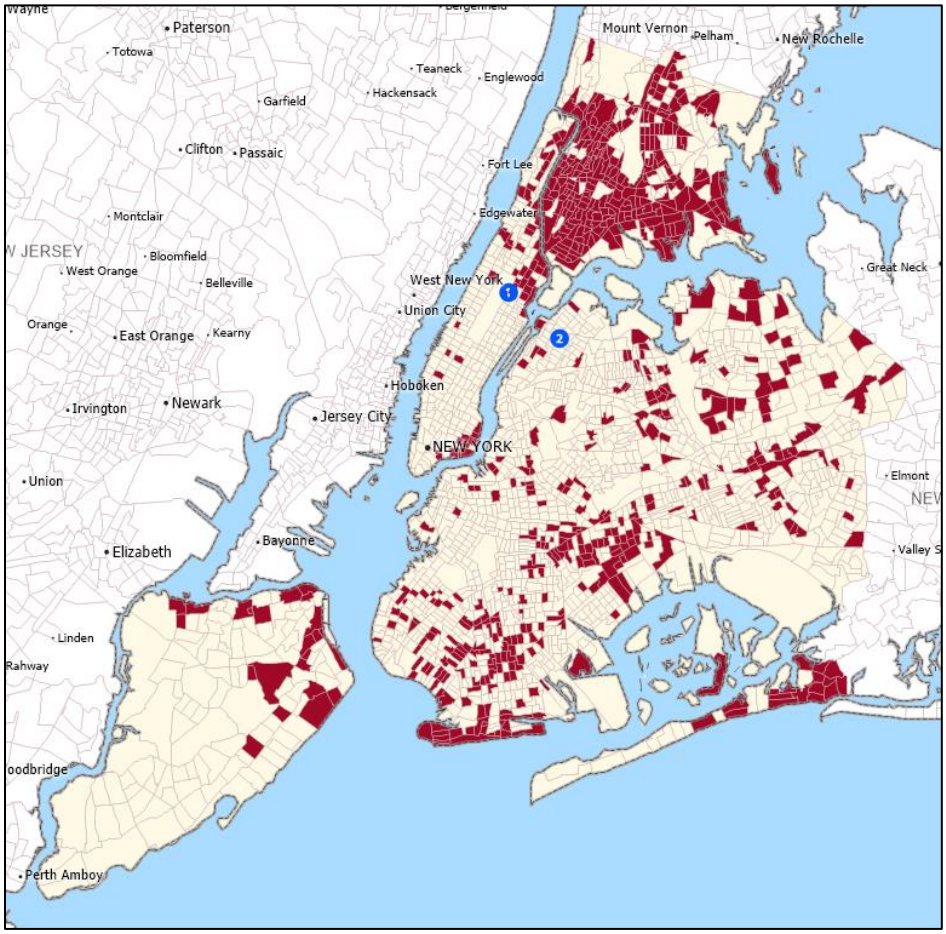

Sources: Caliper Maptitude (2023) and CDC, 2020.

Census tracts in the top quartile for socioeconomic vulnerability are present throughout the community, with concentrations in the Bronx and parts of Queens and Brooklyn.

[14] CDC. Social Vulnerability Index. Retrieved from https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

**Exhibit 55B** identifies the top quartile of CDC SVI for household vulnerability for census tracts in New York City.

**Exhibit 55B: Top Quartile Census Tracts for Household Vulnerability**

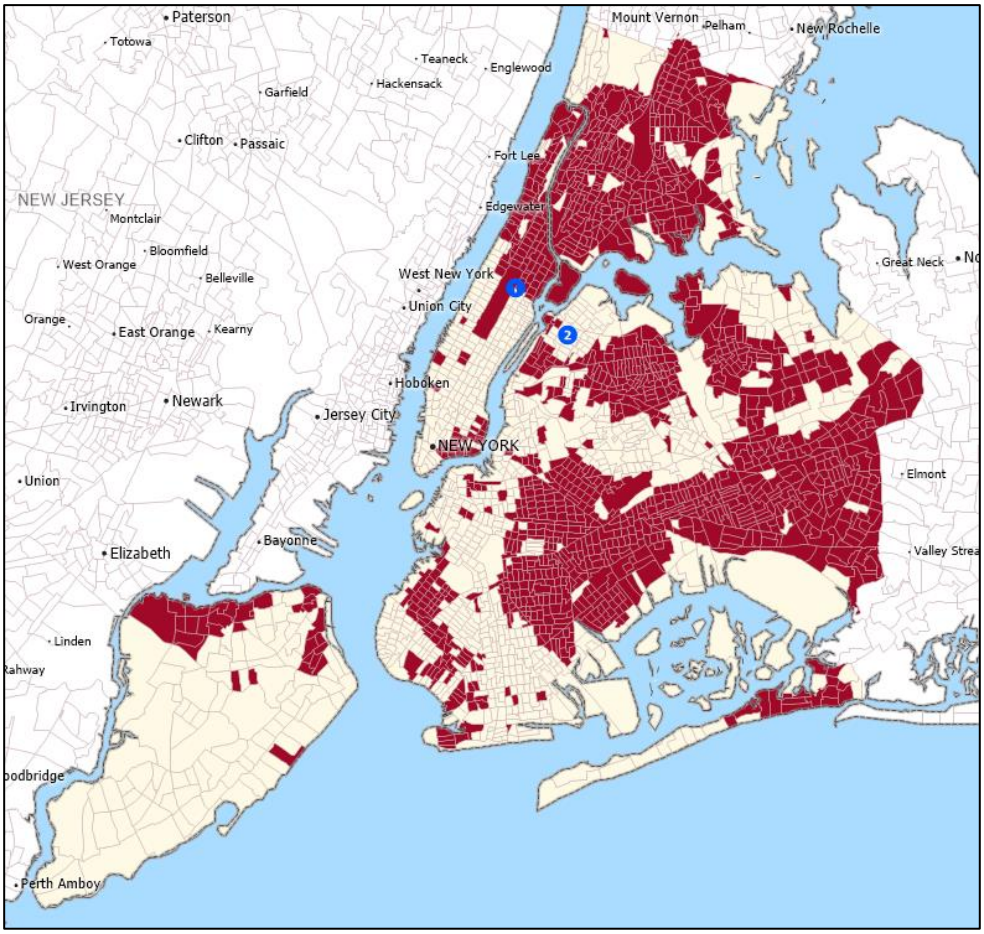



Sources: Caliper Maptitude (2023) and CDC, 2020.

Census tracts in the top quartile for household vulnerability are present throughout the community, with concentrations in the Bronx.

**Exhibit 55C** identifies the top quartile of CDC SVI for minority vulnerability for census tracts in New York City.

**Exhibit 55C: Top Quartile Census Tracts for Minority Vulnerability**

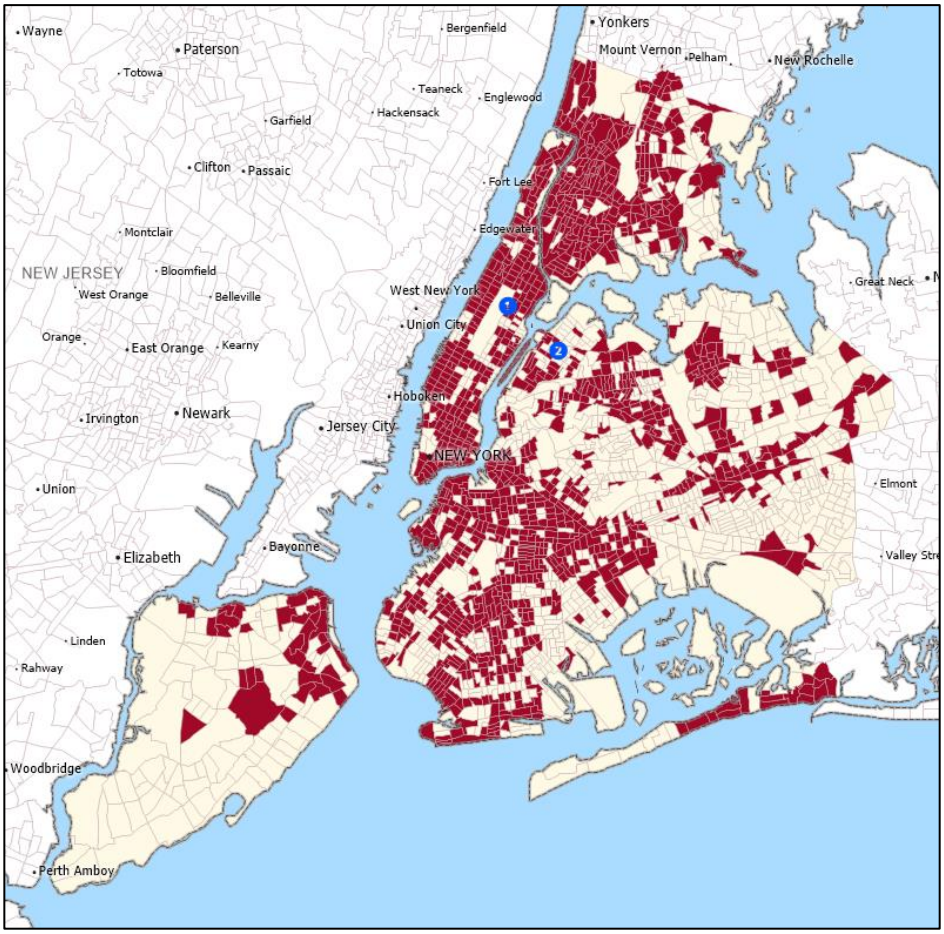



Sources: Caliper Maptitude (2023) and CDC, 2020.

Census tracts in the top quartile for minority vulnerability are present throughout the community, with concentrations in the Bronx and parts of Queens and Brooklyn.

**Exhibit 55D** identifies the top quartile of CDC SVI for housing vulnerability for census tracts in New York City.

**Exhibit 55D: Top Quartile Census Tracts for Housing Vulnerability**




Sources: Caliper Maptitude (2023) and CDC, 2020.

Census tracts in the top quartile for housing vulnerability are present throughout the community, with concentrations in Bronx and Manhattan.

## CDC PLACES

PLACES, a collaboration between the CDC and the Robert Wood Johnson Foundation, provides health-related data for the United States at several geographies, including census tract, ZIP Code Tabulation Area, and county. Categories of data variables provided are health outcomes, prevention, health risk behaviors, health status disabilities, and disabilities.

**Exhibit 56A.1** identifies neighborhoods that compare unfavorably for health outcomes.

**Exhibit 56A.1: CDC PLACES - Health Outcomes, 2023**

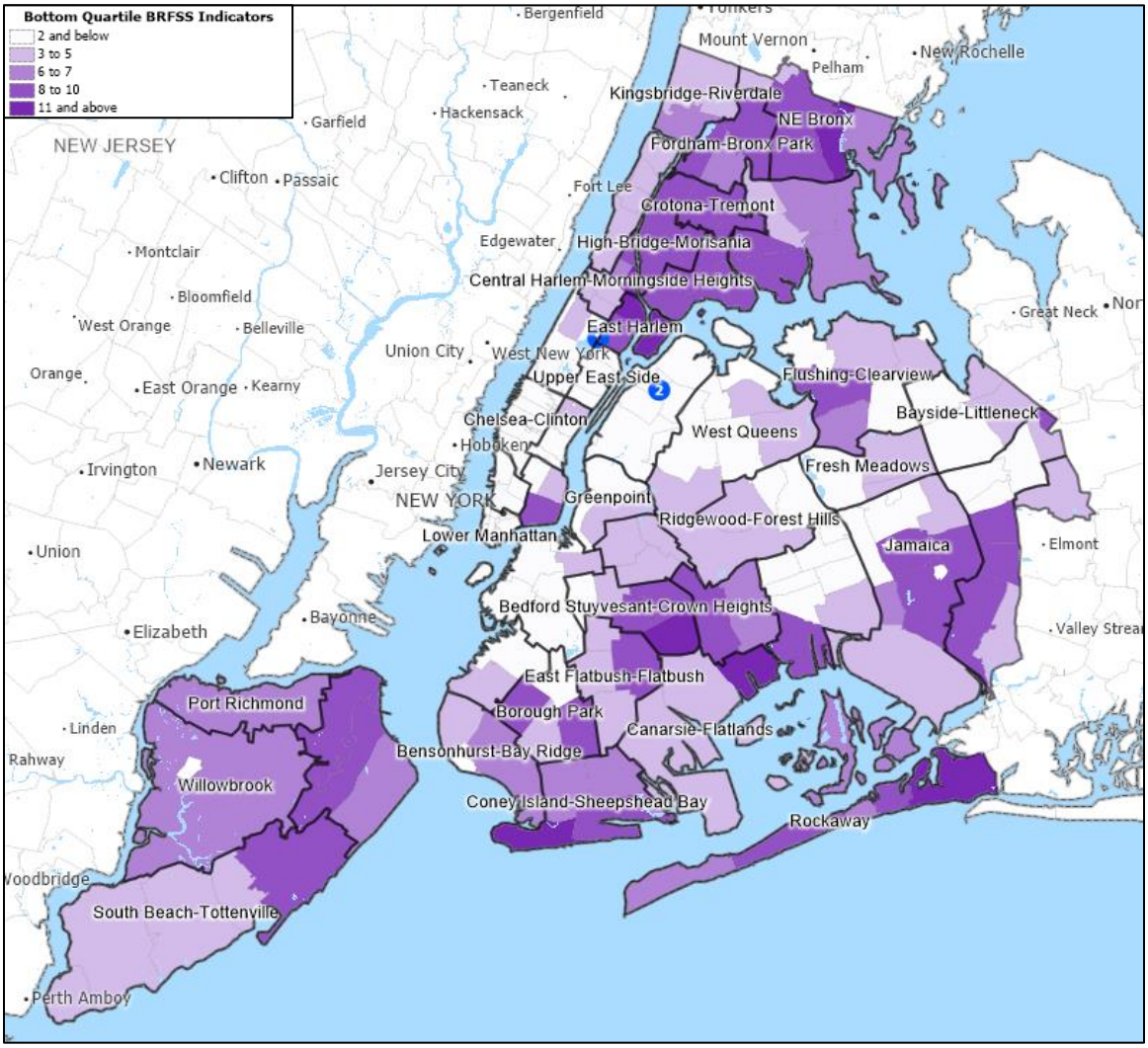
| Location | All Teeth Lost 65+ | Arthritis | Cancer | Chronic Kidney Disease | COPD | Coronary Heart Disease | Current Asthma |
|---|---|---|---|---|---|---|---|
| **Bronx** | **14.2%** | **20.3%** | **5.2%** | **3.9%** | **7.0%** | **6.5%** | **12.1%** |
| Crotona - Tremont | 22.2% | 18.0% | 3.8% | 3.6% | 7.2% | 5.7% | 13.4% |
| Fordham - Bronx Park | 19.2% | 17.2% | 4.1% | 3.3% | 6.4% | 5.2% | 12.5% |
| High Bridge - Morrisania | 22.0% | 18.7% | 4.0% | 3.7% | 7.3% | 5.8% | 13.4% |
| Hunts Point - Mott Haven | 22.1% | 18.0% | 3.8% | 3.8% | 7.3% | 6.1% | 13.2% |
| Kingsbridge - Riverdale | 10.4% | 20.3% | 6.9% | 3.4% | 5.6% | 5.7% | 10.7% |
| Northeast Bronx | 15.2% | 20.7% | 5.6% | 3.6% | 6.3% | 5.5% | 12.6% |
| Pelham - Throgs Neck | 15.7% | 18.6% | 5.1% | 3.4% | 6.2% | 5.5% | 11.7% |
| **Brooklyn** | **12.4%** | **20.6%** | **5.7%** | **3.3%** | **5.8%** | **5.5%** | **10.5%** |
| Bedford Stuyvesant - Crown Heights | 20.8% | 19.8% | 4.5% | 3.3% | 5.9% | 4.8% | 12.5% |
| Bensonhurst - Bay Ridge | 14.3% | 20.2% | 6.3% | 2.9% | 6.0% | 5.5% | 9.5% |
| Borough Park | 19.3% | 20.1% | 5.6% | 3.0% | 7.1% | 6.0% | 10.3% |
| Canarsie - Flatlands | 15.0% | 21.2% | 5.7% | 3.2% | 5.5% | 5.0% | 11.4% |
| Coney Island - Sheepshead Bay | 15.4% | 23.2% | 7.1% | 3.4% | 7.0% | 6.5% | 10.1% |
| Downtown - Heights - Park Slope | 10.4% | 15.0% | 4.6% | 2.2% | 3.6% | 3.3% | 9.8% |
| East Flatbush - Flatbush | 17.1% | 20.5% | 5.0% | 3.3% | 5.4% | 4.8% | 11.9% |
| East New York | 21.6% | 19.0% | 4.1% | 3.3% | 6.0% | 5.0% | 11.9% |
| Greenpoint | 15.7% | 15.4% | 4.3% | 2.4% | 5.1% | 4.1% | 10.3% |
| Sunset Park | 20.2% | 15.6% | 3.8% | 2.9% | 5.7% | 5.0% | 9.8% |
| Williamsburg - Bushwick | 18.5% | 16.4% | 3.8% | 3.0% | 5.1% | 4.4% | 11.2% |
| **Manhattan** | **7.2%** | **19.8%** | **6.4%** | **3.0%** | **4.8%** | **5.0%** | **10.1%** |
| Central Harlem - Morningside Heights | 17.7% | 19.3% | 4.7% | 3.2% | 5.8% | 4.7% | 12.7% |
| Chelsea - Clinton | 6.8% | 15.6% | 5.2% | 2.1% | 3.5% | 3.5% | 9.6% |
| East Harlem | 20.3% | 20.8% | 4.9% | 3.8% | 7.2% | 6.0% | 12.4% |
| Gramercy Park - Murray Hill | 5.1% | 15.7% | 5.8% | 2.0% | 3.1% | 3.3% | 9.6% |
| Greenwich Village - SoHo | 6.9% | 15.3% | 5.2% | 2.0% | 3.4% | 3.4% | 9.5% |
| Lower Manhattan | 9.1% | 12.3% | 3.9% | 1.8% | 3.1% | 2.9% | 9.5% |
| Union Square - Lower East Side | 12.5% | 17.4% | 5.1% | 2.8% | 5.2% | 4.8% | 10.4% |
| Upper East Side | 4.9% | 18.2% | 6.8% | 2.2% | 3.5% | 3.7% | 9.7% |
| Upper West Side | 6.8% | 19.3% | 6.7% | 2.6% | 4.1% | 4.2% | 10.0% |
| Washington Heights - Inwood | 14.6% | 18.4% | 4.9% | 3.3% | 5.4% | 5.0% | 11.2% |
| **Queens** | **9.4%** | **20.7%** | **5.9%** | **3.3%** | **5.3%** | **5.7%** | **9.1%** |
| Bayside - Little Neck | 9.2% | 20.1% | 6.6% | 2.8% | 4.7% | 5.1% | 8.2% |
| Flushing - Clearview | 14.1% | 20.2% | 5.8% | 3.1% | 5.8% | 6.0% | 8.6% |
| Fresh Meadows | 11.6% | 19.4% | 5.8% | 2.9% | 5.1% | 5.2% | 9.0% |
| Jamaica | 15.4% | 20.2% | 5.0% | 3.2% | 5.4% | 5.0% | 10.9% |
| Long Island City - Astoria | 10.8% | 16.4% | 4.8% | 2.4% | 4.3% | 4.1% | 9.2% |
| Ridgewood - Forest Hills | 9.9% | 19.7% | 6.2% | 2.7% | 4.9% | 4.9% | 9.0% |
| Rockaway | 15.8% | 22.6% | 6.0% | 3.4% | 6.6% | 5.8% | 11.2% |
| Southeast Queens | 12.0% | 20.8% | 5.7% | 3.2% | 4.9% | 4.9% | 10.4% |
| Southwest Queens | 13.0% | 18.5% | 5.0% | 2.8% | 5.4% | 4.9% | 9.8% |
| West Queens | 13.9% | 16.3% | 4.3% | 2.7% | 4.7% | 4.6% | 9.1% |
| **Staten Island** | **9.2%** | **24.5%** | **6.9%** | **3.1%** | **6.5%** | **5.8%** | **10.1%** |
| Port Richmond | 14.9% | 21.0% | 5.0% | 2.8% | 6.2% | 4.7% | 11.3% |
| South Beach - Tottenville | 10.0% | 23.6% | 6.7% | 2.6% | 6.1% | 5.0% | 10.3% |
| Stapleton - St. George | 13.5% | 23.0% | 6.0% | 2.9% | 6.7% | 5.4% | 10.9% |
| Willowbrook | 10.8% | 23.8% | 6.8% | 2.8% | 6.3% | 5.3% | 10.1% |
| **New York City** | 14.7% | 19.0% | 5.2% | 3.0% | 5.6% | 5.0% | 10.7% |

Source: CDC, 2023, and Verité analysis.

Neighborhoods with unfavorable health outcomes, compared to New York City overall, are present throughout the community.

**Exhibit 56A.2** presents a map of neighborhoods with a count of unfavorable health outcome indicators, compared to New York City.

**Exhibit 56A.2: CDC Places – Map of Health Outcome Indicators, 2023**




Sources: Caliper Maptitude (2023), CDC (2023) and Verité analysis.

The distribution of unfavorable health outcome indicators, compared to New York City overall, varies throughout the community.

**Exhibit 56B.1** identifies neighborhoods that compare unfavorably for prevention indicators.

**Exhibit 56B.1: CDC Places - Prevention Indicators, 2023**

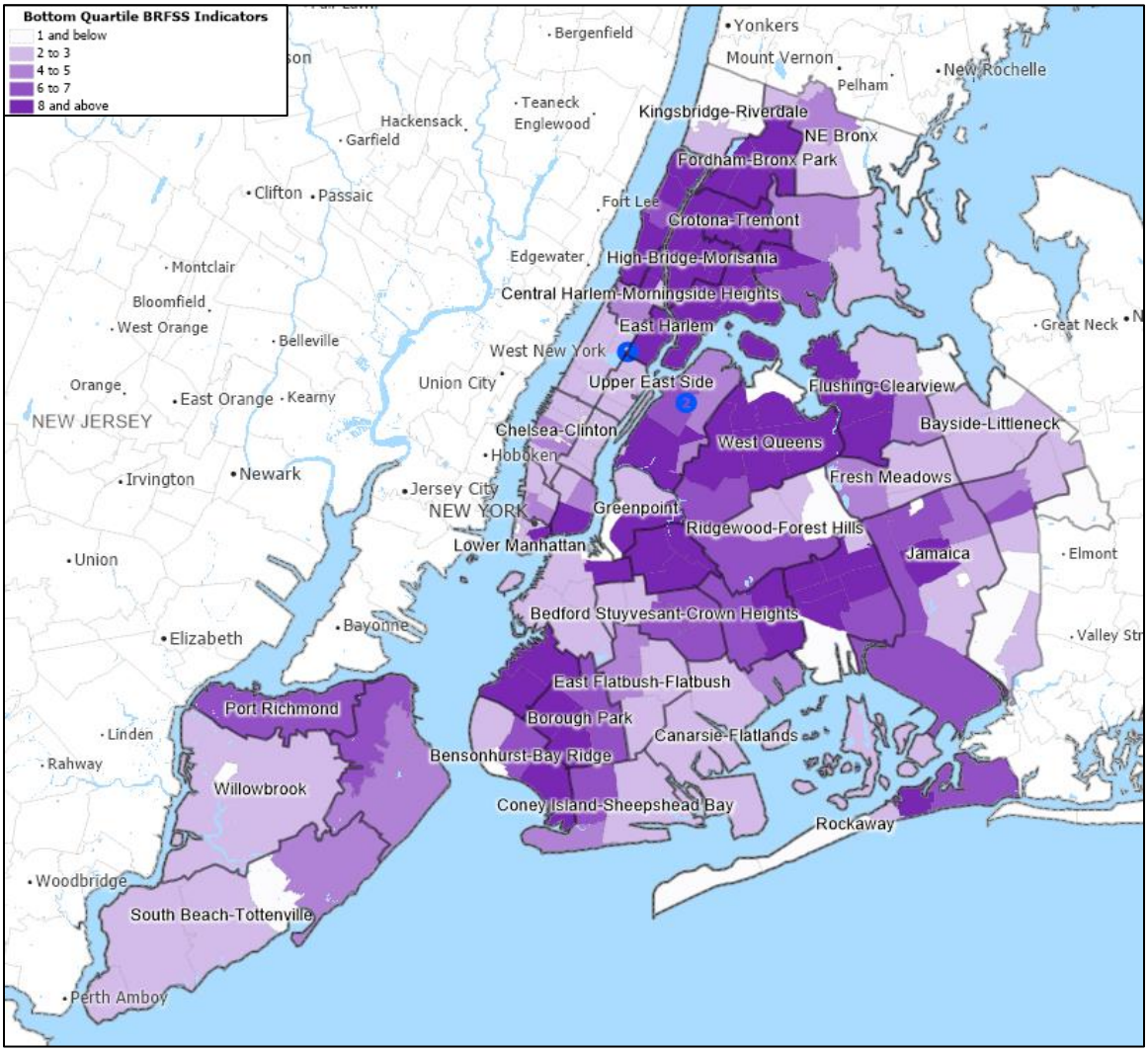
| Location | Cervical Cancer Screening | Cholesterol Screening | Current Lack of Health Insurance | Colon Cancer Test | Mammogram | Preventive Services in Men | Preventive Services in Women | High Blood Pressure Rx | Dental Visit | Routine Checkup |
|---|---|---|---|---|---|---|---|---|---|---|
| **Bronx** | **82.0%** | **85.3%** | **15.8%** | **74.9%** | **77.0%** | **31.4%** | **27.1%** | **76.0%** | **55.6%** | **78.0%** |
| Crotona - Tremont | 79.9% | 81.0% | 21.2% | 69.7% | 81.0% | 26.6% | 24.0% | 71.5% | 48.5% | 75.9% |
| Fordham - Bronx Park | 80.5% | 82.1% | 17.9% | 71.8% | 80.8% | 31.1% | 26.3% | 71.2% | 53.6% | 75.6% |
| High Bridge - Morrisania | 80.5% | 81.7% | 20.0% | 71.1% | 81.5% | 27.4% | 24.7% | 72.5% | 49.5% | 76.7% |
| Hunts Point - Mott Haven | 79.2% | 80.1% | 23.2% | 69.0% | 80.5% | 25.8% | 23.3% | 71.3% | 47.2% | 75.5% |
| Kingsbridge - Riverdale | 84.7% | 88.2% | 10.3% | 79.3% | 80.7% | 43.0% | 34.7% | 76.4% | 68.7% | 78.1% |
| Northeast Bronx | 85.5% | 88.1% | 9.5% | 79.7% | 82.9% | 36.9% | 31.3% | 76.5% | 63.0% | 80.7% |
| Pelham - Throgs Neck | 82.3% | 85.3% | 13.9% | 75.2% | 80.6% | 35.2% | 29.6% | 73.7% | 60.0% | 76.8% |
| **Brooklyn** | **83.6%** | **87.6%** | **9.2%** | **75.1%** | **77.3%** | **28.4%** | **31.7%** | **76.9%** | **58.5%** | **76.9%** |
| Bedford Stuyvesant - Crown Heights | 85.7% | 86.4% | 10.1% | 75.0% | 83.9% | 24.9% | 29.4% | 75.1% | 54.6% | 78.8% |
| Bensonhurst - Bay Ridge | 81.2% | 87.3% | 8.3% | 72.8% | 77.6% | 32.5% | 33.7% | 75.8% | 61.9% | 74.8% |
| Borough Park | 78.6% | 83.9% | 10.6% | 69.5% | 77.6% | 28.9% | 29.9% | 74.9% | 55.1% | 73.9% |
| Canarsie - Flatlands | 87.0% | 89.3% | 7.3% | 76.9% | 82.4% | 30.4% | 33.5% | 76.7% | 61.9% | 79.7% |
| Coney Island - Sheepshead Bay | 81.9% | 87.7% | 8.3% | 73.5% | 77.8% | 32.3% | 33.0% | 78.2% | 61.2% | 76.5% |
| Downtown - Heights - Park Slope | 87.2% | 87.7% | 6.5% | 77.0% | 82.4% | 34.1% | 36.3% | 69.4% | 68.9% | 73.8% |
| East Flatbush - Flatbush | 86.8% | 88.3% | 8.2% | 76.9% | 83.9% | 26.8% | 31.6% | 76.5% | 58.5% | 79.8% |
| East New York | 82.8% | 84.6% | 15.0% | 70.0% | 81.9% | 22.2% | 27.0% | 74.1% | 49.6% | 76.8% |
| Greenpoint | 83.3% | 83.4% | 9.5% | 71.5% | 79.5% | 29.9% | 32.3% | 67.9% | 61.7% | 71.4% |
| Sunset Park | 73.3% | 80.9% | 19.0% | 63.9% | 76.6% | 23.7% | 27.2% | 70.6% | 46.3% | 71.0% |
| Williamsburg - Bushwick | 82.1% | 83.2% | 15.4% | 69.8% | 81.5% | 23.4% | 27.9% | 70.9% | 52.7% | 74.1% |
| **Manhattan** | **84.9%** | **88.6%** | **7.0%** | **78.1%** | **76.1%** | **35.9%** | **38.6%** | **76.4%** | **68.4%** | **74.8%** |
| Central Harlem - Morningside Heights | 84.3% | 85.2% | 10.2% | 75.2% | 81.7% | 28.0% | 31.8% | 74.5% | 58.3% | 75.9% |
| Chelsea - Clinton | 85.1% | 88.0% | 4.5% | 78.7% | 79.8% | 39.3% | 41.4% | 70.7% | 73.6% | 72.0% |
| East Harlem | 81.1% | 82.9% | 16.9% | 69.8% | 79.2% | 24.5% | 27.9% | 75.4% | 50.9% | 74.1% |
| Gramercy Park - Murray Hill | 85.5% | 88.4% | 3.5% | 81.3% | 79.7% | 43.0% | 44.8% | 71.4% | 77.0% | 72.6% |
| Greenwich Village - SoHo | 84.7% | 88.0% | 4.3% | 78.8% | 79.0% | 39.9% | 41.6% | 70.9% | 73.8% | 71.8% |
| Lower Manhattan | 83.4% | 86.2% | 5.2% | 75.5% | 78.7% | 37.9% | 40.2% | 63.8% | 72.3% | 70.0% |
| Union Square - Lower East Side | 79.0% | 84.8% | 9.2% | 73.1% | 77.2% | 33.3% | 35.3% | 73.5% | 62.3% | 72.3% |
| Upper East Side | 88.0% | 90.4% | 3.3% | 82.0% | 80.0% | 43.9% | 45.6% | 74.1% | 78.2% | 74.3% |
| Upper West Side | 87.0% | 89.8% | 4.6% | 80.2% | 80.2% | 40.1% | 41.6% | 75.3% | 74.7% | 74.8% |
| Washington Heights - Inwood | 82.7% | 84.5% | 16.3% | 71.4% | 79.0% | 27.3% | 31.1% | 73.2% | 57.7% | 72.5% |
| **Queens** | **78.2%** | **88.9%** | **10.1%** | **73.0%** | **77.3%** | **36.6%** | **30.4%** | **78.1%** | **60.0%** | **79.6%** |
| Bayside - Little Neck | 78.1% | 90.3% | 6.1% | 73.6% | 79.0% | 42.7% | 33.7% | 77.9% | 67.2% | 79.2% |
| Flushing - Clearview | 71.2% | 87.0% | 10.6% | 68.0% | 77.1% | 36.1% | 28.6% | 78.0% | 55.7% | 78.2% |
| Fresh Meadows | 76.6% | 87.7% | 7.9% | 71.8% | 79.3% | 39.4% | 30.8% | 76.6% | 62.4% | 78.4% |
| Jamaica | 80.9% | 87.5% | 10.3% | 73.5% | 82.1% | 33.8% | 28.6% | 75.9% | 57.2% | 80.6% |
| Long Island City - Astoria | 80.2% | 86.3% | 9.1% | 72.6% | 80.0% | 40.3% | 32.1% | 70.7% | 63.7% | 75.9% |
| Ridgewood - Forest Hills | 81.4% | 88.5% | 8.5% | 73.6% | 79.5% | 41.8% | 33.3% | 74.6% | 66.0% | 77.8% |
| Rockaway | 82.3% | 87.3% | 11.1% | 73.4% | 81.1% | 36.3% | 29.3% | 76.2% | 57.7% | 80.2% |
| Southeast Queens | 82.9% | 89.7% | 7.6% | 76.0% | 82.6% | 37.2% | 31.4% | 77.0% | 62.6% | 81.8% |
| Southwest Queens | 78.2% | 86.4% | 12.0% | 69.6% | 78.9% | 35.8% | 29.4% | 72.8% | 58.3% | 77.1% |
| West Queens | 75.8% | 84.4% | 16.6% | 67.7% | 78.8% | 33.9% | 27.9% | 71.5% | 54.3% | 75.4% |
| **Staten Island** | **85.6%** | **87.6%** | **7.2%** | **76.0%** | **75.5%** | **45.7%** | **31.3%** | **79.5%** | **63.7%** | **77.9%** |
| Port Richmond | 85.6% | 84.2% | 11.5% | 72.0% | 79.2% | 41.6% | 27.5% | 75.1% | 56.9% | 76.5% |
| South Beach - Tottenville | 87.5% | 87.5% | 5.5% | 76.0% | 77.8% | 48.3% | 32.8% | 77.1% | 67.7% | 76.6% |
| Stapleton - St. George | 85.3% | 85.3% | 9.1% | 73.2% | 78.3% | 43.9% | 28.9% | 77.3% | 59.7% | 77.0% |
| Willowbrook | 85.6% | 87.3% | 6.3% | 75.3% | 77.7% | 46.7% | 31.0% | 78.5% | 65.2% | 77.1% |
| **New York City** | **81.9%** | **86.0%** | **11.1%** | **73.3%** | **80.1%** | **33.5%** | **31.3%** | **74.0%** | **59.8%** | **76.3%** |

Source: CDC, 2023, and Verité analysis.

Neighborhoods with unfavorable prevention indicators, compared to New York City overall, are present throughout the community. Residents without health insurance are concentrated in several neighborhoods across the community.

**Exhibit 56B.2** presents a map of neighborhoods with a count of unfavorable prevention indicators, compared to New York City.

**Exhibit 56B.2: CDC Places – Map of Prevention Indicators, 2023**




Sources: Caliper Maptitude (2023), CDC (2023) and Verité analysis.

The distribution of unfavorable prevention indicators, compared to New York City overall, varies throughout the community.

**Exhibit 56C.1** identifies neighborhoods that compare unfavorably for health risk behaviors.

**Exhibit 56C.1: CDC Places - Health Risk Behaviors, 2023**

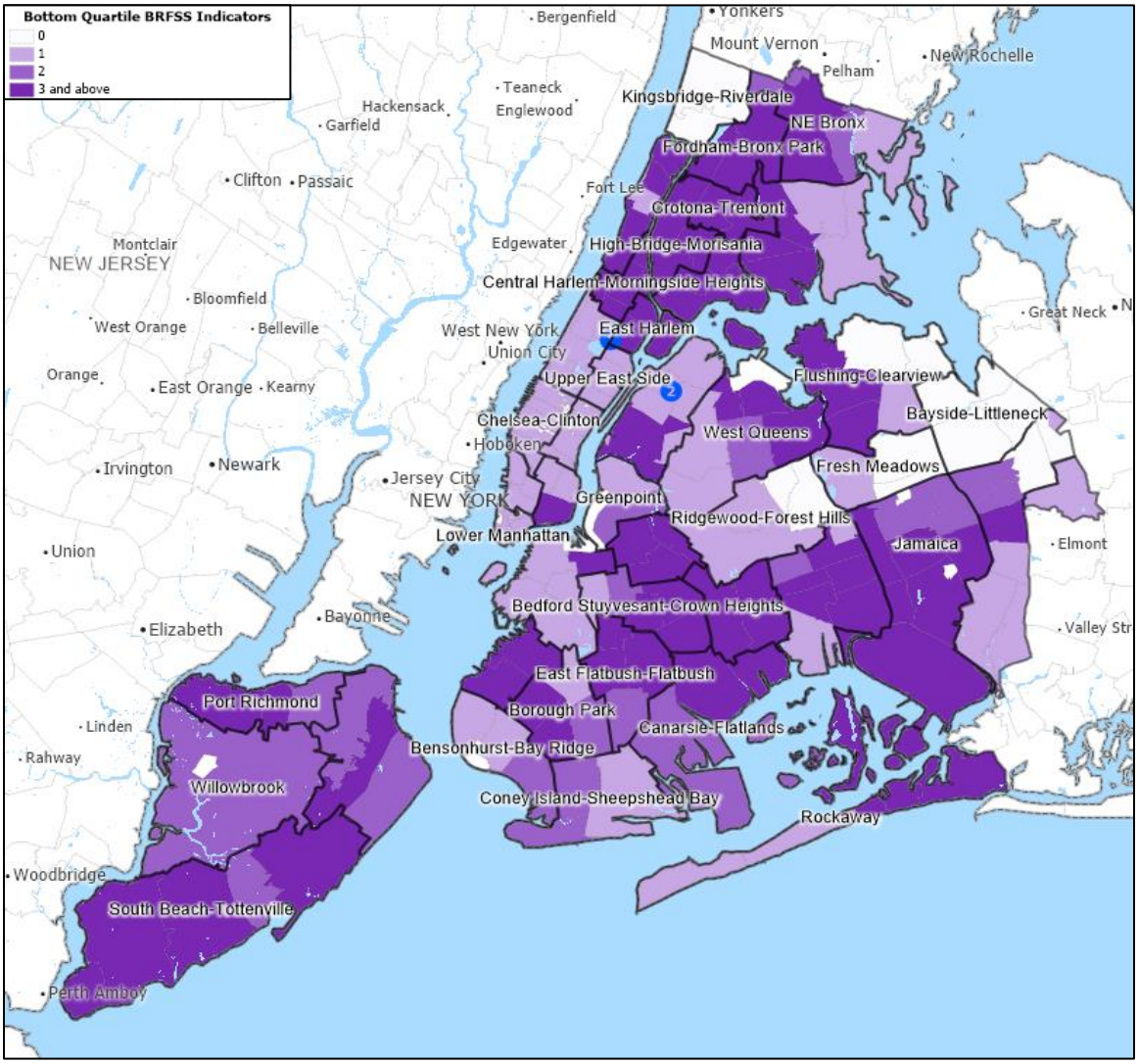
| Location | Binge Drinking | Current Smoking | No Leisure-Time Physical Activity | Chronic Kidney Disease |
|---|---|---|---|---|
| **Bronx** | 12.9% | 16.3% | 36.1% | 36.1% |
| Crotona - Tremont | 13.2% | 20.0% | 40.7% | 38.4% |
| Fordham - Bronx Park | 14.0% | 17.4% | 36.3% | 36.8% |
| High Bridge - Morrisania | 13.0% | 19.8% | 40.0% | 38.6% |
| Hunts Point - Mott Haven | 13.2% | 19.9% | 42.1% | 37.7% |
| Kingsbridge - Riverdale | 14.6% | 11.1% | 25.8% | 30.7% |
| Northeast Bronx | 13.1% | 14.7% | 29.8% | 37.7% |
| Pelham - Throgs Neck | 14.2% | 15.2% | 32.2% | 34.9% |
| Brooklyn | 15.8% | 13.9% | 28.0% | 36.5% |
| Bedford Stuyvesant - Crown Heights | 15.6% | 16.1% | 30.3% | 41.3% |
| Bensonhurst - Bay Ridge | 16.5% | 13.1% | 25.9% | 32.8% |
| Borough Park | 16.1% | 16.2% | 30.0% | 34.7% |
| Canarsie - Flatlands | 15.8% | 13.2% | 26.3% | 38.7% |
| Coney Island - Sheepshead Bay | 15.6% | 13.6% | 27.2% | 32.8% |
| Downtown - Heights - Park Slope | 20.5% | 9.8% | 18.9% | 32.1% |
| East Flatbush - Flatbush | 15.5% | 14.2% | 27.9% | 40.7% |
| East New York | 15.2% | 17.2% | 35.2% | 41.1% |
| Greenpoint | 21.0% | 13.3% | 23.4% | 32.5% |
| Sunset Park | 15.1% | 17.4% | 36.9% | 36.9% |
| Williamsburg - Bushwick | 17.2% | 15.0% | 31.6% | 37.4% |
| Manhattan | 18.9% | 11.0% | 20.7% | 31.6% |
| Central Harlem - Morningside Heights | 18.2% | 16.2% | 27.1% | 38.6% |
| Chelsea - Clinton | 22.7% | 9.1% | 15.3% | 29.8% |
| East Harlem | 17.0% | 19.0% | 34.3% | 37.4% |
| Gramercy Park - Murray Hill | 22.7% | 7.4% | 13.3% | 28.2% |
| Greenwich Village - SoHo | 22.9% | 9.0% | 15.5% | 29.6% |
| Lower Manhattan | 24.0% | 9.1% | 16.1% | 30.2% |
| Union Square - Lower East Side | 19.1% | 13.7% | 25.1% | 32.6% |
| Upper East Side | 21.9% | 7.6% | 13.5% | 28.0% |
| Upper West Side | 20.7% | 8.9% | 16.2% | 29.1% |
| Washington Heights - Inwood | 19.2% | 14.6% | 29.4% | 34.0% |
| Queens | 13.6% | 12.4% | 30.7% | 35.3% |
| Bayside - Little Neck | 13.8% | 10.1% | 25.2% | 32.4% |
| Flushing - Clearview | 12.1% | 14.2% | 34.2% | 35.6% |
| Fresh Meadows | 14.3% | 11.8% | 27.8% | 34.1% |
| Jamaica | 14.0% | 14.3% | 31.3% | 40.1% |
| Long Island City - Astoria | 17.7% | 11.6% | 24.8% | 33.1% |
| Ridgewood - Forest Hills | 16.4% | 11.1% | 25.0% | 32.3% |
| Rockaway | 14.9% | 15.4% | 31.3% | 37.6% |
| Southeast Queens | 14.1% | 12.3% | 27.8% | 38.9% |
| Southwest Queens | 15.3% | 14.1% | 30.4% | 36.4% |
| West Queens | 15.4% | 13.9% | 33.6% | 35.9% |
| Staten Island | 14.1% | 15.8% | 26.2% | 38.1% |
| Port Richmond | 14.6% | 18.7% | 30.1% | 40.6% |
| South Beach - Tottenville | 16.4% | 15.8% | 22.5% | 35.8% |
| Stapleton - St. George | 14.3% | 18.0% | 28.3% | 38.8% |
| Willowbrook | 14.7% | 15.8% | 24.8% | 36.5% |
| **New York City** | 16.2% | 14.2% | 28.6% | 35.6% |

Source: CDC, 2023, and Verité analysis.

Neighborhoods with unfavorable health risk behaviors, compared to New York City overall, are present throughout the community.

**Exhibit 56C.2** presents a map of neighborhoods with a count of unfavorable health risk behavior indicators, compared to New York City.

**Exhibit 56C.2: CDC Places – Map of Health Risk Behavior Indicators, 2023**




Sources: Caliper Maptitude (2023), CDC (2023) and Verité analysis.

The distribution of unfavorable health risk behavior indicators, compared to New York City overall, varies throughout the community.

**Exhibit 56D.1** identifies neighborhoods that compare unfavorably for health status.

**Exhibit 56D.1: CDC Places - Health Status, 2023**

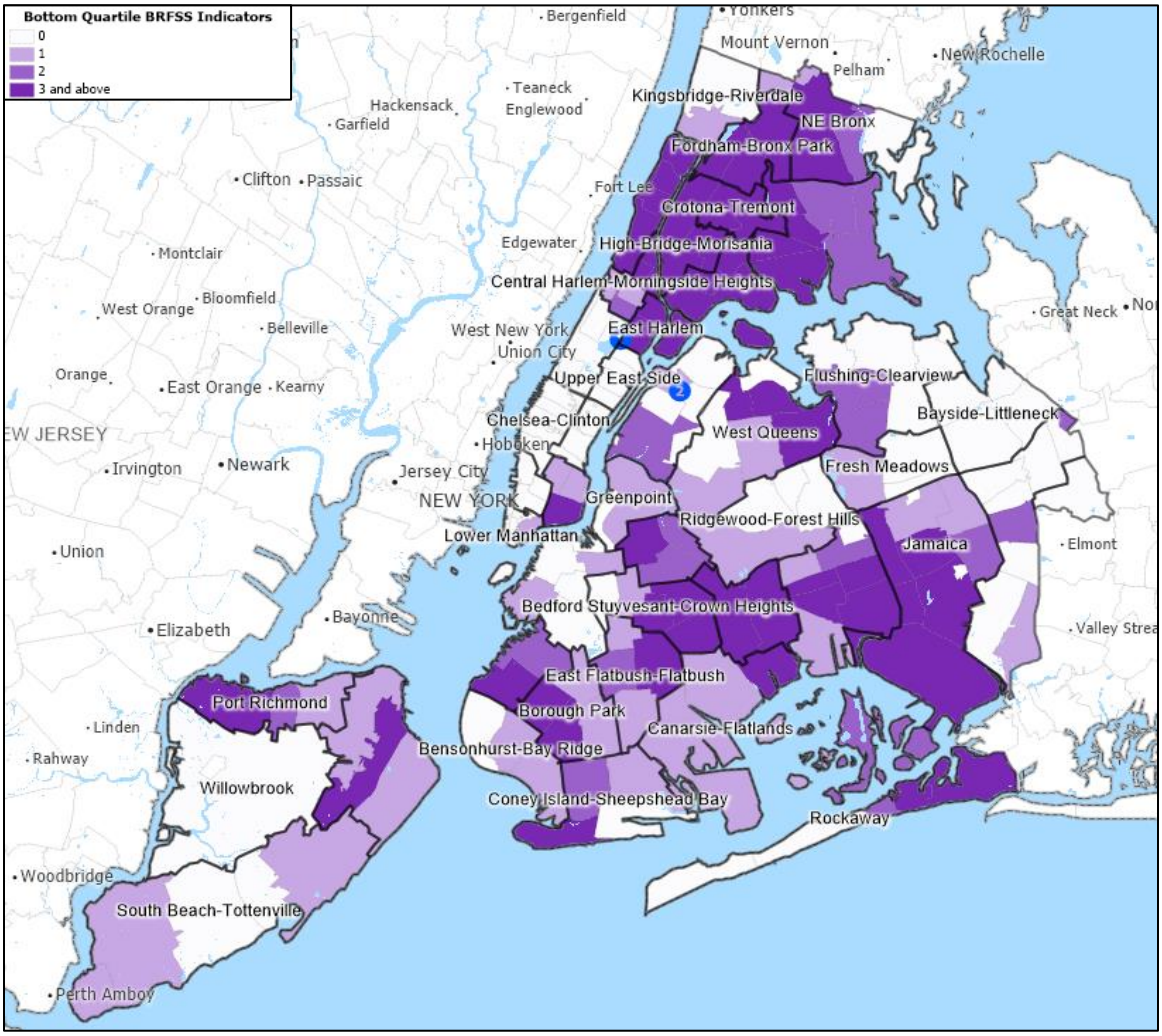
| Location | Fair or poor self-rated health status | Mental Health Not Good >=14 days | Physical health not good >=14 days |
|---|---|---|---|
| **Bronx** | **23.5%** | **16.1%** | **14.1%** |
| Crotona - Tremont | 27.7% | 19.5% | 15.8% |
| Fordham - Bronx Park | 23.2% | 18.0% | 13.8% |
| High Bridge - Morrisania | 27.2% | 19.1% | 15.6% |
| Hunts Point - Mott Haven | 29.0% | 19.6% | 16.3% |
| Kingsbridge - Riverdale | 15.4% | 13.5% | 10.7% |
| Northeast Bronx | 18.6% | 15.2% | 11.9% |
| Pelham - Throgs Neck | 20.1% | 15.9% | 12.6% |
| **Brooklyn** | **17.1%** | **15.4%** | **10.7%** |
| Bedford Stuyvesant - Crown Heights | 20.1% | 18.0% | 11.5% |
| Bensonhurst - Bay Ridge | 14.8% | 14.7% | 10.0% |
| Borough Park | 18.3% | 17.3% | 11.6% |
| Canarsie - Flatlands | 16.3% | 15.5% | 10.3% |
| Coney Island - Sheepshead Bay | 16.5% | 15.2% | 11.2% |
| Downtown - Heights - Park Slope | 11.0% | 14.4% | 7.6% |
| East Flatbush - Flatbush | 17.7% | 16.3% | 10.6% |
| East New York | 22.9% | 18.6% | 12.6% |
| Greenpoint | 14.3% | 17.3% | 9.5% |
| Sunset Park | 22.7% | 17.4% | 12.0% |
| Williamsburg - Bushwick | 20.4% | 18.0% | 11.4% |
| **Manhattan** | **13.1%** | **13.7%** | **9.0%** |
| Central Harlem - Morningside Heights | 19.2% | 17.9% | 11.2% |
| Chelsea - Clinton | 9.0% | 13.3% | 6.9% |
| East Harlem | 25.4% | 18.9% | 14.1% |
| Gramercy Park - Murray Hill | 7.5% | 13.0% | 6.2% |
| Greenwich Village - SoHo | 8.8% | 13.3% | 6.6% |
| Lower Manhattan | 9.5% | 13.9% | 6.5% |
| Union Square - Lower East Side | 16.2% | 15.8% | 9.9% |
| Upper East Side | 7.7% | 12.3% | 6.5% |
| Upper West Side | 10.1% | 13.0% | 7.7% |
| Washington Heights - Inwood | 20.8% | 16.8% | 12.0% |
| **Queens** | **17.7%** | **12.7%** | **10.6%** |
| Bayside - Little Neck | 13.0% | 11.3% | 8.7% |
| Flushing - Clearview | 19.0% | 13.2% | 11.0% |
| Fresh Meadows | 15.4% | 13.3% | 9.7% |
| Jamaica | 19.3% | 15.1% | 11.1% |
| Long Island City - Astoria | 14.0% | 14.0% | 8.9% |
| Ridgewood - Forest Hills | 13.9% | 13.1% | 9.4% |
| Rockaway | 20.3% | 15.9% | 12.2% |
| Southeast Queens | 16.4% | 13.6% | 10.0% |
| Southwest Queens | 18.0% | 14.8% | 10.9% |
| West Queens | 19.6% | 14.5% | 10.9% |
| **Staten Island** | **14.4%** | **13.8%** | **10.3%** |
| Port Richmond | 17.7% | 16.3% | 11.2% |
| South Beach - Tottenville | 12.0% | 14.3% | 9.5% |
| Stapleton - St. George | 16.4% | 15.6% | 11.0% |
| Willowbrook | 13.3% | 14.0% | 9.9% |
| **New York City** | 17.7% | 15.6% | 10.9% |

Source: CDC, 2023, and Verité analysis.

Neighborhoods with unfavorable health status, compared to New York City overall, are present throughout the community.

**Exhibit 56D.2** presents a map of neighborhoods with a count of unfavorable health status indicators, compared to New York City.

**Exhibit 56D.2: CDC Places – Map of Health Status Indicators, 2023**




Sources: Caliper Maptitude (2023), CDC (2023) and Verité analysis.

The distribution of unfavorable health status indicators, compared to New York City overall, varies throughout the community.

**Exhibit 56E.1** identifies neighborhoods that compare unfavorably for disability status.

**Exhibit 56E.1: CDC Places – Disability Status, 2023**

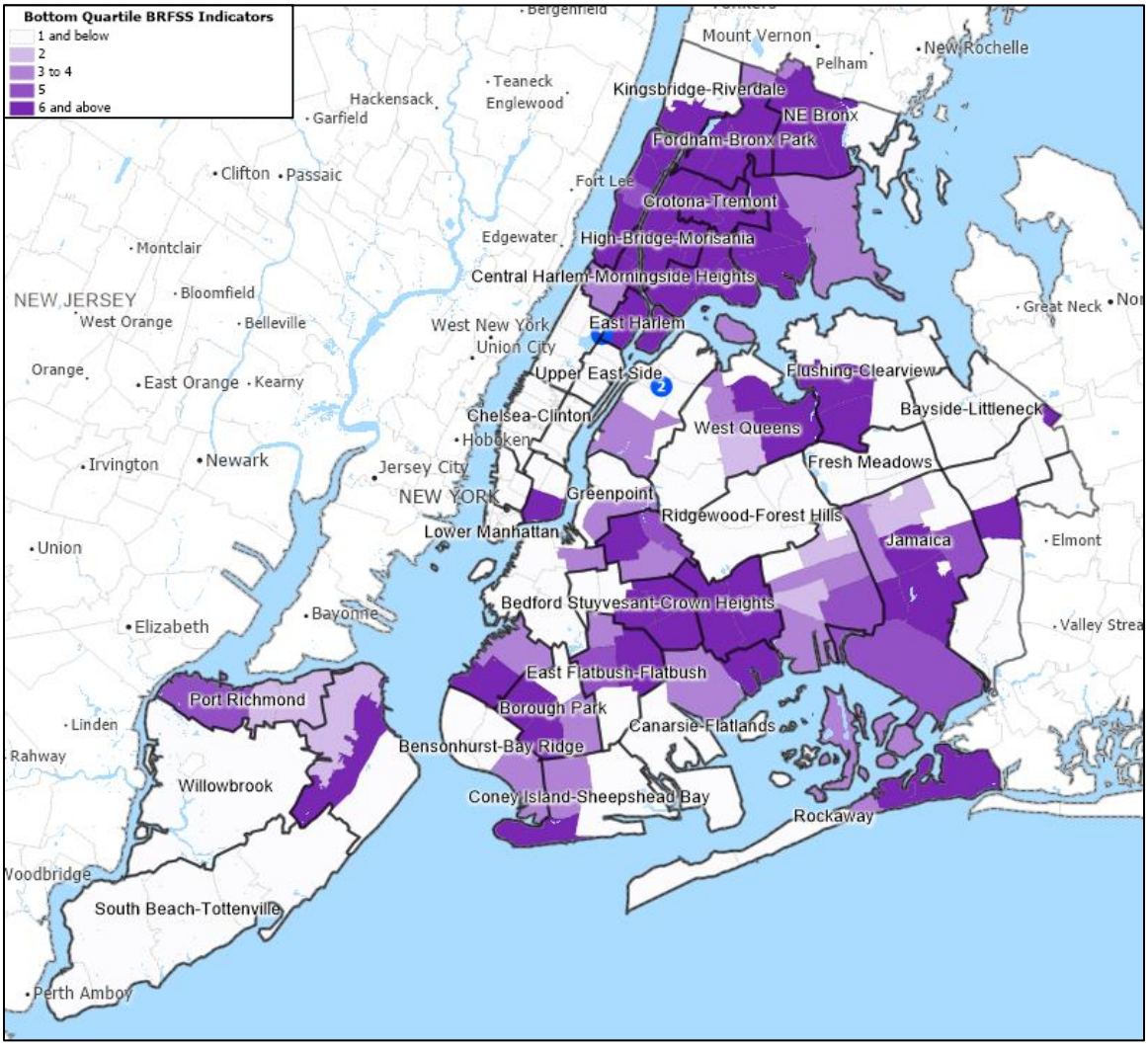
| Location | Any Disability | Cognitive Disability | Hearing Disability | Independent Living Disability | Mobility Disability | Self-Care Disability | Vision Disability |
|---|---|---|---|---|---|---|---|
| **Bronx** | 37.1% | 16.7% | 6.5% | 11.9% | 20.4% | 6.9% | 10.0% |
| Crotona - Tremont | 40.9% | 21.4% | 5.8% | 14.9% | 21.3% | 8.5% | 12.8% |
| Fordham - Bronx Park | 36.8% | 18.6% | 5.6% | 12.4% | 18.2% | 6.7% | 10.1% |
| High Bridge - Morrisania | 40.5% | 20.7% | 5.8% | 14.6% | 21.5% | 8.5% | 12.5% |
| Hunts Point - Mott Haven | 42.4% | 22.1% | 6.4% | 15.3% | 22.1% | 9.0% | 13.8% |
| Kingsbridge - Riverdale | 29.4% | 12.1% | 6.3% | 8.2% | 14.8% | 4.1% | 6.0% |
| Northeast Bronx | 32.1% | 14.0% | 5.1% | 10.2% | 17.5% | 5.4% | 7.3% |
| Pelham - Throgs Neck | 33.5% | 15.6% | 5.8% | 10.6% | 17.2% | 5.7% | 8.3% |
| **Brooklyn** | 28.0% | 12.3% | 5.3% | 8.8% | 14.9% | 4.5% | 6.2% |
| Bedford Stuyvesant - Crown Heights | 30.2% | 14.9% | 3.9% | 11.3% | 16.5% | 5.9% | 8.1% |
| Bensonhurst - Bay Ridge | 26.3% | 11.5% | 6.0% | 7.8% | 13.2% | 3.6% | 5.1% |
| Borough Park | 30.5% | 14.7% | 6.4% | 10.1% | 15.3% | 4.8% | 6.9% |
| Canarsie - Flatlands | 26.8% | 11.9% | 4.4% | 8.8% | 14.6% | 4.4% | 5.8% |
| Coney Island - Sheepshead Bay | 29.0% | 12.4% | 6.8% | 9.0% | 15.5% | 4.5% | 6.0% |
| Downtown - Heights - Park Slope | 20.0% | 9.8% | 3.6% | 6.2% | 8.9% | 2.9% | 4.1% |
| East Flatbush - Flatbush | 27.9% | 12.8% | 3.9% | 9.4% | 15.3% | 4.9% | 6.5% |
| East New York | 33.1% | 16.5% | 4.6% | 11.9% | 17.5% | 6.4% | 9.2% |
| Greenpoint | 25.2% | 13.4% | 4.8% | 8.4% | 11.0% | 3.8% | 5.6% |
| Sunset Park | 32.3% | 16.5% | 5.6% | 10.8% | 15.2% | 5.4% | 9.1% |
| Williamsburg - Bushwick | 30.6% | 15.8% | 4.5% | 10.6% | 14.8% | 5.4% | 8.3% |
| **Manhattan** | 24.9% | 10.1% | 5.4% | 6.4% | 12.0% | 3.2% | 4.6% |
| Central Harlem - Morningside Heights | 30.7% | 14.8% | 4.3% | 10.2% | 15.7% | 5.3% | 7.7% |
| Chelsea - Clinton | 19.2% | 8.5% | 4.1% | 4.7% | 7.9% | 2.1% | 3.0% |
| East Harlem | 37.3% | 18.1% | 6.3% | 12.8% | 20.0% | 7.3% | 11.1% |
| Gramercy Park - Murray Hill | 17.8% | 7.7% | 3.9% | 4.2% | 7.0% | 1.7% | 2.4% |
| Greenwich Village - SoHo | 18.7% | 8.3% | 4.0% | 4.6% | 7.6% | 1.9% | 2.9% |
| Lower Manhattan | 18.5% | 9.0% | 3.6% | 5.1% | 7.5% | 2.2% | 3.7% |
| Union Square - Lower East Side | 27.3% | 12.6% | 5.5% | 8.1% | 13.1% | 4.1% | 6.5% |
| Upper East Side | 18.1% | 7.2% | 4.3% | 4.2% | 7.8% | 1.7% | 2.4% |
| Upper West Side | 21.1% | 8.5% | 4.7% | 5.3% | 9.8% | 2.5% | 3.5% |
| Washington Heights - Inwood | 32.4% | 15.2% | 5.6% | 9.7% | 16.0% | 5.3% | 8.4% |
| **Queens** | 28.4% | 11.3% | 5.8% | 7.6% | 14.6% | 4.0% | 6.0% |
| Bayside - Little Neck | 23.7% | 9.0% | 5.6% | 5.9% | 11.5% | 2.8% | 4.1% |
| Flushing - Clearview | 29.7% | 12.3% | 6.4% | 8.3% | 15.0% | 4.2% | 6.7% |
| Fresh Meadows | 26.5% | 11.2% | 5.5% | 7.3% | 12.8% | 3.5% | 5.3% |
| Jamaica | 30.0% | 13.5% | 4.6% | 9.3% | 15.4% | 4.7% | 6.8% |
| Long Island City - Astoria | 24.5% | 11.5% | 4.6% | 6.8% | 10.6% | 3.1% | 4.9% |
| Ridgewood - Forest Hills | 25.1% | 10.7% | 5.4% | 6.5% | 11.7% | 3.1% | 4.5% |
| Rockaway | 32.1% | 14.6% | 5.6% | 10.1% | 16.7% | 5.2% | 7.3% |
| Southeast Queens | 27.1% | 11.3% | 4.4% | 7.7% | 13.9% | 3.9% | 5.4% |
| Southwest Queens | 29.0% | 13.3% | 5.3% | 8.3% | 13.6% | 4.1% | 6.1% |
| West Queens | 29.8% | 14.0% | 5.2% | 8.4% | 13.3% | 4.2% | 7.0% |
| **Staten Island** | 26.6% | 10.9% | 6.0% | 7.1% | 12.6% | 3.4% | 4.6% |
| Port Richmond | 29.0% | 14.0% | 5.0% | 9.0% | 13.2% | 4.4% | 6.4% |
| South Beach - Tottenville | 24.0% | 10.5% | 5.4% | 6.3% | 10.7% | 2.8% | 3.6% |
| Stapleton - St. George | 28.5% | 13.0% | 5.6% | 8.5% | 13.3% | 4.2% | 5.7% |
| Willowbrook | 25.4% | 10.7% | 5.8% | 6.8% | 11.7% | 3.1% | 4.1% |
| **New York City** | **29.0%** | **13.5%** | **5.2%** | **9.0%** | **14.4%** | **4.6%** | **6.8%** |

Source: CDC, 2023, and Verité analysis.

Neighborhoods with unfavorable disability status, compared to New York City overall, are present throughout the community.

**Exhibit 56E.2** presents a map of neighborhoods with a count of unfavorable disability status indicators, compared to New York City.

**Exhibit 56E.2: CDC Places – Map of Disability Status Indicators, 2023**




Sources: Caliper Maptitude (2023), CDC (2023) and Verité analysis.

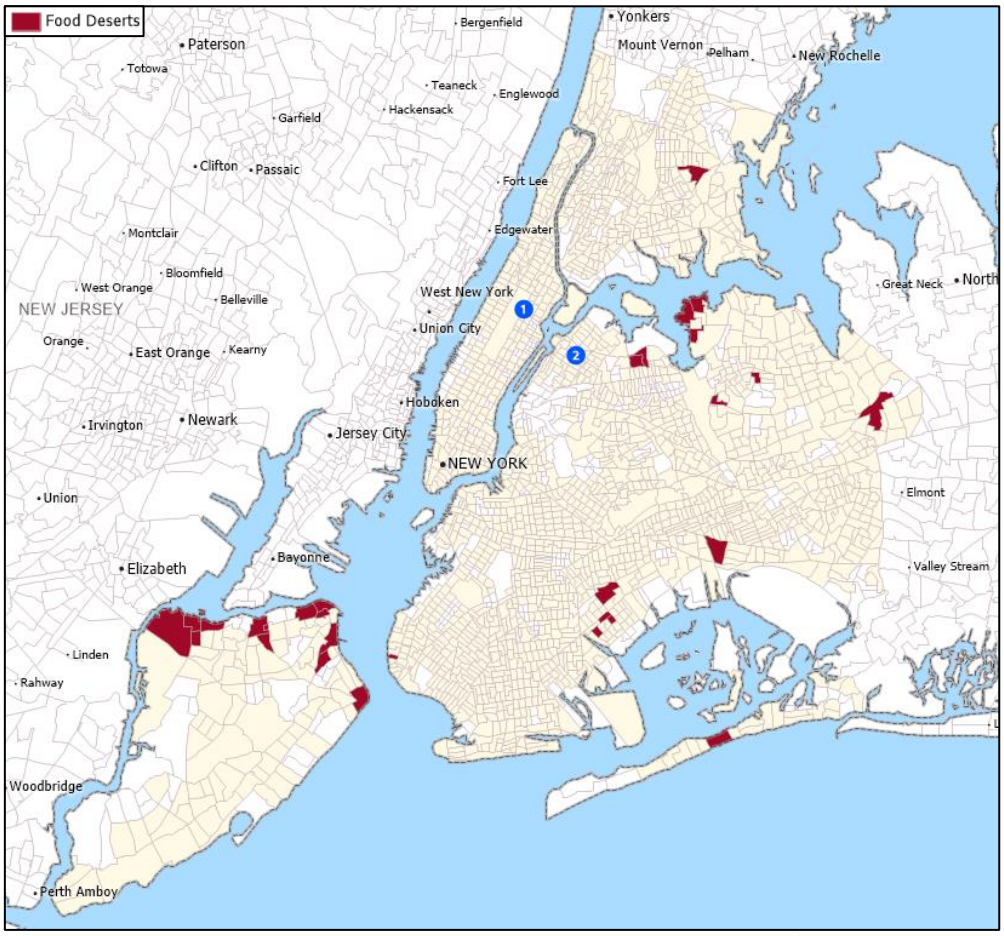
The distribution of unfavorable disability status indicators, compared to New York City overall, varies throughout the community.

## Food Deserts (Lack of Access to Nutritious and Affordable Food)

The U.S. Department of Agriculture's Economic Research Service estimates the number of people in each census tract that live in a "food desert," defined as low-income areas more than one-half mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these food deserts.

**Exhibit 57** illustrates the location of food deserts in the MSH community.

**Exhibit 57: Food Deserts by Census Tract, 2019**




Source: Caliper Maptitude (2023) and Economic Research Services, U.S. Department of Agriculture, 2021

Food deserts are present within the MSH community, with pockets in all boroughs except for Manhattan.

## Medically Underserved Areas and Populations

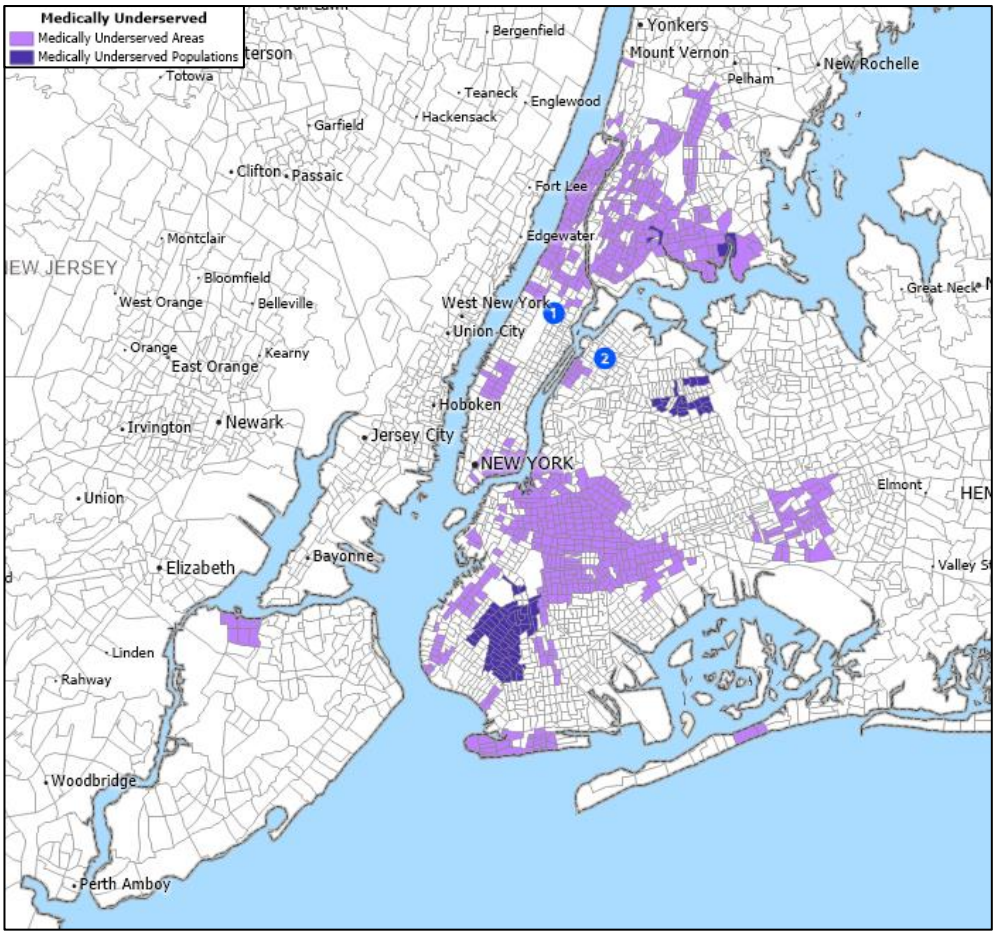
HRSA calculates an Index of Medical Underservice (IMU) score for communities across the U.S. The IMU score calculation includes the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population greater than age 64. IMU scores range from zero to 100, where 100 represents the least underserved and zero represents the most underserved.[15]

Any area or population receiving an IMU score of 62.0 or less qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Federally Qualified Health Centers (FQHCs) may be established to serve MUAs and MUPs. Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. When a population group does not qualify for MUP status based on the IMU score, a MUP designation is made if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides."[16]

**Exhibit 58** shows parts of the community designated by HRSA as medically underserved.

[15] U.S. Health Resources and Services Administration. (n.d.) *Guidelines for Medically Underserved Area and Population Designation*. Retrieved 2013, from http://bhpr.hrsa.gov/shortage/muaps/index.html.
[16] *Ibid*.

**Exhibit 58: Location of Federally Designated as Medically Underserved Areas and Medically Underserved Populations, 2023**



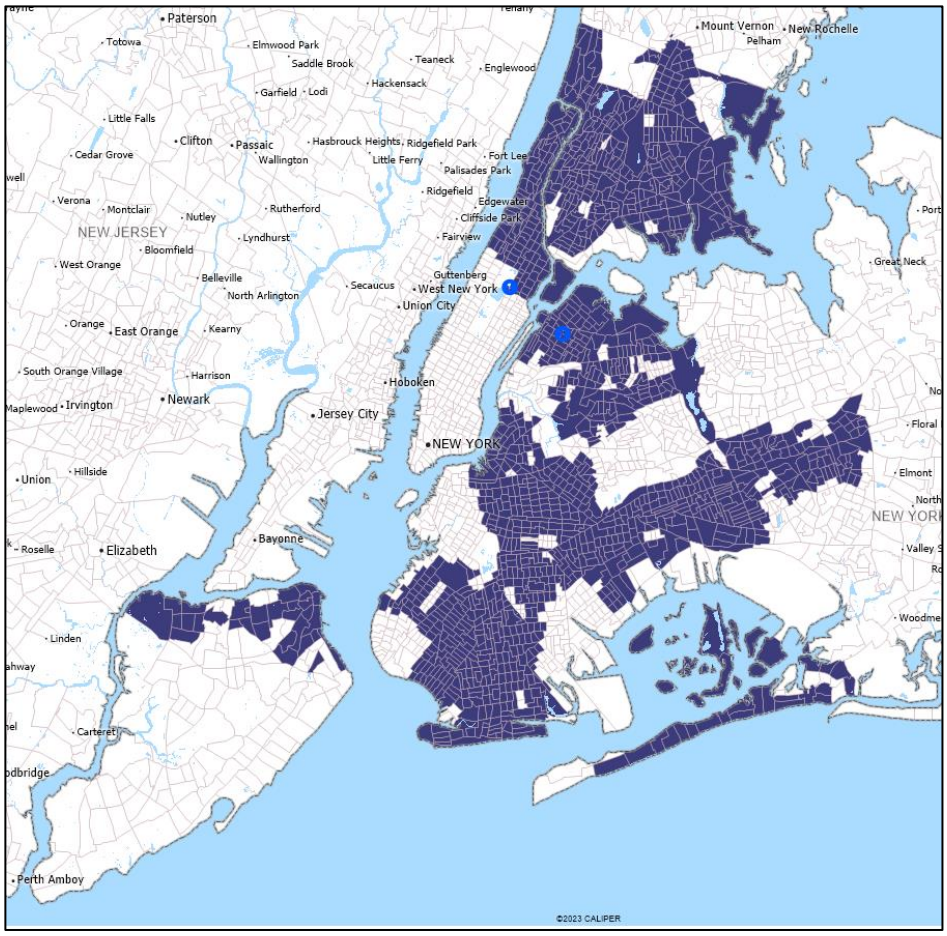

Sources: Caliper Maptitude (2023) and HRSA, 2023.

Census tracts designated as Medically Underserved Areas and Medically Underserved Populations appear in the Bronx, Queens, and Brooklyn.

## Health Professional Shortage Areas

An area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services. HPSAs can be: "(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility."[17] Areas and populations in the MSH community are designated as HPSAs (**Exhibit 59**)

**Exhibit 59A: Location of Federally Designated Primary Care HPSA Census Tracts in the MSH Community, 2023**

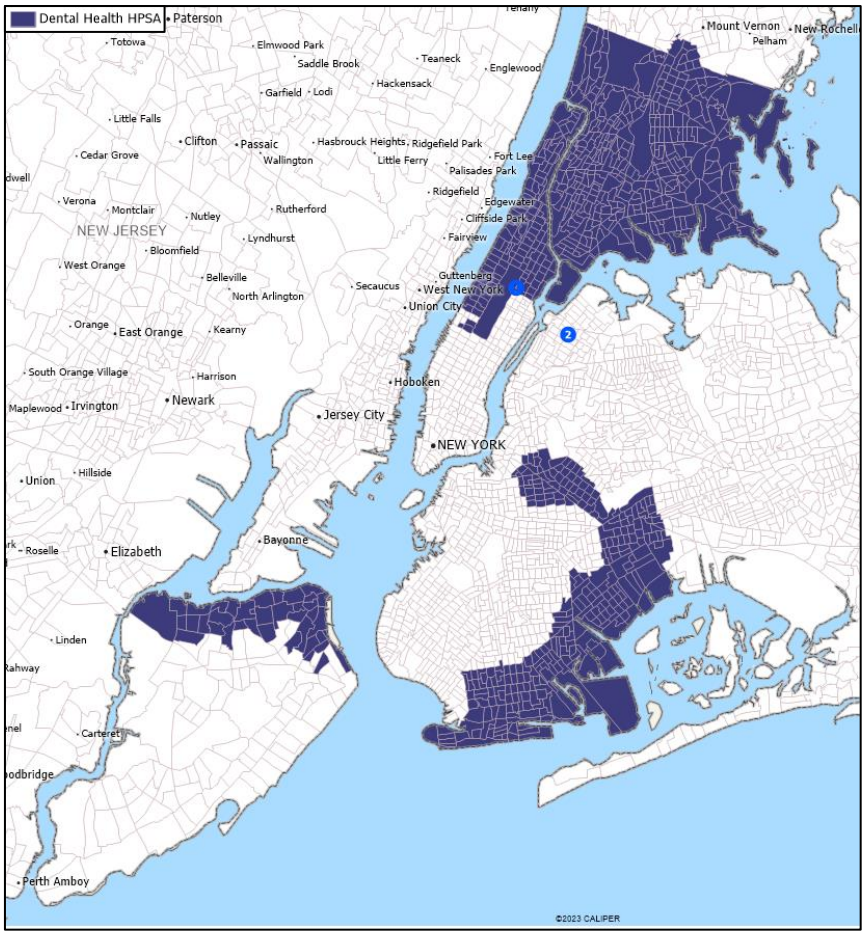



Sources: Caliper Maptitude (2023) and HRSA, 2023.

Census tracts designated as Primary Care HPSAs are located throughout the community, with concentrations in the Bronx, Brooklyn, and Queens.

[17] U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2013, from http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html

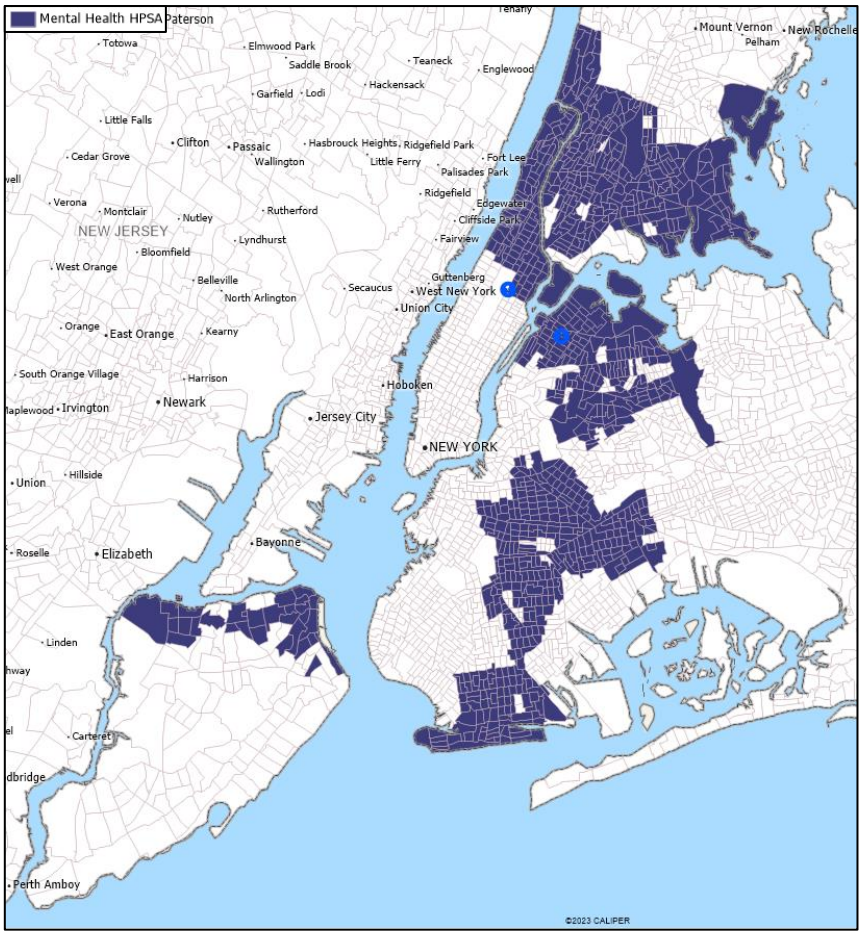
## Exhibit 59B: Location of Federally Designated Dental Health HPSA Census Tracts in the MSH Community, 2023




Sources: Caliper Maptitude (2023) and HRSA, 2023.

Census tracts designated as Dental Health HPSAs are located throughout the community, with concentrations in the Bronx, Brooklyn, parts of Manhattan and Staten Island.

## Exhibit 59C: Location of Federally Designated Mental Health HPSA Census Tracts in the MSH Community, 2023




Sources: Caliper Maptitude (2023) and HRSA, 2023.

Census tracts designated as Mental Health HPSAs are located throughout the community, with concentrations in the Bronx and parts of the other boroughs.

## Description of Other Facilities and Resources within the Community

The MSH community contains a variety of resources that are available to meet the health needs identified in this CHNA. These resources include facilities designated as HPSAs, hospitals, FQHCs, health professionals, and other agencies and organizations. Multiple facilities in the community are designated as HPSA facilities (**Exhibit 60**).

**Exhibit 60: List of HPSA Facilities in the MSH Community**

| Borough and Name | Facility Type | Primary Care | Dental Health | Mental Health |
|---|---|---|---|---|
| **Bronx** | | | | |
| Bronx Community Health Network, Inc | Federally Qualified Health Center | ● | ● | ● |
| BronxCare Health Integrated Services System, Inc. | Federally Qualified Health Center | ● | ● | ● |
| La Casa De Salud Inc. | Federally Qualified Health Center | ● | ● | ● |
| Montefiore Medical Center | Federally Qualified Health Center | ● | ● | ● |
| Morris Heights Health Center, Inc. | Federally Qualified Health Center | ● | ● | ● |
| Union Community Health Center, Inc. | Federally Qualified Health Center | ● | ● | ● |
| Urban Health Plan, Inc. | Federally Qualified Health Center | ● | ● | ● |
| Vocational Instruction Project | Federally Qualified Health Center | ● | ● | ● |
| **Brooklyn** | | | | |
| Bedford Stuyvesant Family Health Center, Inc. | Federally Qualified Health Center | ● | ● | ● |
| Brooklyn Plaza Medical Center | Federally Qualified Health Center | ● | ● | ● |
| Brownsville Community Development Corporation | Federally Qualified Health Center | ● | ● | ● |
| Community Health Initiatives Inc. | Federally Qualified Health Center | ● | ● | ● |
| Ezra Medical Center | Federally Qualified Health Center | ● | ● | ● |
| HealthCare Choices NY, Inc. | Federally Qualified Health Center | ● | ● | ● |
| Housing Works Health Services III, Inc. | Federally Qualified Health Center | ● | ● | ● |
| Joan Malin Brooklyn Health Center of Brooklyn | Other Facility | ● | | |
| LaSante Health Center, Inc. | FHQC Look A Like | ● | ● | ● |
| MDC – Brooklyn | Correctional Facility | ● | ● | ● |
| ODA Primary Health Care Center, Inc. | Federally Qualified Health Center | ● | ● | ● |
| Sunset Park Health Council, Inc. | Federally Qualified Health Center | ● | ● | ● |

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**Exhibit 60 (Continued): List of HPSA Facilities in the MSH Community**

| Borough and Name | Facility Type | Primary Care | Dental Health | Mental Health |
|---|---|---|---|---|
| **Manhattan** | | | | |
| APICHA COMMUNITY HEALTH CENTER | Federally Qualified Health Center | | ● | ● |
| Bellevue Hospital | State Mental Hospital | | | ● |
| Bellevue Hospital Center | Other Facility | ● | | |
| Betances Health Center | Federally Qualified Health Center | ● | ● | ● |
| Care For The Homeless | Federally Qualified Health Center | ● | ● | ● |
| Charles B. Wang Community Health Center, Inc. | Federally Qualified Health Center | ● | ● | ● |
| Community Health Project, Inc. | Federally Qualified Health Center | ● | ● | ● |
| Community Healthcare Network, Inc. | Federally Qualified Health Center | ● | ● | ● |
| East Harlem Council For Human Services, Inc. | Federally Qualified Health Center | ● | ● | ● |
| Heritage Health And Housing, Inc. | Federally Qualified Health Center | ● | ● | ● |
| Institute For Family Health, The | Federally Qualified Health Center | ● | ● | ● |
| Margaret Sanger Health Center | Other Facility | ● | | |
| Metropolitan Correctional Center (MCC) | Correctional Facility | ● | ● | ● |
| New York City Health And Hospitals Corporation | Federally Qualified Health Center | ● | ● | ● |
| Project Renewal, Inc. | Federally Qualified Health Center | ● | ● | ● |
| Settlement Health And Medical Services, Inc. | Federally Qualified Health Center | ● | ● | ● |
| Under 21 | Federally Qualified Health Center | ● | ● | ● |
| Upper Room AIDS Ministry, Inc.: Adult Day | Federally Qualified Health Center | ● | ● | ● |
| William F. Ryan Community Health Center, Inc. | Federally Qualified Health Center | ● | ● | ● |
| **Queens** | | | | |
| Damian Family Care Centers, Inc. | Federally Qualified Health Center | ● | ● | ● |
| Diane L. Max Health Center of Queens | Other Facility | ● | | |
| Floating Hospital Incorporated (The) | Federally Qualified Health Center | ● | ● | ● |
| New York Indian Council | Indian Health Service* | ● | ● | ● |
| Queens Hospital Center | Other Facility | | | ● |
| The Addabbo Joseph P Family Health Center Inc | Federally Qualified Health Center | ● | ● | ● |
| **Staten Island** | | | | |
| Apicha Community Health Center | Federally Qualified Health Center | ● | | |
| Beacon Christian Community Health Center | Federally Qualified Health Center | ● | ● | ● |
| Community Health Center Of Richmond, Inc. | Federally Qualified Health Center | ● | ● | ● |

* Indian Health Service, Tribal Health, and Urban Indian Health Organizations
Source: Health Resources and Services Administration, 2023.

Federally Qualified Health Centers (FQHCs) were created by Congress to promote access to ambulatory care in areas designated as "medically underserved." There are 479 FQHC and Look-A-Like site locations in the five boroughs of New York City, many of which also are designated as HPSAs.

There are numerous locations for community residents to receive hospital services in New York City. **Exhibit 61** lists 62 hospital locations where community residents can receive services across all boroughs in New York City.

**Exhibit 61: Hospitals in the MSH Community**

| Borough | Name |
|---|---|
| Bronx | BronxCare Hospital Center |
| Bronx | BronxCare Hospital Center |
| Bronx | Calvary Hospital Inc |
| Bronx | Jacobi Medical Center |
| Bronx | Lincoln Medical & Mental Health Center |
| Bronx | Montefiore Med Center - Jack D Weiler Hosp of A Einstein College Div |
| Bronx | Montefiore Medical Center - Henry & Lucy Moses Div |
| Bronx | Montefiore Medical Center - Montefiore Westchester Square |
| Bronx | Montefiore Medical Center-Wakefield Hospital |
| Bronx | North Central Bronx Hospital |
| Bronx | SBH Health System |
| Brooklyn | Brookdale Hospital Medical Center |
| Brooklyn | Brooklyn Hospital Center - Downtown Campus |
| Brooklyn | Calvary Hospital |
| Brooklyn | Interfaith Medical Center |
| Brooklyn | Kings County Hospital Center |
| Brooklyn | Kingsbrook Jewish Medical Center |
| Brooklyn | Maimonides Medical Center |
| Brooklyn | Maimonides Midwood Community Hospital |
| Brooklyn | Mount Sinai Brooklyn |
| Brooklyn | New York-Presbyterian Brooklyn Methodist Hospital |
| Brooklyn | NYC Health + Hospitals/South Brooklyn Health |
| Brooklyn | NYU Langone Health-Cobble Hill |
| Brooklyn | NYU Langone Hospital-Brooklyn |
| Brooklyn | University Hospital of Brooklyn |
| Brooklyn | Woodhull Medical & Mental Health Center |
| Brooklyn | Wyckoff Heights Medical Center |

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## Exhibit 61 (Continued): Hospitals in the MSH Community

| Borough | Name |
|---|---|
| Manhattan | Bellevue Hospital Center |
| Manhattan | David H. Koch Center For Cancer Care |
| Manhattan | Harlem Hospital Center |
| Manhattan | Henry J. Carter Specialty Hospital |
| Manhattan | Hospital for Special Surgery |
| Manhattan | Lenox Health Greenwich Village |
| Manhattan | Lenox Hill Hospital |
| Manhattan | Memorial Hospital for Cancer and Allied Diseases |
| Manhattan | Metropolitan Hospital Center |
| Manhattan | Mount Sinai Beth Israel |
| Manhattan | Mount Sinai Hospital |
| Manhattan | Mount Sinai Morningside |
| Manhattan | Mount Sinai West |
| Manhattan | New York Eye and Ear Infirmary of Mount Sinai |
| Manhattan | New York-Presbyterian David H. Koch Center |
| Manhattan | New York-Presbyterian Hospital - Allen Hospital |
| Manhattan | New York-Presbyterian Hospital - Columbia Presbyterian Center |
| Manhattan | New York-Presbyterian Hospital - New York Weill Cornell Center |
| Manhattan | New York-Presbyterian/Lower Manhattan Hospital |
| Manhattan | NYU Langone Hospitals |
| Manhattan | NYU Langone Orthopedic Hospital |
| Manhattan | Rockefeller University Hospital |
| Queens | Elmhurst Hospital Center |
| Queens | Flushing Hospital Medical Center |
| Queens | Jamaica Hospital Medical Center |
| Queens | Long Island Jewish Forest Hills |
| Queens | Long Island Jewish Medical Center |
| Queens | Mount Sinai Hospital - Mount Sinai Hospital of Queens |
| Queens | New York-Presbyterian/Queens |
| Queens | Queens Hospital Center |
| Queens | St. John’s Episcopal Hospital So Shore |
| Staten Island | Richmond University Medical Center |
| Staten Island | RUMC-Bayley Seton |
| Staten Island | Staten Island University Hosp-North |
| Staten Island | Staten Island University Hospital Prince's Bay |

Source: New York State Department of Health, 2023.

**Exhibit 62** presents the rates of primary care physicians, mental health providers, and dentists in the community per 100,000 population. The rates of primary care, mental health providers, and dentists per 100,000 population are higher in Manhattan, compared to the state. In the Bronx, Brooklyn, and Queens, rates for primary care physicians, mental health providers, and dentists were lower than the state averages. Rates for mental health providers and dentists were lower in Staten Island than the state averages.

**Exhibit 62: Health Professionals Rates per 100,000 Population by Borough**

| Location | Primary Care Physicians | | Mental Health Providers | | Dentists | |
|---|---|---|---|---|---|---|
| | Number | Rate per 100,000 | Number | Rate per 100,000 | Number | Rate per 100,000 |
| Bronx | 907 | 64.7 | 3,356 | 235.5 | 738 | 51.8 |
| Brooklyn | 1,819 | 71.6 | 6,976 | 264.1 | 1,677 | 63.5 |
| Manhattan | 2,243 | 139.1 | 16,157 | 1,024.6 | 2,974 | 188.6 |
| Queens | 1,449 | 65.1 | 4,291 | 184.1 | 1,703 | 73.1 |
| Staten Island | 430 | 90.5 | 1,221 | 247.4 | 312 | 63.2 |
| **New York State** | **16,477** | **85.2** | **66,260** | **334.0** | **16,286** | **82.1** |

Source: Data provided by County Health Rankings, 2023.

## Other resources

A wide range of other agencies and organizations is available in the community to assist in meeting health needs. NYC311 provides "access to non-emergency City services and information about City government programs" and is accessible by phone (311 and 212-639-9675), online (https://portal.311.nyc.gov/ and social media sites), and by mobile app (NYC311 App). NYC311 is accessible to non-English speakers with assistance in 175 languages.[18]

The New York City Department of Health and Mental Hygiene (NYC Health) provides information about and resources available for a wide range of issues at https://www1.nyc.gov/site/doh/health/health-topics.page.

In addition, community resources that assist residents in meeting health needs include:

- Local chapters of national organizations, such as the Alzheimer's Association, American Cancer Society, American Heart Association, American Red Cross, Habitat for Humanity, YMCA, and YWCA;
- Local places of worship;
- Local first responders, including fire departments, police departments, and Emergency Medical Services (EMS);
- Local FQHCs and HPSA facilities (**Exhibit 58**);
- Local government agencies, Chambers of Commerce, and City Councils; and
- Local schools, colleges, and universities.

[18] See https://portal.311.nyc.gov/article/?kanumber=KA-02498. Accessed September 2023.

## Findings of the NYC Health Department Community Health Assessment

In 2019, the New York City Department of Health and Mental Hygiene (NYC Health Department) prepared its 2019-2021 Community Health Assessment and Community Health Improvement Plan: Take Care New York 2024 (TCNY 2024). TCNY 2024 is the NYC Health Department's "blueprint for advancing health equity and giving everyone the chance to lead a healthier life."[19] The two TCNY 2024 prevention priorities are (1) Prevent Chronic Diseases, and (2) Promote Healthy Women, Infants, and Children. Goals and objectives of these two prevention priorities are below.

1. **Chronic Disease Preventive Care and Management.** Promotion of evidence-based chronic disease prevention and management, include the following objectives:

    a. Increase percentage of adults with adequately controlled hypertension;
    b. Increase percentage of adult Black patients with adequately controlled hypertension;
    c. Decrease percentage of adults with poor control of diabetes;
    d. Decrease percentage of adult Black Medicaid patients with poor control of diabetes;
    e. Maintain fruit and vegetable consumption levels among low-income residents.

2. **Perinatal and Infant Health.** Reducing infant mortality and morbidity by decreasing the Sudden Unexpected Infant Death (SUID) mortality rate, including the following objectives:

    a. Increase percentage of infants sleeping in an environment that meets American Academy of Pediatrics recommendations; and
    b. Increase percentage of women reporting that their baby is most often laid down to sleep on their back.

[19] 2019-2021 Community Health Assessment and Community Health Improvement Plan: Take Care New York 2024, New York City Department of Health and Mental Hygiene. See https://www1.nyc.gov/assets/doh/downloads/pdf/tcny/community-health-assessment-plan.pdf.

## Prevention Agenda 2019-2024: New York State's Health Improvement Plan by the New York State Public Health and Health Planning Council and the New York State Department of Health

In 2018, the New York State Public Health and Health Planning Council accepted the Prevention Agenda 2019-2024. This plan established health priorities for state and local action. The Prevention Agenda has been updated seven times since its acceptance, most recently in June 2023. Action plans were developed for five topics: (1) Chronic disease, (2) a healthy and safe environment, (3) healthy women, infants and children, (4) well-being and prevent mental and substance use disorders, and (5) communicable diseases. Focus areas for these five topics are below.

1. **Prevent Chronic Diseases Action Plan**
    - Focus Area 1 - Healthy Eating and Food Security
    - Focus Area 2 - Physical Activity
    - Focus Area 3 - Tobacco Prevention
    - Focus Area 4 - Chronic Disease Preventive Care and Management

2. **Promote a Healthy and Safe Environment Action Plan**
    - Focus Area 1 - Injuries, Violence, and Occupational Health
    - Focus Area 2 - Outdoor Air Quality
    - Focus Area 3 - Built and Indoor Environments
    - Focus Area 4 - Water Quality
    - Focus Area 5 - Food and Consumer Products

3. **Promote Healthy Women, Infants and Children Action Plan**
    - Focus Area 1 - Maternal and Women's Health
    - Focus Area 2 - Perinatal and Infant Health
    - Focus Area 3 - Child and Adolescent Health
    - Focus Area 4 - Cross Cutting Healthy Women, Infants, and Children

4. **Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan**
    - Focus Area 1 - Well-Being
    - Focus Area 2 - Mental and Substance Use Disorders Prevention

5. **Prevent Communicable Diseases Action Plan**
    - Focus Area 1 - Vaccine Preventable Diseases
    - Focus Area 2 - Human Immunodeficiency Virus (HIV)
    - Focus Area 3 - Sexually Transmitted Infections (STIs)
    - Focus Area 4 - Hepatitis C Virus (HCV)
    - Focus Area 5 - Antibiotic Resistance and Healthcare-Associated Infections

# PRIMARY DATA ASSESSMENT

## Findings from Key-Informant Interviews

Key informant stakeholders were engaged by video conference calls, in-person meetings, and telephone calls in September through November 2023. The interviews were designed to obtain input on health needs from persons who represent the broad interests of the community served by Mount Sinai Hospital.

Fifteen interview sessions were held with 40 individuals representing numerous organizations. Interviewees included: individuals with special knowledge of or experts in public health; local public health department representatives with information and expertise relevant to the health needs of the community; and individuals and organizations serving or representing medically underserved, low-income, and minority populations. The organizations that provided input are listed after the discussion of issues identified in the interviews.

Interviews were conducted using a structured discussion guide. Informants were asked to discuss community health issues and encouraged to think broadly about the social, behavioral, and other determinants of health. Interviewees were asked to consider issues associated with health status, health care access and services, chronic health conditions, populations with special needs, and health disparities.

The frequency with which specific issues were mentioned and interviewees' perceptions of the severity (how serious or significant) and scope (how widespread) of each concern were assessed.

## Issues Identified by Key Informant Interview Participants

- Environmental factors, including lasting impacts of COVID, negatively impact the health of community members and contribute to prevalence of chronic diseases and conditions;
- Disparities in health outcomes are experienced by many communities, and contributors to disparities include unequal access to basic needs and health services;
- Navigating the healthcare system, already challenging for residents with limited access to technology and limited English literacy, is increasingly difficult due to changes in the healthcare and social support environment;
- Mental health needs are increasing in the community due to increased anxiety, social isolation, and other issues;
- Substance use disorder is prevalent due to unmet mental health issues and greater access to legal and illegal substances;
- Low-income residents, individuals with disabilities, and new arrivals are especially prone to encountering challenges to healthy living conditions and utilization of health services;
- Older adults can be vulnerable to unmet health needs and issues can arise suddenly; and
- Chronic disease prevalence and disparities in outcomes are influenced by a myriad of factors, including social determinants, behavioral health, and age.

**Environmental factors, including lasting impacts of COVID, negatively impact the health of community members and contribute to prevalence of chronic diseases and conditions.** Environmental factors contribute to poor health outcomes. Environmental factors disproportionately impact vulnerable populations, including children, older adults, and individuals with disabilities, and contribute to disparities in both access and outcomes.

Components of the built environment, such as lack of green spaces and uneven sidewalks, reduce the physical activity of some community members. Ongoing effects of construction, such as issues of dust, contribute to the prevalence of respiratory diseases. Bike and motorized vehicle traffic contribute to pedestrian injuries from accidents, as well as reduced physical activity due to fears of accidents. Actual and perceived prevalence of violence, especially in subways, and safety concerns, such as lack of lifeguards at beaches, further reduce levels of physical activity. Urban issues, notably rodents and pests, also impact respiratory and other diseases. The legacy of 9/11 continues to be evidenced in health outcomes.

COVID also continues to impact community health. Rapid changes during the height of the pandemic destabilized neighborhoods, which have yet to fully recover. COVID-related trauma currently contributes to mental health issues which, in turn, contribute to alcohol misuse, substance use disorder, and divorce rates. COVID further contributes to lags in childhood development from lack of socialization during periods of remote learning.

Additionally, incarcerations can contribute to poor health outcomes. Such outcomes may be especially evident in instances in overlaps between mental health issues and criminalized behaviors.

**Disparities in health outcomes are experienced by many communities, and contributors to disparities include unequal access to basic needs and health services.** Disparities in health outcomes are evident throughout the community. The disproportionate impact of COVID on low-income residents and community members of racial/ethnic minority groups illustrates the disparities. Unequal access to basic needs and health needs contribute to differences in outcomes.

Numerous factors contribute to unequal access to healthcare including lack of adequate insurance, high co-pays and deductibles, locations of services, and transportation challenges. Factors also include limited English literacy, lack of computer literacy and access to technology, and disabilities, such as hearing, vision, and/or cognitive limitations.

Social and cultural factors may contribute to access challenges. Some residents may hesitate or find it difficult to engage with healthcare providers who do not speak their native language or are not culturally sensitive with care. This lack of concordance may decrease utilization of preventive care and timely access to needed medical services. Social factors may be especially evident in residents with low health literacy, language barriers, and individuals with substance use disorders. Such issues are exacerbated by a lack of diversity among healthcare providers.

Deliberate actions to decrease disparities can improve health outcomes. Such deliberate actions include outreach to community members through health fairs, health education materials in multiple languages, increased diversity among healthcare providers, and increased representation on organizations' boards and committees.

Deliberate actions also include careful consideration of factors that influence different populations throughout the community. Such factors include reduced participation in sports among low-income residents due to costs, lack of past medical history accessibility by migrants and refugees, and limited transportation of different community members, such as residents of Staten Island.

**Navigating the healthcare system, already challenging for residents with limited access to technology and limited English literacy, is increasingly difficult due to changes in the healthcare and social support environment.** A lack of understanding of how to access health care is an issue for many community members, including migrants and refugees, generations of families without a regular provider, and adult children caring for aging parents. Some individuals do not seek navigation assistance because they are unaware that the support is needed and available. Others may forego assistance due to stigma, including support in enrolling eligible children in Medicaid. Residents without documentation may resist navigation assistance and healthcare due to fears that these encounters will lead to deportation. Navigation may be especially challenging for residents with limited access to technology and limited English literacy. Low levels of health literacy across the community contribute to navigation issues.

Navigation is made more difficult by healthcare workforce constraints, such as insufficient number of social workers and overburdened clinicians, as well as communication challenges between providers and systems. Providers may also encounter obstacles and frustrations when trying to navigate the healthcare and social services environments. With a shift towards digital

scheduling and communication, community members can experience difficulty reaching providers by phone and lags in response time.

Some community members may have difficulty in evaluating the accuracy of information provided. Contradictory information may be provided by different providers, as illustrated by frequent shifts in recommendations provided during the height of the COVID pandemic, and misinformation is widely provided on social media. Peer educators can both deliver trusted education to community members and provide credentials to facilitate healthcare encounters, yet peer educators have not been fully integrated into the healthcare delivery system.

Requirements of healthcare systems complicate navigation still further. Insurance restrictions limit covered services and are constantly shifting. Administrative burdens, including paperwork requirements, create their own navigation issues for some residents.

Predictability in services and trust in healthcare systems are key components of successful healthcare navigation. Announcement of the planned closure of Mount Sinai Beth Israel has led to questions and concerns about continuity of care, and increased uncertainty of where future care will be available.

**Mental health needs are increasing in the community due to increased anxiety, social isolation, and other issues.** Significant mental health needs exist in the community. These needs increased during the COVID pandemic due to anxiety and social isolation. Pandemic associated trauma continues to contribute to elevated mental health needs.

Access to mental health services is insufficient to meet demand due to increased mental health needs and diminishing stigma leading to more people seeking mental health care. Contributing to access issues are an undersupply of mental health professionals, insufficient inpatient services, and healthcare workforce challenges due to the rigors of providing care.

Contributors to poor mental health among community members include cost-sharing requirements to receive care, lack of diagnoses, and variation in quality of care. Difficulties may arise in finding a successful match between patients and providers. Low-income residents and community members of racial/ethnic minority groups may find it especially difficult to find a successful match with providers, which likely contributes to disparities in both access to services and outcomes.

Additionally, lags in care impact mental health negatively. For greater effectiveness in treatment, individuals must be ready to accept interventions and such opportunities for treatment may be lost if there is a delay in receiving care.

For some residents with serious and persistent mental illness, confounding social concerns may be present, including poverty, homelessness, and physical health needs. Untreated, generational mental illness further compounds needs and adds challenges to successful interventions.

**Substance use disorder is prevalent due to unmet mental health issues and greater access to legal and illegal substances.** Substance use disorder has proliferated within the community due to a myriad of factors, including unmet mental health issues and widespread availability of substances, including alcohol. The opioid epidemic, overshadowed by COVID, continues to be deadly, increased by the expanding availability of fentanyl. Substance use disorder is often untreated due to insufficient treatment options for detoxification services and long-term interventions.

Contributing to substance use disorder is the prescribing of pharmaceuticals for injury pain and the proliferation of sales outlets following the legalization of marijuana. Alcohol misuse is underacknowledged as problematic, including binge drinking among older adults.

Negative impacts of substance use disorder co-occur with physical conditions due to neglected side-effects of substances, as well as challenges managing chronic diseases. Within communities, substance use disorder can contribute to unsafe environmental conditions, such as inadequate disposal of used needles, and contribute to crime and violence.

Reductions in substance use disorder may result from increased utilization of peer counselors. In addition, harm reduction strategies can reduce the negative health and social consequences of substance use. Peer counselors with similar lived experiences to individuals with active substance use disorders may be especially effective in encouraging and guiding individuals through recovery.

**Low-income residents, individuals with disabilities, and new arrivals are especially prone to encountering challenges to healthy living conditions and utilization of health services.** Economic opportunity is uneven throughout the community, resulting in food and housing insecurity, especially among low-income residents and community members of racial/ethnic minority groups. Access to and utilization of health care services is similarly uneven.

Food insecurity and unsafe housing conditions negatively impact physical and mental health. Respiratory conditions, such as asthma, are particularly influenced by air pollution and pests present in the environment. Anxiety associated with basic need insecurity, as well as safety concerns, contribute to poor mental health.

Low-income, job requirements, and transportation challenges create barriers to both accessing and utilizing healthcare services. Further, these issues can provide more immediate challenges for some community members and reduce acceptance of social work services, enrollment in Medicaid, and follow-up with medical referrals.

As access to food and stable housing are critical challenges to the most vulnerable community members, assistance with these issues can provide opportunities to build trust and engage these individuals with healthcare services. Vulnerable community members include homeless residents, individuals with addiction, and some older adults.

**Older adults can be vulnerable to unmet health needs and issues can arise suddenly.** The number of older adults in the community is growing rapidly, increasing demands for healthcare services. These demands include management of chronic diseases, such cardiovascular disease, cancers, hearing loss, and illness related to vision, well as cognitive issues, such as Alzheimer's Disease.

The growth in older adults also highlights systemic issues, such as the need for additional access to geriatric specialty services, palliative care, home care, hospital-at-home services, and caregiver supports. Mental and emotional supports are needed as well, including grief support for loss of family members and social supports to reduce isolation.

Many residents do not understand typical transitions to older adulthood. Support could help residents with healthy aging practices, including fall prevention, caring for aging family members, grieving the loss of loved ones, and avoiding social isolation. Guidance in adapting housing to meet the needs of individuals with diminished physical capacity could help community members better age in place.

Age alone does not indicate that an older adult is vulnerable. However, health issues can arise quickly in older individuals. Additionally, needs may be masked as older community members compensate for themselves and/or family members.

**Chronic diseases prevalence and disparities in outcomes are influenced by a myriad of factors, including social determinants, behavioral health, and age.** Chronic disease is prevalent in the community, notably arthritis, cardiovascular disease, diabetes, and respiratory disease, as well as issues related to hearing and vision losses. Contributors to these chronic diseases include social determinants, such systemic issues that impact low-income residents and community members of racial/ethnic minority groups, behavioral health issues, such as the physical impact of addiction, and age-related factors, such as disease comorbidities.

The impacts of individual behaviors also contribute to chronic disease prevalence, including smoking, substance misuse, diet, and lack of physical activity. Delay in obtaining preventive services, such as annual physicals and participation in screenings, also contribute to outcomes due to lags in receiving diagnosis and treatment services. Low-income residents, community members of racial/ethnic minority groups, and men may be especially reluctant to receiving regular care.

A lack of health literacy also contributes to the prevalence of chronic disease as many residents do not know how to recognize disease symptoms. Insufficient health insurance and a lack of primary care provider also contribute, notably in residents who seek care in emergency rooms but otherwise do not engage regularly with healthcare providers.

Community members with chronic disease rely on the current provider environment to manage conditions. Adding to challenges of diagnosing, managing, and treating chronic diseases are workforce issues. Many nurses, technicians, and other clinicians left the practice of medicine and have not returned, resulting in an undersupply of providers.

Additionally, the provision of health care services continues to shift from inpatient care to outpatient care. While the shift can be cost-effective and valued by patients, it frequently necessitates home support provided by informal caregiving by family members and friends. For residents without individuals who can provide caregiving services, the shift to ambulatory services can complicate disease management.

## Organizations Providing Community Input

Fifteen interview sessions were held with 40 individuals representing 19 organizations. Organizations represented by these individuals are as follows:

- Asphalt Green;
- Assembly District 68;
- Catholic Charities Brooklyn and Queens;
- Charles B. Wang Community Health Center;
- Concrete Safaris;
- East Harlem Community Health Council;
- Educational Alliance;
- George Washington Carver Houses Tenant Association;
- Manhattan Community Board 3;
- Manhattan Community Board 8;
- Mount Sinai Beth Israel Community Advisory Board;
- Mount Sinai Brooklyn Hospital Staff;
- Mount Sinai Health System Staff Member;
- Mount Sinai Hospital Community Advisory Board;
- Mount Sinai Hospital Staff;
- Mount Sinai Queens Hospital Staff;
- New York Common Pantry;
- NYC Department of Health and Mental Hygiene; and
- Organization that chose to remain anonymous.

## Summary of Community Member Engagement

Two community member engagement sessions were held in September 2023 in conjunction with a Health Fair at Mount Sinai West and Community Flu Shot Health Fair. Informal conversations were held in-person. The conversations were quick and designed to maximize participation from attendees at the health fairs. Interview sessions were held with 112 individuals.

## Issues Identified by Community Members

**Access to care.** Residents may have difficulty in navigating the complex healthcare system due to language barriers and lack of insurance, and insurance restrictions. Specialty care can be difficult to access due, in part, to transportation challenges. Access to maternal health care can be especially difficult for pregnant women with known substance use issues and basic need insecurities.

**Basic Needs.** Many community members experience food and housing insecurities. Difficulty in accessing basic needs contributes to both stress and unhealthy behaviors, such as long commutes to work.

**Chronic Conditions.** Health issues within the community include chronic conditions. Chronic conditions that are especially prevalent include cardiovascular disease and obesity.

**Mental and Behavioral Health.** Access to mental health services can be challenging and is exacerbated by costs, lack of insurance, and insurance restrictions. Early identification of mental health concerns in children is especially important and might be improved by increasing parental education. Mental health concerns and substance use disorders are often intertwined. Mental health concerns are prevalent in people experiencing homelessness.

**Wellness / Prevention / Health Promotion.** Access to healthy food can be difficult due to the high cost of food. Access to pharmaceuticals can be problematic and lack of access contributes to emergency room visits and hospital readmissions.

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# APPENDIX - Evaluations of the Impacts of Actions Taken Since the Preceding CHNA[20]

The Mount Sinai Hospital and Mount Sinai Queens campuses use evidence-based approaches in the delivery of healthcare services with the aim of achieving healthy outcomes for the community served. Each hospital campus undertakes periodic monitoring of its programs to measure and determine their effectiveness and ensure that best practices continue to be applied.

Given that the process for evaluating the impact of various services and programs on population health is longitudinal by nature, significant changes in health outcomes may not manifest for several community health needs assessment cycles. Each hospital campus continues to evaluate the cumulative impact. In its previous CHNA report, the Mount Sinai Hospital and Mount Sinai Queens identified a number of community health needs. The section below lists these health needs, related action items, and evaluations of the impacts of actions taken since the preceding CHNA.

### Initiatives that impact multiple health needs

**Health professions education.** The health professions education activities of MSH respond to both the current and future community health needs for chronic disease treatment and prevention. MSH actively participates in over 165 residency and fellowship programs. In its Form 990 for year ending December 31, 2021, as filed with the IRS, Mount Sinai reported $164,734,587 in net community benefit expense for health professions education. Continued applications to these and other programs, as well as continued accreditation, are external indicators of the positive impact of this action on the community health need.

**Participation in Medicaid**. Medicaid provides health coverage to low-income individuals through federal and state funding. MSH participation in New York State Medicaid includes inpatient and outpatient services.

In its Form 990 for year ending December 31, 2021, as filed with the IRS, Mount Sinai reported $360,370,757 in net community benefit expense associated with costs in excess of payments for services provided to Medicaid enrollees. Payments for services provided to Medicaid enrollees in 2021 were 59 percent of the costs to provide these services. Continued utilization of services by Medicaid is an external indicator of the positive impact of this action on the community health need.

[20] Source: Mount Sinai Health System

**Community Health Improvement Activities**. MSH supports numerous activities to improve community health through grants and in-kind contributions. Activities include the following:

- Health screenings;
- Community affairs programming;
- Health information distribution;
- Funding of grants for community programs;
- Patient transportation and recreation; and
- Assistance with applications for Medicaid and other programs.

In its Form 990 for year ending December 31, 2021, as filed with the IRS, Mount Sinai reported $33,050,455 in net community benefit expense associated with Community Health Improvement Services and Community Benefit Operations.

**Subsidized Health Services**. MSH hospital provides numerous inpatient and outpatient service lines that operate as losses. MSH continues to provide these services because the health of community members would diminish because other providers would be unlikely to provide these services. Subsidized health services provided by MSH include the following:

- Financial support to Mount Sinai Beth Israel to provide care to community members;
- Financial support to various primary care physician practices affiliated with the Icahn School of Medicine of Mount Sinai which provide care to community members;
- Financial support of other Mount Sinai entities to develop programs to improve the health of community members.

In its Form 990 for year ending December 31, 2021, as filed with the IRS, Mount Sinai reported $117,545,785 in net community benefit expense associated with Subsidized Health Services.

**Health Care Services.** A full range of health care services is available at the hospital campuses, outpatient facilities, and physician practices throughout the community. As part of the Mount Sinai Health System, integrated resources such as electronic health records facilitate the referral of patients to needed services provided by other Mount Sinai Health System hospitals and health professionals. Continued utilization of services by members of the community, continued provision of services by medical professionals, continued licensure by the State of New York, continued accreditation by independent organization, and continued reimbursement by private and governmental payors, are among the external indicators of the positive impact of this action on community health needs.

**Mount Sinai Department of Health Education.** The Mount Sinai Department of Health Education provides community-based health education programming in partnership with schools, senior centers, and non-profit organizations. The department offers onsite, school-based health education for students, parents, and staff, including mental health and sexual and reproductive health curricula. It also offers programming for older adults, women and families in transitional housing settings, and groups operated by local community agencies. Continued consultation with the Mount Department of Health Education by external organizations are external indicators of the positive impact of this action on community health needs.

**Karpas Health Information Center.** The Karpas Health Information Center provides wellness programs to enable residents remain safe, active, and vital members of the community. Staffed by health educators, Karpas is committed to providing resources that are nurturing to the mind, body, and spirit. Karpas health and wellness programs are established through partnerships with community-based organizations and dedicated to improving health outcomes. The Karpas Health Education and Community Outreach Department continued to reach into the community and sponsor screenings, health presentations, and wellness workshops throughout Manhattan and Brooklyn. Continued engagement with residents and partnerships external organizations are external indicators of the positive impact of this action on community health needs.

**Center for Spirituality and Health**. The Center for Spirituality and Health at Mount Sinai's Icahn School of Medicine is dedicated to providing compassionate patient care with seamless coordination and to advancing spiritual care through unrivaled education, research, and outreach. Chaplains help people of all faiths find meaning, healing, hope, and comfort while experiencing the challenges of life. Continued engagements with the Center for Spirituality and Health by patients and caregivers are external indicators of the positive impact of this action on community health needs.

### 1. Access to Mental Health Care and Poor Mental Health Status

The 2020 MSH CHNA found that the mental health status is poor for many residents because of the impact of the COVID-19 pandemic, day-to-day pressures, substance abuse, and psychiatric disorders. The supply of mental health providers is insufficient to meet the demand for mental health services.

Interventions to increase access to mental health care and improve the mental health status of community residents were identified in the 2020 MSH Implementation Strategy and are described below. These activities are in addition to the MSH activities that impact multiple needs.

**Health professions education.** The health professions education activities of MSH respond to both the current and future community mental health needs. MSH actively participated in over 165 residency and fellowship programs. Residency and fellowship programs that were especially related to mental health care services include the following:

- Behavioral Neurology and Neuropsychiatry Fellowship;
- Child and Adolescent Psychiatry Fellowship;
- Clinical Neurophysiology Fellowship (EMG and EEG Tracks);
- Geriatric Psychiatry Fellowship;
- Postdoctoral Fellowship In Clinical Neuropsychology;
- Postdoctoral Fellowship in Clinical Neuropsychology and Rehabilitation Research;
- Psychiatry Residency;
- T32 Clinical Neuroscience Research Fellowship;
- T32 Pediatric Environmental Health Fellowship;
- Transgender Psychiatry Fellowship Program;
- Triple Board Pediatrics, Psychiatry, and Child Psychiatry Combined Residency; and

- VA Fellowship in Psychosis, Suicide, and Major Mental Illness.

In its Form 990 for year ending December 31, 2021, as filed with the IRS, Mount Sinai reported $164,734,587 in net community benefit expense for health professions education. Continued applications to these and other programs, as well as continued accreditation, are external indicators of the positive impact of this action on the community health need.

**Mental Health Services**. Mental health care services were available at the hospital campuses, outpatient facilities, and physician practices throughout the community. As part of the Mount Sinai Health System, integrated resources such as electronic health records facilitated the referral of patients to needed services provided by other Mount Sinai Health System hospitals and health professionals. Specific mental health services that were available included the ones discussed below. These activities are in addition to the MSH activities that impact multiple needs.

- **Mount Sinai's Department of Psychiatry.** The Mount Sinai Hospital's Department of Psychiatry, part of the Mount Sinai Behavioral Health System, continued its commitment to improving mental and emotional health by providing outstanding inpatient and outpatient services for all ages. The department's multidisciplinary team of psychiatrists, psychologists, and social workers was remained committed to giving patients of all ages the tools and support they needed to achieve their highest level of mental health. In addition to the outpatient clinic, two inpatient units, and dedicated emergency room, the Department of Psychiatry was home to a series of specialized treatment centers, which combine research, clinical service, and education into a comprehensive model of care for disorders ranging from Autism to Alzheimer's disease. Specific services included treatment for the following:

    - Alzheimer's disease;
    - Attention Deficit Hyperactivity Disorder (ADHD);
    - Autism Spectrum disorders;
    - Eating disorders;
    - Mood disorders (such as depression and bipolar disorder);
    - Obsessive-Compulsive Disorder (OCD);
    - Personality and Impulse Control disorders;
    - Post-Traumatic Stress Disorder (PTSD);
    - Schizophrenia;
    - Substance abuse; and
    - Tourette's Disorder.

    Continued utilization of services by members of the community, continued provision of services by medical professionals, continued licensure by the State of New York, continued accreditation by independent organization, and continued reimbursement by private and governmental payors, are among the external indicators of the positive impact of this action on community health needs.

**Promote Well-Being and Prevent Mental Disorders.** Behavioral Health is a comprehensive network located throughout the Mount Sinai Health System. The multidisciplinary team of psychiatrists, psychologists, counselors, social workers, registered nurses, and spiritual leaders remained as committed to giving patients of all ages the tools and support they need to achieve their highest level of mental health.

The Mount Sinai Health System aimed to help reduce the age-adjusted suicide mortality rate from 10 to 7 per 100,000 population. To accomplish this goal, Mount Sinai Health System launched its Behavioral Health Crisis Pilot Primary Intervention, to provide the following:

- Rapid response to behavioral health crises in the community via Mobile Crisis Teams; and
- Increased more rapid referral and connection to outpatient behavioral health providers of community members in acute behavioral health crisis.

Evaluation of this activity is ongoing.

### 2. Aging Population

The 2020 CHNA found that the population is aging and "aging in place" and that growth in this population will increase needed support for healthcare, housing, transportation, and nutrition assistance. The corresponding Implementation Strategy identified this need as one that would not be targeted for (direct) intervention. This decision was based on the following criteria:

- MSH, together with the Mount Sinai Health System, has core competencies related to direct medical services and lacks core competencies in housing, transportation, and nutrition assistance;
- Finite resources; and
- Other community resources are responding to this issue, including the New York City Department for the Aging and initiatives funded by the New York City Council.

Interventions that directly and indirectly impact an aging population were identified in the 2020 MSH Implementation Strategy and are described below. These activities are in addition to the MSH activities that impact multiple needs.

**Health professions education.** The health professions education activities of MSH respond to both the current and future community health needs for an aging population. MSH actively participated in over 165 residency and fellowship programs. Specific residency and fellowship programs identified in the Implementation Strategy that were especially related to aging issues are as follows:

- Geriatric Medicine Fellowship;
- Geriatric Psychiatry Fellowship;
- Hospice and Palliative Medicine Fellowship;
- Integrated Geriatrics and Palliative Medicine Fellowship;
- LEAP into Geriatrics Leadership Fellowship; and
- Rheumatology Fellowship.

In its Form 990 for year ending December 31, 2021, as filed with the IRS, Mount Sinai reported $164,734,587 in net community benefit expense for health professions education. Continued applications to these and other programs, as well as continued accreditation, are external indicators of the positive impact of this action on the community health need.

**The Martha Stewart Center for Living.** The Martha Stewart Center for Living offers a variety of health promotion and disease prevention programs that specialize in working with older adults. The Center continued to provide expert consultation and shared connections to healthy living activities, educational programs, and community referrals. Continued utilization of services by members of the community, continued provision of services by medical professionals, and continued reimbursement by private and governmental payors, are among the external indicators of the positive impact of this action on community health needs. Additionally, continued utilization of the second location at Union Square indicates a positive impact.

**Social Work Services.** Social Workers are part of the health care team in nearly every part of The Mount Sinai Hospital and its medical practices. Social Workers help patients and their families during and after hospitalization, including assistance with managing medical care.

Patient and family acceptance, as well as integration within the professional care team, are indicators that the social work services contribute value. Local, national, and international recognition of social workers at Mount Sinai are external indicators of the positive impact of this action on the community health need.

**Navigation Services.** As people age, they often need different kinds of care and a geriatric patient may require more referrals with increased interdisciplinary coordination. To help patients and caregivers navigate the health care system, Mount Sinai fosters a multidisciplinary team-based approach with its geriatrics team of physicians, nurses, and social workers, and facilitated collaboration with others to develop effective treatment plans. Care continued to focus on both the physical and emotional well-being of patients receiving services. Discharge planning considered each patient's unique needs. Patient and family acceptance, as well as integration within the professional care team, are indicators that the navigation services contribute value.

**Geriatrics Services.** The Mount Sinai Geriatrics Services provides patient- and family-centered care in both inpatient and outpatient settings. Geriatrics services were also provided through programs contained within the Martha Stewart Center for Living, including the Phyllis and Lee Coffey Geriatrics Associates, a primary care practice that specializes in caring for older adults, and the Martha Stewart Centers for Living at Mount Sinai-Union Square. Primary care and caregiver support were provided for older adults.

Clinical care teams work together to deliver comprehensive care. Teams included physicians specializing in geriatric medicine and palliative care, nurse practitioners, registered nurses, social workers, and medical assistants who work together to deliver comprehensive care. On-site physician specialists such as cardiologists, rheumatologists, gastroenterologists, endocrinologists, and psychiatrists were consulted as needed. The interdisciplinary team maintained its focus on helping patients throughout a variety of services to promote enhancement

of function, intensive symptom management, physical and psychological comfort, and psychosocial, spiritual, and emotional support for patients and their families.

Demand for geriatrics services demonstrates that community members value this activity. The Number One ranking of the Geriatrics program of Mount Sinai Hospital by U.S. News & World Report® for 2023-24 is an external indicator of the positive impact of this action on the community health need.

**The Brookdale Department of Geriatrics and Palliative Medicine**

The Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mount Sinai works to advance health care and quality of life for older people and those with serious illnesses. Clinical care includes consultations on continuity of care plans at the Lilian and Benjamin Hertzberg Palliative Care Institute, as well as patient encounters at the Martha Stewart Center for Living through the Phyllis and Lee Coffey Geriatrics Associates, a primary care practice that specializes in caring for older adults. Research initiatives include the Geriatric Research, Educational and Clinical Center located at the James J. Peters VA Medical Center, the Older Americans Independence Center, the National Palliative Care Research Center; the Research Institute on Aging; and independently funded geriatric palliative care investigators. Education initiatives include required rotations in geriatric medicine for all medical school students, geriatric and palliative medicine fellowships, and trainings to practicing physicians and other hospital staff members who aim to expand their knowledge of integrative care for the elderly.

Continued interest in programs by patients and providers is indicative of the positive impact of this action on the community health need.

### 3. Access to Primary Health Care Services by Individuals with Limited Resources

The 2020 MSH CHNA found that New York City has a robust health provider network. However, access to this network can be limited to individuals with limited financial resources, including lack of health insurance and relatively high deductibles / co-pays.

Interventions to provide access to primary health care for individuals with limited resources were identified in the 2020 MSH Implementation Strategy and are described below. These activities are in addition to the MSH activities that impact multiple needs.

**Health professions education.** The health professions education activities of MSH responded to both the current and future community health needs for professional services. MSH actively participated in over 165 residency and fellowship programs. Residency and fellowship programs that were especially related to especially related to primary health care services include the following:

- Adolescent Medicine Fellowship;
- Anesthesiology Residency;
- Clinical Research Fellowship in Family Medicine;
- Critical Care Anesthesiology;
- Critical Care Medicine Fellowship;
- Emergency Medicine Residency;
- Emergency Medicine Simulation;
- Family Planning Fellowship;
- General Internal Medicine Fellowship;
- General Surgery Residency;
- Geriatric Medicine Fellowship;
- Harlem Residency in Family Medicine;
- Integrative Family Medicine Fellowship;
- Internal Medicine and Pediatrics Combined Residency;
- Internal Medicine Residency;
- Mid-Hudson Family Practice Residency;
- Obstetrics and Gynecology Residency;
- Pediatric Emergency Medicine Fellowship;
- Pediatric Hospital Medicine Fellowship;
- Pediatric Residency Training Program at Mount Sinai Hospital; and
- PGY-2 Ambulatory Care Pharmacy Residency.

In its Form 990 for year ending December 31, 2021, as filed with the IRS, Mount Sinai reported $164,734,587 in net community benefit expense for health professions education. Continued applications to these and other programs, as well as continued accreditation, are external indicators of the positive impact of this action on the community health need.

**Primary Health Care Services.** The hospital provided primary care at its campuses, as well as physician practices throughout Manhattan. Primary care services covered a variety of areas, with specialties including:

- Disease prevention;
- Health maintenance;
- Patient education;
- Evaluation and treatment of acute and chronic illnesses;
- Coordination of care; and
- Preoperative consultation.

The hospital, together with The Mount Sinai Health System, continued to be a leader in providing quality health care to its patients regardless of their ability to pay. In its Form 990 for year ending December 31, 2021, as filed with the IRS, Mount Sinai reported $36,663,127 in net community benefit expense for financial assistance related to services provided. In addition, Mount Sinai reported $360,370,757 in net community benefit expense associated with costs in excess of payments for services provided to Medicaid enrollees.

Continued utilization of services by members of the community, continued provision of services by medical professionals, continued licensure by the State of New York, continued accreditation by independent organization, and continued reimbursement by private and governmental payors, are among the external indicators of the positive impact of this action on community health needs.

### 4. Chronic Diseases and Contributing Lifestyle Factors

The 2020 MSH CHNA found that chronic diseases in the community include arthritis, asthma, cancers, cardiovascular disease, diabetes, hypertension, kidney disease, and pulmonary issues. Contributing lifestyle factors might also include poor nutrition, alcohol consumption, and physical inactivity.

Interventions to help reduce the incidence of and manage current chronic disease, including increasing healthy life factors, were identified in the 2020 MSH Implementation Strategy and are described below. These activities are in addition to the MSH activities that impact multiple needs.

**Health professions education.** The health professions education activities of MSH respond to both the current and future community health needs for chronic disease treatment and prevention. MSH actively participates in over 165 residency and fellowship programs. Current residency and fellowship programs that are especially related to chronic disease services include the following:

- Advanced Endoscopy Fellowship;
- Advanced Fellowship in Inflammatory Bowel Disease;
- Allergy and Immunology Fellowship;
- Breast Imaging Fellowship;
- Breast Pathology Fellowship;
- Breast Surgery Fellowship;
- Cardiology Clinical Track;
- Cardiology Electrophysiology;
- Cardiology Heart Failure and Transplantation;
- Cardiology Vascular Medicine;
- Cardiothoracic Anesthesia;
- Cerebrovascular Disease-Stroke Fellowship at the Mount Sinai Health System;
- Chest Fellowship;
- Clinical Cardiac Electrophysiology Fellowship;
- Clinical Genetics Laboratory Training Program;
- Colon and Rectal Surgery Fellowship;
- Dermatopharmacology Fellowship at Icahn School of Medicine;
- Diagnostic Radiology Residency;
- Endocrinology, Diabetes, and Bone Disease Fellowship;
- ENT Pathology Fellowship;
- Epilepsy Fellowship;
- Gastroenterology Fellowship;
- Gastrointestinal Pathology Fellowship;
- General Preventive Medicine Residency;
- Gynecologic and Oncology Fellowship – Mount Sinai Hospital;
- Gynecologic Pathology Fellowship;
- Head and Neck Oncology, Microvascular Reconstructive Surgery Fellowship;

- Headache Medicine Fellowship;
- Independent ACGME Thoracic Fellowship Program;
- Internal Medicine Residency;
- Interventional Cardiology Fellowship;
- Interventional Radiology-Integrated Residency;
- Liver Pathology Fellowship;
- Mount Sinai Hospital Neurologic Residency;
- Multiple Sclerosis Fellowship;
- Nephrology Fellowship;
- Neuro-AIDS Fellowship;
- Neurology Research Residency;
- Neurology Residency;
- Neurology Residency plus PhD Program;
- Neuromuscular Medicine Fellowship;
- Neuropathology Fellowship;
- Neuroradiology Fellowship;
- Neurosurgery Residency;
- Nuclear Medicine Residency;
- Obstetric Anesthesiology Fellowship;
- Pain Medicine Fellowship;
- Pathology Residency;
- Pediatric Cardiology Fellowship;
- Pediatric Endocrinology Fellowship;
- Pediatric Gastroenterology Fellowship;
- Pediatric Nephrology Fellowship;
- Pediatric Physician Scientist Research Residency;
- Pediatric Pulmonology Fellowship;
- PGY-2 Ambulatory Care Pharmacy Residency;
- Physical Medicine and Rehabilitation Residency;
- Pulmonary Critical Care and Sleep Medicine Fellowship;
- Radiation Oncology Residency;
- Reproductive Health Care and Advocacy Fellowship;
- Rheumatology Fellowship;
- Spine Fellowship;
- Surgical Oncology Fellowship;
- Urology Residency;
- Vascular and Interventional Radiology Fellowship;
- Vascular Diagnostic and Intervention Fellowship;
- Vascular Surgery Fellowship; and
- Vascular Surgery Residency.

In its Form 990 for year ending December 31, 2021, as filed with the IRS, Mount Sinai reported $164,734,587 in net community benefit expense for health professions education. Continued

applications to these and other programs, as well as continued accreditation, are external indicators of the positive impact of this action on the community health need.

**Chronic Disease Services**. The hospital provides specialty care at its campuses, as well as physician practices throughout the community. The hospital, together with The Mount Sinai Health System, remained a leader in providing quality health care to its patients regardless of their ability to pay. Specific specialty health care services include ones listed below.

- **Cancer care.** Initiatives include the following:

    - Provide culturally targeted intervention workshops and education sessions in multiple languages including English, Spanish, Mandarin, Cantonese, and French;
    - Offer onsite mobile mammography screenings at work sites, in non-clinical settings, onsite translation and patient navigation support, and offer flexible hours to remove barriers for screening; and
    - Provide cancer support services to help patients manage their distress that may arise from physical symptoms, emotional issues, and spiritual concerns they may experience with cancer.

    In addition to these interventions, the Mount Sinai Health System maintained a variety of programs related to cancer prevention, detection, and treatment, including the following:

    - Dubin Breast Center of the Tisch Cancer Institute at Mount Sinai, including the Tisch Cancer Institute – Clinical Trails Office;
    - Women's Cancer Program located in the Blavatnik Family – Chelsea Medical Center;
    - The Mobile Mammography Van;
    - Mount Sinai Queens Breast Health Program;
    - Esperanza y Vida (Hope and Life) and the Witness Project of Harlem™;
    - Center for Head and Neck Cancer;
    - Skin Cancer Awareness Month and Melanoma Monday;
    - National Cancer Survivors Day®;
    - Gynecologic Cancer Awareness Health Fair;
    - Raising Awareness about Colon Cancer;
    - Push-Up Challenge to Bring Awareness to Prostate Health at Mount Sinai;
    - Lung Cancer Awareness Month;
    - Cancer Support Services; and
    - Mount Sinai's Ruttenberg Treatment Center.

- **Cardiovascular Disease and Stroke.** The Mount Sinai Health System continued to aim to increase the percentage of adults with chronic conditions (cardiovascular disease, diabetes, prediabetes, and obesity) who have taken a course or class to learn how to manage their condition. Interventions by MSHS include the following:

    - Expand community-based outreach services on health education events related to heart health, stroke prevention and diabetes:

- Offer blood pressure screening, cholesterol testing, result/ consultation; nutrition and diet counseling, and more at the annual Go Red for Women health fair sponsored system-wide by Mount Sinai Heart;
- Expand access to evidence-based, self-management interventions for individuals with chronic disease (cardiovascular disease, diabetes, prediabetes, and obesity); and
- Increase awareness of diabetes prevention, good nutrition, healthy eating, benefits of exercising, weight management, and controlling stress levels.

In addition to these interventions, the Mount Sinai Health System continued to maintain a variety of programs related to cardiovascular disease and stroke prevention, detection, and treatment, including the following:

- The American Heart Association's Go Red for Women's Health campaign;
- Mount Sinai Heart, providing cardiovascular medicine and advanced diagnostic and therapeutic technologies;
- FAMILIA Project to promote cardiovascular health in Harlem and the Bronx;
- Harlem Healthy Hearts Series;
- Mount Sinai Stroke Centers, providing care for both the treatment and prevention of stroke and other cardiovascular disorders;
- Educating the Community about High Blood Pressure and Stroke; and
- Women's Heart NY.

- **Clinical Nutrition.** The Clinical Nutrition Department maintained its integral role in patient care, as well as the promotion of employee wellness and community health. During hospital stays, patients continued to not only receive nourishment, but quality nutrition education and counseling, and resources designed to promote optimum recovery and overall wellness. The Clinical Nutrition Department combines continued extensive experience with cutting-edge research to optimize health and recovery.

- **Diabetes care.** The hospital continued to provide diabetes-related specialty care with endocrinology specialists and community education programs. The hospital also continued a close affiliation with the Mount Sinai Diabetes Institute, which maintains a team of doctors, nurses, and certified diabetes educators who are dedicated to providing comprehensive and integrated care. Specific community service programs of the Mount Sinai Diabetes Institute maintained include the ones listed below.

  - Self-management classes by the Clinical Diabetes Institute include free diabetes education classes for both type 1 and type 2 diabetes. Multicultural and multilingual certified diabetes instructors teach the classes. The curriculum helps individuals learn how to control diabetes and prevent complications.
  - Nutrition counseling by the Institute's registered dietician teach diabetes self-management and provides medical nutrition therapy. Dietary recommendations are based on the latest guidelines and tailored to other medical conditions, cultural food preferences, and personal circumstances.

- In-Office Hemoglobin A1C testing provided an estimate of an individual's average blood sugar level over the last three months. Using novel technology, the A1C level can be provided within six minutes from a drop of blood.
- Insulin Pump Therapy management allows for particular fine-tuning of an individual treatment regimen and eliminates the need for insulin injections.
- Continuous Glucose Monitoring (CGM) uses under-the-skin sensors to measure glucose levels continuously, 24 hours a day. CGM information about how medication, food, and exercise affect blood glucose levels allows for adjustments in the treatment regimes.
- Diabetes Prevention Program/Viva Fitness, a program with the YMCA of Greater New York, targets adults at risk for diabetes or who have a diagnosis of prediabetes. This program was designed to reduce the risk for type 2 diabetes through education and motivation.
- The High-Risk Ob/Gyn Program provides diabetes education to pregnant women with diabetes throughout the Mount Sinai Health System.

- **Infectious Disease.** The Jack Martin Fund Clinic on the Upper East Side provides primary outpatient and inpatient treatment for adults and children with infectious diseases. It is a New York State Department of Health Designated AIDS Center. Specific services include the following:

  - Medical, mental health, social services and case management;
  - Sub-specialty care, including dermatology, hepatitis C co-infection, neurology/neuropsychology, nephrology, ophthalmology, pediatrics, and psychiatry;
  - Psychiatric services;
  - Tuberculosis screening and treatment;
  - Psychological assessment and counseling
  - Pre- and post-test HIV counseling;
  - AIDS prevention education and risk reduction;
  - Access to clinical drug trials;
  - Immediate access to a nurse, by phone, during regular clinic hours;
  - Urgent Care Program for ill patients who do not require hospitalization;
  - Routine gynecological care for HIV-positive women;
  - Adherence program; and
  - Support groups, including HIV basics, legal aid, nutrition, safer sex, entitlements, stress management, parenting, HIV and pregnancy, and adherence.

- **Nephrology and Renal Care.** Mount Sinai Renal Services continued to provide treatment of kidney diseases and continued as one of largest, most comprehensive kidney disease treatment, research, and education centers in the world. The Division of Nephrology at Mount Sinai continued to provide comprehensive evaluation and treatment programs for all types of adult and pediatric kidney diseases and disorders, including chronic kidney disease, dialysis, general kidney disease, geriatric nephrology, glomerulonephritis (GN), hypertension, kidney transplantation, polycystic kidney disease, and kidney supportive care.

- **Pulmonary Care.** Mount Sinai continued to provide care for all types of lung diseases and sleep disorders as well as inpatient critical care for patients in the Medical Intensive Care Unit (MICU) using the most effective multidisciplinary approach. Physicians continued to offer individualized treatment plans for conditions such as asthma, sleep apnea, cystic fibrosis, pneumonia, emphysema, and chronic pulmonary obstructive disease (COPD), and others. Through an affiliation with National Jewish Health, the Mount Sinai - National Jewish Health Respiratory Institute continued to provide patient care and conduct cutting-edge research.

- **Sleep Health.** The Mount Sinai - National Jewish Health Respiratory Institute Integrative Sleep Center continued to provide a comprehensive and multidisciplinary approach to treating sleep disorders.

For these initiatives, continued utilization of services by members of the community, continued provision of services by medical professionals, continued licensure by the State of New York, continued accreditation by independent organization, and continued reimbursement by private and governmental payors, are among the external indicators of the positive impact of this action on community health needs.

### 5. COVID-19 Pandemic and Effects

The 2020 MSH CHNA found that COVID-19 had become a health emergency for New York City, the nation, and the world since its emergence in 2019. The virus wrought severe illness and death, and stressed New York City healthcare providers. Further, the pandemic contributed to unmet basic needs from the resulting economic crises, chronic disease severity, increased mental health needs, and decreased access to health services.

Throughout the course of the COVID-19 outbreak in New York, the Mount Sinai Health System was on the forefront of both treating and researching the disease. MSHS COVID-19 treatment innovations include the following:

- Developing an antibody test to identify individuals who have recovered from COVID-19, and using plasma from these individuals to help critically ill patients recover; and
- Applying research by colleagues at the Icahn School of Medicine at Mount Sinai to frontline physicians treat varied aspects of the disease—from thrombosis to the sudden inflammatory response known as a "cytokine storm."

Interventions to respond to the COVID-19 pandemic and its effects, were identified in the 2020 MSH Implementation Strategy and are described below. These activities are in addition to the MSH activities that impact multiple needs.

**COVID-19 Testing and Treatment**. The hospital provided in-person testing at its urgent care clinics throughout New York City, as well as virtual appointments. Additionally, the hospital provided treatment for COVID-19 at its hospital facilities and urgent care facilities, as well as provided Mount Sinai Now Virtual Care for those seeking access to services related to COVID-19.

**COVID-19 Vaccination**. The hospital participated in vaccine distribution activities developed by the New York State Department of Health (DOH). Mount Sinai remained committed to providing vaccinations to New York City residents efficiently and effectively. To facilitate vaccine distribution, the hospital maintained a COVID-vaccine webpage that provides details to vaccine access, as information to combat vaccine disinformation.

**Center for Post-COVID Care**. Recovery from COVID-19 posed a new set of challenges for patients and healthcare providers. The Center for Post-COVID Care at Mount Sinai developed an interdisciplinary team to guide development of COVID-19 aftercare by applying emerging evidence.

**COVID-19 Resources.** In addition to testing, treatment, and post-COVID care, the hospital also provided a range of resources aimed at preventing and limiting the spread of COVID-19. These resources included COVID-19 resources translated into Spanish, Chinese, and Russian, as well as resources specifically for disabled residents and adolescents.

**Health professions education**. The health professions education activities of MSH responded to both the current and future community health needs for professional services. MSH actively participated in over 165 residency and fellowship programs. Residency and fellowship programs that are especially related COVID-19 prevention and treatment are as follows:

- General Preventive Medicine Residency,
- Infectious Diseases Fellowship,
- Pediatric Infectious Diseases Fellowship, and
- T32 Pediatric Environmental Health Fellowship.

In its Form 990 for year ending December 31, 2021, as filed with the IRS, Mount Sinai reported $164,734,587 in net community benefit expense for health professions education. Continued applications to these and other programs, as well as continued accreditation, are external indicators of the positive impact of this action on the community health need.

**Social Work Services at Mount Sinai Hospital.** Social Workers are part of the health care team in nearly every part of The Mount Sinai Hospital and its medical practices. Social Workers help patients and their families during and after hospitalization, including assistance with managing medical care.

Patient and family acceptance, as well as integration within the professional care team, are indicators that the social work services contribute value. Local, national, and international recognition of social workers at Mount Sinai are external indicators of the positive impact of this action on the community health need.

**Financial Assistance and Billing and Collections Policy.** The Mount Sinai Hospital, together with the other MSHS hospitals, recognized that many of the patients served may be unable to access quality health care services without financial assistance because of the economic impact of the pandemic.

A Financial Assistance and Billing and Collections Policy for MSHS hospitals enabled each hospital to uphold its mission, while carefully taking into consideration the ability of the patient to pay. The Billing and Collections Policy was applied in a fair and consistent manner for Emergency Medical Care and other Medically Necessary Care rendered in the MSHS hospitals by providers directly employed by or contracted by Icahn School of Medicine at Mount Sinai. The Financial Assistance and Billing and Collections Policy, as well as the application for Financial Assistance was available online[21] in English, Spanish, Chinese, Haitian Creole, Polish, and Russian. A uniform Financial Assistance Policy across hospital facilities and providers and robust social services helped low-income patients manage treatment plans. A uniform Financial Assistance Policy across hospital facilities and providers and robust social services helped low-income patients manage treatment while remaining in their homes.

The hospital, together with The Mount Sinai Health System, continued to be a leader in providing quality health care to its patients regardless of their ability to pay. In its Form 990 for year ending December 31, 2021, as filed with the IRS, Mount Sinai reported $36,663,127 in financial assistance costs related to services provided. In addition, Mount Sinai reported $360,370$360,370,757 in net community benefit expense associated with costs in excess of payments for services provided to Medicaid enrollees.

The Mount Sinai Health System remains committed to continuing its innovation surrounding ongoing COVID prevention and treatment based on the most recent information.

For initiatives related to the COVID-19 pandemic and its effects, utilization of services by members of the community, provision of services by medical professionals, and participation in activities led by both the New York State Department of Health the New York City Department of Health and Mental Hygiene, demonstrate the impacts COVID-19 initiatives on community health needs.

### 6. Environmental Determinants of Health

The CHNA found that residents experience considerable traffic, pollution, crime, and noise, and that transportation is difficult for individuals with limited mobility. The corresponding Implementation Strategy identified this need as one that would not be targeted for (direct) intervention. This decision was based on the following criteria:

- MSH, together with the Mount Sinai Health System, has core competencies related to direct medical services and lacks core competencies in traffic, pollution, crime, and noise;
- Resource constraints dictate interventions than can be implemented; and
- Other community resources are responding to this issue, including the New York City Department of Environmental Protection and the New York City Department of Transportation.

[21] http://www.wehealny.org/services/financialassistance/index.html

An intervention to respond to environmental determinants of health was identified in the 2020 MSH Implementation Strategy and is described below. This activity is in addition to the MSH activities that impact multiple needs.

**Health professions education.** The health professions education activities of MSH responded to both the current and future community health needs for chronic disease treatment and prevention. MSH actively participated in over 165 residency and fellowship programs. A residency and fellowship program that especially related to environmental issues is as follows:

- T32 Pediatric Environmental Health Fellowship

In its Form 990 for year ending December 31, 2021, as filed with the IRS, Mount Sinai reported $164,734,587 in net community benefit expense for health professions education. Continued applications to these and other programs, as well as continued accreditation, are external indicators of the positive impact of this action on the community health need.

### 7. Homelessness

The CHNA found that homelessness to be increasing in the community, and that homelessness is complex and intertwines with other issues including affordable housing, access to mental health care, substance abuse, and poverty. The corresponding Implementation Strategy identified this need as one that would not be targeted for (direct) intervention. This decision was based on the following criteria:

- MSH, together with the Mount Sinai Health System, has core competencies related to direct medical services and lacks core competencies in short-term shelter and long-term housing;
- Resource constraints dictate interventions than can be implemented; and
- Other community resources are responding to this issue, including the New York City Department of Homeless Services.

An intervention that related to homelessness was identified in the 2020 MSH Implementation Strategy and is described below. This activity is in addition to the MSH activities that impact multiple needs.

**Financial Assistance and Billing and Collections Policy.** The Mount Sinai Hospital, together with the other MSHS hospitals, recognized that many of the patients served may be unable to access quality health care services without financial assistance. Its Financial Assistance Policy across hospital facilities and providers and robust social services can help low-income patients manage treatment while remaining in their homes.

The hospital, together with The Mount Sinai Health System, continued to be a leader in providing quality health care to its patients regardless of their ability to pay. In its Form 990 for year ending December 31, 2021, as filed with the IRS, Mount Sinai reported $36,663,127 in net community benefit expense related to financial assistance for services provided. In addition, Mount Sinai reported $360,370,757 in net community benefit expense related to unreimbursed costs for services provided to Medicaid enrollees.

### 8. Navigating a Changing Health Care Provider Environment

The CHNA found that many changes in the health care provider environment are leading to anxiety by residents, and that residents may be uncertain of how to access healthcare services. The corresponding Implementation Strategy identified this need as one that would not be targeted for (direct) intervention. This decision was based on the following criteria:

- MSH, together with the Mount Sinai Health System, has expertise and resources related to medical services, but insurance coverage and financial resources are predominant factors related to accessing evolving healthcare provider options;
- Resource constraints dictate interventions than can be implemented; and
- Other resources in the community have greater abilities to assist in navigation, notably insurance providers.

Interventions that directly and indirectly related to navigation were identified in the 2020 MSH Implementation Strategy and are described below. These activities are in addition to the MSH activities that impact multiple needs.

**Social Work.** Social Workers are part of the health care team in nearly every part of The Mount Sinai Hospital and its medical practices. Social Workers help patients and their families during and after hospitalization, including assistance with managing medical care.

Patient and family acceptance, as well as integration within the professional care team, are indicators that the social work services contribute value. Local, national, and international recognition of social workers at Mount Sinai are external indicators of the positive impact of this action on the community health need.

**Translation Services.** The Mount Sinai Hospital provided over the phone and in-person interpreter services, 24 hours a day, at no cost to patients. Included in translation services are sign language interpreters and telecommunication devices for the deaf (TDD). The New York State Patients' Bill of Rights continued to be available in Braille, as well as in English and Spanish on closed-circuit television.

**Numerous ways to connect with MSH.** Community members could initiate communication with Mount Sinai with multiple methods, including the following:

- Mount Sinai Now – physician interactions through online consultation, video visit, or text;
- Online scheduling of physician appointments;
- Telephone switchboard – Continuously staffed operators who connect patients with relevant services; and
- MountSinai.org – the MSH website that provides information about the hospital's services and other details.

Patient and family utilization of services related to navigation, as well as integration within the professional care team, are indicators that the navigation services contribute value.

### 9. Poverty, Financial Hardship, and Basic Needs Insecurity

The CHNA found that lower-income residents can experience considerable difficulty in accessing basic needs, primary care access can be limited due to the relatively high cost of deductibles / co-pays, and unmet mental health needs may be an issue due to daily stress. The corresponding Implementation Strategy identified this need as one that would not be targeted for (direct) intervention. This decision was based on the following criteria:

- MSH, together with the Mount Sinai Health System, has expertise and resources related to medical service and lacks core competencies in economic development;
- Resource constraints dictate interventions than can be implemented; and
- Other community resources are responding to this issue, notably insurance providers.

Interventions that directly and indirectly relate to poverty, financial hardship, and basic need insecurity were identified in the 2020 MSH Implementation Strategy and are described below. These activities are in addition to the MSH activities that impact multiple needs.

**Financial Assistance and Billing and Collections Policy.** MSH, together with the other MSHS hospitals, recognized that many of the patients served may be unable to access quality health care services without financial assistance. Its Financial Assistance Policy across hospital facilities and providers and robust social services continued to help low-income patients manage treatment while remaining in their homes.

The hospital, together with The Mount Sinai Health System, continued to be a leader in providing quality health care to its patients regardless of their ability to pay. In its Form 990 for year ending December 31, 2021, as filed with the IRS, Mount Sinai reported $36,663,127 in net community benefit expense for financial assistance costs related to services provided. In addition, Mount Sinai reported $360,370,757 in net community benefit expense associated with costs in excess of payments for services provided to Medicaid enrollees.

**Resource, Entitlement and Advocacy Program (REAP).** The REAP program is part of the Department of Social Work Services at The Mount Sinai Hospital. REAP continued to help patients of the Mount Sinai Health System apply for government health insurance programs such as Medicaid, Child Health Plus, and qualified health plans through the New York State of Health insurance marketplace.

**Direction to community resources.** Mount Sinai continued to help direct patients to available resources that can help with insurance and/or public benefits. These available resources include insurance and Medicaid resources, Access NYC, Food Stamps – NYC, Home Energy Assistance Program (HEAP), the Social Security Administration, and the US Department of Veterans Affairs. Available resources also included programs targeted to patient caregivers, abuse and neglect interventions, assistance with legal issues, resources for persons with disabilities, and assistance with accessing prescription drugs.

### 10. Safe and Affordable Housing

The CHNA found that increased safe and affordable housing, including security and maintenance of existing residential units, is needed within the community. The corresponding Implementation Strategy identified this need as one that would not be targeted for (direct) intervention. This decision was based on the following criteria:

- MSH, together with the Mount Sinai Health System, has expertise and resources related to medical services and lacks core competencies in residential housing;
- Resource constraints dictate interventions than can be implemented; and
- Other community resources are responding to this issue, including the New York City Department of Housing Preservation and Development and the New York City Housing Authority.

An intervention to impact safe and affordable housing was identified in the 2020 MSH Implementation Strategy and is described below. This activity is in addition to the MSH activities that impact multiple needs.

**Referrals to Community Resources.** MSH continued to refer patients to various community resources. As part of the Mount Sinai Health System, integrated resources continued to help MSH respond to patients in need. For example, robust social services can direct patients to community organizations that assist with housing needs.

Continued utilization of referrals by members of the community is an external indicator of the positive impact of this action on community health needs.

### 11. Socio-Economic, Racial, Cultural, Ethnic, and Linguistic Barriers to Care

The 2020 MSH CHNA found that access to care may be limited by residents who do not feel welcomed by providers. Insufficient cultural competence and language limitations are barriers to foreign-born residents. For some U.S.-born residents, barriers may be influenced by real or perceived differences in services based on race, ethnicity, socioeconomic background, sexual orientation, and/or other issues. LGBTQIA+ residents may be especially likely to perceive and/or experience access barriers.

Interventions that directly and indirectly respond to socio-economic, racial, cultural, ethnic, and linguistic barriers to care were identified in the 2020 MSH Implementation Strategy and are described below. These activities are in addition to the MSH activities that impact multiple needs.

**Social Work Services at Mount Sinai Hospital.** Social Workers are part of the health care team in nearly every part of The Mount Sinai Hospital and its medical practices. Social Workers continued to help patients and their families during and after hospitalization, including assistance with managing medical care.

Patient and family acceptance, as well as integration within the professional care team, are indicators of the positive impact of this action on the community health need. Local, national, and international recognition of social workers at Mount Sinai are external indicators of success.

**Translation Services.** MSH continued to provide over the phone and in-person interpreter services, 24 hours a day, at no cost to patients. Included in translation services are sign language interpreters and telecommunication devices for the deaf (TDD). The New York State Patients' Bill of Rights is available in Braille as well as in English and Spanish on closed-circuit television.

**Patient Representatives.** MSH patient representatives continued to be available to assist patients and family members with any questions, complaints, or concerns regarding health care or services. Patient representatives continued to be also available to provide information regarding patients' rights as well as hospital policies and procedures.

**LGBT Services.** The Mount Sinai Health System continued to be dedicated to meeting the health care needs of the lesbian, gay, bisexual, and transgender (LGBT) community. In addition to medical and educational services, The Mount Sinai Hospital and the Mount Sinai Health System continued to take an active role in promoting LGBT health equity and access to care and join with other organizations committed to addressing the needs of the LGBT community.

**Center for Transgender Medicine and Surgery.** The Mount Sinai Center for Transgender Medicine and Surgery (CTMS) continued to deliver advanced care for trans and gender non-conforming people. The CTMS team is a comprehensive group of providers who have expertise in primary care, hormone therapy, behavioral health support, gender-affirming surgeries, and other supportive services. Thus, patients at CTMS could continue to receive primary care, as well as see specialists in the areas of endocrinology, behavioral health, plastic surgery, urology, gynecology, and more.

For these initiatives, continued utilization of services by members of the community, continued provision of services by medical professionals, continued licensure by the State of New York, and continued reimbursement by private and governmental payors, are among the external indicators of the positive impact of this action on community health needs.

### 12. Substance Abuse

The 2020 MSH CHNA found that substance misuse in the community includes alcohol and multiple illegal substances. Alcohol misuse is evidenced by binge drinking in local bars, and opioid misuse disproportionately impacts homeless individuals.

Interventions to respond to substance abuse were identified in the 2020 MSH Implementation Strategy and are described below. These activities are in addition to the MSH activities that impact multiple needs.

**Health professions education.** The health professions education activities of MSH respond to both the current and future community health needs for substance abuse treatment. MSH actively participates in over 165 residency and fellowship programs. Current residency and fellowship programs that are especially related to substance abuse services include the following:

- Behavioral Neurology and Neuropsychiatry Fellowship;
- Child and Adolescent Psychiatry Fellowship;
- Clinical Neurophysiology Fellowship (EMG and EEG Tracks);
- Geriatric Psychiatry Fellowship;
- Postdoctoral Fellowship In Clinical Neuropsychology;
- Postdoctoral Fellowship in Clinical Neuropsychology and Rehabilitation Research;
- Psychiatry Residency;
- T32 Clinical Neuroscience Research Fellowship;
- T32 Pediatric Environmental Health Fellowship;
- Transgender Psychiatry Fellowship Program;
- Triple Board Pediatrics, Psychiatry, and Child Psychiatry Combined Residency; and
- VA Fellowship in Psychosis, Suicide, and Major Mental Illness.

In its Form 990 for year ending December 31, 2021, as filed with the IRS, Mount Sinai reported $164,734,587 in net community benefit expense for health professions education. Continued applications to these and other programs, as well as continued accreditation, are external indicators of the positive impact of this action on the community health need.

**Substance Use Disorder Services.** Substance use disorder services are available at the hospital campuses, outpatient facilities, and physician practices throughout the community. As part of the Mount Sinai Health System, integrated resources such as electronic health records continued to facilitate the referral of patients to needed services provided by other Mount Sinai hospitals and health professionals. Specific substance use disorder services available included ones listed below.

- **Inpatient addiction services.** The Addiction Institute at Mount Sinai provides inpatient treatment, which is often the beginning of the recovery process for many patients. Inpatient treatment is designed to help an individual develop the basic skills that they will need to achieve a successful recovery from addiction. Inpatient programs continued to be offered at two Addiction Institute at Mount Sinai (AIMS) inpatient locations, Mount Sinai West, and Mount Sinai Beth Israel.

- **Detoxification Services.** Detoxification (Detox) Services at the Addiction Institute at Mount Sinai are treatments for acute withdrawal that require immediate attention. Treatment includes engagement, assessment, motivation, and referral. Detox is the first step to long-term treatment. Specialized detox services to pregnant women continued to be provided. Detoxification services also continued to be available.

- **Inpatient rehabilitation services.** Inpatient rehabilitation (inpatient rehab) is an intensive treatment modality that provides patients with a 24/7 structured therapeutic setting. Inpatient rehab is generally the first step in the recovery process after detox. Patients participating in the inpatient program are put on a routine that includes teaching them how to experience life without drugs or alcohol. These services continued to be provided.

- **Outpatient treatment services.** Outpatient programs are provided as not all individuals require the intensity of inpatient services. Specific outpatient services include evaluation, ambulatory detoxification; outpatient day and evening services; DWI screening, assessment, and referral; brief therapy; and psychiatric services. Outpatient services continued to be available.

For these initiatives, continued utilization of services by members of the community, continued provision of services by medical professionals, continued licensure by the State of New York, continued accreditation by independent organization, and continued reimbursement by private and governmental payors are among the external indicators of the positive impact of these actions on community health needs.