

NewYork-Presbyterian Brooklyn Methodist Hospital Community Health Needs Assessment 2019-2021



October 2019

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Executive Summary

NewYork-Presbyterian Brooklyn Methodist Hospital CHNA Executive Summary

Purpose:

NewYork-Presbyterian (NYP) is deeply committed to the communities residing in the boroughs of New York City, Westchester County, and the surrounding areas. NYP delivers a range of innovative programs and services intended to educate and provide resources to prevent illness, maintain health, and improve the overall well-being of the community.

NewYork-Presbyterian Brooklyn Methodist Hospital (NYP-BMH) has completed this Community Health Needs Assessment (CHNA) in order to update its understanding of the needs of local community members and the conditions that influence their well-being, and to assemble a three-year plan to enhance community health in areas identified as high disparity neighborhoods. The CHNA is a data tool that is used to develop a Community Service Plan (CSP) which identifies the communities of focus as well as initiatives that will be implemented to improve the health of such communities.

Governance and Engagement:

The Division of Community & Population Health and the Office of Government & Community Relations partnered to develop a standardized CHNA process to promote community awareness and hospital alignment in order to maximize the impact to those who need it most. A Steering Committee comprised of NYP leadership, that included representation from NYP-BMH, was key to providing insight, guidance, and making decisions that impacted the completion of the CHNA.

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New York-Presbyterian Brooklyn Methodist Hospital CHNA Executive Summary

Process:

New York-Presbyterian Brooklyn Methodist Hospital (NYP-BMH) obtained broad community input regarding local health needs including the needs of medically underserved and low-income populations. Data collection included quantitative data for demographics, socioeconomic status, health, and social determinants as well as qualitative data from community questionnaires and focus groups. The data was analyzed to identify high disparity communities and a prioritization process was used to ensure integration with the Priority Areas of the 2019-2024 NYS Prevention Agenda. Premier Inc., was engaged to partner with the NYP-BMH team to complete the CHNA utilizing a transparent and collaborative manner.

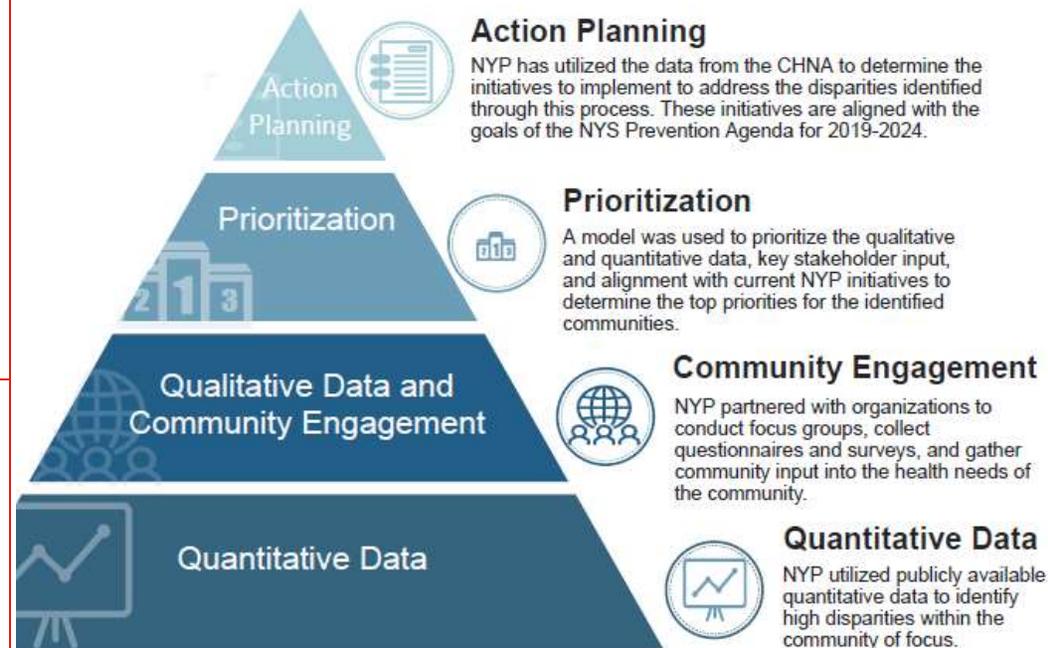
New York Prevention Agenda 2019-2024:

Vision: New York is the Healthiest State for People of all Ages

Priority Areas:

1. Prevent Chronic Diseases
2. Promote a Healthy and Safe Environment
3. Promote Healthy Women, Infants, and Children
4. Promote well-being and Prevent Mental and Substance Use Disorders
5. Prevent Communicable Diseases

2019-2021 Community Focus & Planning

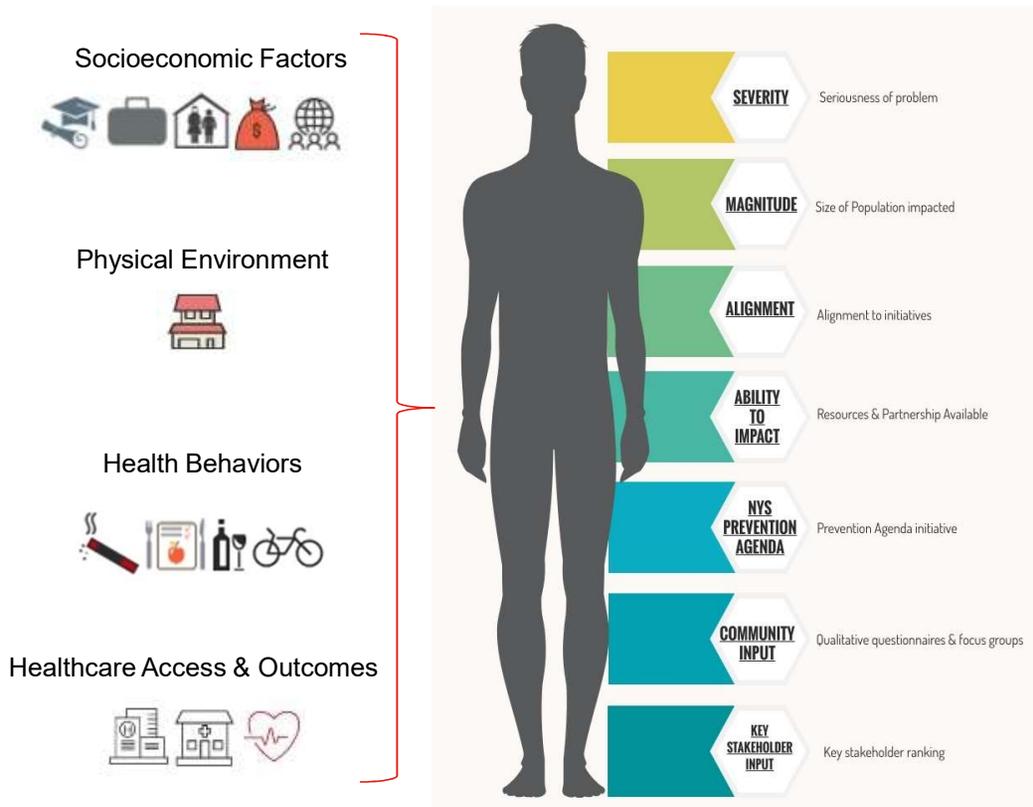


NewYork-Presbyterian Brooklyn Methodist Hospital CHNA Executive Summary

Prioritization Method:

Premier, Inc. customized a prioritization model that utilized an approach inclusive of the Hanlon Method technique to quantify and compare indicators and identify significant community needs. The top quartile high disparity neighborhood data sets inclusive of social determinants of health, health outcomes, access, and utilization were analyzed to ensure a dynamic model for NYP-BMH. The model also included qualitative data sets to allow the voice of the community to play into the top priorities.

Representatives from NYP-BMH, NYP, Community Advisory Boards, and clinical and operational leadership participated throughout the process. Community Health Think Tanks allowed for opportunities for participants to review summaries of quantitative and qualitative data in order to rank the top health issues. This process allowed the team to receive input as well as ensure complete understanding of the process and intent of the CHNA.



NewYork-Presbyterian Brooklyn Methodist Hospital CHNA Executive Summary

Prioritized Indicators:

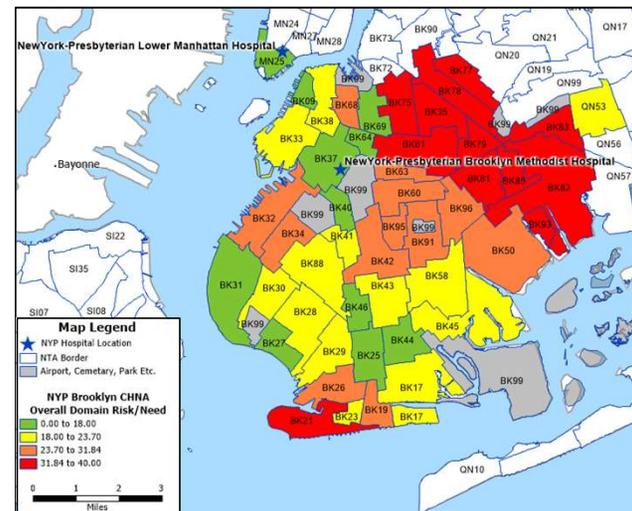
The prioritization method allowed the NYP-BMH team to narrow a vast amount of quantitative and qualitative data sets and define the highest disparity community and health indicators impacting that community. The top ten (10) indicators include:

1. Childhood Obesity
2. Diabetes
3. Obesity
4. Physical Activity
5. Late or No Prenatal Care
6. Hospitalizations – Preventable Diabetes
7. % Adults with Poor Mental Health – 14+ Days in last Month
8. Cancer Incidence – All Sites
9. Cancer Incidence – Breast
10. Binge Drinking

High Disparity Communities:

An analysis of community health need and risk of high resource utilization was undertaken at the Neighborhood Tabulation Area (NTA) geography. High disparity communities were identified by calculating a need score consisting of a composite of 29 indicators, carefully selected, across five domains: demographics, income, insurance, access to care and New York State Department of Health Prevention Agenda Priorities. Details of disparity and neighborhood are included in the complete CHNA.

This analysis will be used within the prioritization model to strategically place initiatives to maximize community impact



New York-Presbyterian Brooklyn Methodist Hospital Defined Community at a Glance

POPULATION

2,309,228

HOUSEHOLDS

856,277

ETHNICITY



17.2%

Index: 88

Hispanic/Latino

HOME LANGUAGE*



55.3%

Index: 80

Only English

HOUSEHOLD INCOME



Median Household Income

\$60,097

Index: 88

Average Household Income

\$91,909

Index: 91

POVERTY STATUS



83.3%

Index: 94

At or above poverty

UNEMPLOYMENT RATE



7.4%

Index: 119

Percent of civilian labor force unemployed

MEDIAN AGE OF HOUSEHOLDER

50

Index: 95

HOUSING TENURE



29.5%

Index: 56

Own



70.5%

Index: 149

Rent

AGE OF HOUSING**



79+ years old

% Comp: 48.6 Index: 158

PRESENCE OF CHILDREN*



33.7%

Index: 107

EDUCATIONAL ATTAINMENT: TOP 2*



26.0%

Index: 99

High School Graduate



21.1%

Index: 105

Bachelor's Degree

EDUCATION: HISPANIC/LATINO



2.8%

Index: 90

Bachelor's degree or higher

METHOD OF TRAVEL TO WORK: TOP 2*



61.6%

Index: 217

Travel to work by **Public Transport**



19.3%

Index: 37

Travel to work by **Driving Alone**

Copyright © 2019 by Environics Analytics (EA). Source: ©Claritas, LLC 2019.
The index is a measure of how similar or different the defined area is from the benchmark.
Benchmark is New York State.

New York-Presbyterian Brooklyn Methodist Hospital High Disparity Community Highlights

2019 Health Issue Ranking and Data Highlights

NYSPA / NYP-BMH Issue	Quantitative Highlights	Qualitative Highlights
Healthy Women, Infants, Children	Maternal morbidity crude rate per 10,000 deliveries, 342.9, is higher than NYC 229.6; Rate of infant deaths under one year old per 1,000 live births, rate of teen births per 1,000 women ages 15-19 and percent of live births receiving late prenatal care are also higher than NYC averages	This topic received 27.5% of mentions in the NYP-BMH survey (N=69)
Chronic Disease / Obesity in Children	Higher percentages of population with obesity in children, 21.7%, NYC 20.0%	Obesity was 7 th most commonly reported health issue, 36.8%
well-being and Behavioral Health: Mental Health	Higher percentage of psychiatric hospitalizations per 100,000 population age 18+, 946, NYC 774	Mental health was 5 th most commonly reported health issue, 38.5%
well-being and Behavioral Health: Substance Abuse	Higher percentage of alcohol hospitalizations per 100,000 population ages 15-84, 1,141, NYC 955; also higher drug hospitalization per 100,000 population ages 15-84, 1,111, NYC 882	Alcohol and drug use 3 rd most commonly reported health issue, 46.6%

Focused Priorities:

The data collection and prioritization allowed NYP-BMH to identify the highest disparity of need within the communities of highest need and to align initiatives and partnerships in order to focus efforts and maximize the return to the community they serve. **Obesity, Mental Health & Substance Abuse, and Women's Health** were chosen as the top three priorities in order to develop a community service plan. The focus will not preclude NYP-BMH from initiatives not related to the focused priorities but allows NYP-BMH to invest in new opportunities of impact. Existing hospital strategies related to cancer, hypertension, cardiovascular, etc. will continue to evolve as leading strategies.

NewYork-Presbyterian Brooklyn Methodist Hospital Prioritized Communities

Prioritized Communities:

Based on the data process of analytics and prioritization, NYP-BMH will target efforts in the **Crown Heights neighborhood** to allow our teams to invest and concentrate efforts and directly impact a high need community within the three-years of the service plan.

NYP-BMH Community of Focus Highlights

<p>Adult Obesity, Percent of Population </p> <p>Crown Heights North, 26.0% ↑ Crown Heights South, 32.0% ↑ Brooklyn High Disparity NTAs, 31.0% NYC, 24.0%</p>	<p>The crude rate of maternal morbidity, per 10,000 deliveries </p> <p>Crown Heights North, 372.5 ↑ Crown Heights South, 234.6 ↓ Brooklyn High Disparity NTAs, 342.9 NYC, 229.6</p>	<p>New diagnoses of HIV, per 100,000 population </p> <p>Crown Heights North, 44.3 ↑ Crown Heights South, 31.4 ↑ Brooklyn High Disparity NTAs, 36.3 NYC, 24.0</p>
<p>Child Obesity, Percent of Population </p> <p>Crown Heights North, 19.0% ↓ Crown Heights South, 19.0% ↓ Brooklyn High Disparity NTAs, 21.7% NYC, 20.0%</p>	<p>Rate of infant deaths (under one year old) per 1,000 live births </p> <p>Crown Heights North, 5.4 ↑ Crown Heights South, 3.5 ↓ Brooklyn High Disparity NTAs, 4.9 NYC, 4.4</p>	<p>New HCV diagnoses, per 100,000 population </p> <p>Crown Heights North, 91.6 ↑ Crown Heights South, 58.8 ↓ Brooklyn High Disparity, NTAs 81.6 NYC, 71.8</p>
<p>The percent of the population self-reporting “poor mental health” </p> <p>Indicator is a county statistic and the same for each Kings County NTA, 10.5% ↑ about the same as the NYC average 10.3%</p>		

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Introduction

Acknowledgements: Community Members/Organizations

This Community Health Needs Assessment represents the culmination of work completed by multiple individuals and groups during the past year. We would like to thank our NYP leaders, staff, and physicians as well as the community members who provided their input via focus groups and questionnaires. We would especially like to thank the leadership at NYP-BMH and the organizations that hosted focus groups for the community members. .



Acknowledgements: Consultants

Additionally, we recognize the collaboration of several consultants that contributed to this CHNA in partnership with NYP:

- **Premier, Inc.**, a nationally recognized healthcare consulting organization that specializes in advisory services and identifying community needs for underserved populations;
- **New York Academy of Medicine**, a New York City-based organization that addresses health challenges through innovative approaches to research, evaluation, education, policy leadership, and community engagement; and
- **Citizens' Committee for Children of New York**, a nonprofit and nonpartisan child advocacy organization that educates and mobilizes New Yorkers to make the city a better place for children.



Why a Community Health Needs Assessment?

[NewYork-Presbyterian](#) (NYP) is one of the nation's most comprehensive, integrated academic health care systems, dedicated to providing the highest quality, most compassionate care and service to patients in the New York metropolitan area, nationally, and throughout the globe. In collaboration with two renowned medical school partners, Weill Cornell Medicine and Columbia University Vagelos College of Physicians and Surgeons, NewYork-Presbyterian is consistently recognized as a leader in medical education, ground-breaking research and clinical innovation.

NYP is deeply committed to the communities residing in the boroughs of New York City, Westchester County and the surrounding areas. NYP delivers a range of innovative programs and services intended to educate and provide resources to prevent illness, maintain health and improve the overall well-being of the community.

NYP-BMH has completed this Community Health Needs Assessment in order to update its understanding of the needs of local community members and the conditions that influence their well-being, and to assemble a plan to enhance community health.

NewYork-Presbyterian Brooklyn Methodist Hospital



[NewYork-Presbyterian Brooklyn Methodist Hospital](#) has been providing outstanding medical care to the surrounding communities for over 135 years. Located in Park Slope, Brooklyn, the 591-bed teaching hospital, in collaboration with Weill Cornell Medicine, provides specialized services in advanced and minimally invasive surgery, neurosciences, orthopedics, digestive and liver disorders, and cancer and cardiac care. The Hospital's Emergency Department provides separate areas for adult and pediatric patients, as well as a separate women-only area. More than 5,000 babies are delivered annually in the Hospital's Department of Maternal Child Health. The Hospital houses Centers of Excellence for bariatric surgery and breast imaging, a cancer program accredited by the Commission on Cancer, and a New York State-designated stroke center. NewYork-Presbyterian Brooklyn Methodist Hospital is a member of the NewYork-Presbyterian Regional Hospital Network. For more information or to find a physician, please call 718-499-2273 or visit nyp.org/brooklyn. Each Regional Hospital conducts its own community health needs assessment and develops independent community service plans.

CHNA Vision Statement

Our Community Health Needs Assessment will be a collaboration between NYP and the communities it serves.

It will identify significant health needs across our regions and align our hospital community benefits to improve community health over time.

Our approach will be systematic in an effort to capture current and unmet need while putting in place a process for ongoing evaluation.

Definition of Health

The definition of health historically referenced only physical health, but the definition for this CHNA is rooted in the knowledge that it is increasingly important to understand the broader components of health and well-being and how it can be impacted as well as improved.

“Health is a holistic combination of physical health (absence of sickness or pain), mental health, and wellness for which there is an individual and a community wide responsibility”.

The quotes below reflect views voiced by CHNA focus group participants from Brooklyn.

“Healthy to me is taking care of yourself. Like, have good teeth and hair, good skin, as well, as the outside, as well as the insides, also. And taking care of yourself. Eating properly and seeing your doctor kind of regular time.”

“It has to do with one’s mental, physical, emotional state of being, and wellness.”

“Being healthy. I mean, mentally healthy to do anything. Because once you go through a depression, you can’t do nothing.”

CHNA Governance and Collaboration

- NewYork-Presbyterian Brooklyn Methodist Hospital engaged in a seven-month, comprehensive, and collaborative development of this Community Health Needs Assessment (CHNA).
- Several existing NYP committees were leveraged and several newly formed to provide both governance and guidance to the process.
- NYP's CHNA Core Committee managed this process, with significant input from Brooklyn's hospital leaders, NYP's diverse team of subject matter experts, and contracted consultants.
- In addition, NYP obtained broader community input through facilitation of focus groups and administration of questionnaires to area residents – detailed later in this study.



CHNA Process

NYP Brooklyn Methodist Hospital conducted its 2019 CHNA by:

1. Obtaining broad community input regarding local health needs including the needs of medically underserved and low-income populations
2. Collecting and evaluating quantitative data for multiple indicators of demographics, socioeconomic status, health, and social determinants
3. Preparing an analysis resulting in the identification of the high disparity neighborhoods in the NYP-BMH's community
4. Completing an analysis and health needs prioritization
5. Ensuring integration with the Priority Areas of the 2019-2024 New York State Prevention Agenda
6. Describing the process and methodologies utilized throughout
7. Making the CHNA results publicly available online

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Defining the NYP-BMH Community

Defining New York Geographies

This CHNA utilizes information based upon multiple geographical definitions as were publicly available. The below is a description of these various geographies provided by the Citizen’s Committee for Children (CCC).



Geography	Population Range	Description
Community District (CD)	Between 50,000 to 250,000 residents	There are 59 community districts (CD) in New York City (NYC). Each is assigned to a community board, which were created by local law in 1975 as appointed advisory groups for questions related to land use and zoning, the city budget process, and service delivery. There are 12 CDs in Manhattan, 12 in the Bronx, 18 in Brooklyn, 14 in Queens, and 3 in Staten Island.
Census Tract	Between 3,000 to 4,000 residents	There are 2,168 census tracts in New York City. They are small statistical subdivisions of counties used by the United States Census Bureau (USCB) for analyzing population demographics. Each decade, the USCB updates the boundaries of census tracts and attempts to keep changes to a minimum. The population range reported here is specific to NYC and may be larger for census tracts outside the city.
Neighborhood Tabulation Area (NTA)	Minimum 15,000 residents	There are 190 NTAs in New York City. The NYC Department of City Planning created these boundaries to estimate populations in small areas, which are similar to historical New York City neighborhoods, but not fully reflective due to several constraints. NTAs are aggregations of census tracts from the decennial census and they are subsets of New York City’s 55 Public Use Microdata Areas (PUMAs) and congruent with PUMA boundaries. Typically, two or three NTAs fit within one PUMA. NTAs offer greater statistical reliability compared to census tracts, and therefore are a compromise between census tracts and the larger CDs and PUMAs, which provide less granularity but more reliable estimates for census survey data.
ZIP Codes	Not applicable	There are 263 ZIP Codes in NYC. Around 60 are associated with individual buildings and part of a larger ZIP Code in Manhattan. Individual ZIP Codes may cross state, place, county, census tract, and other census boundaries. The USCB created generalized areal representations of ZIP Code service areas called ZIP Code Tabulation Areas (ZCTAs) and provides census estimates for these areas. ZCTAs were introduced with the 2000 Census and in most cases ZCTA Codes and ZIP Codes for an area are the same.

Summary for the Defined Brooklyn Community

Community Profile Overview

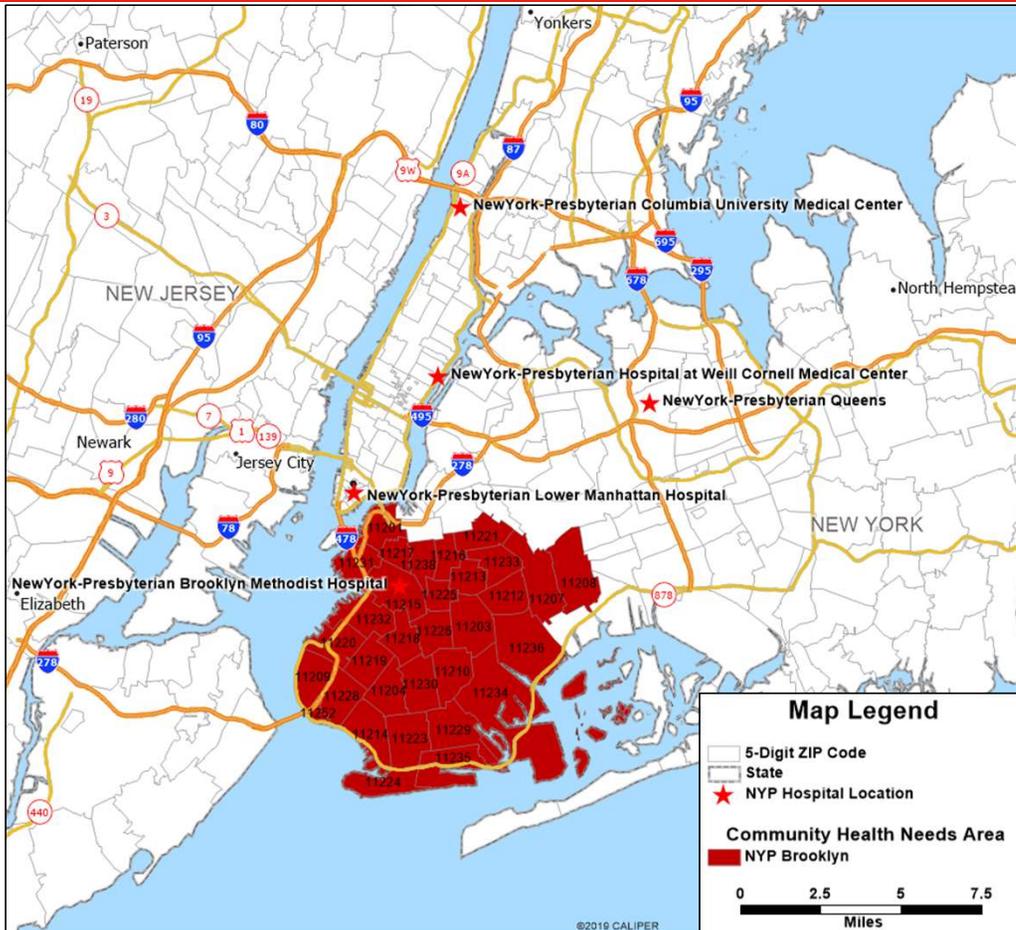
- The community definition for NewYork-Presbyterian Brooklyn Methodist Hospital was derived using 80% of ZIP codes from which NYP-BMH's patients originate and adding ZIP codes not among the original patient origin to create continuity in geographical boundaries, **resulting in a total of 32 community ZIP codes within Kings County.**
- The NYP-BMH community covers a geography of **approximately 2.3M people and is forecast to grow faster, 2.2%, than the state average, 1.5%, between 2019-2024.**
- The community's age cohort profile is similar to that of New York State but **is slightly younger** with only 14.0% of the population aged 65+ compared to 16.3%.
- However, this could be changing as the **age 65+ cohort is the fastest growing in the community, 14.0%, compared to all ages, 2.2%, between 2019-2024.**
- In 2019, **the community has a higher non-White population, 65.9%, than the state 45.6%, driven by African Americans, 31.8%, followed by Hispanics, 17.2%.**
- **Future growth is projected for White, Hispanics, Asian/Hawaiian/Pacific Islanders, and Other populations** while the African American and American Indian populations are projected to decline.
- In 2019, **the income distribution in the NYP-BMH community is less favorable** than the New York State comparison and **the community's average household income, \$91,909, is lower than the average of New York State, \$101,507.**

Summary for the Defined Brooklyn Community continued

Community Profile Overview, continued

- The community is **less likely to speak ‘only English’ at home** than the average for New York State.
- **More of the population lives in family households, 63.5%, than non-family households, 38.5%**, and the household size is larger in comparison to New York State; Also, **there are 7% more children in the community than the average** for the benchmark of New York State.
- In 2019, this **community had a 5% higher Bachelor’s degree but a slightly lower high school attainment** than the average for the benchmark of New York State.
- The **unemployment rate, 7.4%, is 19% higher than the benchmark of New York State, and there are fewer white collar workers** than the state average.
- **Use of public transport to travel to work is 117% higher** than the average for New York State.
- An analysis of community health need and risk of high resource utilization was undertaken at the Neighborhood Tabulation Area (NTA) geography based upon a composite of 29 different indicators, carefully selected, across five domains: demographics, income, insurance, access to care and New York State Department of Health Prevention Agenda Priorities.
- The 32 ZIP codes were cross-walked to 49 NTAs categorized into four quartiles. Additional analysis was undertaken for the 24 NTAs of higher disparity and summarized in “Assessing the Health of the High Disparity Communities” section.

NYP Brooklyn Methodist Hospital's Community Definition



NewYork-Presbyterian Brooklyn Methodist Hospital CHNA Defined Community	
ZIP Codes	
11201	11221
11203	11223
11204	11224*
11207	11225
11208	11226
11209	11228*
11210	11229
11212	11230
11213	11231
11214	11232*
11215	11233
11216	11234
11217	11235
11218	11236
11219	11238
11220	11252*

*ZIP Code added for continuity
Sources: NYP hospital based zip code level patient origination, 80%, Mapititude

- The community definition was derived using 80% of ZIP codes from which NYP-BMH's patients originate over an 18 month period (Nov. 2017- Mar. 2019).
- Hospital based patient data was provided by NYP's Value Institute and included inpatient admissions and outpatient visits and ancillary procedures.
- In order to create a contiguous community definition, ZIP codes not among the original patient origin were included to create continuity in geographical boundaries.

Total Population Growth by Age Cohort

NewYork-Presbyterian
 NYP Brooklyn Methodist Service Area vs. the State of New York State - Population by Age Cohort
 Calendar Years 2019 to 2024

Age Cohort	Census 2010		Estimated 2019		Projected 2024		Percent Change 2010 - 2024	Percent Change 2019 - 2024
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total		
NYP Brooklyn Methodist Service Area								
0 - 14	428,806	19.6%	459,111	19.9%	477,346	20.2%	11.3%	4.0%
15 - 44	969,145	44.2%	979,949	42.4%	955,911	40.5%	-1.4%	-2.5%
45 - 64	534,010	24.4%	546,895	23.7%	557,640	23.6%	4.4%	2.0%
65 +	260,660	11.9%	323,273	14.0%	368,514	15.6%	41.4%	14.0%
Total	2,192,621	100.0%	2,309,228	100.0%	2,359,411	100.0%	7.6%	2.2%
Women 15 - 44	503,384	23.0%	504,596	21.9%	487,893	20.7%	-3.1%	-3.3%
Median Age		35.0		36.2		37.6	7.4%	3.8%
New York State								
0 - 14	3,531,233	18.2%	3,458,401	17.4%	3,450,628	17.1%	-2.3%	-0.2%
15 - 44	8,046,567	41.5%	7,971,497	40.1%	7,907,927	39.2%	-1.7%	-0.8%
45 - 64	5,182,359	26.7%	5,223,469	26.2%	5,121,167	25.4%	-1.2%	-2.0%
65 +	2,617,943	13.5%	3,250,309	16.3%	3,716,838	18.4%	42.0%	14.4%
Total	19,378,102	100.0%	19,903,676	100.0%	20,196,560	100.0%	4.2%	1.5%
Women 15 - 44	4,047,947	20.9%	3,985,000	20.0%	3,930,376	19.5%	-2.9%	-1.4%
Median Age		37.8		39.0		40.1	6.1%	2.7%

[/[NYP_Brooklyn_Demographic_SAbyZIP.xlsx]Pop_Table

Source: Nielsen, Inc.

- The NewYork-Presbyterian Brooklyn Methodist Hospital community serves a geography that comprises approximately 2.3M people in 2019 and is projected to grow faster, 2.2%, than the state, 1.5%, between 2019-2024.
- The age cohort profile is similar to that of New York State but is slightly younger with only 14.0% of the population aged 65+ compared to 16.3%.
- The growth projected, between 2019-2024, for all ages is 2.2% in the NYP-BMH community, while the state is only 1.5%.

Population by Race & Ethnicity

NewYork-Presbyterian
 NYP Brooklyn Methodist Service Area vs. the State of New York State - Ethnic Profile
 Calendar Years 2019 to 2024

Ethnicity	Census 2010		Estimated 2019		Projected 2024		Percent Change 2010 - 2024	Percent Change 2019 - 2024
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total		
NYP Brooklyn Methodist Service Area								
Hispanics	385,620	17.6%	398,097	17.2%	401,838	17.0%	4.2%	0.9%
Non-Hispanics								
White	761,165	34.7%	786,927	34.1%	797,593	33.8%	4.8%	1.4%
African American	751,413	34.3%	735,029	31.8%	716,369	30.4%	-4.7%	-2.5%
American Indian/Alaskan/Aleutian	4,140	0.2%	3,920	0.2%	3,725	0.2%	-10.0%	-5.0%
Asian/Hawaiian/Pacific Islander	245,259	11.2%	321,414	13.9%	364,974	15.5%	48.8%	13.6%
Other	45,024	2.1%	63,841	2.8%	74,912	3.2%	66.4%	17.3%
Subtotal	1,807,001	82.4%	1,911,131	82.8%	1,957,573	83.0%	8.3%	2.4%
Total	2,192,621	100.0%	2,309,228	100.0%	2,359,411	100.0%	7.6%	2.2%
New York State								
Hispanics	3,416,922	17.6%	3,897,754	19.6%	4,163,356	20.6%	21.8%	6.8%
Non-Hispanics								
White	11,304,247	58.3%	10,829,785	54.4%	10,574,224	52.4%	-6.5%	-2.4%
African American	2,783,857	14.4%	2,846,150	14.3%	2,864,737	14.2%	2.9%	0.7%
American Indian/Alaskan/Aleutian	53,908	0.3%	54,848	0.3%	55,436	0.3%	2.8%	1.1%
Asian/Hawaiian/Pacific Islander	1,411,514	7.3%	1,775,160	8.9%	1,984,868	9.8%	40.6%	11.8%
Other	407,654	2.1%	499,979	2.5%	553,939	2.7%	35.9%	10.8%
Subtotal	15,961,180	82.4%	16,005,922	80.4%	16,033,204	79.4%	0.5%	0.2%
Total	19,378,102	100.0%	19,903,676	100.0%	20,196,560	100.0%	4.2%	1.5%

[/NYP_Brooklyn_Demographic_SAByZIP.xlsx]Ethnicity_Table

- In 2019, the NewYork-Presbyterian Brooklyn Hospital community has a higher non-White population, 65.9%, than the state 45.6%.
- This is driven by African Americans, 31.8%, followed by Hispanics, 17.2%.
- Future growth is projected for White, Hispanics, Asian/Hawaiian/Pacific Islanders, and Other populations while the African American and American Indian populations are projected to decline.

Socioeconomic Profile – Household Income

NewYork-Presbyterian
 NYP Brooklyn Methodist Service Area vs. the State of New York State - Socioeconomic Profile
 Calendar Years 2019 to 2024

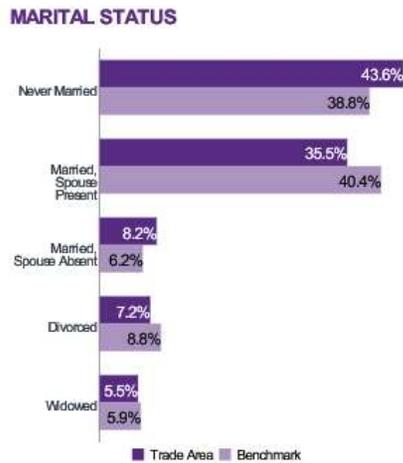
Socioeconomic Indicator	Census 2010	Estimated 2019	Projected 2024	Percent Change 2010 - 2024	Percent Change 2019 - 2024
NYP Brooklyn Methodist Service Area					
Population	2,192,621	2,309,228	2,359,411	7.6%	2.2%
Households	781,179	856,277	878,894	12.5%	2.6%
Median Household Income	\$33,717	\$60,097	\$68,732	103.9%	14.4%
Average Household Income	\$47,788	\$91,909	\$105,035	119.8%	14.3%
Income Distribution					
Under \$25,000	39.4%	24.2%	21.5%	-45.6%	-8.8%
\$25,000 - \$49,999	26.4%	19.5%	18.1%	-31.4%	-4.8%
\$50,000 - \$99,999	24.1%	25.2%	24.2%	0.3%	-1.7%
\$100,000 +	10.0%	31.1%	36.2%	260.9%	19.7%
	100.0%	100.0%	100.0%		
New York State					
Population	19,378,102	19,903,676	20,196,560	4.2%	1.5%
Households	7,056,878	7,584,043	7,719,346	9.4%	1.8%
Median Household Income	\$43,792	\$68,067	\$74,555	70.2%	9.5%
Average Household Income	\$61,489	\$101,507	\$111,343	81.1%	9.7%
Income Distribution					
Under \$25,000	29.5%	19.9%	18.2%	-38.5%	-7.0%
\$25,000 - \$49,999	26.3%	19.0%	17.8%	-32.1%	-4.3%
\$50,000 - \$99,999	29.0%	26.7%	25.7%	-11.2%	-2.0%
\$100,000 +	15.3%	34.4%	38.3%	151.1%	13.2%

- In 2019, the income distribution for NYP-BMH community is less favorable in comparison to the New York State average.
- The community's average household income, \$91,909, is lower than the average of New York State, \$101,507.
- Future growth is projected among the higher income bracket.

Source: Nielsen, Inc.

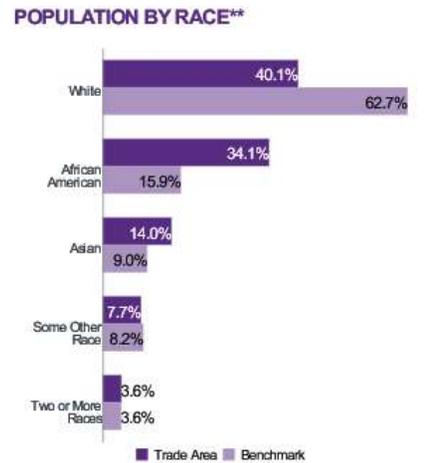
/[NYP_Brooklyn_Demographic-5AbyZIP.xlsx]Household_Table

Community Demographic Profile



POPULATION BY AGE

Age	Count	%	Index
0 - 4	162,569	7.0	121
5 - 9	155,566	6.7	116
10 - 14	140,976	6.1	106
15 - 17	80,725	3.5	96
18 - 20	77,233	3.3	82
21 - 24	109,714	4.8	90
25 - 34	385,441	16.7	116
35 - 44	326,836	14.2	112
45 - 54	281,302	12.2	94
55 - 64	265,593	11.5	87
65 - 74	190,588	8.3	87
75 - 84	91,595	4.0	86
85+	41,090	1.8	80



- In 2019, this community is comprised of approximately 2.3M people.
- The population that is Hispanic/ Latino is 12% lower than the average for the benchmark of New York State.
- The population also is less likely to speak only English at home.
- There are higher African American and Asian populations than the state average and there are about the same percentages of married and co-habiting persons as there are never married.

Benchmark: New York

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*Top variable chosen from percent composition ranking
 **Top 5 variables chosen from percent composition ranking

The index is a measure of how similar or different the defined area is from the benchmark.

Community Household & Housing

MEDIAN AGE OF HOUSEHOLDER

50

Index: 95

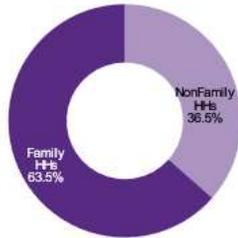
PRESENCE OF CHILDREN*



33.7%

Index: 107

HOUSEHOLD TYPE



HOUSING TENURE



Own

29.5%

Index: 56



Rent

70.5%

Index: 149

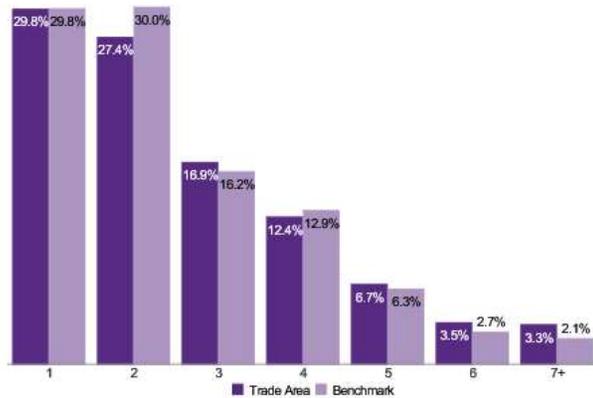
AGE OF HOUSING**



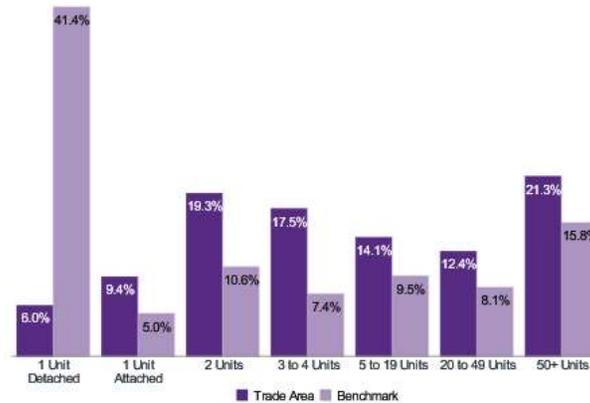
79+ years old

% Comp: 48.6 Index: 158

HOUSEHOLD SIZE



HOUSING UNITS IN STRUCTURE



Benchmark: New York

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<https://en.environmentalanalytics.com/Envision/About/3/2019>

*Uses the variable *Households with people under age 18*

**Chosen from percent composition ranking

Index Colors: <80 80 - 110 110+

The index is a measure of how similar or different the defined area is from the benchmark.

- This community is younger than the average for the benchmark of New York State; there is 7% more children in the community than the average for the benchmark of New York State.
- More of the population lives in family households, 63.5%, than non-family households, 38.5%, and the household size is larger in comparison to New York State.
- The number of homes rented is 49% higher than the average for the benchmark of New York State and 44% less than average own a home.

Community Education & Social Economic Status

EDUCATIONAL ATTAINMENT: TOP 2*



High School Graduate



Bachelor's Degree

EDUCATION: HISPANIC/LATINO



Bachelor's degree or higher

POVERTY STATUS



At or above poverty

HOUSEHOLD INCOME



Median Household Income
\$60,097
Index: 88

Average Household Income
\$91,909
Index: 91

HOUSEHOLD INCOME DISTRIBUTION



Benchmark: New York

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(<https://en.environicsanalytics.com/Envision/About/3/2019>)

*Ranked by percent composition

Index Colors: <80 80 - 110 110+

The index is a measure of how similar or different the defined area is from the benchmark.

- In 2019, this community had a 5% higher bachelor's degree but a slightly lower high school attainment than the average for the benchmark of New York State.
- The community's median household income is \$60,097 and average household income of \$91,909, both are less than the average for the benchmark of New York State.

Community Employment & Occupation

OCCUPATIONAL CLASS*



61.2%
Index: 97

White Collar

UNEMPLOYMENT RATE



7.4%
Index: 119

Percent of civilian labor force unemployed

METHOD OF TRAVEL TO WORK: TOP 2*



61.6%
Index: 217

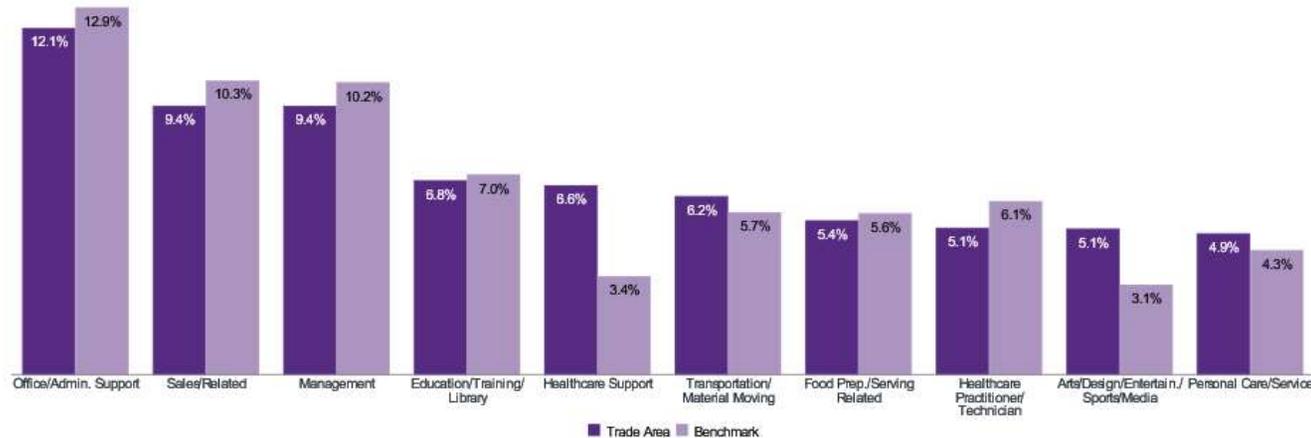
Travel to work by **Public Transport**



19.3%
Index: 37

Travel to work by **Driving Alone**

OCCUPATION: TOP 10*



Benchmark: New York

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(<https://en.environicsanalytics.com/Envision/About/3/2019>)

*Chosen from percent composition ranking

Index Colors: <80 80 - 110 110+

The index is a measure of how similar or different the defined area is from the benchmark.

- In 2019, this community's unemployment rate, 7.4%, is 19% higher than the benchmark of New York State, and there are fewer white-collar workers than the state average.
- The population that uses public transport to travel to work is 117% higher than the average for the benchmark of New York State.

AMAZING
THINGS
ARE
HAPPENING
HERE

Assessing the Health of the High Disparity Communities

Assessing the High Disparity Communities Summary

Demographics and Socioeconomic Status

- In the subset of NewYork-Presbyterian Brooklyn Methodist Hospital neighborhoods that have been identified as high disparity there is a total population of 1,344,778.
- There is variation between NTAs among gender and age cohorts which have implications for health services needed, but overall the high disparity community is 53.8% female and slightly younger, 10.9% of the population is 65+, compared to NYC.
- The NYP-BMH community has a much higher minority population at 86.1% (especially Black and Hispanic/Latino) than does the NYC average 67%.
- In aggregate there are more than NYC average percentages of residents that are foreign born, not graduated from high school, unemployed, and single parents.
- There are slightly fewer non-English speaking residents and about the same percentage of disabled residents as a percentage of the population as the NYC averages.
- There is a higher percentage of the population living in poverty, all ages 27.3%, than the NYC average, 20.6% and a higher percentage of the population living without health insurance, 15.5%, than the NYC average, 13.5%.
- Numerous neighborhoods also have a higher than average percentage of the population enrolled in Medicaid, overall 43.9%, NYC 37.0%.
- Compared to the NYC average, there are fewer people in the NYP-BMH community living in an Area Median Income (AMI) bands of more than \$100,000 and more living in bands under \$99,000.

Assessing the High Disparity Communities Summary

Social Determinants of Health

- The high cost of housing is a concern, as the percentage of overcrowded housing and high rent burden is less favorable than the NYC average and there are almost 100,000 residents living in public housing and more than 9,000 evictions reported.
- The number of meals missing annually from food insecure households in these NTAs were estimated at more than 135.6 million.
- Among the Social & Environmental Safety indicators assessed, there was a lower than NYC average for senior center participation (number of persons served by Senior Center program per 1,000 population age 65+), suggesting an opportunity for socialization of the senior age cohort.
- Assault hospitalizations per 100,000 population age adjusted and felony complaints per 100,000 population crude rate are higher among many of the neighborhoods in the NYP-BMH community.
- All neighborhoods in the NYP-BMH community have longer than NYC average commute times to work, with the exception of Sunset Park East which did not report workers having a commute of over 60 minutes each way.

Assessing the High Disparity Communities Summary

Health Status

- Despite there being an average amount of regular physical activity among the community members, there is higher than NYC average percentage of obesity in adults, 30.3%, NYC 24.0% and percentage of obesity in children, 21.7%, compared to NYC, 20.0%.
- The NYP-BMH community is less favorable than the NYC average for infant mortality (under one year old per 1,000 live births), 4.8, NYC 4.4, percent of live births receiving late prenatal care, 8.6%, NYC 7.0%, percent of pre-term births among all live births, 11.0%, NYC 9.1%, and teen birth rate per 1,000 women ages 15-19 , 29.9, NYC 23.7.
- Overall, NYP-BMH community premature mortality per 100,000 pop under age 65, 211.0, NYC 193.8, and the percentage of the population obtaining needed medical care, 11.1%, NYC 10.0%, are less favorable in comparison to the NYC average.
- There is variation across NTAs in reporting good-to-excellent health, but the percentage of the population reporting good mental health are about the same as the NYC average.
- Several NTAs note higher than average percentages of the population self-reporting binge drinking.
- Varying among NTAs, percentages of the population self-reporting smoking in several NTAs is 19.0%, compared to NYC 14.0%, and community children are visiting the ER for asthma care, 274.3, at rates higher per 10,000 children ages 5-17 than NYC, 223.0.
- The community has a higher than average percentage of chronic conditions among diabetes, 13.5%, NYC 11.0%, hypertension, 32.5%, NYC 28.0%, and arthritis, 19.5%, NYC 18.5%.
- There are a higher rate per 100,000 population of new diagnoses for HIV, 35.5%, NYC 24.0, and Hepatitis C per 100,000 population , 81.6, NYC 71.8.
- In comparison with NYC, 38.9, Kings County has a higher incidence of colorectal cancer per 100,000, 42.0.

Assessing the High Disparity Communities Summary

Health Care Service Utilization

- Avoidable or preventable hospitalizations per 100,000 population ages 18+ are an issue; All, 2,243, NYC 1,662. Asthma, 363, NYC 233. Diabetes, 456, NYC 294. Hypertension, 122, NYC 96. These indicate a lack of access to ambulatory care for conditions that would otherwise not have required an admission.
- Other hospitalizations (psychiatric, alcohol, drugs, child asthma) in the community vary by neighborhood, but are less favorable than the NYC average.
- However, hospitalizations for falls per 100,000 population ages 65+, appear to be more favorable for many of the neighborhoods than the NYC average, with the exception of Seagate-Coney Island, 2,354, Starett City, 2,321, and Crown Heights North, 2,333, NYC 1,840.
- There are higher than NYC average crude rate of ED visits (all per 100,000 population and treat and release per 100,000 population) among select higher disparity NTAs.
- Several NTAs also have a higher than average percentage of preventable ER treat and release visits, suggesting a lack of access to ambulatory care.

Assessing the High Disparity Communities Summary

Neighborhoods with the highest disparities

- Overall, the neighborhoods listed in the top half of the high disparity communities consistently report unfavorably.
- Brownsville, East New York (Pennsylvania Ave), East New York, Ocean Hill, Stuyvesant Heights, Seagate-Coney Island, Crown Heights North and Erasmus report less favorable statistics for the Women, Infants, and Children indicators.
- Seagate-Coney Island NTA has higher than average hospitalizations among all indicators.
- Brownsville, Bushwick South, Erasmus¹, and Rugby-Remsen Village NTAs have higher than average ER utilization.

¹ The NYC Department of City Planning created Neighborhood Tabulation Areas (NTAs) to estimate populations in small areas, which are similar to historical New York City neighborhoods, but not fully reflective due to several constraints. The NTA of Erasmus approximately equates to the neighborhood of Flatbush.

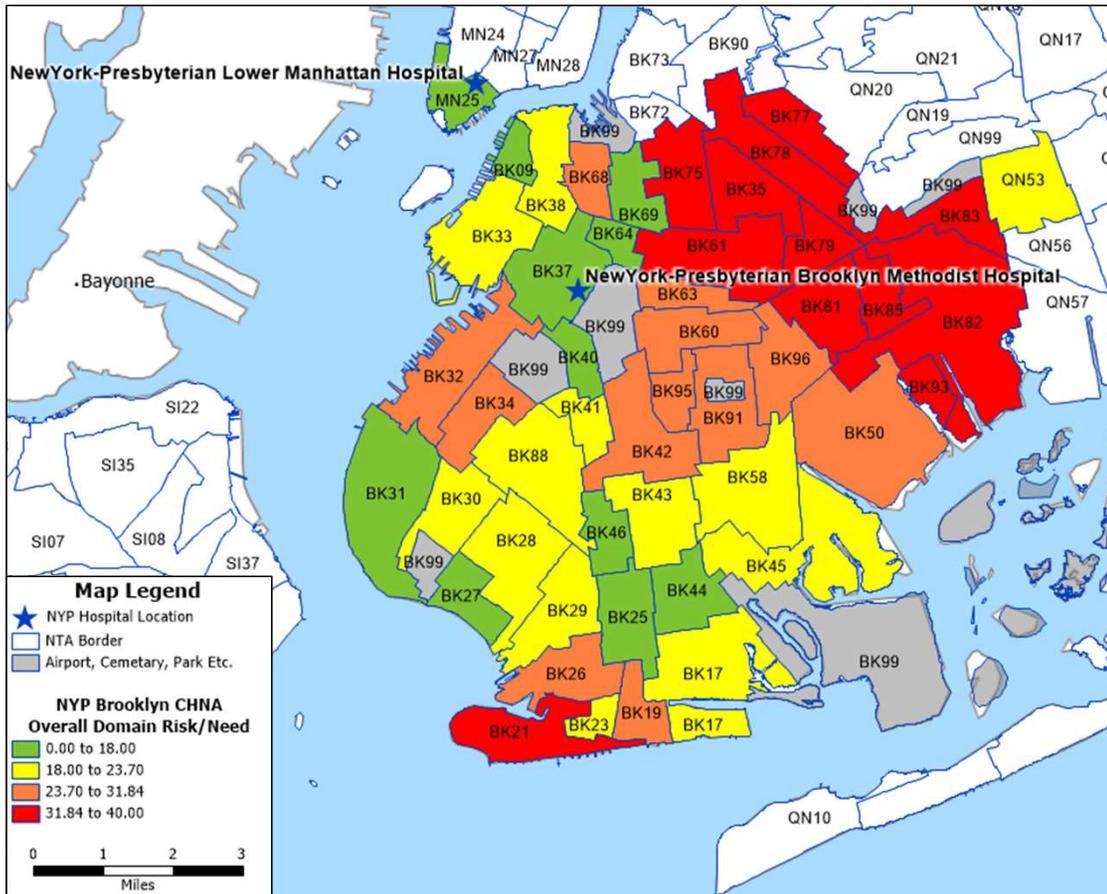
NYP-BMH High Disparity Communities Analysis Method

Objective: The objective is to identify the geographical areas by Neighborhood Tabulation Area (NTA) within NYC for which there is a higher health need and/or a higher risk of required resources.

Method:

- This analysis was adapted from the Citizen's Committee for Children Community Risk Index Report. However, the risk ranking utilized a selection of 29 indicators across five domains (demographics, income, insurance, access to care and the New York State Department of Health Prevention Agenda Priorities) for the broader community of all ages.
- Similar to the CCC analysis:
 - Data for individual indicators are collected by NTA (or cross walked to NTA).
 - Each indicator's data are standardized using Linear Scaling Technique (LST), which calculates the difference between the value of a given NTA and that of the lowest value NTA and divides this number by the difference between the highest value NTA and the lowest value NTA.
 - The standardized values are then ranked from low to high with regard to increasing risks to well-being (a higher rank illustrates a higher risk/need).
 - Then indicators are averaged within each domain using equal weighting to produce five domain indices.
 - These five domains indices are averaged again using equal weighting to produce an overall domain of risk/need for each NTA.

NYP Brooklyn Methodist Hospital Communities of High Disparity Analysis



- The defined community was cross walked to New York City Planning Neighborhood Tabulation Area (NTA). This resulted in NTAs that are located in Queens (QN53), New York (MN25) and mostly Kings Counties.
- An analysis of community health need and risk of high resource utilization was undertaken at the NTA geography.
- The need score is a composite of 29 different indicators, carefully selected, across five domains: demographics, income, insurance, access to care and New York State Department of Health Prevention Agenda Priorities.
- The results show where there is more or less need comparatively between NTAs.

NYP-BMH Communities of High Disparity Analysis

Higher Disparity Quartiles 3 & 4

NTA Code	NTA Name	Domain 1, Demographics	Domain 2, Income	Domain 3, Insurance	Domain 4, Access to Care	Domain 5, NYS DOH PA	Overall Domain Risk/Need	Quartile
BK81	Brownsville	31	43	39	47	38	39.6	Quartile 4
BK85	East New York (Pennsylvania Ave)	29	43	37	46	38	38.6	Quartile 4
BK82	East New York	35	40	34	43	40	38.3	Quartile 4
BK79	Ocean Hill	32	40	30	47	39	37.5	Quartile 4
BK35	Stuyvesant Heights	31	35	33	40	36	35.0	Quartile 4
BK21	Seagate-Coney Island	32	37	38	34	31	34.4	Quartile 4
BK78	Bushwick South	35	35	27	39	35	34.1	Quartile 4
BK93	Starrett City	27	32	35	43	33	33.8	Quartile 4
BK75	Bedford	26	37	29	39	35	33.4	Quartile 4
BK61	Crown Heights North	31	30	27	39	36	32.5	Quartile 4
BK77	Bushwick North	36	37	21	37	31	32.4	Quartile 4
BK83	Cypress Hills-City Line	33	31	25	40	33	32.3	Quartile 4
BK95	Erasmus	31	22	30	35	41	31.8	Quartile 3
BK96	Rugby-Remsen Village	31	25	26	34	34	29.7	Quartile 3
BK26	Gravesend	27	32	35	27	27	29.5	Quartile 3
BK60	Prospect Lefferts Gardens-Wingate	30	28	25	31	34	29.5	Quartile 3
BK34	Sunset Park East	37	34	30	16	26	28.6	Quartile 3
BK32	Sunset Park West	33	30	23	23	30	27.5	Quartile 3
BK63	Crown Heights South	26	19	27	32	31	26.9	Quartile 3
BK42	Flatbush	31	21	27	24	32	26.8	Quartile 3
BK91	East Flatbush-Farragut	29	13	23	32	35	26.3	Quartile 3
BK50	Canarsie	33	18	26	27	28	26.3	Quartile 3
BK19	Brighton Beach	21	31	31	24	25	26.2	Quartile 3
BK68	Fort Greene	21	24	26	25	25	24.3	Quartile 3

- Recognizing the variability among domains and individual indicators, these 24 neighborhoods were identified to be of comparatively higher disparities which could benefit from focused efforts of health improvement.

Source: Citizen's Committee for Children; Data City of New York; Data2Go; NYC Health Atlas; NYC Mayor Report

NYP-BMH Communities of High Disparity Analysis

Lower Disparity Quartiles 1 & 2

NTA Code	NTA Name	Domain 1, Demographics	Domain 2, Income	Domain 3, Insurance	Domain 4, Access to Care	Domain 5, NYS DOH PA	Overall Domain Risk/Need	Quartile
BK43	Midwood	19	28	24	21	26	23.7	Quartile 2
BK58	Flatlands	29	14	26	24	23	23.1	Quartile 2
BK28	Bensonhurst West	35	21	30	7	21	22.7	Quartile 2
QN53	Woodhaven	30	12	24	24	22	22.3	Quartile 2
BK17	Sheepshead Bay-Gerritsen Beach-Manhattan Beach	26	23	30	15	18	22.2	Quartile 2
BK38	DUMBO-Vinegar Hill-Downtown Brooklyn-Boerum Hill	18	23	20	25	23	21.8	Quartile 2
BK88	Borough Park	25	32	23	7	22	21.7	Quartile 2
BK41	Kensington-Ocean Parkway	25	30	21	11	20	21.5	Quartile 2
BK29	Bensonhurst East	31	16	31	6	21	21.1	Quartile 2
BK23	West Brighton	16	23	20	24	17	20.1	Quartile 2
BK45	Georgetown-Marine Park-Bergen Beach-Mill Basin	20	10	23	22	16	18.3	Quartile 2
BK33	Carroll Gardens-Columbia Street-Red Hook	16	18	18	24	14	18.0	Quartile 1
BK30	Dyker Heights	28	15	25	6	16	18.0	Quartile 1
BK27	Bath Beach	25	15	26	6	16	17.5	Quartile 1
BK64	Prospect Heights	12	9	14	31	21	17.3	Quartile 1
BK25	Homecrest	20	18	23	9	14	16.9	Quartile 1
BK69	Clinton Hill	15	11	18	21	19	16.7	Quartile 1
BK46	Ocean Parkway South	16	26	21	7	12	16.3	Quartile 1
BK31	Bay Ridge	24	13	18	7	16	15.7	Quartile 1
BK40	Windsor Terrace	16	14	17	16	14	15.5	Quartile 1
BK44	Madison	20	13	19	9	13	14.6	Quartile 1
BK37	Park Slope-Gowanus	15	3	14	19	13	12.9	Quartile 1
BK09	Brooklyn Heights-Cobble Hill	8	4	15	12	8	9.5	Quartile 1
MN25	Battery Park City-Lower Manhattan	7	4	15	3	13	8.4	Quartile 1
BK99	park-cemetery-etc-Brooklyn 6	1	1	1	1	1	1.0	Quartile 1

- These 25 neighborhoods were identified to be of comparatively lesser disparities but will continue to benefit from the community health improvement efforts offered broadly by NYP-BMH.
- Note that the cross walk from one geography to another (ZIP code to NTA) includes neighborhoods (airport and park-cemetery-etc.) that may otherwise appear to be unpopulated.

Source: Citizen's Committee for Children; Data City of New York; Data2Go; NYC Health Atlas; NYC Mayor Report

Assessing the High Disparity Communities Overview

The Neighborhood Tabulation Areas (NTA) identified as Quartiles 3 and 4, for which there is a higher health need and/or a higher risk of required resources, will be evaluated in greater detail.

The following indicators have been selected to assess community health needs, to identify health disparities, to utilize in prioritizing the implementation strategies and to support health intervention planning.

- **Demographics** (population, gender, age cohort, race/ethnicity, foreign born, limited English language, unemployment, disability status, single parent households, etc.)
- **Socioeconomic status** (poverty, Area Median Income (AMI) eligibility for housing financial assistance)
- **Insurance status** (uninsured, Medicaid enrolled)
- **Social Determinants of Health** (housing, food and nutrition, social and safety environment, transportation)
- **Indicators of health** (healthy eating and physical activity, women, infants, and children, well-being & mental health, chronic disease, hospitalizations, and Emergency Department utilization)

Population Profile of the High Disparity Communities

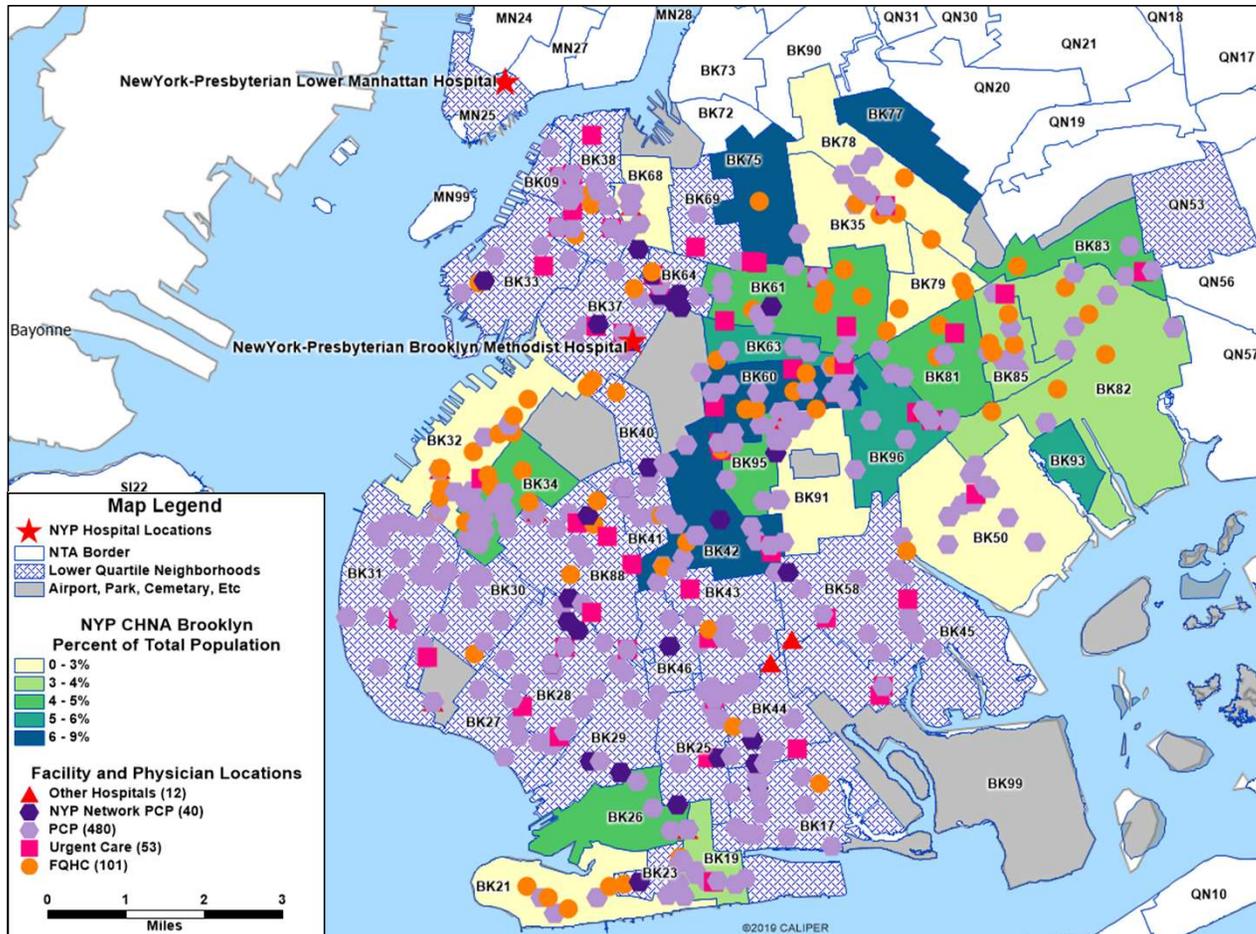
NYC Neighborhood Tabulation Area	Population (Total #)	Percent of female population	Percent of male population	Percent of population ages 0-17	Percent of population ages 18-24	Percent of population ages 25-44	Percent of population ages 45-64	Percent of population ages 65+
Brownsville	54,198	↑ 59.2%	40.8%	↑ 30.8%	11.5%	27.8%	20.5%	↓ 9.4%
East New York (Pennsylvania Ave)	44,116	↑ 55.2%	44.8%	↑ 31.8%	11.5%	27.1%	22.5%	↓ 7.2%
East New York	47,199	↑ 55.5%	44.5%	↑ 29.0%	11.8%	26.6%	23.1%	↓ 9.5%
Ocean Hill	37,155	↑ 55.6%	44.4%	↑ 27.0%	10.6%	28.2%	23.4%	↓ 10.9%
Stuyvesant Heights	22,716	↑ 54.6%	45.4%	↑ 23.9%	10.8%	31.0%	23.7%	↑ 10.5%
Seagate-Coney Island	21,294	↑ 53.1%	46.9%	↑ 22.5%	12.2%	21.2%	24.9%	↑ 19.3%
Bushwick South	27,396	↓ 52.2%	47.8%	↑ 22.6%	13.1%	34.5%	20.5%	↓ 9.2%
Starrett City	64,049	↑ 59.2%	40.8%	↓ 20.2%	9.1%	23.5%	22.8%	↑ 24.4%
Bedford	83,286	↓ 51.7%	48.3%	↑ 30.0%	11.9%	32.3%	18.2%	↓ 7.5%
Crown Heights North	57,150	↑ 55.3%	44.7%	↑ 22.4%	10.5%	33.6%	22.5%	↓ 10.9%
Bushwick North	105,083	↓ 49.6%	50.4%	↑ 24.2%	15.2%	36.7%	18.3%	↓ 5.5%
Cypress Hills-City Line	53,797	↓ 52.2%	47.8%	↑ 27.9%	12.4%	29.3%	23.2%	↓ 7.3%
Erasmus	61,278	↑ 54.9%	45.1%	↑ 24.3%	9.6%	29.2%	25.1%	↓ 11.7%
Rugby-Remsen Village	70,193	↑ 55.9%	44.1%	↑ 22.5%	10.1%	26.3%	27.3%	↑ 13.9%
Gravesend	53,290	↑ 55.0%	45.0%	↓ 21.1%	8.3%	25.8%	24.2%	↑ 20.6%
Prospect Lefferts Gardens-Wingate	87,373	↑ 55.6%	44.4%	↑ 22.0%	9.9%	30.2%	24.3%	↑ 13.7%
Sunset Park East	56,705	↓ 49.3%	50.7%	↑ 25.8%	10.3%	33.7%	22.3%	↓ 7.9%
Sunset Park West	33,925	↓ 46.9%	53.1%	↑ 22.8%	11.2%	38.0%	20.3%	↓ 7.6%
Crown Heights South	70,234	↑ 52.8%	47.2%	↑ 24.5%	13.4%	28.2%	23.2%	↓ 10.8%
Flatbush	77,095	↑ 54.6%	45.4%	↑ 23.6%	10.3%	31.3%	24.4%	↓ 10.4%
East Flatbush-Farragut	21,160	↑ 56.3%	43.7%	↓ 20.8%	9.8%	27.8%	26.9%	↑ 14.6%
Canarsie	25,113	↑ 54.7%	45.3%	↑ 23.2%	11.1%	26.6%	28.5%	↓ 10.5%
Brighton Beach	40,027	↑ 53.1%	46.9%	↓ 17.6%	7.4%	24.5%	28.4%	↑ 22.1%
Fort Greene	26,847	↑ 54.3%	45.7%	↓ 18.0%	11.4%	37.9%	20.7%	↓ 11.9%
Brooklyn High Disparity Communities	1,240,679	↑ 54.0%	46.0%	↑ 24.4%	11.1%	29.9%	22.9%	↓ 11.6%
New York City	8,354,889	52.4%	47.6%	21.4%	10.1%	31.4%	24.6%	12.5%
New York State	19,903,676	51.4%	48.6%	21.0%	9.3%	27.1%	26.3%	16.3%

Source: NYC Health Data Atlas

- ↑ Illustrates neighborhood statistic is larger than the NYC statistic
- ↔ Illustrates neighborhood statistic is equal to the NYC statistic
- ↓ Illustrates neighborhood statistic is smaller than the NYC statistic

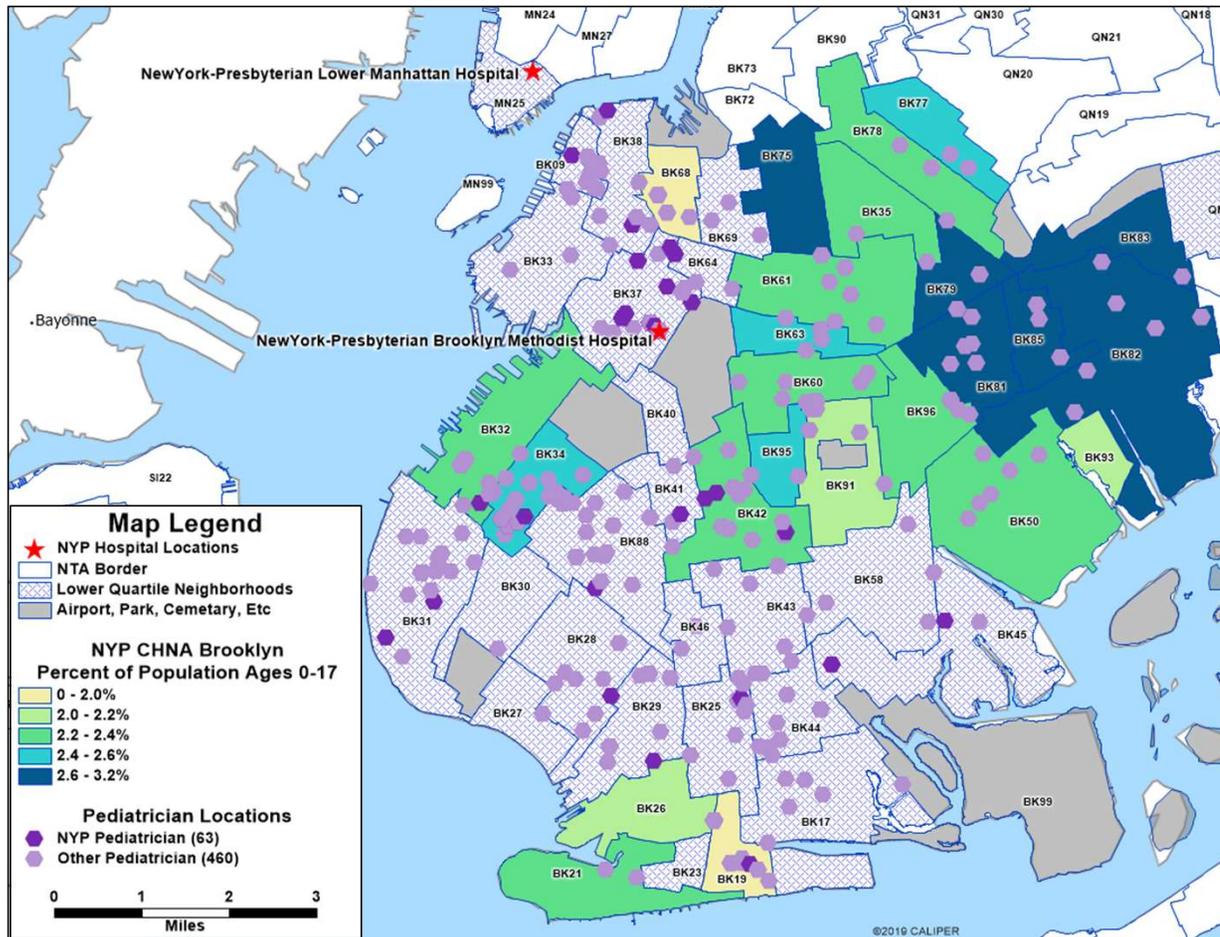
- Age and gender composition help inform an understanding of the community and health service planning.
- In the subset of New York-Presbyterian Brooklyn Methodist Hospital neighborhoods that have been identified as high disparity there is a total population of 1,344,778.
- 53.8% of the community is female and 46.2% is male, about the same as the NYC average.
- The population is slightly younger, 10.9% of the population is 65+, compared to NYC, 12.5%.

Total Population and Key Health Care Providers in the High Disparity Community



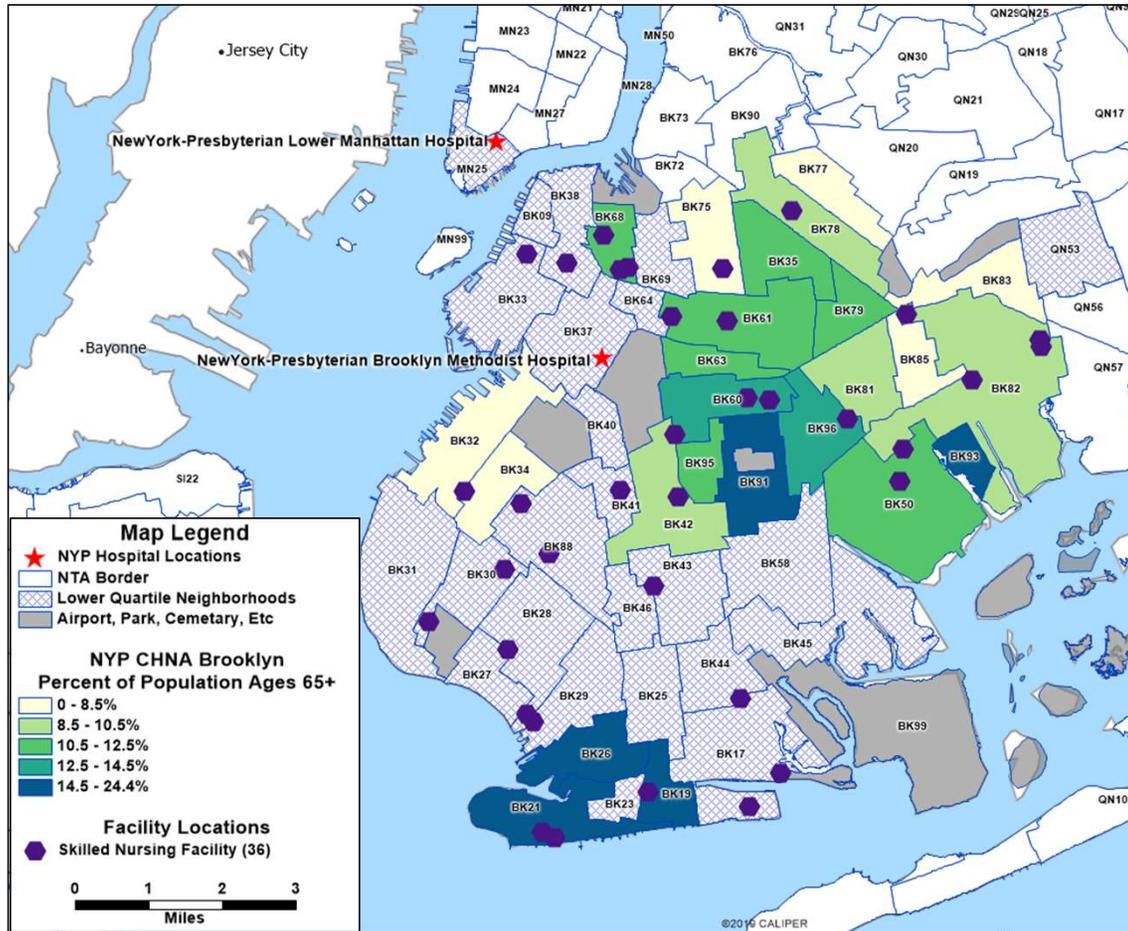
- Market saturation of health care providers within the surrounding areas of NYPBHM reflects a composition of Hospitals, NYP network Primary Care providers, non-NYP Primary Care providers, Urgent Care facilities, and Federally Qualified Health Centers (FQHC's) in order to reflect pockets of need to address community access issues.
- Analysis of such saturation or lack of saturation in appropriate providers allows for strategic placement of services to address community needs.

Pediatric Population and Key Health Care Providers in the High Disparity Community



- Community assets are outlined to reflect potential pockets of community need specific pediatric populations.
- NYP and non-NYP pediatric practices are identified to allow for identification of gaps as well as potential partnership arenas to impact the community at large.

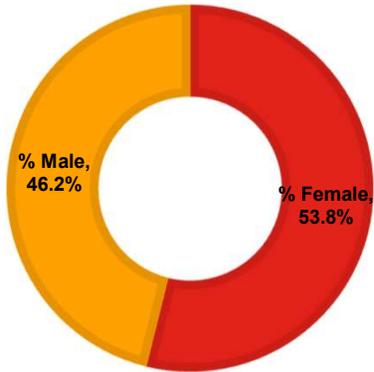
Senior Population and SNFs in the High Disparity Community



- Skilled Nursing Facilities are identified on the map to reflect potential access issues for concentrated senior populations, which is the fastest growing population for this community.
- Communities have dispersed providers and SNF's targeting senior populations suggesting areas for focused strategies to impact long-term care and post-acute activity.

Population by Gender, High Disparity Communities

Total High Disparity NTAs



	% Female	% Male
Total High Disparity	54.0%	46.0%
New York City	52.4%	47.6%
New York State	51.4%	48.6%

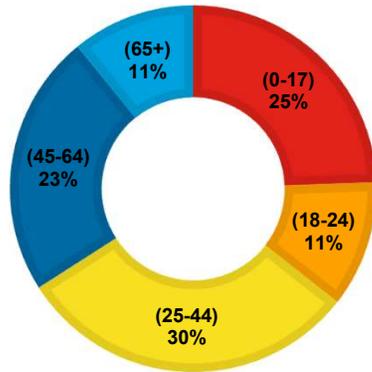
Source: NYC Health Data Atlas

- 53.8% of the community is female and 46.2% is male, about the same as the NYC average.
- There are several neighborhoods with a higher female % than NYC average, particularly Starrett City and Brownsville, both 59.2%

NYC Avg 52.4% F / 47.6% M

Population by Age Cohort, High Disparity Communities

Total High Disparity NTAs



	(0-17)	(18-24)	(25-44)	(45-64)	(65+)
Total High Disparity	24.4%	11.1%	29.9%	22.9%	11.6%
New York City	21.4%	10.1%	31.4%	24.6%	12.5%
New York State	21.0%	9.3%	27.1%	26.3%	16.3%

Source: NYC Health Data Atlas

- The population is slightly younger when compared to NYC, in particular East New York (Pennsylvania Ave), Brownsville and Bedford.
- There are more seniors than NYC average in Starrett City, Brighton Beach and Gravesend.

NYC Avg 0-17 21.4%

NYC Avg 65+ 12.5%

Race/Ethnicity Profile of the High Disparity Communities

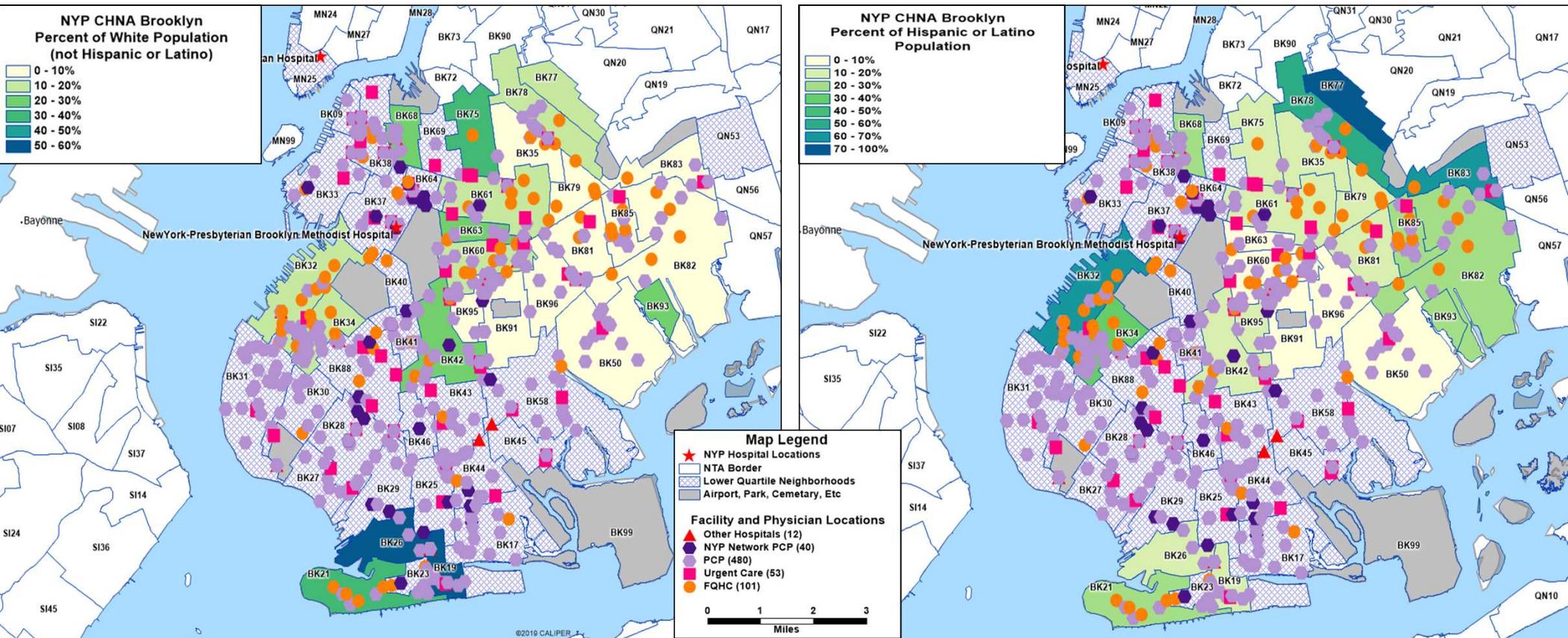
NYC Neighborhood Tabulation Area	Percent of Hispanic or Latino population (any race)	Percent of White population (not Hispanic or Latino)	Percent of Black population (not Hispanic or Latino)	Percent of Asian and Pacific Islander population	Percent of all other race population
Brownsville	↓ 18.7%	↓ 0.9%	↑ 78.2%	↓ 0.9%	↓ 1.2%
East New York (Pennsylvania Ave)	↓ 28.1%	↓ 1.7%	↑ 69.1%	↓ 0.7%	↓ 0.5%
East New York	↓ 27.0%	↓ 1.8%	↑ 67.8%	↓ 2.1%	↓ 1.4%
Ocean Hill	↓ 16.9%	↓ 2.2%	↑ 78.2%	↓ 1.7%	↓ 1.1%
Stuyvesant Heights	↓ 19.5%	↓ 5.8%	↑ 70.9%	↓ 2.3%	↓ 1.4%
Seagate-Coney Island	↓ 24.9%	↓ 32.0%	↑ 29.8%	↓ 11.6%	↓ 1.8%
Bushwick South	↑ 59.0%	↓ 11.6%	↑ 25.0%	↓ 3.0%	↓ 1.4%
Starrett City	↓ 21.8%	↓ 24.8%	↑ 49.1%	↓ 2.8%	↓ 1.5%
Bedford	↓ 19.3%	↓ 30.6%	↑ 45.4%	↓ 2.7%	↓ 2.0%
Crown Heights North	↓ 12.1%	↓ 12.8%	↑ 69.9%	↓ 2.7%	↓ 2.4%
Bushwick North	↑ 71.7%	↓ 12.1%	↓ 9.5%	↓ 6.0%	↓ 0.8%
Cypress Hills-City Line	↑ 60.4%	↓ 5.0%	↑ 25.9%	↓ 6.4%	↓ 2.4%
Erasmus	↓ 11.0%	↓ 1.4%	↑ 84.2%	↓ 1.6%	↓ 1.8%
Rugby-Remsen Village	↓ 5.6%	↓ 1.3%	↑ 90.6%	↓ 0.9%	↓ 1.6%
Gravesend	↓ 13.9%	↑ 52.5%	↓ 9.1%	↑ 22.9%	↓ 1.6%
Prospect Lefferts Gardens-Wingate	↓ 9.6%	↓ 11.7%	↑ 74.2%	↓ 2.2%	↓ 2.3%
Sunset Park East	↑ 33.6%	↓ 11.8%	↓ 1.4%	↑ 51.6%	↓ 1.6%
Sunset Park West	↑ 64.1%	↓ 17.2%	↓ 3.3%	↑ 13.8%	↓ 1.4%
Crown Heights South	↓ 8.2%	↓ 26.4%	↑ 62.5%	↓ 1.2%	↓ 1.5%
Flatbush	↓ 17.7%	↓ 22.2%	↑ 47.5%	↓ 9.8%	↑ 2.8%
East Flatbush-Farragut	↓ 5.8%	↓ 1.8%	↑ 89.1%	↓ 1.5%	↓ 1.7%
Canarsie	↓ 7.9%	↓ 4.9%	↑ 82.5%	↓ 3.0%	↓ 1.7%
Brighton Beach	↓ 12.4%	↑ 68.7%	↓ 1.3%	↑ 15.2%	↓ 2.3%
Fort Greene	↓ 21.5%	↓ 28.2%	↑ 37.8%	↓ 8.8%	↑ 3.6%
Brooklyn High Disparity Communities	↓ 25.2%	↓ 16.4%	↑ 49.5%	↓ 7.2%	↓ 1.7%
New York City	28.8%	32.7%	22.6%	13.2%	2.7%
New York State	19.6%	54.4%	14.3%	8.9%	2.8%

Source: NYC Health Data Atlas

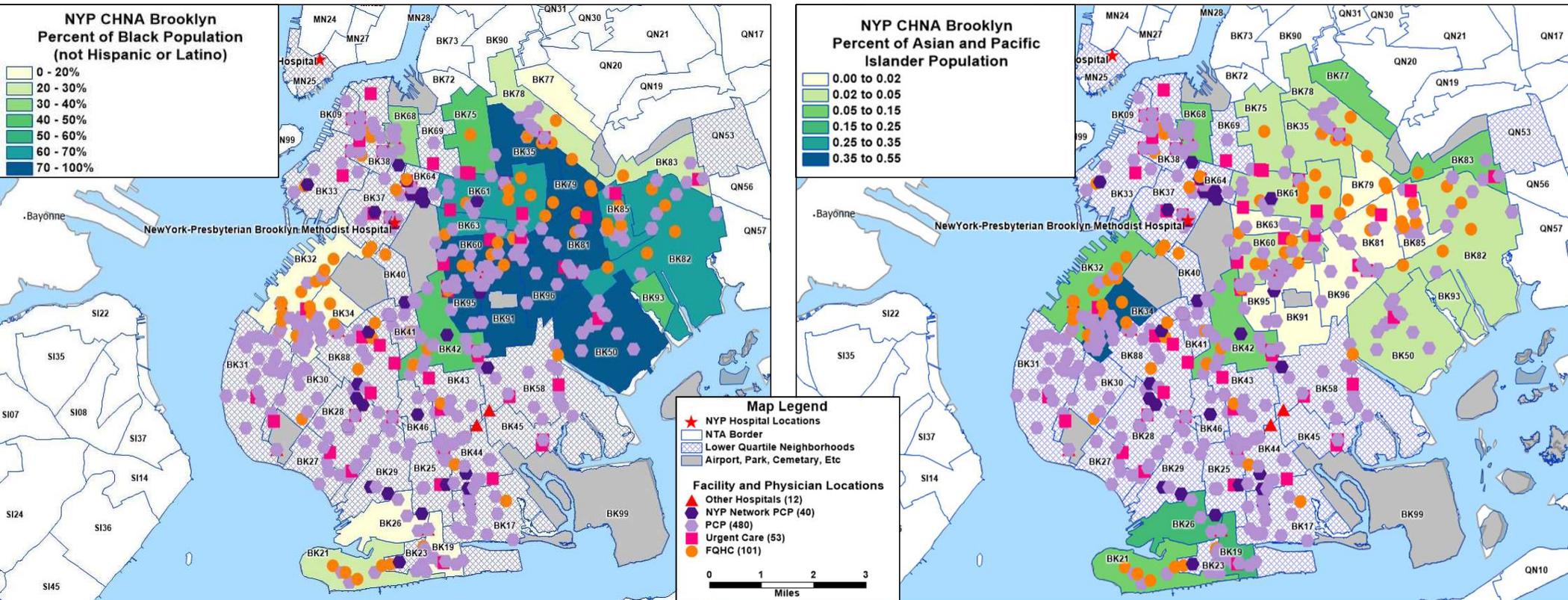
- ↑ Illustrates neighborhood statistic is larger than the NYC statistic
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- ↓ Illustrates neighborhood statistic is smaller than the NYC statistic

- Race/ethnicity composition can also help inform an understanding of the community and health service needs as well as potential cultural norms to consider in outreach and care delivery.
- The NYP-BMH community is primarily Black, 51.9%, Hispanic/Latino, 25.1%, and White, 13.9%.
- Asian comprises 7.3% of the population and 1.8% report an other race.
- In comparison, the NYP-BMH community has a significantly higher percentage of the Black population than does the NYC average.

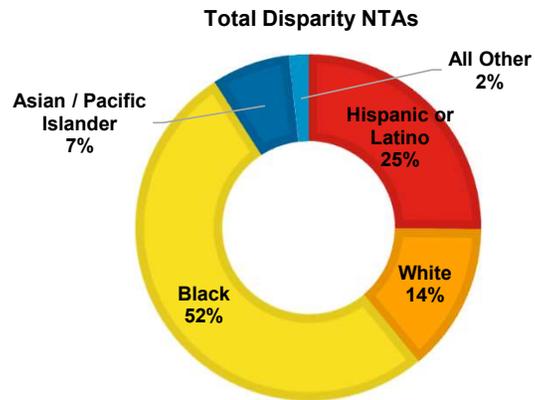
Population by Race/Ethnicity and Key Health Care Providers in the High Disparity Communities



Population by Race/Ethnicity and Key Health Care Providers in the High Disparity Communities



Population by Race / Ethnicity, High Disparity Communities



	Hispanic or Latino	White	Black	Asian / Pacific Islander	All Other
Total High Disparity	25.2%	16.4%	49.5%	7.2%	1.7%
New York City	28.8%	32.7%	22.6%	13.2%	2.7%
New York State	19.6%	54.4%	14.3%	8.9%	2.8%

Source: NYC Health Data Atlas

- Rugby-Remsen Village, East Flatbush-Farragut, Erasmus and Canarsie each have Black populations higher than 80%.
- There are Hispanic/Latino populations higher than 50%, Sunset Park West, Cypress Hills-City Line and Bushwick South.
- Sunset Park East has an Asian/Pacific Islander population higher than 50%.

Poverty & Health Insurance in the High Disparity Communities

NYC Neighborhood Tabulation Area	% of population all ages living below FPL	% of population ages 0-17 living below FPL	% of population ages 65+ living below FPL	Percent of population without health insurance	Percent of ages 0-17 without health insurance	Percent of population enrolled in Medicaid
Brownsville	40.0%	54.0%	31.2%	12.5%	5.0%	54.4%
East New York (Pennsylvania Ave)	39.4%	56.7%	27.2%	14.0%	5.5%	48.9%
East New York	33.2%	42.2%	30.7%	11.0%	3.6%	51.4%
Ocean Hill	30.0%	41.8%	26.2%	14.1%	4.1%	45.7%
Stuyvesant Heights	28.9%	41.4%	28.2%	13.8%	5.5%	35.3%
Seagate-Coney Island	37.1%	43.1%	47.6%	8.9%	2.6%	66.8%
Bushwick South	27.8%	38.5%	35.2%	19.7%	4.1%	39.6%
Starrett City	32.0%	32.4%	45.4%	4.8%	2.0%	47.1%
Bedford	34.3%	49.5%	29.3%	11.0%	1.9%	52.0%
Crown Heights North	29.1%	38.5%	30.4%	15.7%	4.4%	38.0%
Bushwick North	31.0%	43.8%	31.9%	30.8%	3.8%	34.2%
Cypress Hills-City Line	30.2%	39.6%	26.4%	15.5%	4.0%	52.0%
Erasmus	23.0%	30.6%	19.8%	17.7%	4.8%	41.3%
Rugby-Remsen Village	18.6%	23.5%	16.7%	15.4%	4.6%	34.5%
Gravesend	23.7%	35.5%	23.4%	13.1%	11.0%	47.4%
Prospect Lefferts Gardens-Wingate	23.4%	32.6%	21.8%	15.1%	3.7%	33.1%
Sunset Park East	34.7%	46.2%	35.2%	21.1%	4.3%	85.5%
Sunset Park West	28.0%	39.4%	29.4%	24.3%	3.9%	41.6%
Crown Heights South	21.2%	25.9%	15.0%	13.7%	2.9%	36.4%
Flatbush	20.6%	27.5%	23.2%	16.3%	4.8%	40.6%
East Flatbush-Farragut	12.4%	17.4%	12.5%	11.9%	3.9%	30.5%
Canarsie	15.2%	22.0%	17.7%	11.3%	4.7%	30.6%
Brighton Beach	28.1%	30.6%	44.7%	12.0%	5.9%	49.7%
Fort Greene	24.1%	39.9%	20.2%	11.2%	3.6%	30.6%
Brooklyn High Disparity Communities	28.0%	37.4%	27.6%	15.6%	4.3%	44.3%
New York City	20.6%	29.7%	18.6%	13.5%	4.0%	37.0%
New York State	N/A	N/A	N/A	N/A	N/A	N/A

Source: NYC Health Data Atlas

- Indicates neighborhood statistic is more favorable than the NYC statistic by more than five percent
- Indicates neighborhood statistic is within five percent of the NYC statistic
- Indicates neighborhood statistic is less favorable than the NYC statistic by more than five percent

- Economic factors and insurance are the large predictors of health outcomes and strongly influence health behavior.
- Overall, the NYP-BMH community is less favorable than the NYC average of all poverty and insurance indicators.
- There are more living in poverty, all ages 27.3%, than the NYC average, 20.6%.
- Many of these neighborhoods have a much higher percent of the population that are uninsured, 15.5%, than the NYC average, 13.5%.
- Numerous neighborhoods also have a higher than average Medicaid enrollment, overall 43.9%, NYC 37.0%.

Other Risk Indicators in the High Disparity Communities

NYC Neighborhood Tabulation Area	Percent of population born outside the U.S. or U.S. territories	Percent of population age 5+ report speaking English "less than very well"	Percent Adults Age 25+ Not Completed High School	% of population ages 16+ unemployed	% of population reported disabled	% of households, single mother with children	% of households, single father with children
Brownsville	↓ 27.7%	↓ 8.2%	↑ 27.2%	↑ 15.1%	↑ 11.6%	↑ 32.6%	↑ 3.0%
East New York (Pennsylvania Ave)	↓ 34.7%	↓ 9.3%	↑ 29.2%	↑ 16.3%	↓ 9.8%	↑ 31.4%	↑ 3.4%
East New York	↓ 29.2%	↓ 9.9%	↑ 22.1%	↑ 13.9%	⇒ 10.3%	↑ 25.9%	↑ 3.9%
Ocean Hill	↓ 29.6%	↓ 9.1%	↑ 26.8%	↑ 13.1%	↑ 12.1%	↑ 22.7%	↑ 5.2%
Stuyvesant Heights	↓ 20.6%	↓ 8.9%	↑ 24.0%	↑ 17.0%	↑ 11.3%	↑ 17.8%	↑ 3.5%
Seagate-Coney Island	↓ 34.4%	↑ 32.3%	↑ 28.6%	↑ 20.0%	↑ 22.1%	↑ 15.7%	↓ 2.3%
Bushwick South	↓ 30.2%	↑ 24.9%	↑ 34.2%	↑ 15.0%	↓ 10.2%	↑ 19.0%	↑ 3.0%
Starrett City	↓ 30.9%	↓ 21.9%	↑ 20.5%	↑ 15.6%	↑ 24.0%	↑ 21.6%	↓ 1.0%
Bedford	↓ 19.3%	↓ 15.8%	↑ 22.5%	↑ 13.2%	↓ 10.2%	↑ 15.6%	↓ 1.7%
Crown Heights North	↓ 32.5%	↓ 8.8%	↑ 20.9%	↑ 12.7%	↑ 10.0%	↑ 19.0%	↑ 3.0%
Bushwick North	↑ 42.8%	↑ 43.4%	↑ 45.9%	↑ 13.3%	↓ 6.5%	↑ 17.6%	↑ 8.2%
Cypress Hills-City Line	↑ 46.1%	↑ 24.0%	↑ 28.5%	↓ 8.6%	↓ 6.6%	↑ 19.6%	↑ 5.0%
Erasmus	↑ 54.5%	↓ 12.6%	↓ 19.2%	↑ 14.3%	↓ 6.9%	↑ 19.5%	↑ 4.5%
Rugby-Remsen Village	↑ 50.8%	↓ 5.4%	↓ 17.6%	↑ 11.4%	↓ 9.5%	↑ 20.2%	↑ 3.1%
Gravesend	↑ 47.0%	↑ 41.7%	↑ 23.9%	↑ 11.9%	↑ 15.0%	↓ 9.5%	↓ 1.5%
Prospect Lefferts Gardens-Wingate	↑ 45.4%	↓ 10.8%	↓ 18.2%	↑ 15.1%	↑ 9.0%	↑ 16.8%	↓ 2.2%
Sunset Park East	↑ 58.4%	↑ 60.7%	↑ 53.5%	↑ 11.1%	↓ 8.5%	↑ 11.8%	↑ 5.2%
Sunset Park West	↑ 45.0%	↑ 44.5%	↑ 38.2%	↓ 10.1%	↓ 8.5%	↑ 10.8%	↑ 3.9%
Crown Heights South	↓ 35.9%	↓ 10.9%	↓ 16.1%	↑ 16.4%	↓ 7.5%	↑ 11.9%	↑ 3.4%
Flatbush	↑ 47.6%	↑ 27.2%	↑ 20.3%	↑ 10.6%	↓ 8.9%	↑ 13.4%	↑ 2.8%
East Flatbush-Farragut	↑ 53.6%	↓ 9.7%	↓ 12.5%	↓ 10.2%	↓ 7.6%	↑ 16.3%	↑ 3.3%
Canarsie	↑ 46.7%	↓ 14.1%	↓ 16.3%	↓ 9.7%	↓ 9.0%	↑ 16.9%	↑ 3.7%
Brighton Beach	↑ 69.5%	↑ 58.8%	↓ 12.1%	↓ 7.9%	↑ 20.0%	↓ 3.5%	↓ 1.1%
Fort Greene	↓ 21.9%	↓ 11.9%	↓ 18.1%	↑ 13.3%	↓ 9.6%	↑ 13.4%	↓ 1.3%
Brooklyn High Disparity Communities	↑ 40.3%	↓ 22.3%	↑ 25.5%	↑ 13.1%	↑ 10.6%	↑ 17.7%	↑ 3.5%
New York City	37.1%	23.2%	19.9%	10.3%	10.3%	9.6%	2.3%
New York State	N/A	N/A	13.8%	36.9%	4.9%	12.0%	3.2%

Source: NYC Health Data Atlas, Data2Go.NYC

- ↑# Illustrates neighborhood statistic is larger than the NYC statistic
- ⇒# Illustrates neighborhood statistic is equal to the NYC statistic
- ↓# Illustrates neighborhood statistic is smaller than the NYC statistic

- While none of these are conclusive determinants alone, these are other predictors of health outcome to consider - foreign born, the non-English speaking, those not graduating from high school, the unemployed, the disabled and single parents.
- Overall, the NYP-BMH community illustrates that it has a larger than NYC average across all indicators, except for those reporting speaking English less well or having a disability.
- Many NTAs have a higher than NYC average unemployment percentage and a higher than average number of single parent households.

Percent of People Living within Select Income Bands (% AMI) in the High Disparity Communities

NYC Neighborhood Tabulation Area	% of People Living within Income Band \$200,000 or more	% of People Living within Income Band \$100,000 to \$199,999	% of People Living within Income Band \$75,000 to \$99,999	% of People Living within Income Band \$50,000 to \$74,999	% of People Living within Income Band \$35,000 to \$49,999	% of People Living within Income Band \$25,000 to \$34,999	% of People Living within Income Band \$15,000 to \$24,999	% of People Living within Income Band Under \$15,000
Brownsville	↓ 1.5%	↓ 7.4%	↓ 7.0%	↓ 11.2%	↓ 9.7%	↑ 8.5%	↑ 9.7%	↑ 45.0%
East New York (Pennsylvania Ave)	↓ 1.5%	↓ 7.4%	↓ 7.0%	↓ 11.2%	↓ 9.7%	↑ 8.5%	↑ 9.7%	↑ 45.0%
East New York	↓ 3.0%	↓ 10.9%	↓ 9.5%	↑ 15.6%	↑ 12.8%	↑ 11.2%	↑ 12.3%	↑ 24.8%
Ocean Hill	↓ 1.5%	↓ 7.4%	↓ 7.0%	↓ 11.2%	↓ 9.7%	↑ 8.5%	↑ 9.7%	↑ 45.0%
Stuyvesant Heights	↓ 8.2%	↓ 18.3%	↓ 10.3%	↓ 14.6%	↑ 10.8%	↑ 8.9%	↑ 11.9%	↑ 16.9%
Seagate-Coney Island	↓ 4.4%	↓ 14.5%	↓ 8.0%	↓ 13.1%	↑ 11.2%	↑ 8.0%	↑ 12.6%	↑ 28.2%
Bushwick South	↓ 6.2%	↓ 18.7%	↓ 10.1%	↑ 15.4%	↑ 11.6%	↑ 8.3%	↑ 10.4%	↑ 19.2%
Starrett City	↓ 3.0%	↓ 10.9%	↓ 9.5%	↑ 15.6%	↑ 12.8%	↑ 11.2%	↑ 12.3%	↑ 24.8%
Bedford	↓ 8.2%	↓ 18.3%	↓ 10.3%	↓ 14.6%	↑ 10.8%	↑ 8.9%	↑ 11.9%	↑ 16.9%
Crown Heights North	↓ 8.7%	↑ 23.2%	↓ 9.5%	↓ 13.7%	↑ 12.0%	↓ 6.6%	↓ 7.0%	↑ 19.3%
Bushwick North	↓ 6.2%	↓ 18.7%	↓ 10.1%	↑ 15.4%	↑ 11.6%	↑ 8.3%	↑ 10.4%	↑ 19.2%
Cypress Hills-City Line	↓ 3.0%	↓ 10.9%	↓ 9.5%	↑ 15.6%	↑ 12.8%	↑ 11.2%	↑ 12.3%	↑ 24.8%
Erasmus	↓ 3.1%	↓ 16.9%	↑ 13.7%	↑ 15.4%	↑ 16.1%	↑ 7.9%	↑ 10.6%	↑ 16.4%
Rugby-Remsen Village	↓ 3.1%	↓ 16.9%	↑ 13.7%	↑ 15.4%	↑ 16.1%	↑ 7.9%	↑ 10.6%	↑ 16.4%
Gravesend	↓ 4.4%	↓ 14.5%	↓ 8.0%	↓ 13.1%	↑ 11.2%	↑ 8.0%	↑ 12.6%	↑ 28.2%
Prospect Lefferts Gardens-Wingate	↓ 5.1%	↓ 15.6%	↑ 13.2%	↑ 17.1%	↑ 14.0%	↓ 6.8%	↑ 11.1%	↑ 17.1%
Sunset Park East	↓ 9.6%	↓ 18.9%	↑ 13.0%	↓ 13.8%	↑ 10.9%	↑ 10.0%	↑ 9.4%	↓ 14.4%
Sunset Park West	↓ 9.6%	↓ 18.9%	↑ 13.0%	↓ 13.8%	↑ 10.9%	↑ 10.0%	↑ 9.4%	↓ 14.4%
Crown Heights South	↓ 5.1%	↓ 15.6%	↑ 13.2%	↑ 17.1%	↑ 14.0%	↓ 6.8%	↑ 11.1%	↑ 17.1%
Flatbush	↓ 6.8%	↓ 18.8%	↓ 10.5%	↑ 19.3%	↑ 11.9%	↑ 7.9%	↓ 6.9%	↑ 18.0%
East Flatbush-Farragut	↓ 3.1%	↓ 16.9%	↑ 13.7%	↑ 15.4%	↑ 16.1%	↑ 7.9%	↑ 10.6%	↑ 16.4%
Canarsie	↓ 6.8%	↑ 28.7%	↑ 16.4%	↑ 14.7%	↓ 10.3%	↓ 7.4%	↓ 7.9%	↓ 7.9%
Brighton Beach	↓ 4.4%	↓ 14.5%	↓ 8.0%	↓ 13.1%	↑ 11.2%	↑ 8.0%	↑ 12.6%	↑ 28.2%
Fort Greene	↑ 19.2%	↑ 28.3%	↑ 12.3%	↓ 10.7%	↓ 6.4%	↓ 6.8%	↓ 6.3%	↓ 10.1%
Brooklyn High Disparity Communities	↓ 5.4%	↓ 16.0%	↓ 10.7%	↑ 14.8%	↑ 12.1%	↑ 8.5%	↑ 10.4%	↑ 21.9%
New York City	10.3%	21.2%	10.9%	14.7%	10.4%	7.8%	9.2%	15.4%
New York State	11.0%	23.5%	11.8%	14.9%	11.0%	7.9%	8.5%	11.4%

Source: Citizens Committee for Children

- ↑ Illustrates neighborhood statistic is larger than the NYC statistic
- ↔ Illustrates neighborhood statistic is equal to the NYC statistic
- ↓ Illustrates neighborhood statistic is smaller than the NYC statistic

- The Area Median Income (AMI) is the midpoint of a region's income distribution – half of families in a region earn more than the median and half earn less than the median.
- For housing policy, U.S. Department of Housing and Urban Development (HUD) sets income thresholds relative to the AMI to identify persons eligible for housing assistance.
- The 2019 AMI for the NYC region is \$96,100 for a three-person family (100% AMI).
- Compared to the NYC average, there are fewer people in the NYP-BMH community living in income bands of more than \$100,000 and more living in income bands under \$99,000.

Overcrowded Housing, Rent burden and Maintenance Defects in the High Disparity Communities

NYC Neighborhood Tabulation Area	Percentage of occupied housing units with more than one occupant per room	Rent burden, i.e. rent plus electricity and heating fuel costs is greater than 30% of monthly pre-tax income	Rent burden, i.e. rent plus electricity and heating fuel costs is greater than 50% of monthly pre-tax income	Percentage of renter-occupied homes without maintenance defects
Brownsville	8.0%	57.8%	32.5%	29.0%
East New York (Pennsylvania Ave)	9.2%	63.1%	38.2%	29.0%
East New York	13.6%	57.1%	33.8%	38.0%
Ocean Hill	9.2%	63.4%	37.6%	29.0%
Stuyvesant Heights	6.7%	57.1%	32.2%	40.0%
Seagate-Coney Island	6.2%	57.4%	25.8%	44.0%
Bushwick South	12.3%	58.2%	31.3%	40.0%
Starrett City	5.7%	50.9%	20.3%	38.0%
Bedford	11.9%	58.5%	31.9%	40.0%
Crown Heights North	7.3%	56.3%	30.7%	23.0%
Bushwick North	18.6%	59.5%	34.7%	40.0%
Cypress Hills-City Line	23.2%	65.0%	35.9%	38.0%
Erasmus	12.7%	59.9%	34.1%	26.0%
Rugby-Remsen Village	8.7%	61.4%	36.1%	26.0%
Gravesend	9.0%	58.5%	30.5%	44.0%
Prospect Lefferts Gardens-Wingate	11.6%	58.9%	32.6%	38.0%
Sunset Park East	26.5%	64.5%	37.6%	49.0%
Sunset Park West	20.3%	59.2%	33.9%	49.0%
Crown Heights South	11.2%	58.3%	34.8%	38.0%
Flatbush	15.6%	58.0%	31.1%	40.0%
East Flatbush-Farragut	7.7%	55.9%	31.9%	26.0%
Canarsie	11.2%	52.6%	26.9%	31.0%
Brighton Beach	12.9%	63.0%	37.9%	44.0%
Fort Greene	4.6%	43.1%	19.0%	29.0%
Brooklyn High Disparity Communities	12.5%	58.7%	32.6%	36.4%
New York City	8.9%	54.2%	29.8%	44.0%
New York State	N/A	39.2%	N/A	N/A

Source: NYC Health Data Atlas; NYC Community Health Profiles

- Indicates neighborhood statistic is more favorable than the NYC statistic by more than five percent
- Indicates neighborhood statistic is within five percent of the NYC statistic
- Indicates neighborhood statistic is less favorable than the NYC statistic by more than five percent

- The high cost of housing is a significant concern for residents in New York.
- Overall in the NYP-BMH community the percentage of overcrowded housing, high rent burden and homes without maintenance defects is less favorable than the average for New York City.
- Several NTAs have a less favorable than NYC average on all shown indicators.

Public Housing, Foreclosures and Families in Shelters in the High Disparity Communities

NYC Neighborhood Tabulation Area	Percent of Residents Living in Public Housing				County Foreclosure Rate 2018	Percent of Families with Children in Shelter
	Excl. Sec. 8	Housing Code violations	Housing Code complaints	Evictions		
Brownsville	29.7%	7,431	5,225	377	0.6%	8.8%
East New York (Pennsylvania Ave)	7.4%	6,364	5,225	377	0.6%	8.8%
East New York	14.8%	11,482	4,457	783	0.6%	10.3%
Ocean Hill	7.0%	6,259	5,225	377	0.6%	8.8%
Stuyvesant Heights	10.2%	10,123	6,868	384	0.6%	8.5%
Seagate-Coney Island	30.7%	2,037	2,942	185	0.6%	2.1%
Bushwick South	11.9%	8,159	5,225	207	0.6%	4.1%
Starrett City	4.8%	280	5,225	783	0.6%	10.3%
Bedford	16.3%	8,841	4,710	384	0.6%	8.5%
Crown Heights North	9.0%	20,783	6,188	318	0.6%	3.7%
Bushwick North	0.9%	11,180	5,225	207	0.6%	4.1%
Cypress Hills-City Line	0.0%	4,630	4,457	783	0.6%	10.3%
Erasmus	0.0%	8,069	5,552	628	0.6%	5.4%
Rugby-Remsen Village	0.5%	10,294	5,552	628	0.6%	5.4%
Gravesend	12.0%	605	2,942	185	0.6%	2.1%
Prospect Lefferts Gardens-Wingate	0.5%	14,128	5,552	295	0.6%	2.9%
Sunset Park East	0.0%	4,442	2,691	87	0.6%	1.2%
Sunset Park West	0.0%	4,563	2,244	87	0.6%	1.2%
Crown Heights South	0.0%	6,885	5,552	295	0.6%	2.9%
Flatbush	0.0%	18,542	3,041	413	0.6%	2.0%
East Flatbush-Farragut	0.0%	4,895	5,552	628	0.6%	5.4%
Canarsie	6.9%	3,200	5,225	378	0.6%	2.7%
Brighton Beach	0.0%	3,062	3,674	185	0.6%	2.1%
Fort Greene	23.1%	1,637	987	138	0.6%	1.6%
Brooklyn High Disparity Communities	6.4%	177,891	109,536	9,112	0.6%	5.2%
New York City	4.7%	N/A	N/A	N/A	0.4%	3.8%
New York State	N/A	N/A	N/A	N/A	0.6%	N/A

Source: NYC Health Data Atlas; Data City of New York; Association for Neighborhood & Housing Development; Office of the New York State Comptroller and Citizen's Committee for Children

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- Indicates neighborhood statistic is less favorable than the NYC statistic by more than five percent

- Housing insecurity can lead to poor health outcomes, especially for children.
- For many neighborhoods on the upper half of this table, there is a higher than NYC average percentage living in public housing, Seagate-Coney Island, 30.7%, is the highest.
- Among the top half of this table many neighborhoods have high percentages of families with children living in shelters.
- The rest of these statistics illustrate raw volumes for indicators such as housing code violations, complaints, & evictions.

Food & Nutrition in the High Disparity Communities

NYC Neighborhood Tabulation Area	SNAP Benefits (% Households)	# of Meals Needed per Year for Food Security (Meal Gap)	Food Desert
Brownsville	↑ 45.2%	6,890,757	N
East New York (Pennsylvania Ave)	↑ 38.2%	6,890,757	N
East New York	↑ 29.8%	6,373,047	N
Ocean Hill	↑ 35.5%	6,890,757	N
Stuyvesant Heights	↑ 33.5%	6,831,068	N
Seagate-Coney Island	↑ 49.1%	3,798,001	N
Bushwick South	↑ 38.4%	4,269,443	N
Starrett City	↑ 36.0%	6,373,047	N
Bedford	↑ 36.2%	6,831,068	N
Crown Heights North	↑ 29.1%	5,898,863	N
Bushwick North	↑ 35.3%	4,269,443	N
Cypress Hills-City Line	↑ 23.5%	6,373,047	N
Erasmus	↑ 30.7%	6,616,561	N
Rugby-Remsen Village	↑ 20.9%	6,616,561	N
Gravesend	↑ 29.3%	3,798,001	N
Prospect Lefferts Gardens-Wingate	↑ 24.3%	5,857,514	N
Sunset Park East	↑ 34.5%	3,830,870	N
Sunset Park West	↑ 28.9%	3,830,870	N
Crown Heights South	↑ 24.4%	5,857,514	N
Flatbush	↑ 27.5%	5,873,204	N
East Flatbush-Farragut	↑ 17.6%	6,616,561	N
Canarsie	↑ 16.8%	7,243,599	N
Brighton Beach	↑ 33.8%	3,798,001	N
Fort Greene	↑ 21.9%	3,995,959	N
Brooklyn High Disparity Communities	↑ 30.8%	135,624,513	N/A
New York City	7.5%	241,956,200	N/A
New York State	N/A	N/A	N/A

Source: NYC Health Data Atlas; Data2GoNYC; U.S. Department of Agriculture

- ↑ Illustrates neighborhood statistic is larger than the NYC statistic
- ⇒ Illustrates neighborhood statistic is equal to the NYC statistic
- ↓ Illustrates neighborhood statistic is smaller than the NYC statistic

- Food insecurity affects millions of people in America and has a direct and long-lasting impact on health and well-being outcomes.
- The Supplemental Nutrition Assistance Program (SNAP) is the largest federal nutrition assistance program, providing benefits to eligible low-income individuals and families. The NYP-BMH community receives SNAP benefits at more than four times the percentage of the NYC average.
- Meal Gap is the number of meals missing annually from food insecure households; there are large numbers estimated numerous NTAs.
- U.S. Department of Agriculture defines food deserts as geographical areas lacking fresh fruit, vegetables, and other healthful whole foods, largely due to an absence of grocery stores, farmers' markets, and healthy food providers in impoverished areas; none of these NYP-BMH NTAs are defined as a food desert.

Social & Environmental Safety in the High Disparity Communities

NYC Neighborhood Tabulation Area	Air Quality (Annual Avg. MCG per Cubic Meter of Fine Particle Matter)	Percent of Households with a Person Age 65+ Living Alone	Number of Persons Served by Senior Center Program per 1,000 Population Age 60+	Assault Hospitalization per 100,000 Population, Age Adjusted Rate	Felony Crime Complaints per 100,000 Population, Crude Rate	Total Number of Arrests of 16 & 17 Year Olds (Borough)
Brownsville	8.0	10.6%	132.0	158.6	40.0	3,375
East New York (Pennsylvania Ave)	8.0	6.2%	55.0	147.3	42.5	3,375
East New York	7.7	7.3%	63.0	134.6	39.9	3,375
Ocean Hill	8.0	11.1%	53.0	170.8	46.7	3,375
Stuyvesant Heights	8.1	10.8%	71.0	142.0	35.5	3,375
Seagate-Coney Island	6.7	19.1%	256.0	99.7	32.2	3,375
Bushwick South	8.1	9.3%	144.0	96.1	30.2	3,375
Starrett City	7.7	24.2%	263.0	73.6	14.8	3,375
Bedford	8.1	7.9%	79.0	75.3	29.4	3,375
Crown Heights North	8.0	11.0%	77.0	106.0	36.1	3,375
Bushwick North	8.1	4.2%	196.0	43.2	22.1	3,375
Cypress Hills-City Line	7.7	5.5%	101.0	71.2	27.9	3,375
Erasmus	7.8	9.1%	32.0	105.6	34.7	3,375
Rugby-Remsen Village	7.8	7.8%	34.0	85.2	24.1	3,375
Gravesend	6.7	17.2%	90.0	40.0	17.0	3,375
Prospect Lefferts Gardens-Wingate	7.8	9.6%	40.0	90.9	24.5	3,375
Sunset Park East	8.5	6.5%	114.0	31.2	13.3	3,375
Sunset Park West	8.5	5.9%	154.0	49.2	16.4	3,375
Crown Heights South	7.8	9.3%	43.0	55.0	20.5	3,375
Flatbush	7.5	8.8%	58.0	45.1	17.5	3,375
East Flatbush-Farragut	7.8	8.6%	36.0	65.4	23.1	3,375
Canarsie	7.1	5.6%	60.0	54.6	20.5	3,375
Brighton Beach	6.7	21.7%	147.0	30.6	16.1	3,375
Fort Greene	8.8	8.5%	73.0	69.8	38.4	3,375
Brooklyn High Disparity Communities	7.8	9.9%	97.8	80.9	26.5	3,375
New York City	7.5	10.5%	101.0	61.6	20.3	11,678
New York State	N/A	N/A	N/A	3.8	N/A	N/A

Source: NYC Health Data Atlas; NYC Community Health Profiles; Citizens Committee for Children
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- The physical environment (pollution, access to safe streets & parks, etc.) also plays a key role in health and well-being. Long term health factors have also evolved to include social and familial support resources.
- Overall air quality varies across these neighborhoods.
- While there is not a comparatively large number of seniors living alone there is a lower level of Senior Center participation than the NYC average.
- Assault hospitalizations and felony complaints are higher among many of the neighborhoods in the NYP-BMH community.

Transportation in the High Disparity Communities

NYC Neighborhood Tabulation Area	Workers who commute by any form of transportation over 60 minutes each way.
Brownsville	55.2
East New York (Pennsylvania Ave)	59.2
East New York	48.9
Ocean Hill	41.9
Stuyvesant Heights	38.1
Seagate-Coney Island	43.2
Bushwick South	30.5
Starrett City	48.9
Bedford	40.0
Crown Heights North	39.7
Bushwick North	43.2
Cypress Hills-City Line	40.0
Erasmus	46.4
Rugby-Remsen Village	42.9
Gravesend	39.4
Prospect Lefferts Gardens-Wingate	42.2
Sunset Park East	0.0
Sunset Park West	38.3
Crown Heights South	42.1
Flatbush	33.5
East Flatbush-Farragut	41.3
Canarsie	45.4
Brighton Beach	48.1
Fort Greene	43.2
Brooklyn High Disparity Communities	N/A
New York City	27.0
New York State	36.0

Source: Data2GoNYC

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- According to multiple studies, New York City has the longest commute time via car and public transit among large cities across the U.S.
- All neighborhoods in the NYP-BMH community have longer than NYC average commute times to work, apart from Sunset Park East which did not report workers having a commute of over 60 minutes each way.

Health Status Indicators: Healthy Eating & Physical Activity in the High Disparity Communities

NYC Neighborhood Tabulation Area	Percentage of adults who ate in 24 hrs, 1+ serving fruit/veg	Percentage of adults who drink >1 sweetened beverages daily	Percentage of adults reporting obesity	Percentage of public school children (K to 8) with obesity	Percentage of adults w/ physical activity in last 30 days
Brownsville	80.0%	35.0%	41.0%	23.0%	74.0%
East New York (Pennsylvania Ave)	80.0%	35.0%	41.0%	23.0%	74.0%
East New York	76.0%	31.0%	35.0%	25.0%	70.0%
Ocean Hill	80.0%	35.0%	41.0%	23.0%	74.0%
Stuyvesant Heights	84.0%	29.0%	29.0%	22.0%	70.0%
Seagate-Coney Island	91.0%	21.0%	28.0%	18.0%	71.0%
Bushwick South	82.0%	23.0%	26.0%	28.0%	75.0%
Starrett City	76.0%	31.0%	35.0%	25.0%	70.0%
Bedford	84.0%	29.0%	29.0%	22.0%	70.0%
Crown Heights North	84.0%	21.0%	26.0%	19.0%	74.0%
Bushwick North	82.0%	23.0%	26.0%	28.0%	75.0%
Cypress Hills-City Line	76.0%	31.0%	35.0%	25.0%	70.0%
Erasmus	80.0%	32.0%	34.0%	22.0%	73.0%
Rugby-Remsen Village	80.0%	32.0%	34.0%	22.0%	73.0%
Gravesend	91.0%	21.0%	28.0%	18.0%	71.0%
Prospect Lefferts Gardens-Wingate	81.0%	32.0%	32.0%	19.0%	77.0%
Sunset Park East	87.0%	24.0%	24.0%	18.0%	68.0%
Sunset Park West	87.0%	24.0%	24.0%	18.0%	68.0%
Crown Heights South	81.0%	32.0%	32.0%	19.0%	77.0%
Flatbush	80.0%	26.0%	28.0%	21.0%	69.0%
East Flatbush-Farragut	80.0%	32.0%	34.0%	22.0%	73.0%
Canarsie	85.0%	23.0%	30.0%	21.0%	80.0%
Brighton Beach	91.0%	21.0%	28.0%	18.0%	71.0%
Fort Greene	88.0%	20.0%	24.0%	14.0%	76.0%
Brooklyn High Disparity Communities	82.1%	28.1%	31.0%	21.7%	72.6%
New York City	87.0%	23.0%	24.0%	20.0%	73.0%
New York State	N/A	24.7%	N/A	N/A	74.0%

Source: NYC Community Health Profiles

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- Behaviors related to healthy eating and physical activity though challenging to change can directly contribute to improved health outcomes and fewer chronic illnesses.
- Overall in the NYP-BMH community, there is opportunity to increase the number of fruits and vegetables eaten daily and decrease the number of sweetened beverages consumed.
- There are higher than average reports of obesity in adults, 30.3%, NYC 24.0% and in children, 21.7%, compared to NYC, 20.0%.
- There is about the same amount of physical activity, 72.6%, compared to NYC 73.0%.

Health Status Indicators: Women, Infants, & Children in the High Disparity Communities

NYC Neighborhood Tabulation Area	Crude rate of severe maternal morbidity (SMM) per 10,000 deliveries	Rate of infant deaths (under one year old) per 1,000 live births	Percent of live births receiving late prenatal care	Percent of preterm births among all live births	Rate of Teen Births (per 1,000 women ages 15 to 19)
Brownsville	506.0	4.9	9.9%	15.0%	36.3
East New York (Pennsylvania Ave)	442.7	4.9	11.5%	13.0%	34.6
East New York	454.6	6.2	9.8%	12.6%	33.2
Ocean Hill	494.3	4.9	11.4%	14.0%	38.8
Stuyvesant Heights	481.0	5.7	9.5%	12.6%	38.2
Seagate-Coney Island	364.3	5.6	8.4%	12.7%	44.3
Bushwick South	331.0	3.8	7.8%	9.6%	42.2
Starrett City	332.8	6.2	6.0%	11.5%	35.5
Bedford	235.5	5.7	5.3%	8.0%	36.3
Crown Heights North	372.5	5.4	8.9%	11.5%	32.5
Bushwick North	320.3	3.8	7.2%	8.7%	33.0
Cypress Hills-City Line	286.6	6.2	8.6%	9.4%	31.6
Erasmus	532.3	7.1	14.5%	13.9%	29.3
Rugby-Remsen Village	434.4	7.1	12.5%	12.9%	20.4
Gravesend	217.9	5.6	5.5%	8.9%	15.5
Prospect Lefferts Gardens-Wingate	370.9	3.5	10.3%	11.0%	23.3
Sunset Park East	149.6	2.0	3.1%	6.2%	29.4
Sunset Park West	217.0	2.0	4.3%	8.4%	38.9
Crown Heights South	234.6	3.5	6.4%	8.1%	17.3
Flatbush	305.2	4.1	8.3%	10.5%	25.4
East Flatbush-Farragut	519.1	7.1	12.9%	15.1%	17.1
Canarsie	445.8	4.3	11.3%	13.6%	18.6
Brighton Beach	203.1	5.6	8.8%	9.9%	23.6
Fort Greene	236.7	2.8	3.2%	10.2%	21.0
Brooklyn High Disparity Communities	342.9	4.9	8.4%	10.8%	29.3
New York City	229.6	4.4	7.0%	9.1%	23.7
New York State	N/A	4.8	5.6%	1.7%	17.8

Source: NYC Health Data Atlas; NYC Community Health Profiles

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- The frequency of maternal morbidity issues have worsened over time, nationally.
- The health status of infancy can impact long term health and the lack of early prenatal care can result in very costly neonatal and/or pediatric care needs.
- Overall, the NYP-BMH community is less favorable than the NYC average on all listed indicators.
- NTAs that are less than favorable in comparison to the NYC average for all indicators include: Brownsville, East New York (Pennsylvania Ave), East New York, Ocean Hill, Stuyvesant Heights, Seagate-Coney Island, Crown Heights North and Erasmus.

Health Status Indicators: well-being & Mental Health in the High Disparity Communities

NYC Neighborhood Tabulation Area	Percentage of deaths that could have been averted (based on top 5 NTAs)	Premature Mortality, per 100,000 population under ages 65	Percentage of adults self-report health as good-excellent	Percentage of adults not getting needed medical care	Percentage of adults self-reporting poor mental health ¹	Percentage of adults self-reporting binge drinking
Brownsville	54.0%	335.4	79.0%	14.0%	10.5%	14.0%
East New York (Pennsylvania Ave)	54.0%	253.9	79.0%	14.0%	10.5%	14.0%
East New York	41.0%	282.6	70.0%	14.0%	10.5%	14.0%
Ocean Hill	54.0%	291.9	79.0%	14.0%	10.5%	14.0%
Stuyvesant Heights	46.0%	275.7	76.0%	14.0%	10.5%	21.0%
Seagate-Coney Island	30.0%	328.4	70.0%	11.0%	10.5%	11.0%
Bushwick South	33.0%	228.0	71.0%	13.0%	10.5%	20.0%
Starrett City	41.0%	288.7	70.0%	14.0%	10.5%	14.0%
Bedford	46.0%	244.8	76.0%	14.0%	10.5%	21.0%
Crown Heights North	36.0%	244.4	84.0%	14.0%	10.5%	20.0%
Bushwick North	33.0%	149.2	71.0%	13.0%	10.5%	20.0%
Cypress Hills-City Line	41.0%	180.6	70.0%	14.0%	10.5%	14.0%
Erasmus	23.0%	194.1	83.0%	9.0%	10.5%	12.0%
Rugby-Remsen Village	23.0%	177.5	83.0%	9.0%	10.5%	12.0%
Gravesend	30.0%	170.9	70.0%	11.0%	10.5%	11.0%
Prospect Lefferts Gardens-Wingate	25.0%	190.7	78.0%	10.0%	10.5%	14.0%
Sunset Park East	18.0%	118.8	74.0%	4.0%	10.5%	12.0%
Sunset Park West	18.0%	131.2	74.0%	4.0%	10.5%	12.0%
Crown Heights South	25.0%	186.9	78.0%	10.0%	10.5%	14.0%
Flatbush	22.0%	176.0	77.0%	9.0%	10.5%	13.0%
East Flatbush-Farragut	23.0%	163.1	83.0%	9.0%	10.5%	12.0%
Canarsie	24.0%	159.7	89.0%	8.0%	10.5%	13.0%
Brighton Beach	30.0%	177.9	70.0%	11.0%	10.5%	11.0%
Fort Greene	28.0%	221.7	86.0%	12.0%	10.5%	25.0%
Brooklyn High Disparity Communities	33.0%	209.4	76.3%	11.3%	10.5%	15.0%
New York City	N/A	193.8	78.0%	10.0%	10.3%	17.0%
New York State	N/A	40.1	4.0%	11.5%	10.7%	N/A

Source: NYC Health Data Atlas; NYC Community Health Profiles; ¹ County-Level Behavioral Risk Factor Surveillance System

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- Indicates neighborhood statistic is less favorable than the NYC statistic by more than five percent

- Key indicators for the health of a community include mortality rates and self reported physical and mental health status as well as general access to needed medical care.
- Overall, premature mortality and obtaining needed medical care are less favorable in comparison to the NYC average, especially for neighborhoods in the upper half of the table.
- There is variation across NTAs in reporting good-to-excellent health but the percentages reporting good mental health are about the same as the NYC average.
- Several NTAs report higher than average binge drinking.

Health Status Indicators: Chronic Disease in the High Disparity Communities

NYC Neighborhood Tabulation Area	Rate of ED visits for asthma per 10,000 children ages 5 to 17	Percentage of adults with diabetes	Percentage of adults with hypertension	Percentage of adults reporting current smoking	Rate of new HIV diagnoses per 100,000 people	Rate of new Hepatitis C diagnoses per 100,000 people
Brownsville	475.0	13.0%	33.0%	17.0%	67.4	92.3
East New York (Pennsylvania Ave)	475.0	13.0%	33.0%	17.0%	67.4	92.3
East New York	315.0	14.0%	34.0%	13.0%	38.1	78.9
Ocean Hill	475.0	13.0%	33.0%	17.0%	67.4	92.3
Stuyvesant Heights	375.0	13.0%	34.0%	19.0%	55.1	82.0
Seagate-Coney Island	147.0	15.0%	31.0%	19.0%	16.9	115.5
Bushwick South	290.0	13.0%	26.0%	17.0%	37.4	57.8
Starrett City	315.0	14.0%	34.0%	13.0%	38.1	78.9
Bedford	375.0	13.0%	34.0%	19.0%	55.1	82.0
Crown Heights North	342.0	13.0%	33.0%	18.0%	44.3	91.6
Bushwick North	290.0	13.0%	26.0%	17.0%	37.4	57.8
Cypress Hills-City Line	315.0	14.0%	34.0%	13.0%	38.1	78.9
Erasmus	343.0	15.0%	36.0%	8.0%	35.6	66.6
Rugby-Remsen Village	343.0	15.0%	36.0%	8.0%	35.6	66.6
Gravesend	147.0	15.0%	31.0%	19.0%	16.9	115.5
Prospect Lefferts Gardens-Wingate	260.0	15.0%	37.0%	8.0%	31.4	58.8
Sunset Park East	104.0	11.0%	27.0%	12.0%	14.3	48.2
Sunset Park West	104.0	11.0%	27.0%	12.0%	14.3	48.2
Crown Heights South	260.0	15.0%	37.0%	8.0%	31.4	58.8
Flatbush	113.0	13.0%	31.0%	10.0%	23.0	81.6
East Flatbush-Farragut	343.0	15.0%	36.0%	8.0%	35.6	66.6
Canarsie	154.0	14.0%	37.0%	10.0%	17.9	50.2
Brighton Beach	147.0	15.0%	31.0%	19.0%	16.9	115.5
Fort Greene	249.0	6.0%	25.0%	11.0%	16.2	66.6
Brooklyn High Disparity Communities	284.5	13.5%	32.5%	13.5%	36.3	81.6
New York City	223.0	11.0%	28.0%	14.0%	24.0	71.8
New York State	N/A	9.5%	28.9%	14.5%	17.9	N/A

Source: NYC Health Data Atlas; NYC Community Health Profiles; Citizens Committee for Children

- Indicates neighborhood statistic is more favorable than the NYC statistic by more than five percent
- Indicates neighborhood statistic is within five percent of the NYC statistic
- Indicates neighborhood statistic is less favorable than the NYC statistic by more than five percent

- Behaviors like smoking can lead to chronic diseases, which are both costly and resource intensive to manage; prevention is a better alternative.
- Community children are visiting the ER for asthma care at rates higher than NYC.
- There is a higher than NYC percentage of diabetes and hypertension; common chronic illnesses nationally.
- There are higher percentages of smoking and higher rates of new HIV or Hepatitis C diagnosis, especially for neighborhoods in the upper half of the table.

Health Status Indicators: Chronic Disease (County BRFSS) in the High Disparity Communities

NYC Neighborhood Tabulation Area	Percentage of adults with arthritis	Percentage of adults with CV (heart attack, coronary heart disease, or stroke)	Percentage of adults with COPD	Percentage of adults taking medication for high blood pressure
Brownsville	19.5%	6.2%	3.8%	57.4
East New York (Pennsylvania Ave)	19.5%	6.2%	3.8%	57.4
East New York	19.5%	6.2%	3.8%	57.4
Ocean Hill	19.5%	6.2%	3.8%	57.4
Stuyvesant Heights	19.5%	6.2%	3.8%	57.4
Seagate-Coney Island	19.5%	6.2%	3.8%	57.4
Bushwick South	19.5%	6.2%	3.8%	57.4
Starrett City	19.5%	6.2%	3.8%	57.4
Bedford	19.5%	6.2%	3.8%	57.4
Crown Heights North	19.5%	6.2%	3.8%	57.4
Bushwick North	19.5%	6.2%	3.8%	57.4
Cypress Hills-City Line	19.5%	6.2%	3.8%	57.4
Erasmus	19.5%	6.2%	3.8%	57.4
Rugby-Remsen Village	19.5%	6.2%	3.8%	57.4
Gravesend	19.5%	6.2%	3.8%	57.4
Prospect Lefferts Gardens-Wingate	19.5%	6.2%	3.8%	57.4
Sunset Park East	19.5%	6.2%	3.8%	57.4
Sunset Park West	19.5%	6.2%	3.8%	57.4
Crown Heights South	19.5%	6.2%	3.8%	57.4
Flatbush	19.5%	6.2%	3.8%	57.4
East Flatbush-Farragut	19.5%	6.2%	3.8%	57.4
Canarsie	19.5%	6.2%	3.8%	57.4
Brighton Beach	19.5%	6.2%	3.8%	57.4
Fort Greene	19.5%	6.2%	3.8%	57.4
Brooklyn High Disparity Communities	19.5%	6.2%	3.8%	57.4
New York City	18.5%	6.6%	3.7%	54.7
New York State	21.8%	7.0%	4.9%	55.6

Source: County-Level Behavioral Risk Factor Surveillance System

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- Indicates neighborhood statistic is less favorable than the NYC statistic by more than five percent

- In comparison with NYC, Kings County has a higher percentage of adults with arthritis but a lower percentage with cardiovascular (CV) disease.
- There is about the same percentage of the population, as the NYC average, with Chronic Obstructive Pulmonary Disease (COPD) or taking medications for high blood pressure.

Health Status Indicators: Cancer (County Level) in the High Disparity Communities

NYC Neighborhood Tabulation Area	Cancer Incidence - All Sites	Cancer Incidence - Breast	Cancer Incidence - Colon and Rectum	Cancer Incidence - Lung	Cancer Incidence - Prostate
Brownsville	497.0	119.0	42.0	48.2	136.0
East New York (Pennsylvania Ave)	497.0	119.0	42.0	48.2	136.0
East New York	497.0	119.0	42.0	48.2	136.0
Ocean Hill	497.0	119.0	42.0	48.2	136.0
Stuyvesant Heights	497.0	119.0	42.0	48.2	136.0
Seagate-Coney Island	497.0	119.0	42.0	48.2	136.0
Bushwick South	497.0	119.0	42.0	48.2	136.0
Starrett City	497.0	119.0	42.0	48.2	136.0
Bedford	497.0	119.0	42.0	48.2	136.0
Crown Heights North	497.0	119.0	42.0	48.2	136.0
Bushwick North	497.0	119.0	42.0	48.2	136.0
Cypress Hills-City Line	497.0	119.0	42.0	48.2	136.0
Erasmus	497.0	119.0	42.0	48.2	136.0
Rugby-Remsen Village	497.0	119.0	42.0	48.2	136.0
Gravesend	497.0	119.0	42.0	48.2	136.0
Prospect Lefferts Gardens-Wingate	497.0	119.0	42.0	48.2	136.0
Sunset Park East	497.0	119.0	42.0	48.2	136.0
Sunset Park West	497.0	119.0	42.0	48.2	136.0
Crown Heights South	497.0	119.0	42.0	48.2	136.0
Flatbush	497.0	119.0	42.0	48.2	136.0
East Flatbush-Farragut	497.0	119.0	42.0	48.2	136.0
Canarsie	497.0	119.0	42.0	48.2	136.0
Brighton Beach	497.0	119.0	42.0	48.2	136.0
Fort Greene	497.0	119.0	42.0	48.2	136.0
Brooklyn High Disparity Communities	497.0	119.0	42.0	48.2	136.0
New York City	477.7	131.3	39.8	60.2	131.7
New York State	482.9	130.7	38.9	58.9	125.0

Source: State Cancer Profiles

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- Indicates neighborhood statistic is less favorable than the NYC statistic by more than five percent

- The diagnosis of cancer has a tremendous impact on the physical, mental and economic well-being of an individual and their families.
- In comparison with NYC, Kings County has a higher incidence of colorectal cancer, 42.0, NYC, 39.8.
- There is a lower than average incidence for breast and lung cancers and about the same as the NYC average for prostate and all sites.

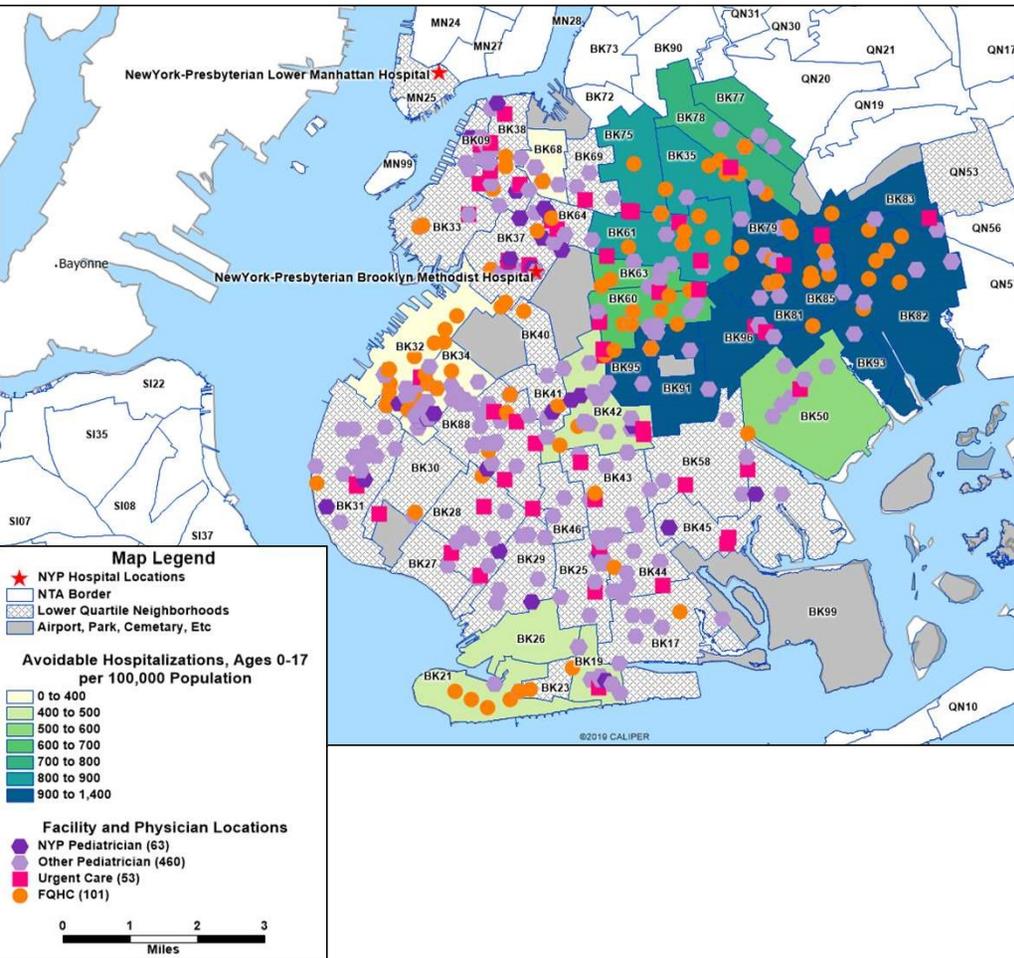
Health Care Service Utilization: Preventable Hospitalizations in the High Disparity Communities

NYC Neighborhood Tabulation Area	Hospitalizations					
	Avoidable, per 100,00 Population	Avoidable, per 100,000 Population	Preventable All per 100,00 Population	Preventable Asthma per 100,00 Population	Preventable Diabetes per 100,00 Population	Preventable Hypertension per 100,00 Population
	Ages 18+ (PQI)	Ages 0-4 (PDI)	Ages 18+	Ages 18+	Ages 18+	Ages 18+
Brownsville	2,755	1,358	3,277	610	730	160
East New York (Pennsylvania Ave)	2,755	1,358	3,065	551	627	145
East New York	2,245	981	2,864	462	646	136
Ocean Hill	2,755	1,358	3,169	556	722	156
Stuyvesant Heights	2,068	863	2,571	532	512	134
Seagate-Coney Island	1,524	423	3,159	588	638	199
Bushwick South	1,897	747	2,688	560	510	125
Starrett City	2,245	981	2,818	411	461	140
Bedford	2,068	863	2,479	372	472	145
Crown Heights North	1,786	856	2,640	411	546	162
Bushwick North	1,897	747	2,381	473	429	98
Cypress Hills-City Line	2,245	981	2,172	329	432	117
Erasmus	1,439	1,308	2,033	296	455	118
Rugby-Remsen Village	1,439	1,308	1,758	265	403	108
Gravesend	1,524	423	1,600	263	245	92
Prospect Lefferts Gardens-Wingate	1,515	675	1,891	237	431	113
Sunset Park East	1,230	390	1,195	158	196	57
Sunset Park West	1,230	390	2,154	392	368	120
Crown Heights South	1,515	675	1,974	277	368	118
Flatbush	1,307	447	1,706	212	327	109
East Flatbush-Farragut	1,439	1,308	1,514	213	368	105
Canarsie	1,342	590	1,761	209	410	102
Brighton Beach	1,524	423	1,234	102	171	104
Fort Greene	1,338	297	2,597	408	496	93
Brooklyn High Disparity Communities	1,798	832	2,237	357	445	121
New York City	1,033	623	1,662	233	294	96
New York State	N/A	N/A	N/A	N/A	N/A	N/A

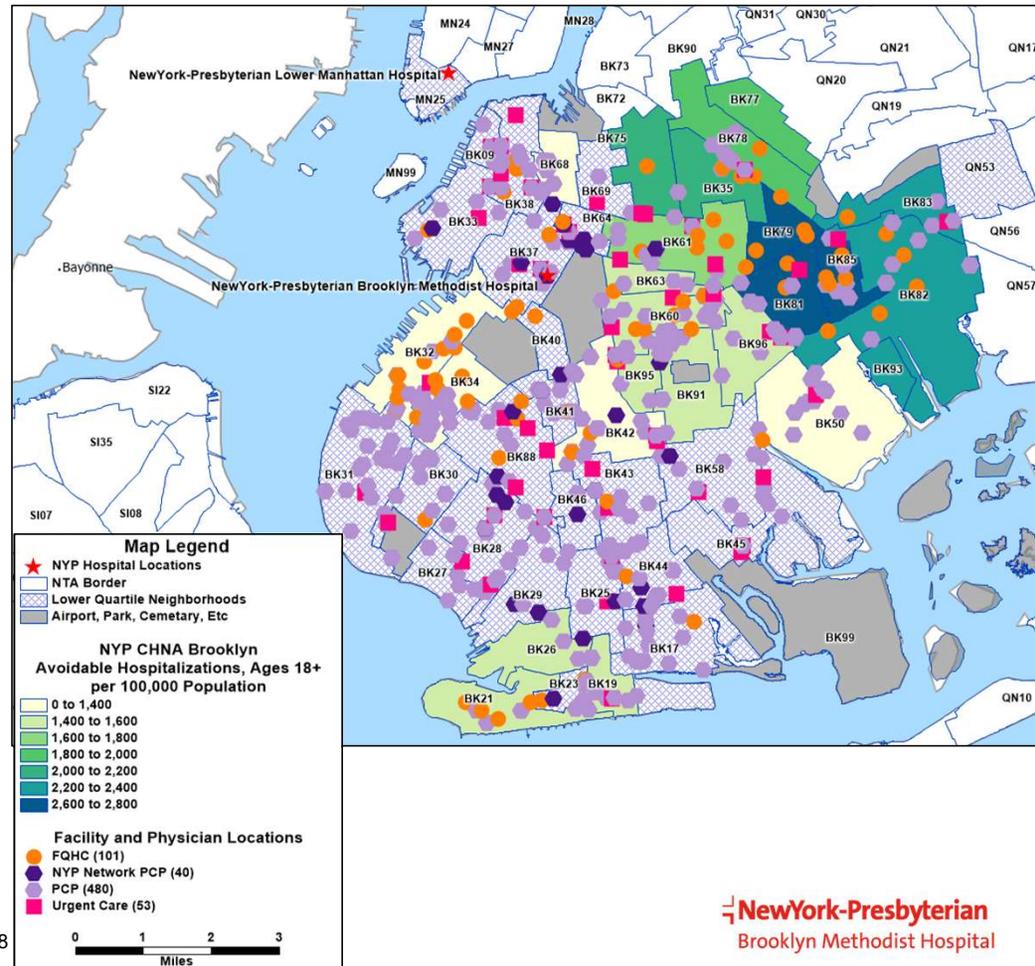
Source: NYC Health Data Atlas; PQI = Prevention Quality Indicator and PDI = Pediatric Quality Indicator
 Indicates neighborhood statistic is more favorable than the NYC statistic by more than five percent
 Indicates neighborhood statistic is within five percent of the NYC statistic
 Indicates neighborhood statistic is less favorable than the NYC statistic by more than five percent

- Avoidable or preventable hospitalizations indicate a lack of access to ambulatory care for conditions that would otherwise not have required an admission.
- These neighborhoods have much higher rates of preventable admissions than the NYC average across the indicators listed.

Avoidable Hospitalizations and Key Health Providers in the High Disparity Communities



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Health Care Service Utilization: Other Hospitalizations in the High Disparity Communities

NYC Neighborhood Tabulation Area	Hospitalizations					
	Alcohol per 100,00 Population	Child Asthma 10,000 Children	Drug per 100,000 Population	Falls per 100,000 Population	Psychiatric per 100,000 Population	Stroke per 100,000 Population
	Ages 15-84	Ages 5-14	Ages 15-84	Ages 65+	Ages 18+	Ages 18+
Brownsville	1,640	67	1,900	1,012	1,165	536
East New York (Pennsylvania Ave)	1,828	51	2,189	1,060	1,830	421
East New York	1,494	59	1,384	1,135	1,211	519
Ocean Hill	2,873	64	3,691	861	2,862	420
Stuyvesant Heights	1,488	65	1,801	693	1,078	398
Seagate-Coney Island	1,663	40	1,845	2,354	1,676	493
Bushwick South	1,257	66	1,370	1,306	998	387
Starrett City	953	28	628	2,321	856	430
Bedford	1,245	39	1,207	933	795	438
Crown Heights North	1,527	79	1,932	1,186	1,417	416
Bushwick North	1,072	63	818	1,465	423	412
Cypress Hills-City Line	989	33	651	1,200	597	357
Erasmus	927	76	1,019	742	1,174	520
Rugby-Remsen Village	793	62	885	954	820	427
Gravesend	881	15	777	1,367	550	269
Prospect Lefferts Gardens-Wingate	1,265	50	1,191	1,026	1,295	407
Sunset Park East	639	10	274	1,301	483	314
Sunset Park West	1,108	19	664	2,333	573	365
Crown Heights South	740	31	793	1,146	699	437
Flatbush	716	39	605	1,465	682	388
East Flatbush-Farragut	730	51	716	720	759	408
Canarsie	519	36	494	1,265	647	386
Brighton Beach	742	0	444	1,754	588	323
Fort Greene	1,442	37	1,132	1,477	914	389
Brooklyn High Disparity Communities	1,141	45	1,111	1,273	946	413
New York City	955	37	882	1,840	774	318
New York State	N/A	N/A	N/A	N/A	N/A	N/A

Source: NYC Health Data Atlas

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- Indicates neighborhood statistic is less favorable than the NYC statistic by more than five percent

- Other hospitalizations in the community vary by neighborhood but are mostly less favorable to the NYC average.
- However, hospitalizations for falls appear to be more favorable for many of the neighborhoods than the NYC average, with the exception of Seagate-Coney Island, 2,354, Starrett City, 2,321, and Crown Heights North, 2,333, NYC 1,840.
- In particular, the Seagate-Coney Island NTA has higher than average hospitalizations among all indicators.

Health Care Service Utilization: ER in the High Disparity Communities

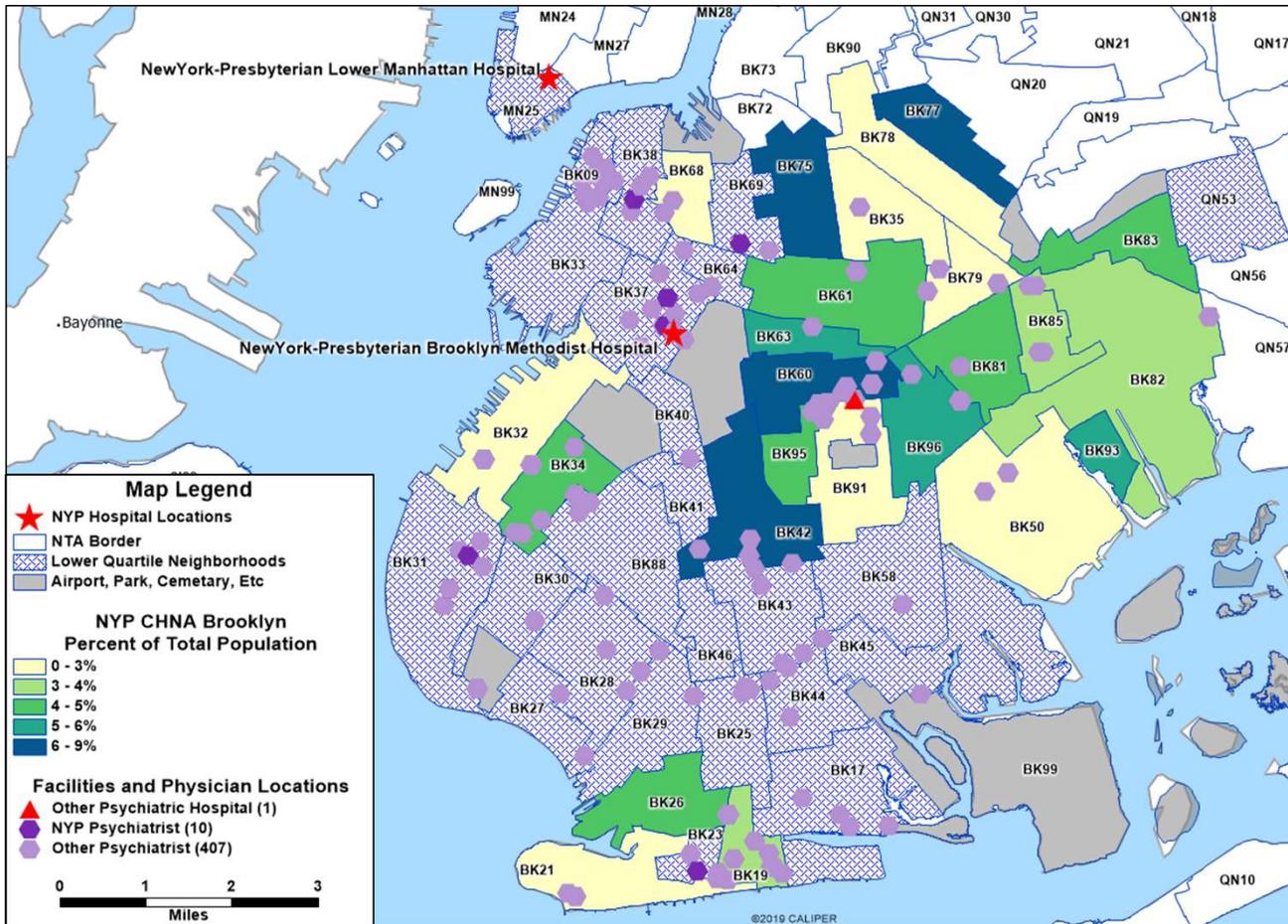
NYC Neighborhood Tabulation Area	Emergency Dept: All Visits per 100,000 Population, Crude Rate	Emergency Dept: Treat and Release Visits, per 100,000 Population, Crude Rate	Emergency Dept: Visits Resulting in Inpatient Stays, per 100,000 Population, Crude Rate	Emergency Dept: % of Preventable Treat and Release Visits of All T&R Visits
Brownsville	81,799	70,638	11,161	56.5%
East New York (Pennsylvania Ave)	75,247	64,650	10,597	53.7%
East New York	72,584	61,575	11,009	54.5%
Ocean Hill	83,859	72,310	11,549	52.1%
Stuyvesant Heights	71,352	62,968	8,384	54.2%
Seagate-Coney Island	72,986	56,595	16,391	52.4%
Bushwick South	67,158	58,598	8,560	56.0%
Starrett City	57,383	42,656	14,727	52.7%
Bedford	53,952	46,604	7,348	54.8%
Crown Heights North	62,632	53,601	9,031	54.4%
Bushwick North	54,379	48,049	6,330	56.5%
Cypress Hills-City Line	57,080	49,700	7,379	55.3%
Erasmus	59,403	50,481	8,922	55.1%
Rugby-Remsen Village	59,085	49,924	9,161	56.7%
Gravesend	39,169	30,780	8,389	49.5%
Prospect Lefferts Gardens-Wingate	55,416	45,495	9,920	52.5%
Sunset Park East	32,120	25,699	6,421	48.5%
Sunset Park West	39,786	32,310	7,476	51.9%
Crown Heights South	44,413	36,642	7,771	53.3%
Flatbush	44,126	36,518	7,609	52.2%
East Flatbush-Farragut	51,291	43,567	7,724	54.0%
Canarsie	44,536	36,665	7,871	53.8%
Brighton Beach	37,302	27,967	9,335	47.3%
Fort Greene	51,193	42,673	8,520	53.5%
Brooklyn High Disparity Communities	55,875	46,891	8,984	53.6%
New York City	46,079	38,314	7,765	52.4%
New York State	40,582	N/A	N/A	N/A

Source: NYC Health Data Atlas

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- There are higher than NYC average ED visits and inpatient admissions through the ED among many neighborhoods, especially for neighborhoods in the upper half of the table.
- Several NTAs also have a higher than average percentage of preventable ER treat and release visits, suggesting a lack of access to ambulatory care.
- In particular, the Brownsville, Bushwick South, Erasmus, and Rugby-Remsen Village NTAs have higher than average ER utilization among all indicators.

Psychiatric Hospitals and Physicians in the High Disparity Communities



- Behavioral health providers and facilities are lacking across the service area, a similar trend exists across New York state.
- Pockets of providers exist in lower quartile communities of need with disparate opportunities for access in high need populations.

Health Provider Assets in the NYP Brooklyn Methodist High Disparity Communities

Asset Type	Quartile 1	Quartile 2	Quartile 3	Quartile 4	Total
Short Term Acute Care Hospital	2	2	7	1	12
VA Hospital	1	0	0	0	1
Childrens Hospital	0	0	0	0	0
Long Term Acute Care Hospital	0	0	1	0	1
Rehabilitation Hospital	0	0	0	0	0
Psychiatric Hospital	0	0	1	0	1
Federally Qualified Health Center	11	13	36	41	101
Urgent Care Clinic	14	18	12	9	53
Skilled Nursing Facility	4	10	11	11	36
Facility Total	32	43	68	62	205
Primary Care Physicians	137	116	202	59	514
Pediatricians	128	109	231	47	515
Psychiatrists	68	89	222	31	410
Physician Total	333	314	655	137	1,439

Data Source: Definitive Health

This table represents a count only and does not imply that all providers listed accept the most vulnerable populations of Medicaid, low-income, and/or uninsured patients.

AMAZING
THINGS
ARE
HAPPENING
HERE

Key Health Policy Impact

Key Health Policies Potentially Impacting the NYP Brooklyn Methodist Community

The health care policy environment can and does contribute to community wide health improvement or conversely to its challenges. For this study, several policies have been identified and described.

Federal Change in Public Charge Rule

Potential unfavorable impact to the willingness of residents with a green card or those who may apply for one to seek and/or access care because fear of losing citizenship status.

In August 2019, the Trump Administration announced a final rule that changes the policies used to determine whether an individual applying for admission or adjustment of status is inadmissible to the U.S. Under longstanding policy, the federal government can deny an individual entry into the U.S. or adjustment to legal permanent resident (LPR) status (i.e., a green card) if he or she is determined likely to become a public charge. Under the rule, officials will newly consider use of certain previously excluded programs, including non-emergency Medicaid for non-pregnant adults, the Supplemental Nutrition Assistance Program (SNAP), and several housing programs, in public charge determinations. The changes will create new barriers to getting a green card or immigrating to the U.S. and likely lead to decreases in participation in Medicaid and other programs among immigrant families and their primarily U.S.-born children beyond those directly affected by the new policy. Decreased participation in these programs would contribute to more uninsured individuals and negatively affect the health and financial stability of families and the growth and healthy development of their children.

Key Health Policies Potentially Impacting the NYP Brooklyn Methodist Community

Affordable Care Act (ACA) Challenge in Texas:

Could unfavorably impact persons, who have since 2019 been able to obtain health insurance and ACA protections.

A group of states, including Texas challenged the Affordable Care Act on the grounds that the individual mandate with no tax penalty was not a tax and therefore unconstitutional. A Federal Judge in Texas agreed with this reasoning and ruled that the individual mandate is unconstitutional without a tax penalty and that the law should be struck down.

The case is now before a Federal Appeals Court in New Orleans which could rule issue a ruling at any time. The stakes of the lawsuit are significant. If the ACA were, in fact, ruled unconstitutional, that could mean that health insurers could once again refuse coverage or otherwise discriminate against patients who have preexisting conditions. Additionally, it would mean that roughly 20 million people who obtained insurance after the ACA was implemented could lose it. The ACA also made other sweeping changes to the health care system, including: expanding Medicaid eligibility for low-income adults; requiring private insurance, Medicare, and Medicaid expansion coverage of preventive services with no cost sharing; phasing out the Medicare prescription drug “donut hole” coverage gap; establishing new national initiatives to promote public health, care quality, and delivery system reforms; and authorizing a variety of tax increases to finance these changes. All of these provisions could be overturned if the trial court’s decision is upheld.

Key Health Policies Potentially Impacting the NYP Brooklyn Methodist Community

1115 Waiver – Delivery System Reform Incentive Payment (DSRIP) Program – 2.0 Extension

The extension of the DSRIP program would allow health systems and networks to invest in transformative clinical initiatives to impact the Medicaid population. The discontinuation of this program could result in the removal of programs due to the ability to sustain projects and partnerships.

New York State announced they will seek a four-year 1115 Waiver extension to the current DSRIP initiative. If approved, the extension would further support clinical transformation efforts focused to the Medicaid populations associated to 25 Performing Provider Systems (PPS). New and ongoing funding would allow continued investments in programs focused on: improving quality outcomes, enhancing workforce development, addressing social determinants of health, and increasing community-based clinical network development. The extension would expand on existing activity and establish new programs.

Maternal Mortality Review Board

The review board would focus to improvement strategies for preventing future deaths and improving overall health outcomes targeting maternal populations with an emphasis to reduce racial disparities in health outcomes.

Governor Cuomo signed legislation to create a Maternal Mortality Review Board charged to review the cause of each maternal death in New York State. New York City will also have a maternal mortality review board to review cases within the five boroughs. The Boards will make recommendations to the New York State Department of Health for clinical improvement strategies to improve overall health and outcomes of this population. They will also look at ways to reduce racial disparities in health outcomes. The work of the board would aid DSRIP initiatives addressing access to care and coordination since Medicaid accounts for more than 50 percent of births within the state.

Key Health Policies Potentially Impacting the NYP Brooklyn Methodist Community

Ending the Epidemic

Initiative focused upon treatment persons with HIV with the goal of reducing HIV prevalence in NY.

New York State and New York City are working on a plan to the end the AIDS epidemic. The Ending the Epidemic (ETE) initiative seeks to maximize the availability of life-saving, transmission-interrupting treatment for HIV, saving lives and improving the health of New Yorkers. The overarching goal is to achieve the first ever decrease in HIV prevalence by the end of New York State by the end of 2020. Primary objectives are to: identify persons with HIV who remain undiagnosed and link them to health care services, and retain them in the care system to prevent further transmission and improve their health.

In New York City, the goal is to reduce the number of new infections in the City to fewer than 600 by 2020. This target aligns with the State's goal of reducing new statewide infections to fewer than 750 by 2020. In New York City, the four primary objectives are to: increase access to HIV prevention services; promote innovative, optimal treatment for HIV; enhance methods for tracing HIV transmission; and improve sexual health equity for all New Yorkers

ThriveNYC

Initiative focused upon improving access to mental health services for the underserved.

ThriveNYC is an initiative created by New York City to improve access to mental health services, particularly for underserved populations. The program's goals include: enhancing connections to care, increasing services to vulnerable populations, and strengthening crisis prevention and responses. ThriveNYC initiatives include: mental health first aid programs, a public awareness campaign, mental health outreach and support for veterans, mental health services in youth shelters, and drop-in centers and newborn home visiting program in shelters.

Key Health Policies Potentially Impacting the NYP Brooklyn Methodist Community

Elimination of religious exemptions to vaccinations for school aged children:

While this issue continues to be debated publicly, this is elimination of religion exemption is intended to increase the number of vaccinations among schoolchildren decreasing unnecessary outbreaks and potential severe illnesses and deaths.

Amid an ongoing measles outbreak, New York State enacted a new law in June to eliminate nonmedical exemptions from school vaccination requirements. The law took effect immediately. While this issue continues to be challenged in the courts, it would favorably increase the number of vaccinations among schoolchildren decreasing unnecessary outbreaks and potential severe illnesses and deaths.

New York State Ban on Flavored E-cigarettes

Emergency ban is focused upon reducing the use of vaping products by New York youth.

In September, New York State enacted an emergency ban on the sale of flavored electronic cigarettes and nicotine e-liquids. The ban is part of a growing response to combat the increase in young people using vape products, given the appeal of flavors to the youth market. There are some who have concerns that the ban will keep people smoking regular cigarettes who may have considered switching and lead to a “black market” for vaping products with untested or unknown ingredients.

Key Health Policies Potentially Impacting the NYP Brooklyn Methodist Community

NY State Opioid Tax

To begin to fight the opioid epidemic, the state of NY placed an excise tax on opioids sold to or within the state in order to help victims of the opioid crisis.

The tax, which went into effect July 1, 2019, is anticipated to generate \$100 million in revenue for the state to allow administration to address the opioid crisis within the state of NY. The tax is based on the amount of opioid in each unit sold as well as wholesale acquisition cost and applies to whatever entity makes the first sale. The impact will be seen by manufacturers and wholesale organizations since initiation as numerous pharmaceutical manufacturers have discontinued shipments to the state.

Marijuana Decriminalization

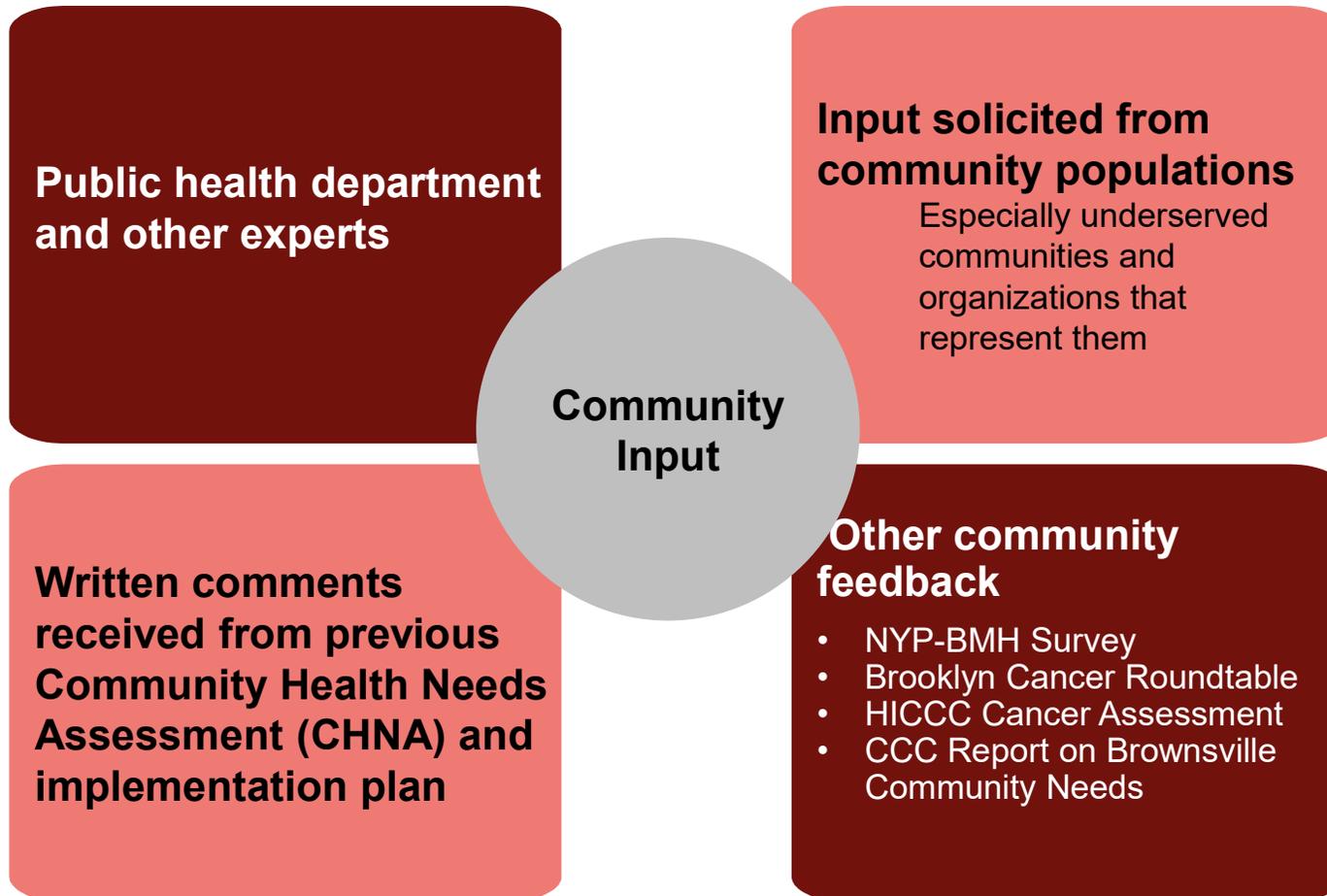
The decriminalization of small amounts of marijuana, 25 grams or less, and automatic expungement of previous convictions could encourage the use of substances which could lead to other substance abuse disorders in high disparity communities.

Legislation was passed in June of 2019 to decriminalize the use of marijuana by expunging many past marijuana possession convictions and reducing the penalty for the possession of small amounts of the drug. The bill does not fully legalize the use of marijuana.

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Community Input

Overview of Community Input



Public Health Department and Other Experts

In conducting the 2019 CHNA, NYP and NewYork-Presbyterian Brooklyn Methodist Hospital collaborated with the New York City Department of Health and Mental Hygiene (DOHMH), Citizens Committee for Children (CCC), Columbia University Mailman School of Public Health (CUMSPH), and Greater New York Hospital Association (GNYHA).

Through these collaborations we were able to adopt a community-engaged approach that involved collecting and analyzing quantitative and qualitative data from a variety of publicly available sources to comprehensively assess the health status of our communities. Each stakeholder added to our ongoing work by providing insight on the publicly available data for the various regions specific to the NYP-BMH High Disparity Communities, while providing guidance on collecting stakeholder and community feedback and incorporating best practices for our CHNA.

Community Populations – Community Health Needs Questionnaire Method

The Center for Evaluation and Applied Research (CEAR) at the New York Academy of Medicine (NYAM) administered the Community Health Needs Questionnaire (CHNQ), which was developed in collaboration with the NewYork-Presbyterian CHNA Steering and Methods Committees of which the Citizens' Committee for Children in New York (CCC) was a member.

The CHNQ focused on basic demographics, health concerns (individual and community-wide), health care utilization, barriers to care, and use of NYP-BMH services. NYAM began collecting this data in June 2019, in partnership with numerous community organizations, which were identified in collaboration with NYP-BMH and represent a range of populations, e.g., older adults, immigrant and, homeless populations.

Respondents included community advisory board members and community residents, some of which were recruited using online platforms such as Craigslist.

CHNQs were self-administered or administered by NYAM staff or staff and volunteers at community organizations, who were trained and supported in questionnaire administration by NYAM staff.

The resident CHNQs were completed by NYP-BMH community residents, ages 18 and older.

The CHNQ was translated and administered in Spanish, English, Korean, Chinese and Russian and Haitian Creole.

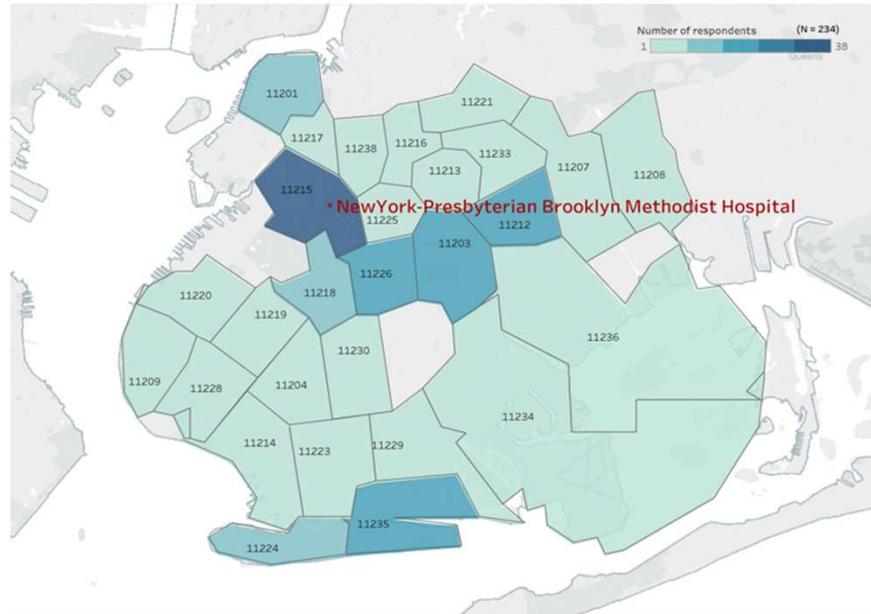
Participants received a gift card valued at \$10 for completing the CHNQ.

Community Populations – Community Health Needs Questionnaire Results

234 questionnaires were completed

- 59.8% In Person
- 27.8% Online
- 12.4% Community Advisory Board (CAB) members

Brooklyn Community Health Needs Assessment defined region -questionnaire respondents



Most commonly reported community health issues *			N=208
Community health issue	n	%	
Diabetes	118	50.4%	
High blood pressure	112	47.9%	
Alcohol & drug use	109	46.6%	
Cancer	92	39.3%	
Mental health	90	38.5%	
Heart disease	89	38.0%	
Obesity	86	36.8%	
Tobacco use	76	32.5%	
Physical activity	71	30.3%	

* Multiple responses permitted.
Note: Responses selected fewer than 30% of the time are not presented.

Recommendations to improve community health*			N=208
Community health recommendations	n	%	
Improved housing conditions	122	52.1%	
Cleaner streets	115	49.1%	
Reduction in homelessness	105	44.9%	
Increased # of places for older adults to live and socialize in	104	44.4%	
Reduced air pollution	91	38.9%	
More parks and recreation centers	84	35.9%	
Reduced cigarette/vaping smoke	84	35.9%	
Reduced crime	83	35.5%	
More local jobs	82	35.0%	
Mold removal	76	32.5%	

*Multiple responses permitted
Note: Responses selected fewer than 24% of the time are not presented

Community Populations – Focus Group Method

The Center for Evaluation and Applied Research (CEAR) at the New York Academy of Medicine (NYAM) developed a semi-structured focus group guide in collaboration with the NewYork-Presbyterian CHNA Steering and Methods Committees and with input from the Citizens' Committee for Children in New York (CCC) who has extensive experience related to qualitative research methods.

Facilitation of the CHNA focus groups was conducted by NYAM staff or by community based organization hosts. All were experienced in focus group facilitation and trained by NYAM on the CHNA protocol. All groups also had a trained co-facilitator, responsible for logistics and note taking.

Focus groups were recruited by community based organizations identified by the NewYork-Presbyterian CHNA Steering and Methods Committees and that agreed to host these sessions.

Each focus group was approximately ninety minutes in length. Participants completed either the full CHNA questionnaires or an abridged version, focused on demographics, health status, and other individual characteristics.

Participants were informed of the voluntary nature of participation (overall and for specific questions) and that results would be reported without names or identifying characteristics. Guidelines for discussion were also presented at the start of the groups, which included, for example, the importance of hearing from all participants and the facilitator role in guiding the discussion.

All groups were audio recorded and professionally transcribed; non-English focus groups were professionally translated.

Community Populations – Focus Group Results

Meaning of Health

“For me, it’s not just your physical but it is your mental state of mind. Because if your mental state of mind is not on point, your physical – you can deal with small ailments but if your mental is not, you just get bogged down. You get aggravated when you’re really not aggravated. So, mental. First is the spiritual, the mental will come in place, and the physical. Everything intertwines together.”

“It has to do with one’s mental, physical, emotional state of being, and wellness.”

Greatest Health Issues

“Healthy options, in general, aren’t available in the communities that we’re a part of. And that’s not [just] what I say. It’s just a fact. As far as I’m concerned, nutrition is as much of a carcinogen as smoking and drug use.”

“Smoking. Pollution in the air, different chemicals, the chemicals in household products. What we ingest or what we put on our skin – lotion, creams, oils. Definitely food. Twenty years ago, you didn’t hear regularly – every day, somebody’s dying from cancer... But now, it’s like a phenomenon.”

Mental Health and Substance Use

“And then everyone is frustrated. Food is expensive, so you’re hungry on the train. And God forbid if you got two or three kids or you have a family. Childcare is really expensive. And you gotta work and provide childcare. You’re on the train upset and somebody’s stepping on your foot, they may hit you. It’s just so much stuff. It’s just how we say, “The thing that breaks the camel’s back.” It’s just that one thing that sets it off.”

“We are the black community. They don’t think we go through anything. They think we can just be strong and nothing’s gonna break us down. And then we tell our parents something is wrong: “Get over it.” I hear that a lot in my family. “Get over it.” And you got it right. You talking to an eighties baby. A lot of us, can’t get over it.”

Community Populations – Focus Group Results

Social Determinants of Health

“It’s actually harder, because it’s more expensive these days to buy food that’s healthy. The processed foods actually cost less. Processed meats and everything. Like if you go to Whole Foods, your whole food stamp card will be wiped out with two bags of groceries.”

“All of the people who have to be worried about whether their kids are eating lead in the apartment, or where they’re gonna be living, or are they gonna get beaten up walking down the street, are not gonna say, “Yeah, what I need to do is make sure I get my cholesterol down, because it’s gonna increase my chance of a heart attack twenty years from now.” So, all of these things work against preventive medicine.”

“Gentrification is happening. This is the thing, we’re the minority community. We are black, African American, Hispanic, whatever, we’re the minority communities. And the – I’m going to say the Trump people. But that’s how I feel about it. The Trump people are coming into our communities and taking over. They’re coming into our small African American spaces.”

Diet and Nutrition

“The food in Haiti and the food here are different, because the food in Haiti is fresh. Food here is full of chemical product. All foods that have those products are not the same... It’s the products that are killing us.”

“With all these underlying conditions, it all started with nutrition. How we’re eating. Just like he said. So, in certain communities, you have organic food. You have better – like he said, the quality of food and the affordability. If you can’t afford it, you can’t eat it. So, just, for instance, in my community, we have a lot of corner stores. But what they’re feeding us is no good for us but we continue to eat it, eat it, eat it. Now, I go further down, I go down to Clinton and Washington, it’s organic. They’ve got peanuts. They’ve got juice bars. You understand? The quality changes. The quality of food changes, the taste, everything. It’s being prepared different. Certain areas don’t have Chinese restaurants on every corner.”

Physical Activity

“It’s very expensive for a gym membership. Most people can’t afford it. And just the area is dangerous to let your kid go to the park. It’s not like back in the day, where you could play in the park all day and nobody bother you. You could send your kids and watch them from the window, and they’ll come back. But now, it’s like if you’re not right there with them, you don’t know what can happen. So, a lot of the kids stay inside, and they gain weight on the computers and eating snacks. They’re not running. They’re not riding their bike and on their scooter, playing in the snow like we used to—football, jump rope, and stuff like that. Everybody’s confined in your apartment, just eating and consuming and getting diabetes and heart disease.”

“Something that I do observe is that as soon as someone is able to afford a car, especially men in our community, they refuse to walk...I am going downstairs to get the car and I am going around the corner....It’s really bad...So... Women do more exercise in our community.”

Community Populations – Focus Group Results

Healthcare Use and Quality

“I mean, we’re in a city that has hospitals that have real world-class reputation. And I think sometimes, when people have serious diseases, they’re gonna say, ‘Do I go to my local hospital, which might be fine, if I broke my leg. But if I have lung cancer, and I live in a city that has Sloan Kettering, am I gonna go to Sloan Kettering, or am I gonna go to Methodist?’ “

“Like for anything I need; I go to urgent care. I love urgent care, because hospitals are too crowded. They have you sitting there for hours.”

“Yes. Definitely for me, for prenatal care, I had to make sure. I wanted an African American doctor or just I could not go to a – I just didn’t feel comfortable going to a white doctor, male or female. I just didn’t feel comfortable because I just – for someone to hold my baby, I wanted them to look like me. And I wanted them to look like my child. And I just felt like just to have somebody, like a white person – just based on my experience that I’ve had over time, I just feel more comfortable going to a Black gyno. “

Health Information Sources

“I would say Google. Or a newspaper. Talk to the doctor, or you know the tent, the community fair.”

“I think most people get their information from their phone – Internet phone or desktop, laptop, tablet. I think everyone gets all kinds of information from that more than actually meeting someone in person and getting information. More so, I think people get it from the internet.”

Perspectives on Telehealth

“Anything’s better than sitting in someone’s office feeling uncomfortable knowing it’s just a regular yeast infection, and I could have just been at home.”

“A small illness? I’d still go face to face. The reason why is I’m so used to it... But being on video, I wouldn’t be satisfied.”

“I started this by saying, “Access,” and I think increasing access, I think telehealth does provide that for some people in the communities, and I think about mental health, also, specifically for the communities we serve, for folks who have challenges navigating the world, and feeling stress and stigma as they’re moving through the world, provide us a more safe, secure way for them to access mental health services through telehealth, would be something that I think would be very helpful.”

Community Populations – Focus Group Results

Social and Supportive Services

“As far as Brooklyn, I observed, and I heard about two or three places that give out pantry. They give out more fruits than canned goods. Some give out canned goods and stuff. But they get a lot of nutritious food that they give out. And there's different type of services out there.”

“I'm with Hostel, which is a housing organization and they help you get into an apartment. They actually hook you up with a caseworker, which is a caseworker will go out to a field and look for your apartment, but you would have to do your part too. So basically, you and caseworker would have to go look out.”

Participant Recommendations

“So, going into the schools. At a certain point, the parents knowing it is nice but what is gonna drive our community is the kids. So, a lot of people are just trying to cater it to grown people and parents and teaching the parents. And, yes, the parents cook but what's gonna make the parents cook the right food is the kids. The parents might not do it on their own because we have been doing things a certain way for a while. But if your child says, “Mommy, I'm not eating that. I need some kale.” Or whatever else you're gonna eat that's healthy. The parent, the mother will make an effort.”

“In terms of taking things outside of the hospital and showing people how to advocate for themselves how they need to be taking care of themselves...So, I'm gonna meet you outside and come into your community and tell you what the resources are in your four-block radius and also what things you can be doing within your community to have a much more holistic, healthy life.”

“I think [NYP] could help a lot of people. Depression, food, and drugs. And help with some type of medicine that you could get for free without having to pay for every little thing. Every little thing shouldn't be about money and that's the problem.”

NYP-BMH Community Health Needs Assessment Survey Responses

The NewYork-Presbyterian Brooklyn Methodist Hospital sponsored a Community Health Survey which appeared on NewYork-Presbyterian Brooklyn Methodist Hospital's website homepage, nyp.org/Brooklyn.

The survey also appeared in an edition of NYP-BMH's community health magazine, Thrive, which is mailed to 250,000 households in Brooklyn.

A list of the questions in the survey and a profile of respondents is in the section labeled "Additional Study Notes and Materials".

Q3 What prevents people in your community from accessing medical care?		
	N=69	
	n	%
Fear (not ready to face/discuss a health problem)	32	46.38%
No insurance	32	46.38%
Unable to pay co-pays/deductibles	29	42.03%
Don't trust doctors/hospitals	16	23.19%
Cultural/religious beliefs	14	20.29%
Language barriers	12	17.39%
Don't understand when to see a doctor	11	15.94%
Too much stress	11	15.94%
Don't want to be judged by doctors	10	14.49%
Don't know how to find doctors	9	13.04%
There are no barriers	7	10.14%
Unable to get transportation	6	8.70%
Lack of availability of doctors	5	7.25%
Other (please specify)	5	7.25%

Q1 What are the most important health concerns in your community? (Please check one or two)		
	N=69	
	n	%
Prevent Chronic Diseases (ex: cancer, hypertension, diabetes, asthma)	44	63.77%
Promote a Healthy and Safe Environment	32	46.38%
Promote Healthy Women, Infants and Children	19	27.54%
Prevent HIV/STDs, Vaccine Preventable Diseases and Antimicrobial Resistance, and Healthcare Associated Infections	5	7.25%
Promote Well Being and Prevent Mental and Substance Abuse Disorders	30	43.48%

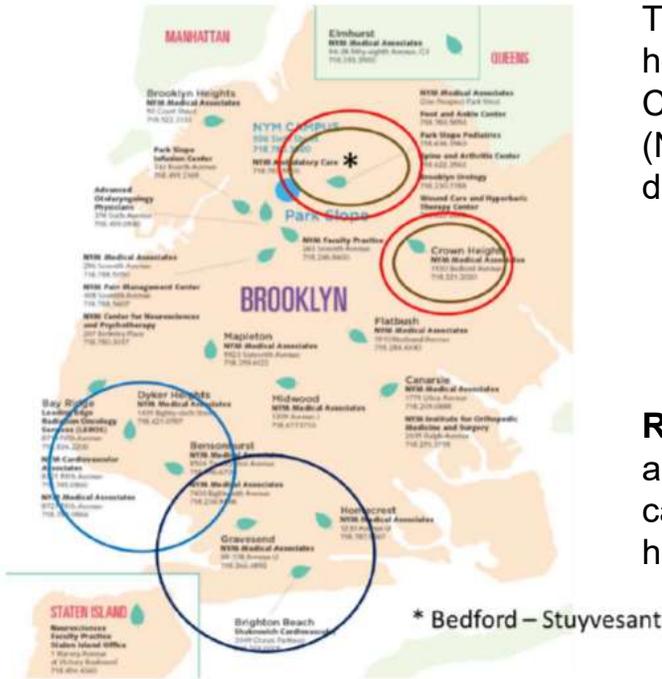
NYP-BMH Community Health Needs Assessment Survey, continued

Q2 What health screenings or education/information services are most needed in your community? (Please check up to three)		
	N=69	
	n	%
Exercise programs	23	33.33%
Blood pressure screenings	22	31.88%
Mental health services	19	27.54%
Healthy cooking demonstrations	18	26.09%
Nutritional education	16	23.19%
Diabetes education	14	20.29%
Cancer prevention education	13	18.84%
Healthy/affordable food choices	13	18.84%
Cholesterol screenings	12	17.39%
Diabetes screenings	11	15.94%
Drug & alcohol rehab services	11	15.94%
Cancer screenings	10	14.49%
Dental screenings	10	14.49%
Heart disease education	8	11.59%
Preventing falls/injuries	8	11.59%
Reduce addiction and overdose	8	11.59%
Reduce violence	8	11.59%
Support for children with special needs	8	11.59%
Vaccination/immunizations	8	11.59%
Help quitting smoking	6	8.70%
Medication management education	4	5.80%
Prenatal care	4	5.80%
Other (please specify)	4	5.80%
Increase breastfeeding rates	3	4.35%
Reducing air/water pollution	3	4.35%
Suicide prevention education	3	4.35%
HIV/AIDS & STD information	0	0.00%
Reduce maternal/infant deaths	0	0.00%

Q4 Where do you and your family get most of your health information? (Check all that apply)		
	N=69	
	n	%
Doctor/health professional	53	76.81%
Internet	49	71.01%
Newspaper/magazines	35	50.72%
Family or friends	29	42.03%
Hospital	19	27.54%
Television	18	26.09%
Radio	13	18.84%
Workplace	12	17.39%
Health Department	7	10.14%
Library	6	8.70%
School/College	4	5.80%
Other (please specify)	3	4.35%
Religious organization	2	2.90%

Q5 Where do you go for most medical treatment?		
	N=40	
	n	%
Neighborhood Internist	15	37.50%
Travel 30+ minutes to my doctor/hospital	15	37.50%
Hospital Clinic	5	12.50%
Nearest Emergency Room	3	7.50%
Urgent Care Center	2	5.00%

Brooklyn Cancer Roundtable Summary



This summary stems from the first series of **community roundtable discussions** hosted by the Cornell Center for Health Equity (CCHEq) in partnership with the Weill Cornell Meyer Cancer Center and NewYork-Presbyterian Brooklyn Methodist Hospital (NYP-BMH) during the Spring of 2019. The respective dates and locations of the discussions were as follows:

- April 8th Brooklyn Central Library, Crown Heights, Brooklyn
- May 2nd Bedford-Stuyvesant Restoration Plaza, Bedford Stuyvesant, Brooklyn
- June 5th Vanderveer Park United Methodist Church, Flatbush, Brooklyn
- June 17th The Young Men’s Christian Association (YMCA), Coney Island, Brooklyn

Rationale: Cancers that are diagnosed early at a local stage of the disease are more amenable to successful treatment. Increasing the percent of early diagnoses for most cancers will improve survival outcomes and, in some cases, may help to narrow cancer health disparities (wealth, race, and ethnicity) that exist in NYC .

- Black New Yorkers living in the poorest neighborhoods are the most likely to die from colorectal, breast, and prostate cancer. While black and Hispanic New Yorkers may get screened for these cancers at the same rate, as demonstrated by The New York Citywide Colorectal Cancer Control Coalition (C5), good screening rates alone are not sufficient to increase survival rates.
- The roundtable discussions were conducted in four neighborhoods whose residents account for a significant proportion of the hospital discharges at NYP-BMH, as well as for analytic cases at NYP-Weill Cornell and NYP-BMH.

Mortality	Manhattan	Brooklyn	UHF Target Neighborhoods
Lung	23.7	24.3	32.6 (1 st)
Colon	11.5	13.3	15.9 (2 nd)
Prostate	19.3	18.2	28.4 (2 nd)
Breast	18.8	20.0	26.3 (1 st)

NYS Cancer Registry age adjusted death rate 2016

Brooklyn Cancer Roundtable Summary, continued

Process: Key informative stakeholders (cancer advocacy groups, community physicians, leaders of local social service organizations, specialists in the various oncology disciplines, as well as NewYork-Presbyterian (NYP) and Weill Cornell Medicine (WCM) physician and administrative leadership) were invited to attend at least one of the four roundtable discussions.

- A modified nominal group technique was used and each discussion was structured to consist of three brief presentations by representatives from NYP-BMH, the Meyer Cancer Center and CCHEq followed by a small-group discussion in response to the following question: *“As stakeholders in the health and wellness of this community, you are intimately familiar with the various strengths and resources available to residents in (insert name of the neighborhood). Thus among the six social determinants (Economic Stability, Neighborhood and Physical Environment, Education, Food, Community and Social Context and Health Care System) which three do you believe exert the greatest barrier to the early detection and treatment of cancer in your community?”*
- Participants received 40 minutes for discussion and the individual group tallies and comments were combined to create a ranking for each respective neighborhood and then a final tally across the neighborhoods.

Tallies of the top three barriers in each neighborhood:

Top Barriers	Social Determinants of Health (SDOH) Category	Crown Heights (6 groups)	Bedford- Stuyvesant (8 groups)	Flatbush (5 groups)	Coney Island (5 groups)
1	Economic Stability	5	7	4	3
	Neighborhood and Physical Environment	0	0	1	3
2	Education	6	4	3	4
	Food	0	1	1	1
3	Community and Social Context	4	8	3	2
	Healthcare System	3	4	3	2

Brooklyn Cancer Roundtable Summary, continued

Implications/Recommendations:

- 1. Financial toxicity** (financial burden or distress as it relates to cancer diagnosis costs) is a well-known phenomenon in cancer care, but there has been less in the medical literature. Thus the following recommendations are offered:
 - a. Identify and expand unique models of health education to **address gaps in health literacy**.
 - b. **Ensure all staff are knowledgeable** about the NYC Cancer Services Program (CSP) and NYS Medicaid Cancer Treatment Programs.
 - c. **Implement patient navigation at the screening level**.
- 2. Identify and offer training to all clinical oncology staff** regarding common patient-centered oncology best practices, with an emphasis on addressing implicit biases, cultural competence, and patient gender preference for medical care, to name a few.
- 3. Ensure all oncology practices within the NewYork-Presbyterian Weill Cornell Medicine Health Care Cancer Programs standardly screen all new oncology patients for the SDOH;** At NYP-BM, a special focus may be needed on financial toxicity, health literacy, and the social network/support system.
- 4. Implement within the next six months NowPow across oncology practices** with at least one ancillary staff member in each practice being fully versed on the platform. Training for all social workers, patient navigators, access nurses, and nutritionists should be mandated.
- 5. Prioritize the development and referral process of newly diagnosed cancer patients to support groups and wellness services** on and off-campus.

Summary: CCC's Asset Based Approach to Meeting Community Needs in Brownsville



Access the full report on the CCC New York website at <https://www.cccnewyork.org/wp-content/uploads/2017/03/CCC-Brownsville-Report.pdf>.

Citizens' Committee for Children of New York (CCC) gathered quantitative and qualitative data on Brownsville to establish a method through which to identify assets or resources in the neighborhood of Brownsville in Brooklyn.

The report detailed the neighborhood of Brownsville in Brooklyn is home to over 61,000 residents, including nearly 19,000 children and is one of several communities in New York City where outcomes along traditional measures of well-being are consistently well below the city average, with children and families experiencing high rates of poverty, crime and homelessness, and poor outcomes in health and education.

In the 2016 edition of CCC's annual Community Risk Ranking, the Brownsville-Ocean Hill community district ranked 4th out of 59 community districts in overall risk, making it one of the highest ranked communities in terms of cumulative risk to well-being.

The study found a shortage of many fundamental resources that should exist in any New York City community:

- **Public transportation options, banks, food retail, housing support services, and after-school and summer programs for older youth** are just some examples of **resources that appear to be lacking.**
- **Fear of crime and violence in the community means that fewer people are using the resources—**from parks to libraries to youth services—**that do exist.**
- **Lack of affordable housing and support services** designed to keep residents in their homes.

Summary: CCC's Asset Based Approach to Meeting Community Needs in Brownsville

In areas—such as childcare and medical care—issues related to convenience and quality, respectively, seem to serve as a deterrent to resource utilization:

- Many residents cited a **lack of childcare and insufficient transportation options as impediments to finding and holding a job.**
- Residents took **issue with the quality of medical care facilities and schools in the area** and expressed a willingness to travel whenever possible to access higher quality healthcare and education options.

Recommendations specific to health:

- **Incentivize the opening of additional food retail**—particularly in the southern part of Brownsville—and ensure that healthy food options are available to all Brownsville residents year-round.
- **Explore opportunities to improve access to healthy affordable foods** in the community such as shuttle or bus service to supermarkets in neighboring districts, and to increase awareness of the USDA pilot program, set to commence in August 2017, which will allow SNAP recipients to purchase groceries online.
- **Conduct outreach to ensure that residents are aware of medical and mental health services and encourage utilization** of necessary services, particularly pre-natal care for pregnant women and mental health services.

Written Comments on Most Recently Adopted CHNA and Implementation Strategy

NewYork-Presbyterian Brooklyn Methodist Hospital has not received written comments regarding its 2016-2018 Community Health Needs Assessment nor its 2016-2018 Community Service Plan.

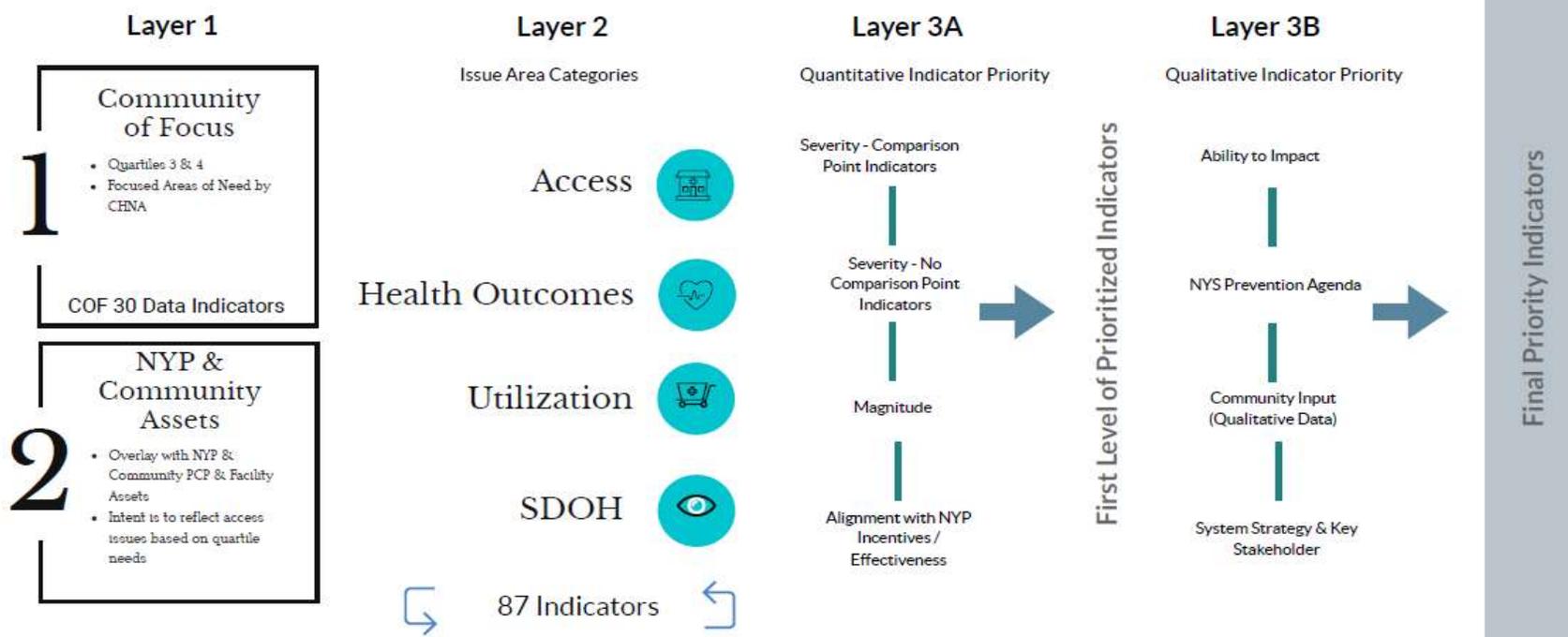
Your feedback on this report is welcomed. You may send written comments to or request more information on this 2019 Community Health Needs Assessment at community@nyp.org.

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Prioritization of Significant Health Needs

Prioritization of Significant Health Needs – Overview of Method

The prioritization method allowed NYP-BMH to narrow a vast amount of quantitative and qualitative data sets and define the highest disparity community and health indicators impacting that community. The model utilizes a layered approach based on the Hanlon method to incorporate the quantitative and qualitative data as well as the alignment with NYP-BMH initiatives and resources and key stakeholder input.



Prioritization of Significant Health Needs – Overview of Method

Full Model with Ranking and Weighting

Prioritization Category		Definition	Type	1 - LOW	2 - MODERATE	3 - HIGH	Weight		
Layer 1	Layer 2	Layer 3					Priority Value		
Community of Focus - CO F Indicators Define Areas of Need	Issue Area Categories	Layer A - Identify Significant Health Needs Step #1							
		Severity - Comparison Point Indicators	Seriousness of Problem Variance to Local or State Comparison Point	Objective - Data Pre-Populated	Comparison Variance to be determined upon indicator analysis (range)	Comparison Variance to be determined upon indicator analysis (range)	Comparison Variance to be determined upon indicator analysis (range)	30%	
		Severity - Non Comparison Point Indicators	Seriousness of Problem Key Stakeholder Perception of Severity	Subjective - Key Stakeholder Input	Hanlon Method 0 - Not Serious 1 - 2 - Relatively Not Serious	Hanlon Method 3 - 4 - Moderately Serious 5 - 6 - Serious	Hanlon Method 7 - 8 - Relatively Serious 9 - 10 - Very Serious	5%	
		Magnitude	Size of Problem Amount of Population Impacted	Objective - Data Pre-Populated	Hanlon Method 1 - 4 .1% - .99%	Hanlon Method 5 or 6 1% - 9.99%	Hanlon Method 7 - 10 > 10% of population	40%	
		Access	Alignment with NYP Initiatives / Effectiveness of Initiatives to Need	Alignment of NYP Active Initiatives & the Effectiveness of Initiatives	Objective - Initiative Tracker & Population Health Think Tank Meeting #2	Hanlon Method 0 - < 5% effective 1 - 2 - 5% - 20% effective	Hanlon Method 3 - 4 - 20% - 40% effective 5 - 6 - 40% - 60% effective	Hanlon Method 7 - 8 - 60% - 80% effective 9 - 10 - 80% - 100% effective	25%
		Layer B - Identify Significant Health Needs Step #2							
		Utilization	Availability to Impact / Available New Resources of Funding / People / Process	Resources Available & Funding Availability Community Partnership Impact Patient Compliance Impact	Subjective - Key Stakeholder Input Population Health Think Tank Meeting #2	Hanlon Method 0 - < 5% potential 1 - 2 - 5% - 20% potential	Hanlon Method 3 - 4 - 20% - 40% potential 5 - 6 - 40% - 60% potential	Hanlon Method 7 - 8 - 60% - 80% potential 9 - 10 - 80% - 100% potential	10%
		SDOH	NYS Prevention Agenda	Prevention Agenda Initiative	Objective - Data Pre-Populated	Not on Prevention Agenda & Not on Previous CSP	On Prevention Agenda & Not on Previous CSP	On Prevention Agenda & On previous CSP	40%
			Community Input (Focus Groups & Surveys)	NYAM Key Findings Summaries from Focus Groups & Surveys	Objective - Data Pre-Populated	Pending NYAM Summaries Occurrence Count for focus group & surveys			40%
			System Strategy & Key Stakeholder Input	System & Key Stakeholder Subjective Input	Subjective - Key Stakeholder Input Population Health Think Tank Meeting #2	0 - 10 Score by Leader & Rank Ordering in Category			10%

Prioritization of Significant Health Needs - Results

The data identification and prioritization process resulted in numerous indicators falling into the 4th quartile. At a high level, these indicators can generally be grouped into:

1. Women's Health
2. Obesity / Diabetes
3. Mental Health & Substance Abuse
4. Cancer

These indicators will be used to inform the CSP strategy for NYP-BMH. The focus will not preclude NYP-BMH from initiatives not related to the focused priorities but allows NYP-BMH to invest in new opportunities of impact. Existing hospital strategies related to cancer, hypertension, cardiovascular, etc. will continue to evolve as leading strategies.

CATEGORY	INDICATORS	ISSUE SCORE	QUARTILE
Health Outcomes	Childhood Obesity	3	4th
Health Outcomes	Diabetes	3	4th
Health Outcomes	Obesity	3	4th
Health Outcomes	Physical Activity	3	4th
Utilization	Hospitalizations: Preventable Diabetes*	3	4th
Access	Late Or No Prenatal Care	3	4th
	Percentage of adults with poor mental health for 14 or more days in the last month	2.6	4th
Health Outcomes	Cancer Incidence - All Sites*	2.6	4th
Health Outcomes	Cancer Incidence - Breast*	2.6	4th
SDoH	Binge Drinking*	2.6	4th
	Hospitalizations: Preventable Hypertension*	2.6	4th
Utilization	Hospitalizations: Psychiatric*	2.6	4th
SDoH	Current Smokers*	2.5	4th
Health Outcomes	HIV	2.5	4th
Health Outcomes	Hypertension	2.5	4th

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Previously Conducted CHNA

NYP-BMH Impact Evaluation of 2016 Implementation Strategy

- Based on results from our previous Community Health Survey, discussions with key informants in the community, and a review of New York State's Prevention Area Priorities, NewYork-Presbyterian Brooklyn Methodist Hospital (New York Methodist Hospital at the time of the prior CHNA submission) selected the following priorities for the 2016-2018 Community Service Plan:
 1. Prevent Chronic Disease; focus on diabetes
 2. Prevent Chronic Disease; focus on childhood obesity
 3. Promote a Healthy and Safe Environment; reducing fall risk among most vulnerable populations

NYP-BMH Impact Evaluation of 2016 Implementation Strategy

Significant health need identified in 2016	Objective	Planned activities listed in the 2016 NY State DOH CSP	Y/N was the activity implemented?	Result or impact
Prevent Chronic Diseases: Diabetes	<ul style="list-style-type: none"> Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings 	<ul style="list-style-type: none"> Offer Diabetes Self Management Education (DSME) classes for community and educate staff to become trainers 	Yes	To date, 46 people have completed the (DSME) class sessions and the majority reported more confidence in managing their diabetes.
Prevent Chronic Diseases: Childhood Obesity	<ul style="list-style-type: none"> Prevent childhood obesity through early child-care and schools 	<ul style="list-style-type: none"> Offer parent and child exercise classes after school complemented by nutrition education 	No – we transitioned to offering the hypertension intervention (detailed on the next page)	We faced challenges securing a class location that would be attractive for the target population.
Prevent Chronic Diseases: Childhood Obesity/ Promoting Healthy Women, Infants, and Children	<ul style="list-style-type: none"> Increase the proportion of NYS babies who are breastfed. Expand the role of health care and health service providers and insurers in obesity prevention and become a Baby-Friendly Hospital 	<ul style="list-style-type: none"> During the birth hospitalization Increase the percentage of infants born in NYS hospitals who are exclusively breastfed 	Yes	NYP-BMH is now in the Dissemination Stage (Stage 3 of 4) of our Baby-Friendly USA Journey. Almost 100 staff have completed the 15-hour (nursing) or 3-hour (MD) breastfeeding educational training. NYP-BMH has increased exclusive breastfeeding rates by over 13% since 2013. Our rates hover between 37-40%. Our goal is to achieve exclusive breastfeeding rates above 39.7% upon discharge.
Promote a Healthy and Safe Environment: Reduce Falls	<ul style="list-style-type: none"> Reduce Fall Risks Among the Most Vulnerable Populations 	<ul style="list-style-type: none"> Offer fall prevention workshops and lectures to seniors and provide them with a “Fall Prevention Kit” to help safeguard their homes 	Yes	We trained 4 staff members to conduct evidence-based classes in Fall Prevention. We have given out 200 Senior Home Safety kits to fall prevention lecture and workshop attendees. One Stepping On class was hosted in the fall of 2018, through which 8 seniors were trained. All participants had better mobility and increased self-confidence. The curriculum was well-received but the format was not conducive to being repeated by staff members whose roles are not dedicated to this type of work. We will revisit other evidence-based interventions for fall prevention in 2019, such as Tai Chi for Arthritis.

NYP-BMH Impact Evaluation of 2016 Implementation Strategy

Significant health need identified in 2016	Objective	Planned activities listed in the 2016 NY State DOH CSP	Y/N was the activity implemented?	Result or impact
Prevent Chronic Diseases: Hypertension	<ul style="list-style-type: none"> Increase access to high-quality chronic disease preventive care and management in clinical and community settings 	<ul style="list-style-type: none"> Offer 10-week, evidence-based program, HeartSmarts, to community partners 	Yes, this activity replaced the originally proposed afterschool parent and child exercise classes intended to help prevent childhood obesity (detailed on prior page)	We recruited two churches for the HeartSmarts training. Members from St. George's Episcopal Church in Crown Heights and Pleasant Grove Tabernacle, in Bedford Stuyvesant were trained to offer HeartSmarts' faith-based curriculum to teach their congregation members how to reduce hypertension and adopt healthier habits. Both churches hosted classes in Q4 of 2018, and both sustained steady class attendance. St. George's graduated 25 participants and Pleasant Grove had 35 graduates.

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Appendix

Communities of High Disparity Definition Indicators

Domain	Indicator	Source	Geographic Area	Period
Domain 1 – Demographics	Total population	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 1 – Demographics	Percent of population that is minority (including Hispanic ethnicity)	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 1 – Demographics	Percent of population ages 65 and older	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 1 – Demographics	Percent of population 5 years and older who report that they speak English "less than very well"	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 1 – Demographics	Percent of population ages 25 and older whose highest level of education is less than a high school diploma or GED	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 1 – Demographics	Percent of households Single Father With Children	Data2Go.NYC	Community District	2012-2016
Domain 1 – Demographics	Percent of households Single Mother With Children	Data2Go.NYC	Community District	2012-2016
Domain 2 – Income	Percent of population - all below 150% of NYC.gov threshold	NYC Mayor Report	Community District	2005-2017
Domain 2 - Income	Percent of population ages 0-17 living below the federal poverty level	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 2 - Income	Percent of population ages 65 and older living below the federal poverty level	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 2 - Income	Percent of renter households whose gross rent (rent plus electricity and heating fuel costs) is greater than 50% of their monthly pre-tax income	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 2 - Income	Percent of residents living in New York City Housing Authority (NYCHA) developments, excluding Section 8 housing	NYC Health Data Atlas	Neighborhood Tabulation Area	2015
Domain 3 – Insurance	Percent of the civilian (non-military) labor force ages 16 and older who are unemployed	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 3 - Insurance	Percent of civilian noninstitutionalized population with health insurance	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 3 - Insurance	Percent of civilian noninstitutionalized population ages 0-17 without health insurance	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 3 - Insurance	Percent of population continuously enrolled, for 11 months or more, in Medicaid	NYC Health Data Atlas	Neighborhood Tabulation Area	2015

Communities of High Disparity Definition Indicators

Domain	Indicator	Source	Geographic Area	Period
Domain 4 – Access to Care	Age-adjusted rate of all preventable hospitalizations per 100,000 population ages 18 and older	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 4 – Access to Care	Rate of avoidable adult hospitalizations per 100,000 adults ages 18 and older	NYC Community Health Profiles	Community District	2014
Domain 4 – Access to Care	Rate of avoidable pediatric hospitalizations per 100,000 adults ages 0 to 4	NYC Community Health Profiles	Community District	2014
Domain 5 – NYS DOH Prevention Agenda Priorities	Percent of occupied housing units with more than one occupant per room	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 5 – NYS DOH Prevention Agenda Priorities	Serious Housing Code Violations per 1,000 units	Data City of New York	Community District	2018
Domain 5 – NYS DOH Prevention Agenda Priorities	Families with Children in Homeless Shelters	Citizen's Committee for Children Keeping Track Online	Community District	2018
Domain 5 – NYS DOH Prevention Agenda Priorities	Percent of households receiving Food Stamp/SNAP benefits in the past 12 months	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Domain 5 – NYS DOH Prevention Agenda Priorities	Crude rate of severe maternal morbidity (SMM) per 10,000 deliveries	NYC Health Data Atlas	Neighborhood Tabulation Area	2008-2012
Domain 5 – NYS DOH Prevention Agenda Priorities	Deaths of infants under 1 year per 1,000 live births	Citizen's Committee for Children Keeping Track Online	Community District	2016
Domain 5 – NYS DOH Prevention Agenda Priorities	Age-adjusted rate of drug hospitalizations per 100,000 population ages 15-84	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Domain 5 – NYS DOH Prevention Agenda Priorities	Age-adjusted rate of psychiatric hospitalizations per 100,000 population ages 18 and older	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Domain 5 – NYS DOH Prevention Agenda Priorities	Crude rate of new HIV diagnoses in 2013 per 100,000 population, all ages	NYC Health Data Atlas	Neighborhood Tabulation Area	2013
Domain 5 – NYS DOH Prevention Agenda Priorities	Annual age-adjusted rate of newly reported chronic hepatitis B per 100,000 adults aged 18 and older	NYC Health Data Atlas	Neighborhood Tabulation Area	2013-2015

Assessment Data, Defined Community at a Glance Indicators

Indicator	Source	Geographic Area	Period
Total Population Growth by Age Cohort	Nielsen	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Population by Race & Ethnicity	Nielsen	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Socioeconomic Profile – Household Income	Nielsen	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Population	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Households	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Ethnicity – Hispanic/Latino	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Hispanic Origin – Non Cuban/Mexican/Puerto Rican	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Home Language	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Marital Status	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Population by Age	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Population by Race	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Median Age of Householder	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Presence of Children	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Household Type	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Housing Tenure	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Age of Housing	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Household Size	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Housing Units in Structure	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated

Assessment Data, Defined Community at a Glance Indicators

Indicator	Source	Geographic Area	Period
Education Attainment	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Education: Hispanic/Latino	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Poverty Status	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Household Income; Median and Average	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Household Income Distribution	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Occupational Class	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Unemployment Rate	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Method of Travel to Work	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated
Occupation	Claritas; Environics Analytics	Defined Community by ZIP Code; Benchmark is New York State	2019; Estimated

Assessment Data, Communities of High Disparity Indicators - NYC

Category	Indicator	Source	Geographic Area	Period
Demographics	Population (Total #)	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of female population	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of male population	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population ages 0-17	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population ages 18-24	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population ages 25-44	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population ages 45-64	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population ages 65 and older	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of Hispanic or Latino population (of any race)	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of White population (not Hispanic or Latino)	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of Black population (not Hispanic or Latino)	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of Asian and Pacific Islander population	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of all other race population	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population all ages living below federal poverty level	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population ages 0-17 living below federal poverty level	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population ages 65+ living below federal poverty level	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population without health insurance	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population enrolled in Medicaid	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014

Assessment Data, Communities of High Disparity Indicators - NYC

Category	Indicator	Source	Geographic Area	Period
Demographics	Percent of population born outside the U.S. or U.S. territories	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of population age 5+ report speaking English "less than very well"	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Demographics	Percent of adults age 25+ not completed High School	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Socioeconomics	Percent of population ages 16+ unemployed	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Socioeconomics	Percent of population reported disabled	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Socioeconomics	Percent of household, single mother with children	Data2Go.NYC	Community District	2012-2016
Socioeconomics	Percent of household, single father with children	Data2Go.NYC	Community District	2012-2016
Socioeconomics	Percent of people living within income band \$200,000 or more	Citizen's Committee for Children Keeping Track Online	Community District	2017
Socioeconomics	Percent of people living within income band \$100,000 to \$199,999	Citizen's Committee for Children Keeping Track Online	Community District	2017
Socioeconomics	Percent of people living within income band \$75,000 to \$99,999	Citizen's Committee for Children Keeping Track Online	Community District	2017
Socioeconomics	Percent of people living within income band \$50,000 to \$74,999	Citizen's Committee for Children Keeping Track Online	Community District	2017
Socioeconomics	Percent of people living within income band \$35,000 to \$49,999	Citizen's Committee for Children Keeping Track Online	Community District	2017
Socioeconomics	Percent of people living within income band \$25,000 to \$34,999	Citizen's Committee for Children Keeping Track Online	Community District	2017
Socioeconomics	Percent of people living within income band \$15,000 to \$24,999	Citizen's Committee for Children Keeping Track Online	Community District	2017
Socioeconomics	Percent of people living within income band under \$15,000	Citizen's Committee for Children Keeping Track Online	Community District	2017

Assessment Data, Communities of High Disparity Indicators - NYC

Category	Indicator	Source	Geographic Area	Period
Housing	Overcrowding; Percent of occupied housing units with more than one occupant per room	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Housing	Rent burden, i.e., rent plus electricity and heating fuel costs is greater than 30% of monthly pre-tax income	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Housing	Rent burden, i.e., rent plus electricity and heating fuel costs is greater than 50% of monthly pre-tax income	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Housing	Percentage of renter-occupied homes without maintenance defects	NYC Community Health Profiles	Community District	2014
Housing	Percent of residents living in public housing excluding Section 8	NYC Health Data Atlas	Neighborhood Tabulation Area	2015
Housing	Housing Maintenance code violations	Data City of New York	Neighborhood Tabulation Area	2018
Housing	Housing Maintenance code complaints	Data City of New York	Patient Address	2018
Housing	Evictions	Association for Neighborhood & Housing Development	Community District	2018
Housing	County Foreclosure Rate	Office of the New York State Comptroller	County	2018
Housing	Percent of families with children in shelter	Citizen's Committee for Children Keeping Track Online	Community District	2017
Housing	Homes Without Maintenance Defects	NYC Community Health Profiles	Community District	2014
Housing	Notice of Foreclosure Rate per 1,000 for 1-4 Unit and Condo Properties, 2018	Association for Neighborhood & Housing Development	Community District	2018
Housing	Notice of Foreclosure Rate per 1,000 for 5+ Unit Buildings, 2018	Association for Neighborhood & Housing Development	Community District	2018
Food & Nutrition	Percent of households receiving SNAP Benefits	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Food & Nutrition	Meal Gap; # of meals needed per year for food security	Data2Go.NYC	Community District	2014
Food & Nutrition	Food Desert	USDA	Census Tract	2015

Assessment Data, Communities of High Disparity Indicators - NYC

Category	Indicator	Source	Geographic Area	Period
Social & Environmental Safety	Air Quality (Annual Average MCG per Cubic Meter of Fine Particle Matter)	NYC Community Health Profiles	Community District	2016
Social & Environmental Safety	Percent of households with a person age 65+ living alone	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Social & Environmental Safety	Number of persons served by senior center program per 1,000 population ages 60+	NYC Health Data Atlas	Neighborhood Tabulation Area	2015
Social & Environmental Safety	Assault hospitalization per 100,000 population, age adjusted rate	NYC Health Data Atlas	Neighborhood Tabulation Area	2012-2014
Social & Environmental Safety	Felony crime complaints per 100,000 population, crude rate	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Social & Environmental Safety	Total number of arrests of 16 & 17 year olds	Citizen's Committee for Children Keeping Track Online	Borough	2017
Transportation	Percent of workers who commute by any form of transportation over 60 minutes each way	Data2Go.NYC	Community District	2010-2015
Health Status: Healthy Eating & Physical Activity	Percentage of adults who ate in 24 hours 1+ serving of fruit and vegetable	NYC Community Health Profiles	Community District	2015-2016
Health Status: Healthy Eating & Physical Activity	Percentage of adults who drink >1 sweetened beverage daily	NYC Community Health Profiles	Community District	2015-2016
Health Status: Healthy Eating & Physical Activity	Percentage of adults reporting obesity	NYC Community Health Profiles	Community District	2015-2016
Health Status: Healthy Eating & Physical Activity	Percentage of public school children (K to 8) with obesity	NYC Community Health Profiles	Community District	2016-2017
Health Status: Healthy Eating & Physical Activity	Percentage of adults with physical activity in last 30 days	NYC Community Health Profiles	Community District	2015-2016
Health Status: Women, Infants & Children	Crude rate of severe maternal morbidity per 10,000 deliveries	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Health Status: Women, Infants & Children	Rate of infant deaths (under 1 year old) per 1,000 live births	NYC Community Health Profiles	Community District	2013-2015
Health Status: Women, Infants & Children	Percent of live births receiving late prenatal care	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Health Status: Women, Infants & Children	Percent of preterm births among all live births	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Health Status: Women, Infants & Children	Rate of teen births (per 1,000 women ages 15-19)	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014

Assessment Data, Communities of High Disparity Indicators - NYC

Category	Indicator	Source	Geographic Area	Period
Health Status: Well-Being & Mental Health	Percentage of deaths that could have been averted (based on top 5 Neighborhood Tabulation Areas)	NYC Community Health Profiles	Community District	2011-2015
Health Status: Well-Being & Mental Health	Premature mortality per 100,000 population under ages 65	NYC Health Data Atlas	Neighborhood Tabulation Area	2010-2014
Health Status: Well-Being & Mental Health	Percentage of adults self-report health as good-excellent	NYC Community Health Profiles	Community District	2015-2016
Health Status: Well-Being & Mental Health	Percentage of adults not getting needed medical care	NYC Community Health Profiles	Community District	2015-2016
Health Status: Well-Being & Mental Health	Percentage of adults self-reporting poor mental health	Behavioral Risk Factor Surveillance System (BRFSS) New York State	County	2016
Health Status: Well-Being & Mental Health	Percentage of adults self-reporting binge drinking	NYC Community Health Profiles	Community District	2015-2016
Health Status: Chronic Disease	Rate of ED visits for asthma per 10,000 children ages 5 to 17	NYC Community Health Profiles	Community District	2015
Health Status: Chronic Disease	Percentage of adults with diabetes	NYC Community Health Profiles	Community District	2015-2016
Health Status: Chronic Disease	Percentage of adults with hypertension	NYC Community Health Profiles	Community District	2015-2016
Health Status: Chronic Disease	Percentage of adults reporting current smoking	NYC Community Health Profiles	Community District	2015-2016
Health Status: Chronic Disease	Rate of new HIV diagnoses per 100,000 people	NYC Community Health Profiles	Community District	2016
Health Status: Chronic Disease	Rate of new hepatitis C diagnoses per 100,000 people	NYC Community Health Profiles	Community District	2016
Health Status: Chronic Disease	Percentage of adults with arthritis	Behavioral Risk Factor Surveillance System (BRFSS) New York State	County	2016
Health Status: Chronic Disease	Percentage of Adults with CV (Heart Attack, Coronary Heart Disease, or Stroke)	Behavioral Risk Factor Surveillance System (BRFSS) New York State	County	2016
Health Status: Chronic Disease	Percentage of Adults with COPD	Behavioral Risk Factor Surveillance System (BRFSS) New York State	County	2016
Health Status: Chronic Disease	Percentage of Adults Taking Medication for High Blood Pressure	Behavioral Risk Factor Surveillance System (BRFSS) New York State	County	2016

Assessment Data, Communities of High Disparity Indicators - NYC

Category	Indicator	Source	Geographic Area	Period
Health Status: Cancer	Cancer Incidence - All Sites	State Cancer Profiles	County	2018
Health Status: Cancer	Cancer Incidence - Breast	State Cancer Profiles	County	2018
Health Status: Cancer	Cancer Incidence - Colon and Rectum	State Cancer Profiles	County	2018
Health Status: Cancer	Cancer Incidence - Lung	State Cancer Profiles	County	2018
Health Status: Cancer	Cancer Incidence - Prostate	State Cancer Profiles	County	2018
Health Care Service Utilization	Avoidable Hospitalizations per 100,000 population ages 18+ (PQI)	NYC Community Health Profiles	Community District	2014
Health Care Service Utilization	Avoidable Hospitalizations per 100,000 population ages 0-4 (PDI)	NYC Community Health Profiles	Community District	2014
Health Care Service Utilization	Preventable Hospitalizations: All per 100,000 population ages 18+	NYC Health Data Atlas	Neighborhood Tabulation Area	2012-2014
Health Care Service Utilization	Preventable Hospitalizations: Asthma per 100,000 population ages 18+	NYC Health Data Atlas	Neighborhood Tabulation Area	2012-2014
Health Care Service Utilization	Preventable Hospitalizations: Diabetes per 100,000 population ages 18+	NYC Health Data Atlas	Neighborhood Tabulation Area	2012-2014
Health Care Service Utilization	Preventable Hospitalizations: Hypertension per 100,000 population ages 18+	NYC Health Data Atlas	Neighborhood Tabulation Area	2012-2014
Health Care Service Utilization	Preventable Hospitalizations: Alcohol per 100,000 population ages 18+	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Health Care Service Utilization	Hospitalizations: Child Asthma per 10,000 population ages 5-14	NYC Health Data Atlas	Neighborhood Tabulation Area	2012-2014
Health Care Service Utilization	Hospitalizations: Drug per 100,000 population ages 15-84	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Health Care Service Utilization	Hospitalizations: Falls per 100,000 population ages 65+	NYC Health Data Atlas	Neighborhood Tabulation Area	2012-2014
Health Care Service Utilization	Preventable Hospitalizations: Psychiatric per 100,000 population ages 18+	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Health Care Service Utilization	Preventable Hospitalizations: Stroke per 100,000 population ages 18+	NYC Health Data Atlas	Neighborhood Tabulation Area	2014

Assessment Data, Communities of High Disparity Indicators - NYC

Category	Indicator	Source	Geographic Area	Period
Health Care Service Utilization	Emergency Dept.: All Visits per 100,000 population, crude rate	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Health Care Service Utilization	Emergency Dept: Treat and Release Visits per 100,000 population, crude rate	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Health Care Service Utilization	Emergency Dept: Visits Resulting in Inpatient Stays per 100,000 population, crude rate	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Health Care Service Utilization	Emergency Dept: Preventable Treat and Release Visits or all T&R visits	NYC Health Data Atlas	Neighborhood Tabulation Area	2014
Health Provider Assets	Facility - Hospital, Federally Qualified Health Center, Skilled Nursing Facility, and Urgent Care	Definitive Healthcare	Street Address	2019
Health Provider Assets	Physicians	Definitive Healthcare	Street Address	2019

Gaps limiting ability to assess the community's health needs

Several data sources, including state, county, and local resources were examined as part of this CHNA. One limitation of this study is that some data sources were not available for geographic boundaries at these localized levels (e.g., Neighborhood Tabulation Area).

Additionally, data publicly available was not always collected on an annual basis, meaning that some data indicators are several years old. In consideration of these limitations, the process of identifying health needs was based on both the quantitative and qualitative analyses.

Mental health and substance use indicators are limited due to privacy requirements creating challenges for assessing disparities. Similar self-reported statistics are estimated to be underreported due to the stigma of these health issues.

Hanlon Prioritization Method Pros and Cons

The Hanlon Method for Prioritizing Health Problems, utilized in this study, is a well-respected technique which objectively takes into consideration explicitly defined criteria and feasibility factors. Though a complex method, the Hanlon Method can be used with any size group and is advantageous when the desired outcome is an objective list of health priorities based on baseline data and numerical values.

- **PROS:** the PEARL component can be a useful feature as it offers relatively quantitative answers that are appealing for many.

- **Propriety** – Is a program for the health problem suitable?
- **Economics** – Does it make economic sense to address the problem? Are there economic consequences if a problem is not carried out?
- **Acceptability** – Will a community accept the program? Is it wanted?
- **Resources** – Is funding available or potentially available for program?
- **Legality** – Do current laws allow program activities to be implemented?

Eliminate any health problems which receive an answer of “No” to any of these PEARL factors or proceed with corrective action to ensure that potential health priorities meet all five of the feasibility factors.

- **CONS:** The process offers the lowest priorities for those issues where the solution requires additional resources or legal changes which may be problematic. Very complicated.

Source: <https://www.cdc.gov/nphpsp/documents/Prioritization%20section%20from%20APEXPH%20in%20Practice.pdf>

New York State Department of Health Prevention Agenda 2019-2024

Priority Area: Prevent Chronic Diseases	Focus Area 1: Healthy Eating and Food Security
	Overarching Goal: Reduce obesity and the risk of chronic diseases
	Goal 1.1: Increase access to healthy and affordable foods and beverages
	Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices
	Goal 1.3: Increase food security
	Focus Area 2: Physical Activity
	Overarching Goal: Reduce obesity and the risk of chronic diseases
	Goal 2.1: Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities
	Goal 2.2: Promote school, child care, and worksite environments that support physical activity for people of all ages and abilities
	Goal 2.3: Increase access, for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity
	Focus Area 3: Tobacco Prevention
	Goal 3.1: Prevent initiation of tobacco use, including combustible tobacco and electronic vaping products (electronic cigarettes and similar devices) by youth and young adults
	Goal 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
	Goal 3.3: Eliminate exposure to secondhand smoke and exposure to secondhand aerosol/emissions from electronic vapor products
	Focus Area 4: Preventive Care and Management
	Goal 4.1: Increase cancer screening rates for breast, cervical, and colorectal cancer
Goal 4.2: Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity	
Goal 4.3: Promote the use of evidence-based care to manage chronic diseases	
Goal 4.4: Improve self-management skills for individuals with chronic conditions	

New York State Department of Health Prevention Agenda 2019-2024

Priority Area: Promote a Healthy and Safe Environment	Focus Area 1: Injuries, Violence and Occupational Health
	Goal 1.1: Reduce falls among vulnerable populations
	Goal 1.2: Reduce violence by targeting prevention programs particularly to highest risk populations
	Goal 1.3: Reduce occupational injuries and illness
	Goal 1.4: Reduce traffic related injuries for pedestrians and bicyclists
	Focus Area 2: Outdoor Air Quality
	Goal 2.1: Reduce exposure to outdoor air pollutants
	Focus Area 3: Built and Indoor Environments
	Goal 3.1: Improve design and maintenance of the built environment to promote healthy lifestyles, sustainability, and adaptation to climate change
	Goal 3.2: Promote healthy home and school environments
	Focus Area 4: Water Quality
	Goal 4.1: Protect water sources and ensure quality drinking water
	Goal 4.2: Protect vulnerable waterbodies to reduce potential public health risks associated with exposure to recreational water
	Focus Area 5: Food and Consumer Products
	Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure
	Goal 5.2: Improve food safety management

New York State Department of Health Prevention Agenda 2019-2024

Priority Area: 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 of all ages, with a focus on women of reproductive age
	Goal 1.2: Reduce maternal mortality and morbidity
	Focus Area 2: Perinatal & Infant Health
	Goal 2.1: Reduce infant mortality and morbidity
	Goal 2.2: Increase breastfeeding
	Focus Area 3: Child & Adolescent Health
	Goal 3.1: Support and enhance children and adolescents' social-emotional development and relationships
	Goal 3.2: Increase supports for children and youth with special health care needs
	Goal 3.3: Reduce dental caries among children
	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
	Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders
Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan	
Goal 1.2: Facilitate supportive environments that promote respect and dignity for people of all ages	
Focus Area 2: Prevent Mental and Substance Use Disorders	
Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults	
Goal 2.2: Prevent opioid and other substance misuse and deaths	
Goal 2.3: Prevent and address adverse childhood experiences (ACEs)	
Goal 2.4: Reduce the prevalence of major depressive disorders	
Goal 2.5: Prevent suicides	
Goal 2.6: Reduce the mortality gap between those living with serious mental illness and the general population	

New York State Department of Health Prevention Agenda 2019-2024

Priority Area: Prevent Communicable Diseases	Focus Area 1: Vaccine-Preventable Diseases
	Goal 1.1: Improve vaccination rates
	Goal 1.2: Reduce vaccination coverage disparities
	Focus Area 2: Human Immunodeficiency Virus (HIV)
	Goal 2.1: Decrease HIV morbidity (new HIV diagnoses)
	Goal 2.2: Increase viral suppression
	Focus Area 3: Sexually Transmitted Infections (STIs)
	Goal 3.1: Reduce the annual rate of growth for STIs
	Focus Area 4: Hepatitis C Virus (HCV)
	Goal 4.1: Increase the number of persons treated for HCV
	Goal 4.2: Reduce the number of new HCV cases among people who inject drugs
	Focus Area 5: Antibiotic Resistance and Healthcare-Associated Infections
	Goal 5.1: Improve infection control in healthcare facilities
	Goal 5.2: Reduce infections caused by multidrug resistant organisms and C. difficile
	Goal 5.3: Reduce inappropriate antibiotic use

Community Health Needs Assessment Survey Questions

NewYork-Presbyterian Brooklyn Methodist Hospital - Community Health Needs Assessment Survey

The purpose of this survey is to get your thoughts and opinions about important health issues in your community. NewYork-Presbyterian Brooklyn Methodist Hospital will use these survey results and any other information collected here to help develop health programs for your community. Please complete one survey for each adult over the age of 18. Your responses to this survey will be anonymous. Thank you for your participation.

1. What are the most important health concerns in your community? (Please check one or two)

- Prevent Chronic Diseases (ex: cancer, hypertension, diabetes, asthma)
- Healthy and Safe Environment
- Healthy Women, Infants and Children
- HIV/STDs, Vaccine Preventable Diseases, and Healthcare Associated Infections
- Promote Well Being and Prevent Mental and Substance Abuse Disorders

Community Health Needs Assessment Survey Questions

2. What health screenings or education/information services are most needed in your community? (Please check up to three)

- | | | |
|--|---|--|
| <input type="checkbox"/> Blood pressure screenings | <input type="checkbox"/> Help quitting smoking | <input type="checkbox"/> Reduce addiction and overdose |
| <input type="checkbox"/> Cancer prevention education | <input type="checkbox"/> Heart disease education | <input type="checkbox"/> Reduce maternal/infant deaths |
| <input type="checkbox"/> Cancer screenings | <input type="checkbox"/> HIV/AIDS & STD information | <input type="checkbox"/> Reduce violence |
| <input type="checkbox"/> Cholesterol screenings | <input type="checkbox"/> Increase breastfeeding rates | <input type="checkbox"/> Suicide prevention education |
| <input type="checkbox"/> Dental screenings | <input type="checkbox"/> Medication management | <input type="checkbox"/> Support for children with special needs |
| <input type="checkbox"/> Diabetes education | <input type="checkbox"/> education | <input type="checkbox"/> Vaccination/immunizations |
| <input type="checkbox"/> Diabetes screenings | <input type="checkbox"/> Mental health services | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Drug & alcohol rehab services | <input type="checkbox"/> Nutritional education | _____ |
| <input type="checkbox"/> Exercise programs | <input type="checkbox"/> Prenatal care | |
| <input type="checkbox"/> Healthy cooking lessons | <input type="checkbox"/> Preventing falls/injuries | |
| <input type="checkbox"/> Healthy/affordable food choices | <input type="checkbox"/> Reducing air/water pollution | |

3. What prevents people in your community from accessing medical care? (Please check up to three)

- | | |
|--|--|
| <input type="checkbox"/> Cultural/religious beliefs | <input type="checkbox"/> No insurance |
| <input type="checkbox"/> Don't know how to find doctors | <input type="checkbox"/> Too much stress |
| <input type="checkbox"/> Don't understand when to see a doctor | <input type="checkbox"/> Unable to get transportation |
| <input type="checkbox"/> Don't want to be judged by doctors | <input type="checkbox"/> Unable to pay co-pays/deductibles |
| <input type="checkbox"/> Don't trust doctors/hospitals | <input type="checkbox"/> There are no barriers |
| <input type="checkbox"/> Fear (not ready to face/discuss a health problem) | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Lack of availability of doctors | _____ |
| <input type="checkbox"/> Language barriers | |

Community Health Needs Assessment Survey Questions

4. Where do you and your family get most of your health information? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Doctor/health professional | <input type="checkbox"/> Library | <input type="checkbox"/> Television |
| <input type="checkbox"/> Family or friends | <input type="checkbox"/> Newspaper/magazines | <input type="checkbox"/> Workplace |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Radio | <input type="checkbox"/> Other (please specify):
_____ |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Religious organization | |
| <input type="checkbox"/> Internet | <input type="checkbox"/> School/college | |

5. Where do you go for most medical treatment? (Check one)

- | | | |
|---|---|---|
| <input type="checkbox"/> Neighborhood Internist | <input type="checkbox"/> Nearest Emergency Room | <input type="checkbox"/> Travel 30+ min to my doctor/hospital |
| <input type="checkbox"/> Urgent Care Center | <input type="checkbox"/> Hospital Clinic | |

6. How worried are you about developing heart disease or having a heart attack?

- Not at all Slightly Somewhat Moderately Extremely

7. How worried are you about getting cancer?

- Not at all Slightly Somewhat Moderately Extremely

Community Health Needs Assessment Survey Questions

The following questions help us to ensure that we are getting the opinions of the diverse communities that we know reside in Brooklyn. Please complete each of the following:

8. What is your gender? Male Female Trans Queer/Questioning Intersex GNC

9. What is your age? 18-24 25-34 35-44 45-54 55-64 65-74 75+

10. What is your sexual orientation? Heterosexual Gay Lesbian Bisexual Asexual

11. ZIP code or neighborhood where you live: _____

12. What race/ethnicity do you consider yourself? (Please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> African | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> South Asian/Desi |
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Central/South American | <input type="checkbox"/> Western/Northern European |
| <input type="checkbox"/> Afro-Caribbean | <input type="checkbox"/> Eastern European | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Arab/Middle Eastern | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Native American/Indigenous | _____ |

13. What is your primary language spoken at home?

- | | | | |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> African (any dialect) | <input type="checkbox"/> French Creole | <input type="checkbox"/> Russian | <input type="checkbox"/> Other Indo-European |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Hindi | <input type="checkbox"/> Tagalog | _____ |
| <input type="checkbox"/> French | <input type="checkbox"/> Italian | <input type="checkbox"/> Urdu | |
| <input type="checkbox"/> German | <input type="checkbox"/> Korean | <input type="checkbox"/> Yiddish | |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Polish | <input type="checkbox"/> Other Asian | |

Community Health Needs Assessment Survey Questions

14. What is your highest level of education?

- | | | |
|---|---|--|
| <input type="checkbox"/> K-8 grade | <input type="checkbox"/> Technical school | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Some college | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> GED | <input type="checkbox"/> College graduate | _____ |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Graduate school | |

15. Do you **currently** have health insurance? Yes No

16: If Yes – What type of health insurance do you have:

- | | |
|--|--|
| <input type="checkbox"/> Employer based plan HIM/ POS/ PPO | <input type="checkbox"/> Medicare (includes Medicare Managed plans such as AARP, etc.) |
| <input type="checkbox"/> Medicaid (included Medicaid managed plans such as HealthFirst, Fidelis, etc.) | |
| <input type="checkbox"/> Veterans Administration | <input type="checkbox"/> Health Insurance Exchange or other Self/Pay Plan |

Community Health Needs Assessment Survey

Concern and Demographic Responses

Q6 How worried are you about developing heart disease or having a heart attack? N=40		
	n	%
Somewhat	13	32.50%
Moderately	9	22.50%
Extremely	8	20.00%
Slightly	7	17.50%
Not at all	3	7.50%

Q7 How worried are you about getting cancer? N=40		
	n	%
Slightly	9	22.50%
Somewhat	9	22.50%
Extremely	9	22.50%
Moderately	8	20.00%
Not at all	5	12.50%

Q8 What is your gender? N=68		
	n	%
Female	53	77.94%
Male	15	22.06%
Trans	0	0.00%
Queer/Questioning	0	0.00%
Intersex	0	0.00%
GNC	0	0.00%

Q9 What is your age? N=67		
	n	%
45-54	22	32.84%
65-75	12	17.91%
35-44	10	14.93%
75+	9	13.43%
25-34	7	10.45%
55-64	7	10.45%
18-24	0	0.00%

Q10 What is your sexual orientation? N=62		
	n	%
Heterosexual	58	93.55%
Lesbian	3	4.84%
Gay	1	1.61%
Asexual	1	1.61%
Bisexual	0	0.00%

Community Health Needs Assessment Survey

Demographic Responses continued

Q12 What race and/or ethnicity do you consider yourself? (Please check all that apply) N=67		
	n	%
Caucasian/White	35	52.24%
African American/Black	14	20.90%
Afro-Caribbean	8	11.94%
Asian/Pacific Islander	5	7.46%
Other (please specify)	4	5.97%
Eastern European	3	4.48%
Hispanic/Latino	3	4.48%
Western/Northern European	1	1.49%
African	0	0.00%
Arab/Middle Eastern	0	0.00%
Central/South American	0	0.00%
English	0	0.00%
Multi-Racial	0	0.00%
Native American/Indigenous	0	0.00%
South Asian/Desi	0	0.00%

Q13 What is your primary language spoken at home? N=66		
	n	%
African Languages (any dialects)	1	1.52%
Arabic	0	0.00%
Chinese	0	0.00%
English	4	6.06%
French Creole	0	0.00%
German	0	0.00%
Greek	0	0.00%
Hebrew	0	0.00%
Hindi	0	0.00%
Italian	0	0.00%
Korean	0	0.00%
Other Asian Languages	0	0.00%
Polish	1	1.52%
Russian	3	4.55%
Spanish	1	1.52%
Tagalog	0	0.00%
Urdu	0	0.00%
Yiddish	0	0.00%
Other (please specify)	58	87.88%

Community Health Needs Assessment Survey

Demographic Responses continued

Q14 What is your highest level of education?		N=68
	n	%
College graduate	27	39.71%
Graduate school	21	30.88%
Some college	8	11.76%
High school graduate	6	8.82%
Doctorate	4	5.88%
GED	3	4.41%
K-8 grade	0	0.00%
Some high school	0	0.00%
Technical school	0	0.00%
Other (please specify)	0	0.00%

Q15 Do you currently have health insurance?		N=67
	n	%
Yes	64	95.52%
No	2	2.99%
No, but I did at an earlier time/previous job.	1	1.49%

Q16 If yes - What type of health insurance do you have?		N=65
	n	%
Employer based plan HIM/POS/PPO	30	46.15%
Medicare (includes Medicare Managed plans such as AARP, etc)	19	29.23%
Medicaid (included Medicaid managed plans such as HealthFirst, Fidelis, etc)	9	13.85%
Health Insurance Exchange or other Self/Pay Plan	6	9.23%
Veterans Administration	1	1.54%

Community Populations – Community Health Needs Questionnaire Demographics

NYP Brooklyn participant demographics (N= 234)		
	N	%
Age		
18-25	29	12.6%
26-35	42	18.2%
36-45	36	15.6%
46-55	27	11.7%
56-65	38	16.5%
66-75	38	16.5%
76-85	16	6.9%
86 +	5	2.2%
Gender		
Female	152	67.3%
Male	69	30.5%
Gender non-binary	5	2.2%
Sexual Orientation		
Heterosexual or straight	172	82.3%
Gay or lesbian	13	6.2%
Asexual	11	5.3%
Queer	7	3.3%
Bisexual	4	1.9%
Self-describe	2	1.0%
Race/ethnicity *		
White	112	47.9%
Black or African American	74	31.6%
Latino or Hispanic	21	9.0%
Asian or Asian American	19	8.1%
American Indian or Alaskan Native	2	0.9%
Other	9	3.8%

NYP Brooklyn participant demographics (N= 234)		
Born in the U.S.	131	58.7%
How well do you speak English?		
Very well	160	71.7%
Well	36	16.1%
Not well	23	10.3%
Not at all	4	1.8%
Education Completed		
Grades 1 -8	4	1.8%
Grades 9-11	16	7.2%
Grade 12 or GED	33	14.9%
College 1 year to 3 years	55	24.8%
College 4 years or more	106	47.7%
Other	8	3.6%
Employment *		
Working	107	51.4%
Not working	50	24.0%
Retired	28	13.5%
Student	23	11.1%
Homemaker/Caregiver	13	6.3%
Volunteer	11	5.3%
Other	12	5.8%
Type of health insurance*		
Private/commercial	84	36.2%
Medicaid	77	33.2%
Medicare	73	31.5%
Uninsured	20	8.6%
Unsure of type	10	4.3%
VA	3	1.3%

*multiple responses permitted

Community Populations – Focus Group Demographics

Table 8. Brooklyn Focus Group Participant Demographics (N=57)

	n	%
Gender		
Female	37	64.9%
Male	17	29.8%
Gender non-binary	2	3.5%
Missing	1	1.8%
Sexual Orientation		
Heterosexual or straight	46	80.7%
Gay or lesbian	3	5.3%
Queer	2	3.5%
Asexual	1	1.8%
Bisexual	1	1.8%
Missing	4	7.0%
Race/Ethnicity*		
Black or African American	24	42.1%
White	20	35.1%
Asian or Asian American	5	8.8%
Hispanic or Latino	3	5.3%
American Indian or Alaskan Native	1	1.8%
Other	5	8.8%
Born in the US		
Yes	31	54.4%
How well do you speak English?		
Very well	36	63.2%
Well	5	8.8%
Not well	9	15.8%
Not at all	4	7.0%
Missing	3	5.3%

Table 8. Brooklyn Focus Group Participant Demographics (N=57)

	n	%
Primary language spoken at home		
English	34	59.6%
Russian	9	15.8%
Chinese (Mandarin, Cantonese, or other)	5	8.8%
Haitian Creole	4	7.0%
Missing	5	8.8%
Highest level of education completed		
College 4 years or more (Bachelor's, JD/MD/PhD)	30	52.6%
College 1 -3 years (some college, or tech. school, associate's degree)	13	22.8%
Grades 9-11 (Some high school)	4	7.0%
Grade 12 or GED (High school graduate)	3	5.3%
Grades 1-8 (Elementary)	2	3.5%
Missing	3	5.3%
Other	2	3.5%
Insurance Status*		
Medicaid	24	42.1%
Medicare	17	29.8%
Private insurance	16	28.1%
Uninsured	4	7.0%
Don't know	6	10.5%
Employment status*		
Working	26	45.6%
Not working	9	15.8%
Retired	8	14.0%
Volunteer	7	12.3%
Student	3	5.3%
Other	4	7.0%

2019 CHNA NewYork-Presbyterian Focus Group Guide

1. To start, we'd like to hear a little about you, including how long you have lived in this community and one thing you like about it.
2. We're interested in hearing from you about health, so before we get into our more detailed questions, we want to hear from you first about how you define the term. Briefly, what does the word "health" mean to you?
3. What do you think are the greatest health issues for people in this community? (e.g., particularly common illnesses or problems)
 - a. Why do you think [x health issue(s) mentioned] is so common here? (prompt if needed: age of the population, diet, lifestyle, pollution, other environmental factors)
4. [If not mentioned] Are there any particular mental health issues that people in this community face, including depression, anxiety, trauma, or stress?
 - a. Why do you think [x mental health-related issue(s) mentioned] is/are significant here?
5. [If not mentioned in Q4] Is drug and alcohol use an issue in this community? Why or why not? What kind of services are available for people struggling with drug or alcohol use?

Now we're going to ask a little more about you and daily life in this community.

6. Can you tell us about the kind of food that you generally eat?
 - a. How concerned are you about eating healthy? Why?
 - b. How easy or hard is it to buy, eat and serve healthy food around here? Where do you go for food?
 - c. What might make it easier to eat healthy?

2019 CHNA NewYork-Presbyterian Focus Group Guide

7. How easy or hard is it for people to exercise in this community? This includes things like walking, sports (like soccer and basketball), yoga, and other kinds of physical activity?
 - a. Do you exercise?
 - b. For those of you who do, what kind of exercise do you do and how often? Why?
 - c. For those of you who don't, why not?
 - d. How big a priority is exercise in this community? Can you explain?
 - e. What might encourage people to exercise more than they do?
8. Health is more than just medical care and many things can affect health, including housing, transportation, employment, stress in daily life, etc. Does this idea ring true to you? Why or why not?
9. Are there any particular challenges, like the ones I just mentioned, that people in this community face (i.e., housing, transportation, employment, stress in daily life, etc.)?
 - a. What about challenges related to housing?
 - b. Transportation?
 - c. Paying for food?
 - d. Employment?
 - e. Any others?
10. Are there things about this community that affect health in a positive way, for ex. good housing or access to healthy food?
11. What kinds of services exist in this community to help people deal with the challenges that we just discussed (If needed: like housing, transportation, employment)? Can you explain?
 - a. What kinds of organizations do people look to for help with these challenges? Why?
 - b. What about faith-based organizations like churches or mosques? Others?
 - c. If you've ever used services like these, how helpful were they? Why/why not?

2019 CHNA NewYork-Presbyterian Focus Group Guide

Now I'd like to talk about healthcare.

12. Where do people here (in this room) go for health care?
 - a. How did you choose where you go?
 - b. How do you like it – what's good about it? What's bad?
 - c. Do you schedule an annual check-up?
13. Who do people here talk to if they are feeling sad or anxious and need help with that? [Probe if necessary: a therapist? Someone at a community based organization? A religious leader? A friend or family member?]
 - a. How willing are people to seek help for these kinds of issues?
 - b. What might encourage people to get help for these types of issues?
14. How well do you think the services that are available for people dealing with stress, anxiety, depression or other mental health challenges serve the mental health needs of this community?
 - a. Are there enough services? Not enough?
 - b. Are there ways the services available could be better? Or are they fine as they are?
15. Overall, how easy or difficult do you think it is for you and others you know to get health care?
 - a. What specifically makes it easy—or difficult—to get health care in this community?
 - b. Is cost of services an issue?
 - c. Is insurance an issue?
 - d. Is language – or provider sensitivity an issue?
16. If you were able to talk to a doctor via telephone or computer (like a videochat) when you were sick, instead of going in to see the doctor in person, how likely would you be to use that service?
 - a. Why or why not? [Prompt if needed: is it about your level of comfort using tech for this kind of thing? Or about your ability to access this kind of technology?

2019 CHNA NewYork-Presbyterian Focus Group Guide

This final set of questions are about some additional health related programs and resources.

17. If you want to learn about health – things like diabetes prevention, blood pressure or cancer screening, etc.—what kind of information is available to people in your community, if any?
 - a. Who provides this information? How do they do that?
 - b. Have you ever seen or gotten information like this being provided by a local hospital?
 - i. If so, what was it about?
 - ii. Did you attend? Why or why not?
 - c. Who generally attends these programs—or looks for this kind of information?
18. What other kinds of programs exist in this community to help people stay healthy? This could be things like WIC, free exercise classes, or community health workers, for example.
 - a. Has anyone used these programs?
 - b. How helpful are they, in your opinion?
 - c. What kind of programs do you think there could be more of?
19. Has anyone ever used a service like this? If yes, what did you think?
19. As we mentioned in the beginning of the group, the purpose of this conversation is to help NewYork-Presbyterian think about ways they can support the health of this community including things they do outside their walls. Are there any things we haven't talked about that you think NewYork-Presbyterian could do to help improve the health of the community?
20. Before we close, do you have any other comments about health or health care here – anything we haven't discussed?
21. Do you have any questions for us?

Thank you!

2019 NewYork-Presbyterian Community Health Needs Questionnaire (CHNQ)

The New York Academy of Medicine is conducting this survey as part of a community health needs assessment for NewYork-Presbyterian (NYP), a network of hospitals and providers across New York City and Westchester. The purpose of this survey is to identify health issues that are important in your community. The information that you provide will help NYP to develop health services and programs. This survey is voluntary and you can skip individual questions. All your responses will be kept private.

Eligibility

1. How old are you?

- <18 [Thank you, unfortunately, you are not eligible for the survey]
- 18 - 25
- 26 – 35
- 36 – 45
- 46 – 55
- 56 – 65
- 66 – 75
- 76 – 85
- 86+

2. Where do you live?

- Bronx
- Brooklyn
- Manhattan
- Queens
- Staten Island
- Westchester
- Other, please specify: _____

3. What is your ZIP code? ____

**THE
NEW YORK
ACADEMY
OF MEDICINE**

NewYork-Presbyterian
Brooklyn Methodist Hospital

2019 NewYork-Presbyterian CHNQ

Health issues in your community

4. Overall, how would you rate the health of the people in the community where you live?

- Excellent Very good Good Fair Poor

5. What do you think are the biggest health concerns in your community? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Adolescent health | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Sickle cell anemia |
| <input type="checkbox"/> Alcohol and drug use | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Maternal and child health | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental health (e.g., depression, suicide) | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Exercise/physical activity | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Falls among older adults | <input type="checkbox"/> Obesity | |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Sexually transmitted infections | |

2019 NewYork-Presbyterian CHNQ

6. Many things outside of medical care can impact daily health where you live. What are the top changes that you believe would improve the health of the residents of your community the most? (Check all that apply)

- Cleaner streets
- Improved housing conditions
- Improved water quality
- Increased number of places where older adults can live and socialize
- Increased public transportation
- Lead paint removal
- Mold removal
- More local jobs
- More parks and recreation centers
- Reduced air pollution
- Reduced cigarette/vaping smoke
- Reduced crime
- Reduced speeding on neighborhood streets
- Reduced traffic on neighborhood streets
- Reduction in homelessness
- Other: _____

Personal health and health care use

7. In general, would you say your health is...?

- Excellent
- Very good
- Good
- Fair
- Poor

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8. Has a doctor or other medical professional ever told you that you have any of the following . . .

	Yes	No
a. Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
b. Asthma	<input type="checkbox"/>	<input type="checkbox"/>
c. Cancer (including skin cancer)	<input type="checkbox"/>	<input type="checkbox"/>
d. Chronic pain	<input type="checkbox"/>	<input type="checkbox"/>
e. COPD, emphysema or chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
f. Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>
g. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
h. Drug or alcohol addiction	<input type="checkbox"/>	<input type="checkbox"/>
i. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
j. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>
k. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
l. High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
m. HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
n. Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
o. Obesity	<input type="checkbox"/>	<input type="checkbox"/>
p. Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
q. Sexually transmitted diseases	<input type="checkbox"/>	<input type="checkbox"/>
r. Sickle cell anemia	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

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9. Do you currently have health insurance?

- Yes
- No (Skip to Q10)
- Don't know (Skip to Q10)

9a. If yes, what type (Check all that apply)

- Medicaid
- Medicare
- Private/commercial
- VA
- Not sure what kind

10. Where do you most often go for health care? (Check one)

- Alternative care (e.g., herbalist, acupuncturist)
- Community health center
- Doctor's office
- Emergency room
- Hospital-based practice
- I don't go anywhere (skip to Q11)
- Pharmacy
- Spiritual healer or leader
- Urgent care
- Other, please specify: _____

10a. Is the place you go to part of NewYork-Presbyterian?

- Yes
- No
- Don't know

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11. Was there a time in the past 12 months when you needed health care or health services but did not get it?

- Yes
- No (Skip to Q12)
- Don't know (Skip to Q12)

11a. Why didn't you get the care? (Check all that apply)

- Concerned about language or translation issues
- Couldn't get an appointment soon enough or at the right time
- Didn't have transportation
- Didn't know where to go
- Didn't realize I needed to see doctor
- Don't have a doctor
- Don't like to go
- Goes against my religious/cultural beliefs
- Had other responsibilities (e.g. work, childcare)
- High cost of care (e.g. co-pay, deductible)
- I thought I wouldn't get good care
- Not insured
- Other, please specify: _____

12. During the past 12 months, how many times have you gotten care in a hospital emergency room (ER)?

- None (Skip to Q13)
- 1 time
- 2 or more times
- Don't know

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12a. Why did you choose to go to the ER? (Check all that apply)

- Didn't have insurance
- Didn't have transportation to doctor's office or clinic
- Doctor's office or clinic wasn't open
- Doctor told me to go to the ER
- Don't know
- Get most of my care at the ER
- Problem too serious for a doctor's office or clinic
- Other, please specify: _____

Hospital Services

13. Have you received medical care at any of the following NYP hospitals in the last 12 months? (Check all that apply)

- Gracie Square Hospital
- NYP Allen Hospital
- NYP Brooklyn Methodist Hospital
- NYP Columbia University Medical Center
- NYP David H. Koch Center
- NYP Hudson Valley Hospital
- NYP Komansky Children's Hospital
- NYP Lawrence Hospital
- NYP Lower Manhattan Hospital
- NYP Morgan Stanley Children's Hospital
- NYP Och Spine Hospital
- NYP Queens
- NYP Weill Cornell Medical Center
- NYP Westchester Division
- Other, please specify: _____
- No (Skip to Q14)

13a. Which services did you use? (Check all that apply)

- Adolescent health
- Birthing/Maternity
- Dental care
- Emergency department
- Heart/Cardiology care
- Pediatrics care
- Primary care (e.g. internal medicine)
- Radiology/Imaging
- Surgery
- Women's health
- Other, please specify: _____

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13b. Have you participated in any of these programs in the last 12 months?

<i>Ask appropriate follow-up for each item below (e.g., if "yes," ask if useful); Skip patterns will be used for each question.</i>	Yes		No	
	I found it to be useful	I did not find it useful	However, I am interested	Not interested
i. Community fitness and nutrition programs (e.g. weight loss and cooking programs)				
ii. Community health education events and lectures				
iii. Community health screening (e.g. blood pressure, diabetes)				
iv. Community support groups				
v. LGBT support services				
vi. Mental health and family counseling				
vii. Quit smoking programs				
viii. Other, please specify:				

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Information and Activities

14. Where do you get most of your health information? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Books | <input type="checkbox"/> Health insurance plan | <input type="checkbox"/> School |
| <input type="checkbox"/> Community based organization | <input type="checkbox"/> Internet | <input type="checkbox"/> Television |
| <input type="checkbox"/> Doctor or health care provider | <input type="checkbox"/> Library | <input type="checkbox"/> Workplace |
| <input type="checkbox"/> Family or friends | <input type="checkbox"/> Newspapers or magazines | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Radio | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Health fairs | <input type="checkbox"/> Religious organizations (e.g., church, temple) | |

15. Which of the following do you use to communicate with your healthcare provider? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Email | <input type="checkbox"/> Telephone | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> In-person | <input type="checkbox"/> Text messaging | |
| <input type="checkbox"/> Online provider portal (e.g., MyChart) | <input type="checkbox"/> Video conferencing (e.g., FaceTime, Skype) | |

16. Do you regularly go to or participate in any of the following? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Community center | <input type="checkbox"/> Religious organization (e.g., church, temple) |
| <input type="checkbox"/> Gym or recreational center | <input type="checkbox"/> School |
| <input type="checkbox"/> Library | <input type="checkbox"/> Senior center |
| <input type="checkbox"/> Local park & arts/cultural organization | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Neighborhood association (e.g., tenant association) | <input type="checkbox"/> None |
| <input type="checkbox"/> Other community organizations | |

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Demographics

17. What is your gender?

- Female Male Prefer to self-describe: __
 Gender non-binary Transgender

18. What is your sexual orientation?

- Asexual Gay, or lesbian Queer
 Bisexual Heterosexual or straight Prefer to self-describe: __

19. What is your race or ethnicity? (Check all that apply)

- American Indian or Alaskan Native Hispanic or Latino
 Asian or Asian American White
 Black or African American Other, please specify: _____

20. Were you born outside of the U.S.?

- Yes No (Skip to Q21)

20a. In what country were you born? _____

22. How well do you speak English?

- Very well Well Not well Not at all

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23. Do you prefer to get health care in a language other than English?

- Yes No (skip to Q24)

23a. Which language? _____

24. Where do you currently live or stay?

- Assisted living Nursing/long term care Three-quarter housing/Halfway house
 Group home Own an apartment/house Other, please specify: _____
 Homeless, living in a shelter Rent an apartment/house
 Homeless, living on the street Staying with friends/family

25. What is the highest level of education you completed? (Check one)

- Never attended school or only attended kindergarten
 Grades 1 through 8 (Elementary)
 Grades 9 through 11 (Some high school)
 Grade 12 or GED (High school graduate)
 College 1 year to 3 years (Some college or Technical school, Associate's degree)
 College 4 years or more (i.e. Bachelor's, JD/MD/PhD)
 Other, please specify: _____

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26. What is your employment status (Check all that apply)?

- Homemaker/caregiver
- Not working
- Student
- Volunteer
- Working
- Other, please specify: _____

27. How many people are part of your household, including yourself, children and adults? ____

28. During the past 30 days, have you felt angry, sad or frustrated as a result of how you were treated based on any of the following?

- | | | |
|--|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Perceived immigration status | <input type="checkbox"/> Other, please specify: _ |
| <input type="checkbox"/> Economic status | <input type="checkbox"/> Race/ethnicity | <input type="checkbox"/> No |
| <input type="checkbox"/> English language skills | <input type="checkbox"/> Religion | |

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**29. Would you be interested in participating in a focus group on health or receiving the survey results in the future?
Your contact information will be maintained separately from your survey responses (Check all that apply)**

- Yes, I am interested in participating in a focus group.
- Yes, I am interested in receiving the survey results.
- No, I am not interested in either. (Skip to end of survey)

29a. Please provide your contact information below

Name: _____

Email: _____ Phone Number: _____

Thank you for helping us better understand the health needs of your community!

AMAZING
THINGS
ARE
HAPPENING
HERE

Thank You

Your feedback on this report is welcomed. You may send written comments to or request more information on this 2019 Community Health Needs Assessment at community@nyp.org.