



Maimonides Health

**Maimonides Health
Community Health Needs Assessment
and
Community Service Plan
2022 – 2024**

**As Adopted by the Maimonides Health Board of Trustees
12/12/2022**

Service Area Covered	Service Areas of Maimonides Health including: Borough Park, Bay Ridge, Bensonhurst, Brownsville, Brighton Beach, Canarsie, Crown Heights, Coney Island, Dyker Heights, Flatbush, Flatlands, Gravesend, Kensington, Marine Park, Midwood, Mill Basin, Sheepshead Bay, and Sunset Park
Participating Hospitals	Maimonides Medical Center New York Community Hospital d/b/a Maimonides Midwood Community Hospital
Contact	Michael Schwarz, Director of Strategic Initiatives & Analytics Maimonides Medical Center MiSchwarz@maimonidesmed.org 718-283-6823

A. Table of Contents

Section	Page
Cover Page	
A. Table of Contents	1
B. Executive Summary	2
NYS Prevention Agenda Priorities	3
Data Reviewed to Identify Prevention Agenda Priorities	3
Partnerships & Community Engagement	3
Evidence Based Interventions & Strategies to Address MH's Prevention Agenda Priorities	4
Evaluation	5
C. Community Health Needs Assessment	5
MH's Community: Definition and Characteristics	5
Identification of Main Health Challenges Facing MH's Community	10
Assets & Resources Available to Address Identified Health Issues	19
D. Community Health Improvement Plan/Community Service Plan	22
Identification of Priorities	22
Selected New York State Prevention Agenda Priorities	23
Selected Health Disparities	24
Health Needs Not Addressed	24
E. Implementation Plan	25
Identification of Resources Available to Address Health Needs	25
Existing and Continuing Programs and Interventions	25
F. Ongoing Engagement with Partners and Communities Served	30
G. Dissemination and Awareness of the CHNA/CSP	30
Appendices	
A: Quantitative and Public Data Sources	31
B: Maimonides Health Staff Contributors	33
C: Participating Community Based Organizations	34
D: Work Plan for Addressing New York State Prevention Agenda Priorities	36

B. Executive Summary

Maimonides Health (Maimonides or MH) is Brooklyn’s largest independent health network, consisting of two hospitals: Maimonides Medical Center (MMC) and New York Community Hospital d/b/a Maimonides Midwood Community Hospital (MMCH.) MH delivers primary and specialty care, dental services, and behavioral health care services to patients across Brooklyn and beyond. Over 80% of inpatients at MH are covered through government insurance programs – Medicaid or Medicare – and MH treats all patients, regardless of ability to pay. In 2021 MH had more than 45,000 inpatient discharges, over 120,000 Emergency Department visits, and 832,000 outpatient visits. In addition, MH has fostered a clinical and academic partnership with SUNY Downstate to integrate services and clinical training programs offered by our respective organizations.

- MMC, a 711-bed specialty care teaching hospital located in Borough Park, Brooklyn, is the largest hospital in New York’s most populous county. In 2021, MMC had more than 38,000 inpatient visits and more than 781,000 outpatient visits. MMC serves as Brooklyn’s largest Medicaid provider and employs nearly 7,000 people, with more than 60% of Maimonides employees residing in the borough. MMC is a destination center for high-quality tertiary care, offering a number of nationally-recognized and accredited centers of excellence. Those centers of excellence include a Heart and Vascular Center with Brooklyn’s only Left Ventricular Assist Device and Extracorporeal Membrane Oxygenation programs, Brooklyn’s only full-service outpatient Breast, Prostate, and Cancer Centers, and a Comprehensive Stroke Center. MMC also has the borough’s only comprehensive children’s hospital and Pediatric Trauma Center. The hospital has a Regional Perinatal Center serving high risk neonates, and boasts one of New York State’s largest obstetrics programs, delivering more than 6,500 babies in 2021. MMC is also building Brooklyn’s first standalone pediatric emergency room to help address the needs of children across the borough. MMC plays a leadership role in Community Care of Brooklyn (CCB), which addresses social determinants of health (SDOH) in our service area and throughout the borough.
- MMCH, which joined Maimonides Health in 2021, is a 134-bed hospital that will now offer additional clinical services. MMCH offers ambulatory surgery services, an emergency department, a department of anesthesiology, a division of cardiology, a division of colo-rectal surgery, an intensive care unit, an electroconvulsive therapy service, diagnostic radiology, and an epilepsy monitoring unit. With investments from its partnership with MMC, MMCH installed an MRI in fall of 2022 which will be used to assess patients starting in 2023, a significant upgrade to previous offerings for imaging in its part of Brooklyn. MMCH has also started performing interventional radiology procedures as of April 2022, representing an expansion of services made possible by collaboration with specialists at MMC. In 2021 MMCH had more than 38,000 outpatient visits and over 6,000 inpatient discharges, with a patient base primarily insured by Medicare and Medicaid.

The purpose of this report, the MH¹ Community Health Needs Assessment and Community Service Plan or “CHNA/CSP, is to describe:

- Activities MH undertook during and prior to 2022 to assess the health needs of its community in partnership with other organizations and members of the community;
- Findings from those activities about the health needs of its community;
- Activities MH conducted during and/or prior to 2022 that address those findings and/or the findings contained in its prior CHNA approved in 2019; and
- Activities MH will conduct in 2023-2024 to address the findings in this CHNA.

¹ Both Maimonides Medical Center and the New York Community Hospital, together d/b/a Maimonides Health, are the submitting entities for this Community Health Needs Assessment / Community Service Plan.

MH determined its service area for the purpose of this report by including all zip codes which housed the top 75% of outpatient volume either at MMC or MMCH in 2021. MH’s service area includes the following neighborhoods: Borough Park, Sunset Park, Midwood, Bath Beach, Bensonhurst, Kensington, Brighton Beach, Coney Island, Gravesend, Sheepshead Bay, Marine Park, Flatlands, Mill Basin, Flatbush, Bay Ridge, Dyker Heights, Canarsie, East Flatbush, Brownsville, and Crown Heights.

1. NYS Prevention Agenda Priorities

Based on the MH community’s measurable health needs, the distinct competencies and resources of each of the MH hospitals, and the direct input of community members and partners, the hospitals of Maimonides Health have elected to focus on the following New York State Prevention Agenda priorities for the 2022-2024 period:

Prevention Agenda Priority, 2019-2024	Maimonides Health	
	MMC	MMCH
Prevent Chronic Disease	X	X
Promote a Healthy and Safe Environment	X	
Promote Healthy Women, Infants and Children	X	
Promote Well Being and Prevent Mental and Substance Use Disorders	X	
Prevent Communicable Diseases		

2. Data Reviewed to Identify Prevention Agenda Priorities

To assess the health needs of the communities in its service area, Maimonides surveyed residents in our service area, gathered direct input from MMC and MMCH staff who are responsible for developing and executing community health promotion programs, and reviewed health indicators data published by the New York City Department of Health and Mental Hygiene (DOHMH) and the New York State Department of Health.

In addition, we relied on:

- Internal Maimonides Health patient registration and demographic data;
- New York City DOHMH Community Health Profiles data;
- New York City Vital Statistics data; and
- Maimonides Health NRC Community Insights Panel

Due to data limitations as a result of the COVID-19 pandemic, where possible, we combined older data with observations that public health agencies have provided about the effects of COVID-19 on various populations to reach conclusions as to the health network’s best approach.

3. Partnerships & Community Engagement

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

In addition to frequently co-hosting health fairs and educational symposia in community settings, Maimonides recruits patient representatives from diverse communities in its catchment area – a group of roughly 40 staff who speak more than 15 languages – to serve as liaisons and patient navigators during a patient’s inpatient, outpatient

or Emergency Department visit. Finally, Maimonides maintains its Community Insights Panel, a group of patients who have agreed to provide long-form feedback to Maimonides on a wide-range of topics surrounding patient and community engagement. The Community Insights Panel was called upon for their opinion in this assessment, as will be detailed later in the report.

Maimonides periodically convenes a meeting of its Council of Community Organizations (COCO), a group of faith- and community-based groups and leaders from in and around the MMC service area. Present at these meetings are religious leaders, community-based organization representatives, health care providers, area residents, public safety workers, and elected officials. Agenda items cover new initiatives at the hospital and in the community aimed at improving health and wellbeing, including prevention-oriented programming, and open dialogue about health-related issues. Members of the COCO are in regular contact with Maimonides leadership and staff, contributing valuable insight and relaying community concerns as they arise.

Maimonides Health has always relied on our relationships to expand our offerings and make our services more easily accessible in parts of Brooklyn where there are unmet health needs. In recent years we have partnered closely with Downstate University Medical Center, developing major regional departments and putting on joint symposia. Maimonides and Downstate are actively exploring more opportunities to regionalize our programs and make them more widely accessible in Brooklyn. Our commitment to collaboration with our partners is not limited to clinical programs; we have partnered with our neighboring facility One Brooklyn Health through the CCB Independent Practice Association, an integrated network of health and social service partners managed by the MH Population Health team and created to help drive the uptake and success of value-based payment models in Brooklyn. One Brooklyn Health is one of many institutions in the network which works within the Medicare Savings Program to ensure high quality care is available to patients throughout the borough.

Maimonides Medical Center, then a standalone hospital, conducted comprehensive community health needs assessments in 2013-14, 2016, and again in 2019 to improve its understanding of local community health needs and develop appropriate interventions to meet those needs.

This CHNA draws on both quantitative data published by government agencies and the qualitative data we have gathered from community members and local health professionals through the mechanisms described above.

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

In order to address the four NYS Prevention Agenda priorities identified above, MH has designed and begun to implement a wide range of interventions that leverage the clinical and administrative resources of both hospitals, relationships with community partners, and the projects and accomplishments of Community Care of Brooklyn.

Examples of MH’s current and future interventions for each priority area include:

Priority Area	Focus Area	Interventions & Strategies (Examples)
Prevent Chronic Diseases	3: Tobacco Prevention	Promote tobacco use cessation; refer patients to and promote New York State resources to help quit smoking
	4: Preventive Care & Management	Cancer and cardiovascular health education, awareness, and screening events in community settings
Promote a Healthy and Safe Environment	1: Injuries, Violence and Occupational Health	MMC employs a full-time trauma and injury prevention coordinator who staffs 60+ educational and outreach events each year
	3: Built and Indoor Environments	
Promote Healthy Women, Infants and Children	1: Maternal and Women’s Health	Increase access to health care services for expecting mothers allowing for integrated care
	4: Cross Cutting Healthy Women, Infants, and Children	Participating in the New York State Birth Equity Improvement Project
Promote Well-Being and Prevent Mental Health and Substance Use Disorders	1: Promote Well-Being	Improve referrals, care coordination, and service integration for pediatric patients and families in need of behavioral services
	2: Prevent Mental and Substance Use Disorders	Opioid prescribing reduction efforts across all hospital specialties through provider education and development of alternative pain management protocols Medication assisted treatment and naloxone distribution

5. Evaluation

Maimonides Health is currently discussing what mechanisms it will utilize to track progress of all programs related to the prevention agenda response internally, and will work to centralize the process between the two hospitals. MH will implement and track progress on initiatives based on community participation rates, feedback, and health outcomes measures. Dialogue with community members and community-based organizations is core to MH and will be integral to the implementation and evaluation of these health promotion strategies.

C. Community Health Needs Assessment

1. MH’s Community: Definition and Characteristics

MH’s service area goes well beyond its immediate neighborhood. In 2021, Maimonides provided both inpatient and outpatient care to patients from every residential zip code in Brooklyn and Staten Island as well as residents of Queens, Manhattan, the Bronx, and elsewhere. The areas where the top 75% of each of our hospitals’ outpatient visits originate are what we define as our service areas; preference was given to the origin of outpatient volume as that service area is larger. We want to ensure we account for patients seeking all forms of healthcare and that none of the areas we serve are excluded from the assessment. The neighborhoods in our service area are Borough Park, Bay Ridge, Bensonhurst, Brownsville, Brighton Beach, Canarsie, Crown Heights, Coney Island, Dyker Heights, Flatbush, Flatlands, Gravesend, Kensington, Marine Park, Midwood, Mill Basin, Sheepshead Bay, and Sunset Park.

Maimonides Health Inpatient Origin by Zip Code, 2021

Zip Code	Neighborhood	IP Volume
11219	Borough Park	6,499
11230	Midwood	3,470
11204	Borough Park	3,149
11218	Kensington	2,816
11220	Sunset Park	2,809
11214	Bath Beach/Bensonhurst	2,698
11235	Brighton/Coney	2,376
11229	Gravesend/Sheepshead	2,197
11223	Gravesend/Sheepshead	1,878
11226	Flatbush	1,720
11234	Flatlands/Marine Park/Mill Bas	1,572
11224	Brighton/Coney	1,473
11210	Midwood	1,265
11228	Dyker Heights	1,082
11236	Canarsie	1,068
All Others		10,006
Total Volume		45,010

Zip Code Exclusive to MMC Catchment Area

Zip Code Exclusive to MMCH Catchment Area

Source: MMC AHS and MMCH Empower Registration Data.

Maimonides Health Outpatient Origin by Zip Code, 2021

Zip Code	Neighborhood	OP Volume
11219	Borough Park	76,737
11220	Sunset Park	61,615
11230	Midwood	51,040
11214	Bath Beach/Bensonhurst	48,991
11204	Borough Park	48,674
11218	Kensington	47,242
11235	Brighton/Coney	35,115
11223	Gravesend/Sheepshead	34,543
11229	Gravesend/Sheepshead	32,722
11234	Flatlands/Marine Park/Mill Bas	32,065
11226	Flatbush	30,106
11209	Bay Ridge	26,234
11224	Brighton/Coney	23,351
11210	Midwood	23,279
11228	Dyker Heights	22,638
11236	Canarsie	20,379
11232	Sunset Park	15,949
11203	East Flatbush	15,428
11212	Brownsville	10,476
11225	Crown Heights	7,667
All Others		167,974
Total Volume		832,225

Zip Code Exclusive to MMC Catchment Area

Zip Code Exclusive to MMCH Catchment Area

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

Map of Maimonides Health Service Area by Zip Code



MH’s service area is one of the most demographically diverse in New York City and, as of the most recent data available in 2018, included the community districts with New York City’s highest proportion of children (34% in Borough Park) and senior citizens (22% in Coney Island). MH’s patient population includes large numbers of Orthodox Jewish, Chinese, Latino, Russian, Caribbean, and South Asian and Southeast Asian (including Pakistani, Bangladeshi, Indian, Laotian, Filipino, and Indonesian) residents.

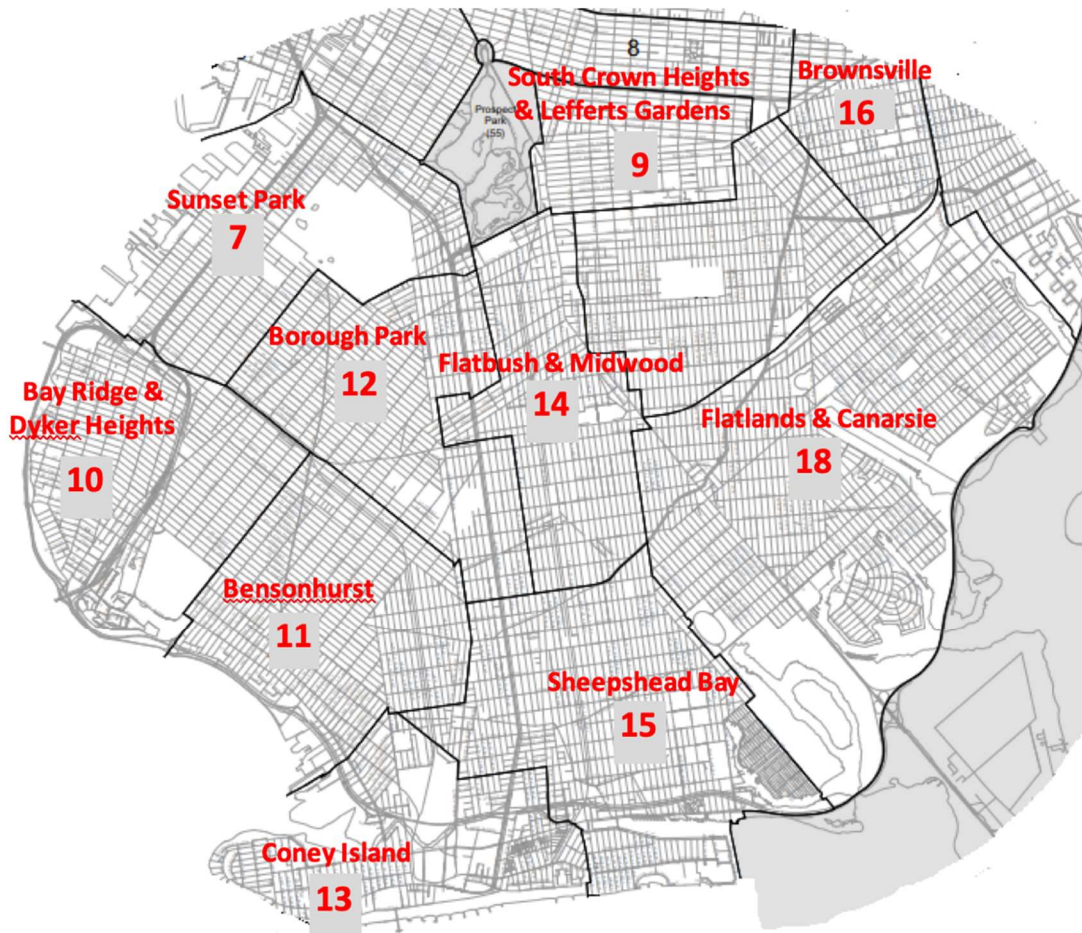
MH OP Race / Ethnicity Distribution, 2021

Race / Ethnicity	# 2021 Visits	% of Total
White	337,626	41%
Hispanic	147,938	18%
Black of African American	142,222	17%
Asian or Pacific Islander	124,995	15%
Other / Unknown	78,660	9%
American Indian or Alaska Native	784	0%
Grand Total	832,225	100%

Source: MMC AHS and MMCH Empower

The quantitative component of this assessment draws on the New York City Department of Health and Mental Hygiene’s (DOHMH) Community Health Profiles published in January of 2019. A challenge in production of this assessment presented itself in the delay of updates to these DOHMH profiles, one of many city reports which were delayed as a result of the public health emergency. The DOHMH profiles define communities based on the same boundaries used by New York City Community Board Districts; there is one profile for each community district. This document uses data for ten Brooklyn community districts that roughly correspond to Maimonides Health’s service areas, as depicted below.

Map of Maimonides Health Service Area by NYC Community District



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

CD#	CD Name	Neighborhoods	Zip Codes
7	Sunset Park	Sunset Park, Windor Terrace	11232, 11220
9	Crown Heights	Crown Heights South, Prospect Lefferts Gardens, Wingate	11213, 11216, 11233, 11238, 11225
10	Bay Ridge & Dyker Heights	Bay Ridge, Dyker Heights, Fort Hamilton	11209, 11228, 11252
11	Bensonhurst & Gravesend	Bensonhurst, Bath Beach, Gravesend, Mapleton	11228, 11214, 11204
12	Borough Park & Kensington	Borough Park, Kensington, Ocean Parkway	11219, 11218, 11204
13	Coney Island	Coney Island South, Brighton Beach, Gravesend, Homecrest, Sea Gate, West Brighton	11223, 11224, 11235
14	Flatbush & Midwood	Flatbush, Midwood, Ditmas Park, Manhattan Terrace, Ocean Parkway, Prospect Park South	11226, 11210, 11230, 11218
15	Sheepshead Bay	Sheepshead Bay, Gerristen Beach, Gravesend, Plumb Beach, Homecrest, Kings Highway, Manhattan Beach	11234, 11229, 11235, 11223
16	Brownsville	Broadway Junction, Brownsville, Ocean Hill	11212, 11233
18	Flatlands & Canarsie	Flatlands, Canarsie, Bergen Beach, Georgetown, Marine Park, Mil Basin	11234, 11210, 11236

Nearly 1.5 million people live in these ten communities. Nearly half (43%) of the population is foreign-born, including many undocumented immigrants. 43% are White, 18% are Asian, 15% are Hispanic/Latino and 22% are Black. The neighborhoods Maimonides serves have a higher household poverty rate and lower high school completion rate than citywide averages. A majority of the NYC community districts we serve report less physical exercise than borough and state averages, which corresponds with rates of obesity and diabetes in our service area which are also higher than borough and city averages. Half of the community districts we serve have higher rates of late or no prenatal care than city averages, increasing the health risks associated with pregnancy and the well-being of children. We serve the borough with the lowest COVID vaccination rate in the city, with 18 of the 20 zip codes in our service area having lower rates of administration of a first dose of a COVID vaccine than city averages at the time of writing. The zip code where the plurality of our patients live, 11219, is the least vaccinated zip code in NYC. Approximately 30% of the residents in these communities have limited English proficiency.

Maimonides Health Service Area Population Snapshot

Community District	Total Pop.	% Foreign Born	% Ltd English	% Children	% Seniors	Race/Ethnicity				
						White	Black	Asian	Hispanic	Other
NYC	8,537,673	37%	23%	21%	14%	32%	22%	15%	29%	2%
Brooklyn	2,629,150	37%	23%	23%	13%	36%	30%	12%	19%	2%
Bay Ridge & Dyker Heights	142,075	39%	28%	20%	15%	59%	1%	23%	14%	2%
Bensonhurst	204,829	56%	47%	20%	15%	47%	1%	39%	12%	1%
Borough Park	201,640	31%	32%	34%	10%	63%	2%	21%	13%	1%
Coney Island	106,459	53%	43%	19%	22%	56%	12%	14%	16%	1%
Flatbush & Midwood	165,543	43%	27%	25%	13%	37%	35%	11%	15%	2%
Flatlands & Canarsie	195,264	41%	14%	23%	13%	26%	59%	5%	8%	2%
Sheepshead Bay	173,961	48%	33%	21%	17%	70%	3%	18%	8%	1%
Sunset Park	132,721	48%	49%	22%	9%	23%	3%	30%	42%	2%
South Crown Heights & Lefferts Gardens	98,650	41%	11%	22%	14%	18%	69%	2%	9%	2%
Brownsville	84,525	30%	10%	28%	12%	1%	76%	1%	20%	2%

Source: DOHMH Community Health Profiles 2018

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

2. Identification of Main Health Challenges Facing MH’s Community

NYC DOHMH’s Community Health Profiles describe both health outcomes and social determinants of health, such as educational attainment and income levels. As a result of the COVID-19 pandemic shifting the focus of city agencies like the DOHMH, the Community Health Profiles were not updated in 2021 as would have been expected in the department’s normal cadence. Reporting disruptions like this which resulted from the global public health emergency are amongst the challenges that all hospitals face in assessing the post-pandemic state of their communities. With this in mind, Maimonides analyzed data from the 2018 profiles alongside indicators from the New York State Prevention Agenda, the U.S. Census Bureau, the Bureau of Labor Statistics, and the NYC Department of Planning’s Community District Profiles with the understanding that community health difficulties made evident by the data are likely to have been exacerbated in the years which have followed. The data below focus on the ten community districts in which the majority of Maimonides Health patients live. Where possible, other city, state and federal data sources supplement the Community Health Profiles, some of which have been updated more recently. These data show both commonalities across neighborhoods in MH’s catchment area and unique challenges facing certain neighborhoods, all of which help define the overall health needs of the community. This assessment does not focus solely on a single neighborhood; rather, it aims to holistically describe the health needs that exist across MH’s service area.

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

Findings

MH Service Area: Overall Health Status

Community District	Self-Reported Health “Excellent,” “Very Good,” or “Good” ¹	Premature Mortality Per 100,000 ²
New York City	78%	169.5
Brooklyn	77%	184.1
Bay Ridge & Dyker Heights	74%	139.6
Bensonhurst	65%	135.7
Borough Park	78%	124.4
Coney Island	70%	215.5
Flatbush & Midwood	77%	169.4
Flatlands & Canarsie	89%	164.7
Sheepshead Bay	70%	144.0
Sunset Park	74%	133.9
South Crown Heights & Lefferts Gardens	78%	195.5
Brownsville	79%	365.1

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

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

Social Determinants of Health

Disease risk and burden, as well as self-perception of health and well-being, are impacted by social, economic, and environmental factors, such as low incomes, working long hours or multiple jobs, and lack of comprehensive health education. These social determinants have significant influence for the communities that Maimonides

serves, as many immigrant and low-income communities report working very long hours, sometimes in multiple jobs, which can make it difficult to maintain healthy habits.

High poverty rates pose a persistent challenge to healthy living, and poverty in much of the Maimonides service area exceeds borough- and city-wide averages of 19% and 18%, respectively. Poverty rates in Brooklyn and New York City were on a steady decline prior to the start of the pandemic; between 2016 and 2019 the poverty rate in the borough decreased from 20.9% to 19.0%, still high relative to the other boroughs but a marked improvement. Citywide this trend was seen across people of most ethnicities, races, genders, ages, and years of work experience. With that said, Maimonides Health serves two areas in Borough Park and Brownsville which as of a 2014-2019 report each fell into the 4th quintile of NYC neighborhoods with percentage of population below the poverty threshold over the course of the study period. That combined with the fact that 70% of the Community Districts Maimonides primarily serves had worse poverty rates than NYC averages as of 2018 lends to the likelihood that patients in our communities fared worse than average over the course of the pandemic.

MH Service Area: Social Determinants of Health

Community District	Air Pollution Indicator ¹	Educational Attainment	Poverty Rate	Bodega : Supermarket Ratio ²	Rent Burdened Households ³
New York City	7.5	43% college grad 19% less than HS	20%	13	52%
Brooklyn	7.8	40% college grad 20% less than HS	21%	20	51%
Bay Ridge & Dyker Heights	7.4	46% college grad 19% less than HS	19%	20	49%
Bensonhurst	7.0	36% college grad 26% less than HS	23%	27	52%
Borough Park	7.5	32% college grad 23% less than HS	28%	18	64%
Coney Island	6.7	45% college grad 18% less than HS	24%	21	55%
Flatbush & Midwood	7.5	43% college grad 18% less than HS	22%	21	57%
Flatlands & Canarsie	7.1	40% college grad 13% less than HS	15%	9	50%
Sheepshead Bay	6.8	47% college grad 15% less than HS	19%	25	53%
Sunset Park	8.5	30% college grad 41% less than HS	29%	45	57%
South Crown Heights & Lefferts Gardens	7.8	35% college grad 16% less than HS	22%	21	55%
Brownsville	8.0	21% college grad 27% less than HS	28%	15	57%

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

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

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

Healthcare Access

Lack of access to quality healthcare can lead to negative health outcomes and often means that patients are treated for disease and illness at more advanced stages. Lack of health insurance remains a barrier to care in MH’s services area; 22% of residents in Sunset Park reported having no health insurance in 2018, compared to only 12% in Brooklyn and NYC overall. Though the DOHMH did not provide more recent updates regarding the rates of those who were uninsured by locality, NYC faced steep inclines in the unemployment rate over the course of the pandemic, with the rate hitting a height of 21% in May of 2020 according to the Bureau of Labor Statistics. The 17 straight months that NYC faced double-digit unemployment rates between April, 2020 and July, 2021, combined with the fact that minority communities suffered job losses at the greatest rates according to the NYC Mayor’s Office for Economic Opportunity mean that health discrepancies resulting from insurance status are likely to have worsened in recent years. Even prior to the pandemic, the uninsured rate in most of the Maimonides service area was higher than city and borough levels.

MH Service Area: Access to Healthcare

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

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

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

Immigrant communities, particularly undocumented residents, may face magnified barriers to accessing healthcare services, including linguistic and cultural barriers, ineligibility for insurance, and lack of knowledge about where and how to access care in their communities in spite of efforts by the NYC Mayor’s Office of Immigrant Affairs to make them readily available. Due to fear of deportation or arrest, some residents may be less likely to provide personal information that is often required to obtain care. Recent federal policy changes to be implemented at the end of 2022 are meant to address this issue and ease concerns in immigrant communities that might prevent them from accessing public resources. Planned updates to the “public charge” rule by the US Department of Homeland Security, set to go into effect as of December 23, 2022, will supersede the previous 2019 Final Rule and make the broad definition of “public charge” clearer in order to reduce undue fear and confusion in these communities. Though implementation is unclear as of this writing, the health system will need to prepare to address the potential for individuals who may be seeking care after several years of absence from physician offices and hospitals.

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

Health Behaviors

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

MH Service Area: Healthy Behaviors

Community District	Current Smokers	≥ 1 Sugary Drink/Day	At Least 1 Fruit or Veg/Day	Physical Activity in Last 30 Days	Binge Drinking in Last 30 Days
New York City	14%	23%	87%	73%	17%
Brooklyn	14%	24%	86%	72%	15%
Bay Ridge & Dyker Heights	12%	20%	92%	70%	12%
Bensonhurst	16%	17%	90%	65%	9%
Borough Park	10%	22%	91%	67%	14%
Coney Island	19%	21%	91%	71%	11%
Flatbush & Midwood	10%	26%	80%	69%	13%
Flatlands & Canarsie	10%	23%	85%	80%	13%
Sheepshead Bay	17%	21%	93%	67%	12%
Sunset Park	12%	24%	87%	68%	12%
South Crown Heights & Lefferts Gardens	8%	32%	81%	77%	14%
Brownsville	17%	35%	80%	74%	14%

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

Chronic Diseases

Chronic disease prevention and management are major health challenges in MH's service area. High rates of obesity, which can contribute to heart disease, diabetes, and other chronic illnesses, as well as high blood pressure and high cholesterol, are present across MH's service areas, with the highest rates in Brownsville, South Crown Heights & Lefferts Gardens, and Flatlands & Canarsie. Diabetes prevalence in the MH service area is also higher than the Brooklyn and New York City averages in several areas, including South Crown Heights & Lefferts Gardens, Coney Island, and Flatlands & Canarsie. This increased diabetic rate has a profound impact on the health and well-being of residents. The high prevalence of diabetes and cardiovascular disease will continue to be a challenge in our service area, and exacerbated the impact of COVID-19 in these communities; diabetes and heart disease are both linked to increased risk of severe illness from COVID-19, and obese patients who contract the virus have triple the likelihood of hospitalization as a result.

MH Service Area: Obesity and Diabetes

Community District	Obesity Rate	Diabetes Rate
New York City	24%	11%
Brooklyn	27%	12%
Bay Ridge & Dyker Heights	24%	11%
Bensonhurst	21%	12%
Borough Park	15%	9%
Coney Island	28%	15%
Flatbush & Midwood	28%	13%
Flatlands & Canarsie	30%	14%
Sheepshead Bay	26%	9%
Sunset Park	24%	11%
South Crown Heights & Lefferts Gardens	32%	15%
Brownsville	41%	13%

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

Incident rates of cancer are higher than the borough average in some of the community districts served by MH.

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

Bay Ridge & Dyker Heights	Bensonhurst & Bath Beach	Borough Park, Kensington, & Ocean Parkway	Brighton Beach & Coney Island	Flatbush & Midwood	Canarsie & Flatlands	Sheepshead Bay, Gerritsen Beach & Homecrest	Sunset Park & Windsor Terrace	Brownsville & Ocean Hill	Crown Heights South, Prospect Lefferts, & Wingate
Prostate 94.0	Prostate 72.5	Prostate 76.0	Prostate 99.0	Prostate 131.0	Prostate 191.3	Prostate 95.0	Prostate 92.3	Prostate 218.5	Prostate 198.4
Lung & Bronchus 68.7	Lung & Bronchus 73.8	Lung & Bronchus 52.9	Lung & Bronchus 71.2	Lung & Bronchus 48.5	Lung & Bronchus 49.3	Lung & Bronchus 63.7	Lung & Bronchus 57.9	Lung & Bronchus 65.1	Lung & Bronchus 36.6
Colorectal 51.2	Colorectal 44.8	Colorectal 48.4	Colorectal 50.2	Colorectal 38.3	Colorectal 46.4	Colorectal 45.5	Colorectal 50.1	Colorectal 51.6	Colorectal 37.0
Colon (excluding rectum) 33.4	Colon (excluding rectum) 28.7	Colon (excluding rectum) 33.8	Colon (excluding rectum) 23.7	Colon (excluding rectum) 25.6	Colon (excluding rectum) 29.4	Colon (excluding rectum) 33.2	Colon (excluding rectum) 34.4	Colon (excluding rectum) 33.9	Colon (excluding rectum) 27.7
Urinary Bladder 34.5	Urinary Bladder 29.3	Urinary Bladder 27.9	Urinary Bladder 47.2	Urinary Bladder 31.7	Urinary Bladder 28.6	Urinary Bladder 43.4	Urinary Bladder 27.3	Urinary Bladder 16.7	Urinary Bladder 15.6
All Cancers 485.4	All Cancers 452.0	All Cancers 434.8	All Cancers 529.5	All Cancers 463.8	All Cancers 531.6	All Cancers 479.7	All Cancers 493.2	All Cancers 595.2	All Cancers 481.1

This is particularly true amongst females in our service areas, as 7 of our 10 primary community districts have cancer incidents rates for women that are higher than for Brooklyn women as a whole. Female breast cancer is the highest incidence cancer in females in the Maimonides service area; prostate is the highest incidence cancer in males all but one of the community districts studied.

* New York State Cancer Registry Data, 2015-2019. Rate per 100,000 males.

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

Bay Ridge & Dyker Heights	Bensonhurst & Bath Beach	Borough Park, Kensington, & Ocean Parkway	Brighton Beach & Coney Island	Flatbush & Midwood	Canarsie & Flatlands	Sheepshead Bay, Gerritsen Beach & Homecrest	Sunset Park & Windsor Terrace	Brownsville & Ocean Hill	Crown Heights South, Prospect Lefferts, & Wingate
Breast 134.9	Breast 122.2	Breast 118.1	Breast 127.0	Breast 121.0	Breast 134.4	Breast 139.8	Breast 118.2	Breast 128.2	Breast 121.9
Thyroid 52.8	Thyroid 46.7	Thyroid 53.2	Thyroid 38.9	Thyroid 25.3	Thyroid 20.4	Thyroid 48.5	Thyroid 51.6	Thyroid 14.1	Thyroid 22.8
Lung & Bronchus 49.5	Lung & Bronchus 47.5	Lung & Bronchus 39.2	Lung & Bronchus 35.0	Lung & Bronchus 31.1	Lung & Bronchus 31.7	Lung & Bronchus 36.8	Lung & Bronchus 34.0	Lung & Bronchus 47.4	Lung & Bronchus 25.7
Colorectal 32.9	Colorectal 30.4	Colorectal 34.1	Colorectal 36.4	Colorectal 30.8	Colorectal 35.5	Colorectal 36.2	Colorectal 42.5	Colorectal 36.6	Colorectal 38.3
Uterine 29.8	Uterine 25.4	Uterine 28.8	Uterine 35.4	Uterine 36.4	Uterine 35.6	Uterine 33.1	Uterine 28.5	Uterine 38.8	Uterine 38.1
All Cancers 452.2	All Cancers 422.1	All Cancers 438.8	All Cancers 456.5	All Cancers 395.7	All Cancers 410.7	All Cancers 469.2	All Cancers 436.3	All Cancers 439.2	All Cancers 383.7

* New York State Cancer Registry Data, 2015-2019. Rate per 100,000 females.

Vaccination and Infectious Disease

COVID-19 vaccine hesitancy was particularly strong in many of the neighborhoods which MH serves, and the vaccination rates bring that difficulty to light. As of the writing of this report, Brooklyn is the NYC borough with the lowest rate of at least one dose of the COVID-19 vaccine administered. Over half of the zip codes in the MH catchment area had lower vaccination rates for COVID-19 than both the city and borough, with the zip code in which MMC is located also serving as the least vaccinated in the city.

Zip Code	Neighborhood	% One Dose	% Full First Series	% Additional Boosters
11219	Borough Park	60%	54%	25%
11220	Sunset Park	99%	99%	53%
11230	Midwood	67%	61%	25%
11214	Bath Beach/Bensonhurst	86%	79%	39%
11204	Borough Park	76%	70%	35%
11218	Kensington	80%	73%	39%
11235	Brighton/Coney	83%	77%	32%
11223	Gravesend/Sheepshead	73%	67%	31%
11229	Gravesend/Sheepshead	73%	68%	33%
11234	Flatlands/Marine Park/Mill Basin	72%	67%	31%
11226	Flatbush	88%	79%	35%
11209	Bay Ridge	88%	82%	45%
11224	Brighton/Coney	73%	67%	28%
11210	Midwood	68%	63%	26%
11228	Dyker Heights	84%	78%	42%
11236	Canarsie	75%	68%	27%
11232	Sunset Park	92%	83%	41%
11203	East Flatbush	81%	74%	30%
11212	Brownsville	87%	78%	27%
11225	Crown Heights	80%	73%	38%
Brooklyn		81%	73%	36%
New York City		89%	80%	40%

Source: NYC DOH COVID-19 Vaccine Dashboard, as updated on 11/10/22

Many of the neighborhoods in MH’s service area have below average HPV vaccination rates. Immunization for HPV remained particularly low in Borough Park and Sheepshead Bay upon most recent assessment. Low vaccination rates may be caused by inadequate access to care, misinformation or fear related to vaccines, and belief that certain illnesses are not sufficiently serious to merit vaccination. The vast majority (88.4%) of survey respondents in our service area are satisfied with access to vaccines for communicable diseases in their community, suggesting that perception and personal choice play a role in lower vaccination rates in these areas.

MH Service Area: Vaccination and Infectious Disease

Community District	HPV Vaccination ¹	Flu Vaccination ²	HIV Diagnoses ³	Hep C Reports ⁴
New York City	59%	43%	24.0	71.8
Brooklyn	43%	38%	22.1	67.9
Bay Ridge & Dyker Heights	40%	35%	5.6*	48.6
Bensonhurst	45%	42%	5.4	65.4
Borough Park	25%	46%	6.0	30.3
Coney Island	40%	42%	16.9	115.5
Flatbush & Midwood	41%	38%	23.0	81.6
Flatlands & Canarsie	37%	41%	17.9	50.2
Sheepshead Bay	28%	36%	4.0*	79.3
Sunset Park	72%	40%	14.3	48.2
South Crown Heights & Lefferts Gardens	40%	40%	31.4	58.8
Brownsville	57%	41%	67.4	92.3

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

* Interpret with caution; potentially unreliable estimate

1. Percent of teenagers ages 13-17 who received all recommended doses of the vaccine
2. Percent of adults
3. Rate of new HIV diagnoses per 100,000 people
4. Rate of new chronic hepatitis C reports per 100,000 people

DOHMH Community Health Profiles report new HIV and chronic hepatitis C cases by community district, and show above-average incidence of hepatitis C in parts of the Maimonides service area – namely Coney Island, Brownsville, and Sheepshead Bay. New HIV diagnoses in four of the ten community districts studied are well below borough and citywide averages; however, Flatbush & Midwood, South Crown Heights & Lefferts Gardens, and Brownsville all have HIV diagnosis rates greater than the Brooklyn average.

Maternal, Infant, and Child Health

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

MH Service Area: Maternal, Infant, and Child Health

Community District	Late/No Prenatal Care Rate ¹	Preterm Birth Rate ²	Teen Births Per 1,000 ³	Infant Mortality Per 1,000 ⁴	Child Asthma ED Visit Rate ⁵	Child Obesity Rate ⁶	Avoidable Child Hosp. ⁷
New York City	6.7%	8.7%	19.3	4.4	223	20%	623
Brooklyn	6.2%	8.3%	19.9	3.6	186	19%	502
Bay Ridge & Dyker Heights	4.5%	7.1%	11.4	0.9	52	16%	140
Bensonhurst	5.8%	8.4%	12.5	3.7	32	14%	204
Borough Park	2.1%	6.0%	18.1	2.2	31	17%	118
Coney Island	9.5%	9.5%	20.2	5.6	147	18%	423
Flatbush & Midwood	7.8%	9.9%	17.1	4.1	113	21%	447
Flatlands & Canarsie	10.0%	8.9%	11.6	4.3	154	21%	590
Sheepshead Bay	6.4%	6.6%	12.4	2.9	42	17%	156
Sunset Park	2.7%	7.9%	29.3	2.0	104	18%	390
South Crown Heights & Lefferts Gardens	7.7%	9.1%	14.8	3.5	260	19%	675
Brownsville	13.3%	12.7%	31.2	4.9	475	23%	1,358

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

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

Mental Health & Substance Use

Robust mental health data is less readily available than physical health data for MH's service area, but understanding the prevalence and impact of mental and substance use disorders is critical to assessing overall community wellbeing. Citywide data shows that lower educational attainment, lower household income, and unemployment are associated with higher rates of depression.² In addition, patients from minority communities with depression are less likely to self-report having sought treatment than their white counterparts. Finally, in the NYC Mayor's Office of Community Mental Health's most recent study, the rate of those without insurance who had mental health needs and received care was well below the percentage of those in the same position from the insured population who sought treatment.

Data on the rate of premature death by suicide is reported at the community district level, and three of the eight districts with available data in the MH service area have rates equal to or exceeding the citywide average.

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

MH Service Area: Suicide Premature Death Rates

Community District	Suicide Premature Death Rate
New York City	5.1
Brooklyn	4.3
Bay Ridge & Dyker Heights	5.4
Bensonhurst	4.1
Borough Park	3.3
Coney Island	6.9
Flatbush & Midwood	4.3
Flatlands & Canarsie	3.1
Sheepshead Bay	5.2
Sunset Park	5.1
South Crown Heights & Lefferts Gardens	Data not available for this area
Brownsville	Data not available for this area

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

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

Due to difficulties in data collection resulting from the COVID-19 pandemic, the NYS DOH changed how it collected information on ED visits and hospitalizations resulting from COVID-19. The agency now counts individual hospital visits rather than the rate based on the number of individuals who visited a hospital for these needs. This change, as with the other reporting changes in recent years, makes it difficult to establish long-term trends based on like-information. In 2021 NYC and Brooklyn both saw increases in ED visits as a result of opioid overdoses, with those rates only easing in the 4th quarter of that year and then again in the 1st quarter of 2022.

Opioid Overdose Rates, 2020 - 2021*

Area	Outpatient ED Visits		Hospitalizations	
	2020	2021	2020	2021
New York City	35.1	48.0	18.0	19.0
Brooklyn	31.1	39.7	15.6	13.5

Source: NYS DOH County Opioid Quarterly Report (July 2022)

*Preliminary data as of April 2022

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

MH Service Area: Drug-Related Premature Death Rates

Neighborhood	Drug-Related Premature Death Rate
New York City	9.4
Brooklyn	8.3
Bay Ridge & Dyker Heights	11.0
Bensonhurst	7.2
Borough Park	3.7
Coney Island	13.6
Flatbush & Midwood	5.8
Flatlands & Canarsie	6.1
Sheepshead Bay	8.7
Sunset Park	6.1
South Crown Heights & Lefferts Gardens	Data not available for this area
Brownsville	19.2

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

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

3. Assets & Resources Available to Address Identified Health Issues

To address the health issues identified above, MH has mobilized a number of assets and resources, including Community Care of Brooklyn and Brooklyn Communities Collaborative.

Community Care of Brooklyn (CCB)

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

Maimonides was the lead and fiduciary for Community Care of Brooklyn (CCB) a Performing Provider System (PPS) in the NYS Delivery System Reform Incentive Payment (DSRIP) Program from 2015 until the DSRIP was discontinued in 2020. Maimonides has continued to support CCB's work in order to strive for improved health outcomes outside of our primary services areas in the borough. Community Care of Brooklyn, administered through MMC's Department of Population Health, is a collaborative of over 1,000 organizations throughout the borough. CCB offers a range of health-related services and supports to residents in Brooklyn and beyond.

MH has used the expertise and partnerships developed through CCB to launch several initiatives to address major health issues facing MH's community.

Covid-19 Vaccination Response

The partnerships developed through CCB proved to be vital as COVID-19 posed unprecedented challenges to our communities that needed access to resources to protect themselves from contracting COVID-19. Maimonides Medical Center worked diligently to offer vaccinations on premises, and administered over 52,000 initial vaccines and booster shots in 2021. However, while Maimonides Medical Center offered additional access to COVID-19 resources, many of the communities we serve that are further away from the medical center lacked access to

these resources in their neighborhoods. In order to address areas with limited access to COVID-19 services, Maimonides' Department of Population Health and CCB submitted proposals for grant funding to offer COVID-19 assistance to communities that did not have enough access to vital measures of protection.

Throughout 2020 and 2021, Maimonides developed new services and interventions in response to the COVID-19 pandemic. Community education was central to this effort, including the 24/7 operation of a COVID-19 information center which responded to calls and emails from the general public, community-based health care providers, other community organizations, and the media. Maimonides also partnered with local community organizations, including Chevra Hatzalah, to publish and distribute COVID-19 safety information throughout southern Brooklyn neighborhoods critically affected by the pandemic. As a major health care provider for Borough Park and surrounding neighborhoods which have consistently had above-average COVID-19 test positivity rates, Maimonides joined the NYC Department of Health and Mental Hygiene's Testing Provider Partnership program.

To better assess obstacles that made accessing vaccination and testing challenging, and how existing services could be improved, CCB initiated Participatory Action Research (PAR) in January of 2021. A questionnaire was developed by CCB and the Maimonides Department of Population Health after receiving input from community stakeholders, and CCB's team of youth researchers surveyed over 1,600 Brooklyn residents about their experience accessing COVID-19 services and resources. This qualitative data was instrumental to coordinating our pandemic response initiatives.

Testing Provider Partnership (TPP)

Maimonides Health and CCB have worked collaboratively to assure that our service areas have had adequate access to COVID-19 resources throughout the pandemic. The Maimonides Department of Population Health was awarded a grant from the NYC Department of Health and Mental Hygiene (DOHMH) in December of 2020 to form a coalition with CCB known as the Testing Provider Partnership (TPP) to increase COVID-19 testing by 20%. CCB utilized their existing partnerships in the borough to enlist 47 provider organizations that were a mix of hospitals, Federally Qualified Health Centers (FQHCs) and private practices to offer crucial COVID-19 resources throughout the borough free of charge.

Brooklyn Communities Collaborative

Strong Communities Fund

A CCB partner, Brooklyn Community Collaborative (BCC) allocated \$1 million to 14 CBO's through their Strong Communities Fund in order to continue community outreach relevant to COVID-19 testing and vaccination.

The cumulative resources offered through the four rounds of distribution included:

- 502,526 gloves
- 9,721 gowns
- 9,736 face shields
- 29,915 face masks
- 46,457 PCR tests
- 20,550 rapid antigen tests
- Access to Pandemic Response Lab testing that provided PCR test results in <24 hours
- \$10,000 in funding to each provider to fund additional staffing and administrative support required to perform tasks associated with the initiative

To help prioritize our response, the data analytics team in the department of Population Health conducted systematic surveillance of Brooklyn “hotspots” as of October of 2021. Metrics of concern were zip codes that exhibited the following: low COVID-19 diagnostic testing saturation, high COVID-19 diagnostic test positivity rate, low COVID-19 vaccination rate. This data was utilized with CBO partners to strategize regarding outreach, testing, and vaccination efforts.

Although DSRIP has been discontinued, Maimonides and CCB hope to continue to offer these vital services through this platform. Community Care of Brooklyn has lobbied lawmakers by submitting public comments on New York State 11115 Waiver Amendment, and requesting to be one of the nine HERO selections in New York State. HEROs are population health organizations comprised of Managed Care Organizations, hospitals and health systems, community-based providers, and accountable care organizations associations that offer a myriad of vital services as defined by social determinants of health networks, Qualified Entities, consumer representatives, key stakeholders and internal participatory action research (PAR). Given that Brooklyn is responsible for 18% of New York State Medicaid enrollment and suffers from well-documented health disparities, CCB is attempting to procure \$5 million in annual funding to continue to offer innovative health programs through their streamlined delivery system framework that our borough relies on.

Quantitative Component: Stakeholder Engagement

Dialogue with Community-Based Providers and Organizations

A longstanding focus of MH's strategy for delivering high quality health services is identifying and partnering with community-based healthcare providers and organizations. This aim is achieved by a variety of approaches, including maintaining an open medical staff; growing a network of employed and integrated primary care physicians and specialists; collaborating with the Coalition of Asian-American Independent Practice Associations (CAIPA); sponsoring regular continuing medical education (CME) events; and supporting the development of the Community Care of Brooklyn IPA. Recognizing the importance of the relationships Maimonides has built with the Community Based Organizations in our area, we reached out to them to garner their responses to our Community Health Assessment survey in service of this report. The Community Health Assessment survey was designed to determine what health needs are most important to community members, as well as how satisfied they are with access to resources that address those needs. The CBOs which were invited to participate (Appendix C) are organizations that are well equipped and positioned to understand which health issues are priorities, the resource gaps that adversely impact community health, and what Maimonides can do to address those needs. To broaden our understanding of the state of the community, we also provided the survey to the Maimonides Community Insights Panel, a group of patients who have agreed to give long-form feedback to Maimonides on a wide-range of topics surrounding patient and community engagement. The feedback provided by the Community Insights Panel ensured that we had participation from those we serve directly, in addition to the invaluable feedback provided by our partner CBOs. Finally, the survey was administered by our community engagement team at a number of street festivals throughout Brooklyn in the fall of 2022 so that we could gauge the needs of those who live in our communities but may not otherwise engage with our health network.

The survey was created in collaboration with the Greater New York Hospital Association (GNYHA) and was initially administered to patients in the Maimonides service area. When the GNYHA survey was complete, we administered it the groups described in the previous paragraph so that our programs would be informed by as wide a group of stakeholders as possible. The survey had a total response rate of 1,531. The survey results included were a compilation of responses from surveys shared in nine languages; English, Arabic, Chinese, Haitian-Creole, Italian, Polish, Russian, Spanish, Yiddish. This needs assessment drew on the findings of the Community Health Assessment survey, which was an input in determining the NYS prevention agenda items to be addressed in 2023-2024.

D. Community Health Improvement Plan/Community Service Plan

1. Identification of Priorities

In order to establish the health priorities of the communities we serve, our survey included questions asking respondents to rank the importance of health issues recommended by the GNYHA, in addition to ranking their satisfaction with accessibility of resources for those health needs. We then divided the average score of how important the health issue was by the average score of satisfaction with existing community resources to create a ratio that estimated the relative priority of these issues. We used this ratio to inform our selection of relevant New York State Prevention Agenda items that we wanted to address through our initiatives. Selected health issues are highlighted in the table below.

Health Issue	Average Importance Score	Average Satisfaction Score	Ratio of Importance to Satisfaction	Imp/Sat Ratio Rank
Violence (including gun violence)	4.05	2.57	1.57	1
Stopping falls among elderly	3.88	2.89	1.35	2
Cancer	4.11	3.06	1.34	3
Mental health/depression	3.78	2.82	1.34	4
Obesity in children and adults	3.62	2.76	1.31	5
Dental care	4.21	3.25	1.30	6
Women’s and maternal health care	3.84	3.00	1.28	7
Arthritis/disease of the joints	3.88	3.04	1.28	8
Substance use disorder/drug addiction including alcohol	3.24	2.55	1.27	9
Access to healthy/nutritious foods	4.19	3.36	1.25	10
Heart disease	4.05	3.26	1.24	11
Diabetes/elevated sugar in the blood	3.81	3.09	1.23	12
High blood pressure	3.99	3.25	1.23	13
Adolescent and child health	3.73	3.09	1.21	14
Cigarette smoking/tobacco use/vaping/e-cigarettes/hookah	3.01	2.53	1.19	15
COVID-19	3.86	3.31	1.17	16

Source: 2022 CHNA Survey Data; (N=1,531)

Maimonides accounted for several factors when prioritizing the community health needs. This included alignment with the 2019-2024 New York State Prevention Agenda, scope/significance; opportunities and estimated efficacy of possible interventions; the importance the community places on addressing the needs; projects and priorities of CCB, and existing programs, all of which were assessed relative to MH’s core competencies.

Recognizing that MH’s service areas have disproportionate shares of children and elderly residents, as well as high birth rates, Maimonides is committed to promoting health for residents of all ages – consistent with the Prevention Agenda principle of making New York the healthiest state for people of all ages.

The primary health needs determined from review of quantitative and qualitative data are chronic disease prevention, screening, and managements; vaccination and infectious disease management; maternal and infant health; opioid and substance use treatment; and health and wellbeing among the elderly. Key social determinants

of health impacting these areas include educational attainment, English proficiency, household income, immigration status, nutrition, physical activity, and tobacco and other substance use.

Selected New York State Prevention Agenda Priorities

Based on the community’s measurable health needs, the distinct competencies and resources of both hospitals in the MH network, and the direct input of community members and partners, MH has elected to focus on the following New York State Prevention Agenda priorities:

Prevention Agenda Priority, 2019-2024	Maimonides Health	
	MMC	MMCH
Prevent Chronic Disease	X	X
Promote a Healthy and Safe Environment	X	
Promote Healthy Women, Infants and Children	X	
Promote Well Being and Prevent Mental and Substance Use Disorders	X	
Prevent Communicable Diseases		

Priority Area	Focus Area	Goal
Prevent Chronic Diseases	4: Preventive Care & Management	4.1 Increase cancer screening rates for breast, cervical, and colorectal cancer
		4.2 Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity
	3: Tobacco Prevention	3.2: Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use including: low SES; frequent mental distress/substance use disorder; LGBT; and disability
Promote a Healthy and Safe Environment	1: Injuries, Violence and Occupational Health	Goal 1.1: Reduce falls among vulnerable populations
		Goal 1.3: Reduce occupational injuries and illness
		Goal 1.4: Reduce traffic related injuries for pedestrians and bicyclists
	3: Built and Indoor Environments	Goal 3.2: Promote healthy home and school environments
Promote Healthy Women, Infants and Children	1: Maternal and Women’s Health	1.1: Increase use of primary and preventive health care services by women, with a focus on women of reproductive age
	4: Cross Cutting Healthy Women, Infants, and Children	4.1 Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child health populations
Promote Well-Being and Prevent Mental Health and Substance Use Disorders	1: Promote Well-Being	1.1: Strengthen opportunities to build well-being and resilience across the lifespan
	2: Prevent Mental and Substance Use Disorders	2.2 Prevent opioid and other substance misuse and deaths

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

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

Selected Health Disparities

There are racial, ethnic, and socioeconomic disparities in social determinants of health, healthy behaviors, access to care, and health outcomes among the diverse populations Maimonides serves. Maimonides is choosing to address 11 prevention agenda goals, with those goals and the corresponding programs shown in detail in Appendix D. Worth highlighting particularly is our focus on alleviating racial and ethnic disparities in pre-term birth and low birth weight among Black and Hispanic patients, as compared to their white counterparts. Both pre-term birth and low birth weight are more common among non-white women in New York City, according to vital statistics data. As the only state-designated regional perinatal center in Southern Brooklyn, MMC is well positioned to focus on improving perinatal and antenatal outcomes for residents of its service area.

Maimonides Health recognizes that as we expand our patient base that we must also foster partnerships with community-based organizations in areas where our patients reside. MH has partnered with both the Caribbean Women's Health Association and the Brooklyn Perinatal Network, each of which has strong ties to the community in Central Brooklyn to address maternal health disparities in our borough. MMC works with the Caribbean Women's Health Association, an organization that helps women of color navigate and access comprehensive care. We also work with the Brooklyn Perinatal Network, an initiative to educate younger individuals of color about health behaviors to improve health outcomes. They help provide primary care services prior to pregnancy and pre-conception with a focus on counseling to help address health issues that compound disparities in maternal health.

Health Needs Not Addressed

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

MH has chosen to prioritize the selected needs based on the competencies and capabilities it possesses, which are its clinical resources and the relationships it has built across diverse communities and organizations. To

the extent possible, Maimonides will support government and community-based organizations' efforts to ameliorate the social and economic conditions that adversely affect health in its service area.

To help address social determinants of health that we have not incorporated into our implementation plan, MH plans to leverage our partnership with CCB and their extensive network of resources. CCB recently launched a care management and SDOH-focused service, the CCB Navigator, which expands care management beyond the Brooklyn Health Home and provides a single, integrated service connecting patients in need of support with free resources. Developed by The Brooklyn Health Home (BHH), the CCB Navigator offers Patients and Providers a single phone number to access a team of community navigators and receive customized referrals to a network of community-based partners. Referrals to resources addressing the SDOH include: housing and social services, coordinating medication refills and pickups, mental health and substance abuse providers, and more.

E. Implementation Plan

1. Identification of Resources Available to Address Health Needs

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

- Patient & Community Relations
- Executive Office resources and personnel
- Academic Affairs - residents, fellows, and the Committee of Interns & Residents
- Foundation and government grants, with which staff are hired to conduct health interventions
- Clinical departments

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

2. Existing and Continuing Programs and Interventions

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

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

- Education of community members, patients, and their families
- Providing preventive care and health education in both clinical and community settings

- Training of health professionals and lay people in health-related roles, i.e. birth doulas
- Leading collaborative efforts among government, community, and healthcare provider partners to transform the healthcare delivery system

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

Priority Domain	Evidence Based Intervention Strategy, Program/Activity	MMC Department(s)	Work Plan
Chronic Disease	Smoking Cessation Program	Cancer Center; Patient & Community Relations	The MMC Cancer Center hosts smoking cessation programs using the American Lung Association's <i>Freedom From Smoking</i> curriculum.
	Breast Cancer Prevention & Screening	Cancer Center; Patient & Community Relations	MMC partners with various organizations to provide breast cancer education and screening at community-facing and virtual events 5-10 times per year. Clinical staff conduct follow-up as appropriate after events. Outreach and screening activities reached patients across a range of ethnicities and cultures, including Spanish, Arabic, and Chinese speakers. MH is also engaged in the Brooklyn Breast Health Partnership, funded by the American Cancer Society. The program offers free screenings for cervical and breast cancer. Any woman over 40 is eligible for free pap smears or mammograms, and women with any breast abnormalities qualify for free mammograms regardless of age. In addition to waiving any medical fees for screenings, the program is inclusive of all women regardless of citizenship or documentation status.
	Prostate Cancer Prevention & Screening	Cancer Center; Patient & Community Relations	MMC partners with various organizations to provide prostate cancer education and screening at community-facing events 5-10 times per year. The MMC Prostate Center Coordinator provides education, conducts follow-up with screened patients, and connects patients to care as appropriate. Community event screenings are free of charge. Outreach and screening activities reached patients across a range of ethnicities and cultures, including Spanish, Arabic, and Chinese speakers.
	Colon Cancer Prevention & Screening	Cancer Center; Patient & Community	MMC provides colon cancer screenings to patients, regardless of their ability to pay. MMC partners with various organizations to provide prostate cancer education and screening at community-facing events 5-10 times per year. Outreach and screening activities reached patients across a range of ethnicities and cultures, including Spanish, Arabic, and Chinese speakers.
	Cardiovascular Prevention & Screening	Cardiac Surgery; Cardiology; Patient & Community Relations	In 2021 and 2022, Maimonides focused on outreach to increase community awareness of cardiovascular disease prevention strategies, and conducting screenings at tabling events. Events in 2021 included 5 virtual physician presentations (via Zoom) which were co-sponsored with local community organizations. Maimonides also provided blood pressure and cholesterol screenings at 4 community-facing events, 3 of which were held at community locations. Outreach and screening activities reached patients across a range of ethnicities and cultures, including Spanish, Arabic, and Chinese speakers. In 2022, MH has held 8 tabling events. One of the events offered hypertension screenings, and 19 biometric screenings were performed. Cardiac Institute leadership also attended grand rounds at other area hospitals, and attended collaborative meetings to share strategies to improve cardiovascular health. There are also LVAD support groups that meet monthly for LVAD recipients.

Maternal, Infant, and Child Health	Building Resilience in Children, Families, Infants and Toddlers (BRIC FIT)	Pediatrics	The Building Resilience in Children, Families, Infants and Toddlers (BRIC FIT) program was implemented at MMC in 2019 and has worked with over 1,500 children. This program is an evidence-based model of care used to identify families of children 0-5 years of age with behavioral or developmental concerns, or Social Determinants of Health (SDH) risk factors. BRIC FIT delivers integrated early childhood mental health care according to the HealthySteps Model of integrated child development care. BRIC FIT helps educate parents through an attachment and trauma informed lens. The program acts as a support during pediatric primary care visits and is augmented by systematic screening for social determinants of health and direct linkages to health promoting community-based organizations. Common referrals include, food related services (e.g., food bank, pantries, subsidy programs like SNAP & WIC), financial assistance (e.g., TANF, SSI, SSDI, financial counseling) and housing assistance (e.g., energy/utility assistance, rental assistance).
	Cross Cutting Healthy Women, Infants, and Children	Medicine; Quality Management	New York State Birth Equity In 2021 Maimonides began participating in the New York State Birth Equity Improvement Project (NYSBEIP). The project calls for multi-disciplinary team comprised of clinical, administrative, and executive level leaders to engage in quality improvement projects revolving around equitable maternal and perinatal health. Our interdisciplinary team meets regularly and utilizes the PDSA (Plan, Do, Study, Act) cycle to achieve incremental progress towards equitable care.
	Volunteer Doulas	Obstetrics & Gynecology; Volunteer Services	MMC hosts a volunteer doula program in partnership with N'shei C.A.R.E.S., a division of the Agudah Women of America. This program provides free doula services to L&D patients seven days a week, including labor support, lactation support, and family/partner support. 38 doulas and 11 postpartum volunteers participated in 2022, and we are in the process of training 30 additional doula volunteers.
Promote a Healthy and Safe Environment	Trauma & Injury Prevention	Trauma Surgery; Nursing; Pediatrics	MMC employs a full-time trauma and injury prevention coordinator who staffs 60+ educational and outreach events each year in coordination with MMC clinical departments, NYC and NYS public safety and health agencies, local public and private schools, the Brooklyn borough president's office, the Brooklyn Public Library, and local senior centers. Major programs include fall prevention for the elderly and vulnerable; child car seat safety; babysitter safety trainings; and Stop the Bleed trainings.

Mental Health, Substance Use, & Well-Being	Opioid Avoidance, Harm Reduction, & Medication Assisted Treatment	Emergency Medicine; Population Health; Care Management; Surgery; Medicine; Psychiatry; Pharmacy; Quality Management; MIS	MMC is engaged in many opioid reduction efforts, including: developing and implementing novel opioid-sparing surgical protocols; in partnership with NYC DOHMH, providing buprenorphine prescribing waiver trainings to attending physicians, house staff, and community physicians; offering medication assisted treatment clinic hours and consults; providing free, take-home naloxone to patients where appropriate in partnership with the NYS Opioid Overdose Prevention Program; and reducing opioid prescription volume and length of supply. MMC actively monitors trends in opioid prescribing and implements quality improvement projects related to opioids.
	Arab American Family Support Center	Population Health	MMC has collaborated with the Arab American Family Support Center (AAFSC) since 2018. AAFSC instituted the “Reclaiming Our Health” care model to educate membership on accessing health care services, and encouraging utilization of mental health services in a faith-based setting. AAFSC works with mosques and community based organizations serving Arab, Middle Eastern, Muslim, and South Asian (AMEMSA) communities in the borough to increase understanding of mental health issues, and reduce the stigma of seeking mental health counseling that may deter communities from accessing mental health resources available to them.
	Legal Services Referrals	Finance; Population Health/ Clinical departments	MMC partners with the New York Legal Assistance Group (NYLAG) to offer free attorney consultations on the Maimonides campus, with referrals made from clinical settings as appropriate. Attorneys provide civil legal services, including immigration assistance.

F. Ongoing Engagement with Partners and Communities Served

Maimonides will continue to work closely with the people it serves, the formal and informal leaders who represent its communities, and a range of organizations that provide complementary services. It will do so via the many programmatic partnerships described in the implementation plan described above. In addition, MH will report to the community and obtain input on its programming via the return of regularly scheduled meetings of the Maimonides Council of Community Organizations (COCO) and through ongoing dialogue with community members, community healthcare providers, community-based organizations, and local elected officials. Maimonides Health is currently discussing what mechanisms it will utilize to track progress of all programs related to the prevention agenda response internally, and will work to centralize the process between the two hospitals. The health network will continue to solicit feedback from our local partners not only with regard to the current report, but also with regard the progress of the implementation strategy.

G. Dissemination and Awareness of the CHNA/CSP

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

Appendix A: Quantitative and Public Data Sources

Data Set / Site	Source	Information	Use(s)
MH Registration Data	MH Finance	Geographic origin (zip code) and race/ethnicity of patients served	Define community
<u>Community Health Profiles</u>	NYC DOHMH	Demographics of communities, health outcomes (e.g. diabetes, obesity, stroke hospitalization, screening, etc.), healthcare access, poverty/education levels, health behaviors	Define health needs
<u>Community District Profiles</u>	NYC Department of Planning	Demographics of communities; built environment and land use; community board perspectives	Define community; define health needs
<u>MOIA 2019 Annual Report</u>	NYC Mayor's Office of Immigrant Affairs	Demographics, health and social services issues, and policy topics specific to NYC immigrant communities	Define community; define health needs
<u>Cancer Incidence / Prevalence</u>	NYS Cancer Registry	Cancer rates by neighborhood and type	Define health needs
<u>NYS Prevention Agenda</u>	NYS DOH	Priority health issues defined by the State	Prioritize health needs, implementation plan
<u>New York City Health Provider Partnership Brooklyn Community Needs Assessment (DSRIP CNA)</u>	CCB Website	Health needs and outcomes for Brooklyn	Define health needs across Brooklyn, with a focus on Medicaid population
<u>NYS County Opioid Quarterly Report</u>	NYS DOH	Opioid abuse statistics for NYS, NYC, and Brooklyn	Define health needs
<u>Unemployment Rate - EquityNYC</u>	Equity NYC	Unemployment rates in New York City	Define health needs; prioritize health needs
<u>NYC Vital Statistics</u>	NYC DOHMH	Demographics and outcome measures, including birth rates, preterm births, and deaths; health disparities	Define health needs; prioritize health needs
<u>New York City Government Poverty Measure 2019</u>	NYC Mayor's Office for Economic Opportunity	Trends in poverty rates displayed by demographic groups	Define health needs; prioritize health needs
<u>Poverty in NYC - NYC Opportunity</u>	NYC Mayor's Office for Economic Opportunity	Percentage of population below the poverty threshold by NYC neighborhood, 2014-2019	Define health needs; prioritize health needs

<u>New York State - County Opioid Quarterly Report (July, 2022)</u>	NYS DOH	Quarterly report on opioid overdoses broken down by state county	Define health needs; prioritize health needs
<u>Remote Work During COVID-19</u>	Rockefeller Institute of Government	Dashboard displaying likelihood of remote work as a function of demographics	Define health needs; prioritize health needs
<u>Local Area Unemployment Statistics - New York City</u>	Bureau of Labor Statistics	Unemployment levels and rates in New York City	Define health needs
<u>ADA: COVID-19 and Diabetes</u>	American Diabetes Association	Information regarding increased risk to diabetic patients presented by COVID-19	Define health needs; prioritize health needs
<u>People-Focused Research: Participatory Action Research in Canarsie, Flatlands, and Flatbush</u>	CCB Website	Community member input on health concerns and their relative importance	Define health needs; prioritize health needs

Appendix B: Maimonides Health Staff Contributors

Name	Title	Department
Adam Stolz	SVP, Strategy & Administration	Executive Office
Michael Schwarz	Director, Strategic Initiatives & Analytics	Executive Office
Michelle Minkowitz	Administrative Fellow	Executive Office
Santos Rivera	Administrative Fellow	Medical Affairs Administration
Valkyrie M Diaz	Ultrasound Technologist	Cancer Center
David Pagel	AVP, Cancer Center Operations	Cancer Center
Shari Suchoff	SVP, Population Health and Government Relations	Population Health
Janice Yang	Director, Asian Community Outreach	Community Relations
Aleksandra Plotkina	Administrative Director, Hematology/Oncology	Cancer Center
Reuben Strayer , MD	Attending Physician	Emergency Medicine
Sergey Motov, MD	Attending Physician & Research Director	Emergency Medicine
David Cohen, MD	Executive VP, Academic Affairs and Population Health	Executive Office
Anastasio Pollari	Project Manager	Heart & Vascular Institute
Rivka Mintz	Interim Chief Nursing Officer	Nursing
Danielle Aniello	Administrative Director, Thoracic Surgery	Thoracic Surgery
Sandra McCalla, MD	Vice Chair, OB/GYN	Obstetrics & Gynecology
Natasha Nurse	Regional Perinatal Center Administrator	Obstetrics & Gynecology
Janet Stein, MD	Director, Obstetrics	Obstetrics & Gynecology
John Marshall, MD	Chair, Emergency Medicine	Emergency Medicine
Daniel Novak, MD	Emergency Medicine Fellow	Emergency Medicine
Nechama Stein	Clinical Pharmacist	Pharmacy
Douglas Jablon	Executive VP, Community Relations & Special Assistant to the President	Patient & Community Relations
Kate Cucco	Director, Community Relations	Patient & Community Relations
Yonit Lax, MD	Chief, Pediatric Community Health	Pediatrics
Jeffrey P. Nguyen	Prostate Center Coordinator	Urology
Karen Kobus	VP, Professional Affairs	Professional Affairs
Jeffrey M. Nicastro , MD	Vice Chair, Department of Surgery	Department of Surgery
Gia Ramsey	Trauma Injury Prevention/Education Outreach Coordinator	Trauma Surgery
Alla Zats	Director, Volunteer & Student Services	Volunteer & Student Services

Appendix C: Participating Community Based Organizations

Arab American Association	Bay Ridge
86th Street Bay Ridge B.I.D.	Bay Ridge
Bay Ridge 5th Avenue B.I.D.	Bay Ridge
Bay Ridge Center Older Adults	Bay Ridge
Bay Ridge Community Council	Bay Ridge
Islamic Society of Bay Ridge	Bay Ridge
Third Avenue Merchants	Bay Ridge
Arab American Society	Bay Ridge
The Guild for Exceptional Children	Bay Ridge
Islamic Society of Bay Ridge	Bay Ridge
BRAVO	Bay Ridge / Dyker Heights
MAC	Bay Ridge/Bensonhurst/Sunset Park
Beit El-Maqdis	Bay Ridge/Sunset Park
Muslim American Society Brooklyn	Bensonhurst
COJO of Bensonhurst	Bensonhurst
Federation of Italian American Organizations	Bensonhurst
Neighborhood Improvement Association	Bensonhurst / Dyker Heights
Reaching Out Community Services	Bensonhurst / Dyker Heights
Boro Park Shomrim	Boro Park
Bikur Cholim of Boro Park	Boro Park
Yad Efraim	Boro Park
Russian-American Foundation	Brighton Beach
Jewish Community Council	Coney Island
Crown Heights Shomrim	Crown Heights
Crown Heights JCC	Crown Heights
13th Avenue Merchants	Dyker Heights
Dyker Heights Civic Association	Dyker Heights
Fort Hamilton Army Garrison	Fort Hamilton
JCC of Marine Park	Marine Park
Midwood Civic Action Council	Midwood
Sephardic Federation	Midwood
Park Slope Volunteer Ambulance Corps	Park Slope
Council on American-Islamic Relations (CAIR)	Queens
Muslim American Society Staten Island	Staten Island
Muslim Community Center (MCC)	Sunset Park
Industry City	Sunset Park
Brooklyn Chinese American Association	Sunset Park
Brooklyn Asian Civilian Observation Patrol	Sunset Park
United Senior Center of Sunset Park, Inc.	Sunset Park
Chinese American Planning Council	Sunset Park
Parent Association in Brooklyn	Sunset Park
Homecrest Community Services	Sunset Park
Majlis Ashura	
Grand Street Settlement	
Brooklyn Chinese Baptist Church	

Turkish Cultural Center	
Arab American Family Support Center	
Brooklyn Housing & Family Services	
Moroccan American House Association	

Appendix D: Work Plan for Addressing New York State Prevention Agenda Priorities

Maimonides Medical Center, New York Community Hospital d/b/a Maimonides Midwood Community Hospital
2023 Workplan

Planning Report Liaison Michael Schwarz
E-mail: MSchwarz@maimonidesmed.org

Priority	Focus Area	Goal	Hospital Implementing Intervention	Existing Programs at the City and State Level	Objectives through 2024	Disparities	Interventions	Family of Measures	Intervention Background	Intervention Status	Partners Role(s) and Resources
Prevent Chronic Diseases		Goal 4.1 Increase cancer screening rates	Maimonides Medical Center (MMC)	In October of 2022, the Department of Health began accepting applications for Cancer Services Program grants that will fund organizations to provide breast, cervical and colorectal cancer screenings in their community. Grant provisions will be prioritized based on the organization's ability to offer screenings to underserved populations that are less likely to be screened. https://www.governor.ny.gov/news/governor-hochul-announces-efforts-increase-breast-cancer-screenings-and-improve-outcomes	Increase breast, prostate, colon, and lung cancer screening	Higher cancer incidence rates amongst our population than Brooklyn averages	Cancer screening and prevention education events	Number of events	During 2021, Maimonides conducted a combination of virtual and in-person outreach to promote cancer screening education and awareness, as well as offering direct patient screening services. Due to the impact of COVID-19, community-facing cancer outreach events were limited; however, Maimonides found opportunities to engage the public and provide educational materials at local sporting events (i.e. New York Liberty and Brooklyn Nets basketball games at Barclays Center in Downtown Brooklyn; Brooklyn Cyclones baseball games at Maimonides Park in Coney Island). In October, Maimonides hosted a "Pink Runway" event at Maimonides Park to promote breast cancer awareness.	In 2022 MMC conducted numerous community events with informational tabling on prostate cancer, breast cancer, and lung cancer. In May Maimonides participated in the American Lung Association's "Lung Force Walk" to highlight the importance of lung cancer screening, and raise funds for educational programs, research and support services. In October, Maimonides hosted a "Pink Runway" event to promote breast cancer awareness, and allow former and current cancer patients to share their stories.	Maimonides partnered with the Brooklyn Nets and Brooklyn Cyclones throughout 2021 to conduct patient outreach and provide education at local sporting events, discussing a range of different cancer topics. Maimonides also partnered with the American Lung Association's LUNG FORCE program for outreach specific to lung cancer screening.
	Focus Area 4: Preventive care and management	Goal 4.2 Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity	Maimonides Medical Center (MMC)	<i>Take the Pressure Off, NYC!</i> is a multi-faceted program created by the NYC health department intended to improve cardiovascular health in the city and reduce health inequities. The initiative intends to actionize their mission of reducing the total number of New Yorkers with elevated blood pressure by 150,000 by focusing on three paramount aspects of cardiovascular health: awareness, treatment and the creation of heart-healthy communities. https://www.nyc.gov/site/doh/health/health-topics/blood-pressure-take-pressure-off-nyc.page	Increase cardiovascular disease and hypertension screening	Higher obesity and diabetes rates than city and borough averages amongst half of the community districts we serve	Cardiovascular screening and prevention education events	Number of events/ Number of screenings	During 2021, Maimonides conducted virtual and in-person outreach to promote cardiovascular health awareness. Events included 5 virtual physician presentations (via Zoom) which were co-sponsored with local community organizations. Maimonides also provided blood pressure and cholesterol screenings at 4 community-facing events, 3 of which were held at community locations. Outreach and screening activities reached patients across a range of ethnicities and cultures, including Spanish, Arabic, and Chinese speakers.	Throughout 2022, MMC focused on outreach to increase community awareness of cardiovascular disease prevention strategies, and conducting screenings at tabling events. MMC held 8 tabling events year to date. One of the events offered hypertension screenings, and 19 biometric screenings were performed. Cardiology leadership also attended grand rounds at other area hospitals, and attended collaborative meetings to share strategies to improve cardiovascular health. Also, there are support group for LVAD recipients.	Maimonides partnered with the Brooklyn Cyclones to provide education and public outreach on heart health during a baseball game. Community and advocacy organization partners included Mixteca Organization, Islamic Cultural Society of Bay Ridge, Kiwanis Club Bay Ridge, Visiting Nurse Service of New York, The Merited Hearts, and WomenHeart.
		Goal 4.2 Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity	Maimonides Midwood Community Hospital (MMCH)		Increase cardiovascular disease and hypertension screening	Higher obesity and diabetes rates than city and borough averages amongst half of the community districts we serve	Cardiovascular screening and prevention education events	Number of events/ Number of screenings	MMCH participates in community events with the goal of bringing awareness to the need for consistent cardiovascular health checks. Stroke Prevention Educational handouts are provided at these events, detailing the behavioral needs for individuals to mitigate their own risk.	On May 24 2022, MMCH clinical staff attended the 10th Annual Summer Health Fair hosted by Signature Events in Brighton Beach. During the fair, our staff provided free blood pressure screenings and discussed the importance of regular checkups to mitigate the risks of unmonitored heart disease.	N/A
Focus Area 3: Tobacco prevention	Goal 3.2 Promote tobacco use cessation	Maimonides Midwood Community Hospital (MMCH)	The New York State Department of Health Tobacco Control Program offers the NYS Smokers' Quitline, a program to which MMCH refers its patient. This program offers a number of services including a text messaging program to help smokers quit over the course of six weeks by taking them through the quitting process step-by-step, free nicotine patches, and local support groups across all regions of the state.	To promote the cessation of tobacco use	Higher percentage of current smoker than city and borough levels in 4 of the 10 community districts we serve.	Tobacco use screening and prevention education events	Number of events/ Number of screenings	MMCH screens for tobacco use among all admitted patients and has expanded hospital formularies to include FDA-approved tobacco dependence medications. Our clinical team offers or provides tobacco use treatment to applicable patients during hospital stays.	In 2022 MMCH focused on working with the community to bring education on the importance of smoking cessation to local events. On September 10, 2022, MMCH worked with NYC's Community Board 18 to attend the local Health & Back to School resource Fair and taking the opportunity to promote smoking cessation in the Flatlands and Canarsie.	N/A	

Planning Report Liaison: Michael Schwarz
E-mail: michael.schwarz@nyc.gov

Priority	Focus Area	Goal	Hospital Implementing Intervention	Existing Programs at the City and State Level	Objectives through 2024	Disparities	Interventions	Family of Measures	Intervention Background	Intervention Status	Partners (Sub) and Resources
Promote Healthy And Safe Environment	Focus Area 1: Injuries, Violence and Occupational Health	Goal 1.1: Reduce falls among vulnerable populations	Maimonides Medical Center (MMC)		Reduce the risk of falls to older adults	Falls amongst the elderly are regarded as an issue of high importance but low satisfaction with available resources based on survey data of those in our service area	Evidence-based fall prevention programs	Number of participants	In Fall 2022, Maimonides offered a 16-class Tai Chi for Arthritis and Fall Prevention course. This evidence-based fall prevention course was offered virtually through the Brooklyn Public Library. An average of 50 older adults attended the 8-week session. In addition to the session, weekly practice classes were also held throughout the year for past program participants.	Tai Chi for Arthritis and Fall Prevention classes will continue to be offered at least once annually. Continuing with virtual falls offerings will allow us to offer the classes to more older adults throughout the borough. Weekly practice classes will continue.	N/A
		Goal 1.2: Reduce falls among vulnerable populations	Maimonides Medical Center (MMC)	The NYSDOH coordinates a number of programs to reduce the morbidity and mortality associated with injuries. The Bureau of Injury Prevention develops, implements and evaluates primary prevention programs statewide. The Bureau conducts annual trainings and provides technical assistance to community-based organizations to facilitate the integration of injury prevention strategies into their ongoing activities.	Reduce the risk of falls to older adults	Falls amongst the elderly are regarded as an issue of high importance but low satisfaction with available resources based on survey data of those in our service area	Fall prevention presentations	Number of participants	Fall prevention and healthy aging presentations were offered throughout the year, collaborating with many community organizations. Over 215 total participants attended classes in 2022.	Regularly scheduled and will continue.	N/A
		Goal 1.3: Reduce occupational injuries and illness	Maimonides Medical Center (MMC)	The Bureau of Occupational Health and Injury Prevention (LBOT/IOI) is used to distribute information to local public health and traffic safety partners, including new projects, new publications and injury prevention information that partners can use to support their programs.	Reduce the risk of preventable death from emergent bleeding	Violence is regarded as an issue of high importance but low satisfaction with available resources based on survey data of those in our service area	Stop the Bleed classes	Number of events	Monthly Stop the Bleed classes were re-started in fall of 2022. Community classes are offered twice monthly. Classes are also held quarterly for the Maimonides Health Scholars group.	Monthly classes and classes with the Health Scholars will continue. Community group classes will be available upon request.	N/A
		Goal 1.4: Reduce traffic-related injuries for pedestrians and bicyclists	Maimonides Medical Center (MMC)		Decrease car seat misuse and increase car seat use	Violence is regarded as an issue of high importance but low satisfaction with available resources based on survey data of those in our service area	Car seat installation checks and Car seat education and distribution events	Number of car seats distributed	One-on-one car seat installation checks are offered to families upon request. A certified child passenger safety technician checks the car seat installation in the vehicle and assists with proper positioning and harnessing of the child. Seats are checked for expiration and recalls, and next steps are discussed. Car seat education brochures are provided as an education resource. Collaborating with the Boro Park Jewish Community Council and with NACHAS, grants were obtained to purchase new convertible car seats for community distribution. Over 200 new car seats were distributed in 2022. Certified child passenger safety technicians provided one-hour car seat education sessions and hands-on installation assistance to each family receiving a car seat.	Car seat installation checks will continue to be offered upon request. We will continue to collaborate with the Boro Park Jewish Community Council and with NACHAS to apply for grant funding to continue community education and distribution programming. We plan to expand car seat programming by applying for grant funding that will be used to offer an in-hospital car seat distribution program for families in need, under the Brooklyn Parenting Initiative.	Boro Park Jewish Community Council NACHAS
Focus Area 3: Built and Indoor Environments	Focus Area 3: Built and Indoor Environments	Goal 3.2: Promote healthy home and school environments	Maimonides Medical Center (MMC)	The 2019-2024 State Health Improvement Plan to "Promote a Healthy and Safe Environment" in New York State was developed by the Department's Center for Environmental Health in collaboration with diverse stakeholders representing environmental health, occupational health, violence and injury prevention, health care providers, local, State and Federal government agencies, community based and non-profit organizations, and academic and research organizations.	Increase access to injury prevention resources for older adults and their grandchildren	While our survey data shows that community members are relatively satisfied with the resources available to assist in adolescent and child health, we will continue to use our resources to pursue better outcomes still	Grandparent Safety Week Events	Number of participants	In collaboration with Safe Kids NYC, a Grandparent Safety Week event was scheduled at a local senior center, and a virtual fall prevention presentation was provided to older adults throughout NYC. Over 300 participants were provided with local resources covering topics such as fall prevention, pedestrian safety, fire safety, poison prevention	Annual events will continue.	N/A
		Goal 3.3: Promote healthy home and school environments	Maimonides Medical Center (MMC)		Educate pre-teens and teens on how to be safe while home alone and/or babysitting	While our survey data shows that community members are relatively satisfied with the resources available to assist in adolescent and child health, we will continue to use our resources to pursue better outcomes still	Safe Sitter and Safe@home classes	Number of events	Safe Sitter and Safe@home classes provide pre-teen and young teen the education they need to be safe while home alone, watching younger siblings, and babysitting. These national programs are competency-based and medically accurate. Two Safe@home classes were offered in 2022.	We plan to expand our classes to offer at least 4 Safe Sitter and four Safe@home classes annually. A new program focusing on high-school students will be made and delivered to high-school students throughout Brooklyn starting in 2023.	N/A

Priority	Focus Area	Goal	Hospital Implementing Intervention	Existing Programs at the City and State Level	Objectives through 2024	Disparities	Interventions	Family of Measures	Intervention Background	Intervention Status	Partners Role(s) and Resources
Promote Healthy Women, Infants and Children	Focus Area 1: Maternal & Women's Health	Goal 1.1: Increase use of primary and preventive health care services by women, with a focus on women of reproductive age	Maimonides Medical Center (MMC)	Brooklyn Borough President Anthony Reynoso has appointed a team of health care industry leaders to the Maternal Health Taskforce. The Borough President plans to use the majority of his 2023 fiscal year Capital Funding to upgrade three Brooklyn public hospital's birthing centers, and approach the maternal health crisis holistically by increasing education, supporting outpatient services, and improving health insurance access for the birthing population.	Increase utilization of prenatal and postpartum care in our communities	Higher rates of late or no prenatal care and preterm birth rates relative to city and borough averages amongst patients in half of the community districts we serve	ACEs, PHQ2, PHQ9, SDH screenings with referral to mental health services and community based organization to address social needs.	Number of patients screened for ACEs	The Brooklyn Parenting Center will address the lack of comprehensive integrated developmental, behavioral and mental health services for families during the first thousand days of life, from conception to age 2. To address this gap in services, the Brooklyn Parenting Center will offer an innovative, resilience-based program for families and our surrounding communities. This program integrates a trauma informed psychosocial approach to families from conception within the OB/GYN office, the postpartum recovery unit and the pediatric primary care setting, and aims to expand access to early childhood and parental mental health services to a vulnerable population of children and families who are at risk of adverse health outcomes.	Projected start date January 2023	Community Advisory Board is in development.
	Focus Area 4: Cross Cutting Healthy Women, Infants, & Children	Goal 4.1: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child health populations	Maimonides Medical Center (MMC)	Brooklyn Borough President Anthony Reynoso has appointed a team of health care industry leaders to the Maternal Health Taskforce. The Borough President plans to use the majority of his 2023 fiscal year Capital Funding to upgrade three Brooklyn public hospital's birthing centers, and approach the maternal health crisis holistically by increasing education, supporting outpatient services, and improving health insurance access for the birthing population. The taskforce hopes that this makes an impact on the inequitable incidence of maternal mortality in New York City as black birthing people are 9.4 times more likely to die because of childbirth than white birthing people.	Decrease rates of preterm birth amongst African American and Hispanic mothers, as well as decrease rates of low birth weight amongst their children	Higher rates of late or no prenatal care and preterm birth rates relative to city and borough averages amongst patients in half of the community districts we serve	Number of meetings to discuss issues relating to NYSBEP	Hispanic and African American prenatal patients experience preterm birth and low birth weight at higher rates than their white counterparts. The CenteringPregnancy model is supported by research evidence that shows decreased rates of preterm and low birth weight babies, as well as increased breastfeeding and better pregnancy spacing. CenteringPregnancy has also been shown to mitigate racial disparities in preterm birth. Due to the impact of COVID-19, Maimonides has temporarily discontinued the CenteringPregnancy program in order to minimize pregnant patients' risk of virus exposure.	In 2021, Maimonides began participating in the New York State Birth Equity Improvement Project (NYSBEIP). The project calls for multi-disciplinary team comprised of clinical, administrative, and executive level leaders to engage in quality improvement projects revolving around equitable maternal and perinatal health. Our interdisciplinary team meets regularly and utilizes the PDSA (Plan, Do, Study, Act) cycle to achieve incremental progress towards equitable care.	New York State Birth Equity Improvement Project (NYSBEIP)	We reached out to contacts from OB/GYN to help establish our progress on these initiatives. We provided a copy of our implementation plan progress report and asked about the occurrence of events, new initiatives, and changes that may have occurred with staffing or COVID since our last CHNA

Planning Report Liaison Michael Schwarz
E-mail: MSchwarz@maimonidesmed.org

Priority	Focus Area	Goal	Hospital Implementing Intervention	Existing Programs at the City and State Level	Objectives through 2024	Disparities	Interventions	Family of Measures	Intervention Background	Intervention Status	Partners Role(s) and Resources
Promote Well-Being and Prevent Mental Health and Substance Use Disorders	Focus Area 1: Promote Well-Being	Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan	Maimonides Medical Center (MMC)		Improve referrals, care coordination, and service integration for pediatric patients and families in need of behavioral services		Building Resilience in Children, Families, Infants and Toddlers (BRIC FIT) Evidence: Mikolitz, C. S., Strabino, D., Mistry, K. B., Schaffner, D. G., Grasson, H., Hou, W., ... & Guyer, B. (2022). <i>Healthy Steps for Young Children: sustained results at 5-3 years</i> . <i>Pediatrics</i> , 129(3), e638-e646.	Number of social determinants of health screenings conducted Number of patients who visit the pediatric psychologist	Maimonides began the start-up phase of BRIC FIT in 2019, including training pediatric care providers to conduct adverse childhood experience (ACE) and social determinants of health (SDH) screenings; convening a community advisory board; and developing a network of behavioral and social service providers with whom Maimonides partners. Maimonides continued to implement the BRIC FIT model in 2021, with adjustments due to the impact of COVID-19 including telehealth visits and reduced patient volume.		N/A
Focus Area 2: Prevent Mental and Substance User Disorders		Goal 2.2 Prevent opioid and other substance misuse and deaths	Maimonides Medical Center (MMC)		Reduce prescriptions to opioid-naïve patients	Higher rate of drug-related premature deaths in 3 of the 10 community districts served by Maimonides Health	Enhanced Recovery After Surgery (ERAS) protocol for breast surgery patients Evidence: Rojas, K. E., Monasseh, D. M., Flom, P. L., Aguirre, S., Bilbao, N., Anzu, C., & Bergens, P. I. (2023). <i>A pilot study of a breast surgery Enhanced Recovery After Surgery (ERAS) protocol to eliminate narcotic prescriptions at discharge: Breast cancer research and treatment</i> , 17(13), 621-626.	Number of patients treated with ERAS protocol Ratio of patients treated with ERAS protocol to those not treated with ERAS protocol	The Maimonides Department of Surgery has developed and implemented an Enhanced Recovery After Surgery (ERAS) protocol for breast surgery using opioid-sparing techniques. In a research trial conducted at MMC, this protocol has been shown to eliminate the need for opioid prescriptions at discharge without compromising successful post-operative pain management. As of October 2019, 1,300 patients have been treated by MMC breast surgeons without the use of opioids. In 2021, Maimonides continued to implement opioid-sparing protocols for surgical patients, maintaining a below national average rate of opioid prescribing at discharge for surgeons. Maimonides also tracked patient outcomes and published research with relevant findings, including: Morin, C., Javid, M., Patel, Y., et al. <i>Obese Patients Who Receive an Opioid-Sparing Enhanced Recovery After Surgery (ERAS) Protocol are at Increased Risk of Persistent Pain After Breast Surgery</i> . <i>Ann Surg Oncol</i> 27, 4802-4809 (2020). Morin, C., Patel, Y., Javid, M., et al. <i>Opioid-Sparing Multimodal Analgesia Protocol for Lumpectomy Patients Results in Superior Postoperative Pain Control</i> . <i>Ann Surg Oncol</i> 28, 5855-5864 (2021).	The Maimonides Department of Surgery continues to implement their Enhanced Recovery After Surgery (ERAS) protocol for breast surgery using opioid-sparing techniques. We aim to track utilization of the unique ERAS protocols in each division to establish our progress in various departments. Maimonides has partnered with peer institutions, including the University of Miami Health System, on research with the goal of reducing opioid use in surgical patients.	N/A
		Goal 2.2 Prevent opioid and other substance misuse and deaths	Maimonides Medical Center (MMC)		Provide timely, clinically appropriate services to individuals with opioid use disorder	Higher rate of drug-related premature deaths in 3 of the 10 community districts served by Maimonides Health	Buprenorphine prescribing training for providers	Number of providers trained	In February 2019, Maimonides hosted 2 buprenorphine prescribing trainings for attending physicians, house staff, and community providers. Roughly 65 providers were trained. As of August 2019, 21 Maimonides emergency medicine physicians were trained and registered with DEA to write outpatient buprenorphine prescriptions. Maimonides continued to support provider education on buprenorphine prescribing in 2021, with reduced focus on X-waivers specifically due to government policy changes around this requirement. As of December 2021, 60 Maimonides emergency medicine physicians were trained and registered with DEA to write outpatient buprenorphine prescriptions.	Despite X-waiver training no longer being a requirement for most clinicians to prescribe buprenorphine, Maimonides continues to support provider education on managing patients with Opioid Use Disorder (OUD). As of November 2022, 60 Maimonides emergency medicine physicians were trained and registered with DEA to write outpatient buprenorphine prescriptions.	N/A
		Goal 2.2 Prevent opioid and other substance misuse and deaths	Maimonides Medical Center (MMC)		Provide timely, clinically appropriate services to individuals with opioid use disorder	Higher rate of drug-related premature deaths in 3 of the 10 community districts served by Maimonides Health	Regularly scheduled medication assisted treatment clinic hours	Number of MAT clinic patients	In April 2019, Maimonides began regular medication assisted treatment clinic hours, allowing for rapid referrals to treatment for patients with opioid use disorder. The MAT clinic has seen 11 patients from mid-April through October 2019. Maimonides continued to run an MAT program throughout 2021, seeing 33 unique patients across 166 visits.	Maimonides continued its MAT program in 2022, with approximately 30 unique patients across 200 visits	N/A
		Goal 2.2 Prevent opioid and other substance misuse and deaths	Maimonides Medical Center (MMC)		Provide timely, clinically appropriate services to individuals with opioid use disorder	Higher rate of drug-related premature deaths in 3 of the 10 community districts served by Maimonides Health	Take-home naloxone distribution	Number of naloxone kits distributed	In 2019, MMC expanded capacity to dispense DOHMH-sponsored take-home naloxone kits to patients identified as being in need of overdose reversal resources. MMC transitioned this year to ID-based pharmacist distribution, making it possible to distribute kits 11 hours per day, 7 days per week. 20 physicians were trained this year to identify candidates for naloxone and train them to use the take-home kits. Maimonides continued to provide take-home naloxone kits in 2021, distributing 37 total kits.	In 2022 Maimonides Health has dispensed 80 take-home naloxone kits to patients, identified as being in need of overdose reversal resources. Maimonides continued to expand our training efforts to increase our team of dispensers eligible to instruct patients on proper utilization of the kits, and increase access to vital overdose resources. We currently have 24 trained dispensers and are continuing to train additional staff.	NYC DOHMH is the sponsor of the take-home naloxone program.
		Goal 2.2 Prevent opioid and other substance misuse and deaths	Maimonides Medical Center (MMC)		Provide support for individuals with opioid use disorder	Higher rate of drug-related premature deaths in 3 of the 10 community districts served by Maimonides Health	Relay opioid overdose peer advocate program	Number of patients engaged by peer advocates Number of patients retained in program	MMC participates in the DOHMH "Relay" program, which connects individuals who have survived an overdose and are at risk with peer advocates. Since the program began, MMC has referred 137 patients to Relay and 95 patients have been retained in the program. Maimonides continued to participate in Relay in 2021.	Between January 2022 and September 2022 we have had a total of 55 "Relay" referrals.	NYC DOHMH is the sponsor of the Relay program.
		Goal 2.2 Prevent opioid and other substance misuse and deaths	Maimonides Medical Center (MMC)		Provide timely, clinically appropriate services to individuals with opioid use disorder	Higher rate of drug-related premature deaths in 3 of the 10 community districts served by Maimonides Health	Modified pain management order sets & provider education	Number of opioid prescriptions written by department & provider Website traffic for provider resource site	MMC's Pain Management Committee is leading multiple education and clinical practice improvement efforts to reduce opioid prescribing hospital-wide and offer education in alternative pain management processes. Provider education focuses on avoidance of highly euphoric opioids. From May 2019 YTD to May 2020 YTD, opioids administered in the hospital decreased by roughly 10%. Maimonides' Pain Management Committee continued its work in 2021 to build EMR order sets for opioid prescribing (not yet implemented) and offer provider education through an internal SharePoint web page. From 2020 to 2021, overall rates of opioid prescribing across MMC increased, but remained below the national average.	MMC's Pain Management Committee will continue in leading multiple education and clinical practice improvement efforts to reduce opioid prescribing hospital-wide and offer education in alternative pain management processes.	N/A
		Goal 2.2 Prevent opioid and other substance misuse and deaths	Maimonides Medical Center (MMC)		Provide support for individuals with opioid use disorder	Higher rate of drug-related premature deaths in 3 of the 10 community districts served by Maimonides Health	Mental health and substance use peers engaging with acute care service patients.	Number of patients referred to mental health and substance use services after discharge	In 2017 Maimonides partnered with two community agencies – Baltic St and Bridge Back to Life (BBL) – to deploy mental health and substance use peers. The substance use peers with BBL are engaged with our ED and acute care services (med/surg and psychiatry), and the Baltic peers are engaged with our acute care psychiatric units and our Wellness Recovery Program in ambulatory psych. They work engaging patients who are poorly engaged in clinical services and work to connect them to substance use and mental health treatment in the community after discharge from inpatient or the ED. They help reduce high utilization of these services, and help improve morale amongst staff in the ED and on the acute care services who are feel they are unable to impact these individuals and populations.		Baltic St Bridge Back to Life (BBL) coordinate peer support (through CCB)