Community Health Needs Assessment Implementation and Community Service Plan 2025-2027

**Montefiore Medical Center
Bronx Sites**

Individual Plan

DECEMBER 30, 2025

The Community Health Needs Assessment Implementation and Community Service Plan (2025–2027) outlines key health priorities for Bronx County, the northernmost borough of New York City. This report fulfills state Prevention Agenda and IRS Schedule H requirements and assesses the community's most pressing health needs. Montefiore Medical Center, a member of the Montefiore Health System, serves as the participating hospital, encompassing five Bronx campuses Moses, Wakefield, Weiler/Einstein, Westchester Square, and Hutchinson as well as affiliated ambulatory care sites across the county.

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Executive Summary

The 2025-2027 Montefiore Medical Center Community Service Plan

In 2025, Montefiore Medical Center (MMC) participated in the Greater New York Hospital Association (GNYHA) triannual Community Health Needs Assessment (CHNA) survey collaborative. The collaborative survey was developed and distributed to community members as the main method of primary data collection. This process, required of all nonprofit health systems, informed the development of the 2025–2027 Community Service Plan (CSP) for Montefiore Health System facilities located in the Bronx. The CSP outlines targeted strategies to address significant community health needs and reduce disparities in health outcomes, in alignment with the New York State (NYS) Prevention Agenda.

The CHNA was conducted through a collaborative and comprehensive process involving internal and external stakeholders, community partners, and residents, alongside an in-depth analysis of publicly available health data and local resources. Montefiore worked closely with Bronx-based hospitals, healthcare providers, frontline healthcare workers, the New York City Department of Health and Mental Hygiene's (NYC DOHMH) Bronx Health Bureau, the Sophie Davis School of Biomedical Education, Lehman College, community-based organizations, and Bronx residents.

One of the main survey questions asked community members to rank the importance of a list of 26 health areas/conditions. The included health conditions were chosen to align with the 2025-2027 NYS Prevention Agenda Priorities and Focus Areas. For the same menu of health areas/conditions, community members were also asked to rank their level of satisfaction with the current services in their neighborhood. Participants identified Violence (Including gun violence), Dental Care, Affordable housing and homelessness prevention, Mental health disorders and Assistance with basic needs, as the five top community health priorities.

Please see Table 1 below:

2025 GNYHA Community Health Needs Assessment Collaborative	
Montefiore Bronx	
Importance and Satisfaction Ratings	
SDOH Domain	**Health Condition**
Needs Attention	
Neighborhood and Built Environment	Violence (including gun violence)
Health Care Access and Quality	Dental care
Economic Stability	Affordable housing and homelessness prevention
Social and Community Context	Mental health disorders (such as depression)
Economic Stability	Assistance with basic needs like food, shelter, and clothing

Table 1. Health priorities selected by Bronx Residents from the CHNA survey

<u>Primary Data Collection Methods</u>

Along with several other local health systems who took part in the GNYHA CHNA Collaborative, Montefiore Health System distributed the standardized CHNA Survey between May 30th and July 31st, to collect resident feedback across multiple boroughs, including a concentrated effort in the Bronx. The survey was designed to capture both broad and localized community perspectives related to:

- Access to health services
- Chronic disease management
- Mental health and emotional well-being
- Maternal and child health
- Social determinants of health (housing, food, employment, and safety)

The survey was offered in 19 languages, including English, Spanish, Bengali, Arabic, and French Creole, ensuring accessibility for the Bronx's linguistically diverse population. Surveys were disseminated both digitally (online links via community newsletters, social media, Electronic Medical Record (EMR) banner announcement and QR codes) and in paper form through hospitals, Federally Qualified Health Centers (FQHCs), community-based organizations, community engagement events and schools. Over 3,300 Bronx residents completed the survey, representing a robust cross-section of socio-economic and age groups, and neighborhoods across the borough. Respondents reflected the Bronx's population diversity, as more than half identified as Hispanic/Latino, nearly one-third as Black or African American, and approximately 10% as other racial or ethnic identities.

<u>Secondary Data Collection Plan</u>

To capture an up-to-date high-level view of the health status of Bronx residents, we evaluated temporal trends, differences between the Bronx and the rest of New York City and sub-county differences, when available, for more than 20 measures, including: obesity, diabetes, preterm births, teen pregnancy rates, poverty, preventable hospitalizations, access to primary care, insurance status, smoking, flu immunizations, cancer screening, HIV incidence, lung, colorectal, prostate and breast cancer incidence rates. These data were obtained from multiple population-based datasets including the American Community Survey (formerly referred to simply as the Census), New York City Community Health Profiles, New York State Statewide Planning and Research Cooperative Systems (SPARCS), New York State Vital Statistics, New York State HIV/AIDS Epidemiology Reports, and the New York State Cancer Registry. Whenever possible, these measures aligned with those outlined in the New York State Prevention Agenda Dashboard.

<u>Community Health Improvement Plan/Community Service Plan</u>

While the overall health of Bronx residents has shown improvement in recent years, the borough continues to face substantial inequities compared to other parts of New York City. To guide planning for the 2025–2027 CHNA cycle, Montefiore Medical Center (MMC) analyzed data from multiple sources — including primary data from the 2025 Community Health Survey, community input from residents and stakeholders, and secondary data from state and local health sources. This process identified persistent health inequities and helped define areas where MMC's resources and community partnerships can have the greatest impact.

In alignment with the New York State Prevention Agenda and community feedback, MMC selected three priority areas for the 2025–2027 Community Service Plan (CSP):

1. Assistance with Basic Needs-Poverty
2. Mental Health Disorders-Stress and Anxiety
3. Prevention of Infant and Maternal Mortality

These priorities reflect both the data-driven findings of the CHNA and the voices of Bronx residents, emphasizing commitment to health improvements and addressing the social and structural barriers that drive poor health outcomes. The following sections describe the focus areas, goals, and key strategies guiding MMC's work during this CSP cycle.

The Montefiore Medical Center's 2025–2027 Community Health Needs Assessment – Implementation Strategy Report and Community Service Plan was reviewed and approved by the Montefiore Board of Trustees on December 11, 2025, and was posted on the Montefiore website on December 22, 2025.

<u>Prevention Agenda Priorities</u>

Poverty: Assistance with Basic Needs
Community feedback consistently highlighted the urgent need for support with food, housing, clothing, and financial resources. The CHNA outcomes reflected that 67.2% Bronx residents identified the importance of assistance with basic needs as a health concern, and 56.9% residents were unsatisfied with current services in their neighborhoods to address those needs.

Economic stability is a critical determinant of health, influencing an individual's ability to access housing, food, healthcare, and other essential resources. In the Bronx, persistent poverty continues to drive health inequities and limit opportunities for wellness and self-sufficiency. As of 2025, Bronx county has the highest poverty rate of all NYS counties with approximately 26.9% of Bronx residents living below the federal poverty line, compared to 13.7% statewide. Additionally, over 38.5% of Bronx residents live below 150% of the federal poverty threshold, almost double the rate of NYS (21.0%) (National Institute on Minority Health and Health Disparities, 2025). The median household income of $46,894 remains significantly lower than the New York State median of over $85,000, highlighting the borough's ongoing economic inequities (NYS Poverty Report, 2025).

Older adults are disproportionately affected by financial hardship. Nearly one in four Bronx residents aged 65 and older live in poverty, the highest senior poverty rate in New York City. This population faces increasing housing costs, limited fixed incomes, and challenges in accessing benefits, which can exacerbate food insecurity, isolation, and delayed healthcare utilization. Ongoing challenges related to food insecurity, high rent burden, utility and other financial costs contribute to physical and mental health stress, reduced healthcare access, and poorer overall outcomes.

Prevention Agenda Priority Focus Area: Domain 1: Economic Stability Poverty - Assistance with Basic Needs
- ➢ SMART(IE) Objective:
  - ☐ NYS *SMART Goal: 1.0* Reduce the percentage of people living in poverty from 13.6% to 12.5%.
    - ▪ *SMART(IE) Goal: 1.1* Reduce the percentage of people aged 65 years and older living in poverty from 12.2% to 11%.
  - ☐ *Montefiore Medical Center Intervention:* Conduct regular screening of patients at the MMC hospitals in the Bronx for Social Determinant of Health (SDOH) factors like income and unemployment. MMC's goal is to increase the percentage of patients screened for SDOH upon inpatient admission to MMC Bronx-based hospitals to 92%.

Regular SDOH screening within healthcare settings provides a proactive approach to identifying patients facing economic instability. By assessing factors such as income, employment, and access to basic needs, hospitals can connect patients to community-based organizations and social service resources that address underlying drivers of poor health. MMC has been screening for SDOH since 2018 in ambulatory clinics, and 2024 in inpatient settings, where we have screened an average of 90% of patients. Starting in 2026, we will expand this screening to include screening questions related to income and employment, as outlined in the NYS 1115 Waiver Accountable Healthcare Communities screener.

This integrated model of care aligns with the NYS Prevention Agenda (2025–2030) priority of promoting economic stability and reducing health inequities. Process metrics used to evaluate impact include the number and percentage of patients screened for social needs; percentage of patients age 65 and older screened for social needs; percent of patients screened, including those 65 and older, who identify social needs; social need categories identified by patients screened; and number of hospitals screening for social needs. By systematically identifying and addressing poverty-related needs, this initiative supports measurable progress toward reducing poverty rates, addressing inequities, and improving quality of life across Bronx communities. The expanded implementation of SDOH screening will not only help achieve the stated goals but also strengthen collaboration between healthcare and community partners to advance population health outcomes. Additionally, the ongoing data collection will also help with advocacy and provide an ongoing way to measure changes in social needs overtime as NYS implements social programming (housing, universal PreK, food assistance, etc).

Anxiety and Stress: Mental Health Disorders
Mental health emerged as one of the top concerns in the 2025 Community Health Survey. There were 2,251 Bronx residents (67.5% surveyed) who identified depression, anxiety, and stress as leading health issues, and over 1,900 residents were unsatisfied with current services in their neighborhoods to address those needs.

In the Bronx, where economic hardship and social stressors are widespread, the burden of anxiety and stress is particularly acute. Approximately one in five adults in low-income households (earning less than $25,000 annually) report frequent mental distress, nearly double the rate of the general adult population (NYS Prevention Agenda, 2025). Economic instability, food insecurity, high rent burden, unemployment, and exposure to community violence contribute to ongoing psychological strain among residents.

The social determinants of health, particularly income, housing stability, and access to healthcare — play a critical role in shaping mental health outcomes. Individuals experiencing poverty are more likely to encounter

chronic stress, limited access to mental health services, and barriers to preventive care. This link underscores the need to integrate mental health screening, early intervention, and resource referral into healthcare and community settings.

Prevention Agenda Priority Focus Area: Anxiety and Stress
- ➢ SMART(IE) Objective:
    - ☐ *NYS SMART Goal:* 5.0 Decrease the percentage of adults who experience frequent mental distress from 13.4% to 12.0%.
        - ▪ *SMART(IE) Goal:* 5.1 Decrease the percentage of adults in households with an annual income of less than $25,000 who experience frequent mental distress from 21.0% to 18.9%.
    - ☐ *Montefiore Medical Center Intervention:* Implement and promote Mental Health First Aid (MHFA) Training across MMC departments. MMC's goal is to increase Mental Health First Aid Training among healthcare staff by 25%, with a focus on training maternal health providers.

Implementing and promoting MHFA Training equips community members, health professionals, and frontline staff with the knowledge and skills to recognize early signs of anxiety, stress, and other mental health challenges. By increasing mental health literacy and reducing stigma, MHFA fosters timely intervention and connection to appropriate resources before conditions escalate into crises. MMC has been training staff on MHFA since 2022. Starting in 2026, we plan to expand training for additional clinical and administrative staff, with a particular focus on Women's Health teams.

Process measures used to evaluate impact of this initiative include number of staff/community members trained on MHFA; number of new departments trained on MHFA; number of referrals made to mental health resources from staff strained on MHFA; and percent of patients referred with an annual income of less than $25,000. This proactive approach supports the Prevention Agenda's goal of building community resilience and strengthening the capacity of local systems to respond to mental health needs through prevention and early identification. It also recognizes the role mental health care plays in supporting women's health, including maternal health.

Preventing Infant and Maternal Mortality
Infant and maternal health disparities remain a critical issue in New York State. Black women experience maternal mortality rates of 51.6 deaths per 100,000 live births, compared to 15.9 per 100,000 among White women, making Black women nearly three times more likely to die from pregnancy-related causes (NYS Taskforce Report on Maternal Mortality and Disparate Racial Outcomes, 2019). Further, despite efforts to address and eliminate racial and ethnic disparities in infant mortality, inequities continue. In NYS, the infant mortality rate for Black, non-Hispanic individuals (8.5/1,000 live births) and Hispanic individuals (4.1) is significantly greater than the infant mortality rate among White, non-Hispanic individuals (3.3/1,000 live births) NYS Prevention Agenda, 2025). Additionally, although there have been declines in recent years, the Bronx has the highest infant mortality rate of all NYC boroughs, at 4.54 per 1,000 live births compared to 4.17 per 1,000 live births in NYC overall (NYV.gov, 2025). Recognizing these inequities, MMC has prioritized infant and maternal health as a central focus of its CSP. A key component of this work is identifying opportunities to increase

awareness of and access to primary care and preventative interventions, such as vaccinations, that not only benefit the birthing person during pregnancy, but also provide protection to the newborn baby upon delivery.

Prevention Agenda Alignment:
Priority Focus Area: Preventing Infant and Maternal Mortality
- ➢ SMART(IE) Objective
  - ❑ *NYS SMART Goal:* Decrease the rate of infant mortality per 1,000 live births from 4.3 to 3.5.
  - ❑ *Montefiore Medical Center Intervention:* Provide targeted health literacy education for pregnant patients on the importance of immunizations for both birthing persons and newborns, with a specific focus on RSV vaccination during pregnancy. MMC's goal is to increase the number of clinicians, including RNs, providers, and residents who receive immunization and health literacy training and raise the percentage of RSV vaccines administered to birthing persons to 65%.

Process measures used to evaluate impact of this initiative include number of pregnant persons receiving health education on the importance of immunizations, specifically RSV vaccination during pregnancy; number of pregnant patients who receive RSV vaccination; and number of clinicians who receive immunization and health literacy training on RSV vaccination in pregnancy. Through this intervention we aim to ensure that all pregnant patients receive clear, culturally responsive education explaining the benefits of RSV vaccination during pregnancy, including protecting newborns from severe RSV-related illness, reducing risk of hospitalization during the first months of life and strengthening maternal immunity that is passed to the infant.

The findings of this CHNA underscore the ongoing need to address basic social needs, expand MMC's capacity to recognize and respond to mental health concerns, and improve maternal, and in turn, newborn health outcomes. Expanding standardized SDOH screening and coordinated assistance for basic needs will help ensure that families receive timely support related to financial insecurity, housing, food access, transportation, and other social drivers that significantly impact health outcomes. These efforts are essential for reducing preventable health disparities and creating more equitable pathways to care.

Further, increasing access to Mental Health First Aid training strengthens our ability to identify early signs of mental health challenges, provide supportive responses, and connect patients to appropriate resources. This investment not only builds community resilience but also supports the health system's broader commitment to promoting emotional well-being and reducing stigma. Finally, by prioritizing targeted health literacy for pregnant and postpartum individuals particularly through education on the importance of immunizations such as the RSV vaccine, Montefiore aims to equip birthing persons with the knowledge needed to make informed decisions that protect their health and the health of their newborns. Together, these priority areas form a comprehensive strategy to improve health, advance equity, and promote sustainable wellness across the communities we serve.

Resources and Appendices
The Community Health Needs Assessment and implementation report concludes with information on web-based resources, sample survey documents and supplemental maps.

Community Health Needs Assessment (CHNA)

Rationale

The completion of the Community Health Needs Assessment (CHNA) and Implementation Strategy Report fulfills the Internal Revenue Service's Form 990 requirements established under the Patient Protection and Affordable Care Act (PPACA). In accordance with federal regulations, hospitals are required to evaluate and address the health needs of the populations they serve. This CHNA represents the initial component of these requirements, documenting the comprehensive process, methodologies, and findings that define the health priorities of the community served by Montefiore Medical Center (MMC). The subsequent component, the Implementation Strategy and Community Service Plan, further delineates the significant health needs identified through the assessment, outlines the evidence-based programs and strategies developed to address these priorities, and establishes the performance metrics by which progress and impact will be measured.

Who We Are

Montefiore Medical Center (MMC), as described in this report, is comprised of Montefiore Health System (MHS) facilities located within Bronx County. These include three hospital campuses: Moses, Weiler/Einstein, and Wakefield, as well as the Children's Hospital at Montefiore (CHAM), the Montefiore Hutchinson Campus, the off-campus hospital-based Emergency Department at Montefiore Westchester Square, the Montefiore Medical Group, the Montefiore School Health Program, and numerous other community-based locations. In fact, MMC had 33% of the Bronx market of inpatient discharges in 2024. All services are supported by the resources of the nationally ranked Montefiore Health System, the premier academic health system and University Hospital for Albert Einstein College of Medicine (Einstein).

MHS serves 3.1 million people in the New York City metropolitan area and Hudson Valley, and delivering science-driven, value-based care that emphasizes clinical excellence, community well-being, and health improvement. The CHNA and resulting Community Service Plan (CSP) are sponsored by MMC's Executive Leadership and Board of Trustees and led by the Office of Community and Population Health (OCPH). OCPH fosters strong partnerships with community-based organizations and partners to ensure that community voices and needs remain at the center of Montefiore's planning and programming.

Who We Serve

Montefiore identifies the Bronx as its primary service area. The Bronx is one of the most diverse counties in the United States, home to more than 1.3 million residents across 42.2 square miles. According to the 2023 Census data, more than 55% identify as Hispanic/Latino, 29% as non-Hispanic Black, 9% as non-Hispanic White, and 4% as non-Hispanic Asian, with over one-third born outside the U.S. and more than 40 languages spoken. The Bronx was New York City's first borough to have a majority of people of color and is the only borough with a Latino majority. Its foreign-born population comes from diverse corners of the globe, including the Dominican Republic, Jamaica, Mexico, Ghana, Ecuador, Bangladesh, Guyana, Honduras, Nigeria, Trinidad & Tobago and Italy (Census Reporter. (n.d.). *Bronx Borough, Bronx County, NY: ACS profile*. Retrieved December 12, 2025, from https://censusreporter.org/profiles/06000US3600508510-bronx-borough-bronx-county-ny/).
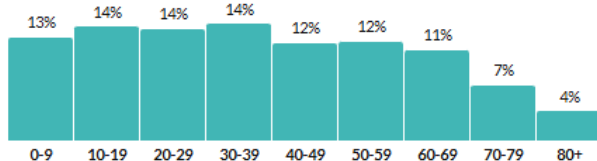
Age

36.7
Median age

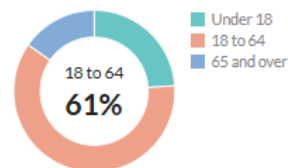about the same as the figure in Bronx County: 36.7

about 90 percent of the figure in New York: 40.2
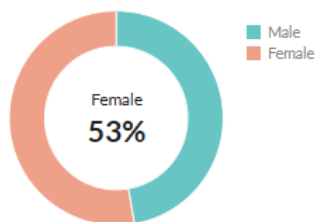
Population by age range

13% 0-9, 14% 10-19, 14% 20-29, 14% 30-39, 12% 40-49, 12% 50-59, 11% 60-69, 7% 70-79, 4% 80+

Show data / Embed

Population by age category

18 to 64
61%

- Under 18
- 18 to 64
- 65 and over

Show data / Embed

Sex

Female
53%

- Male
- Female

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Race & Ethnicity

9% White, 29% Black, 0% Native, 4% Asian, 0% Islander, 1% Other, 2% Two+, 55% Hispanic
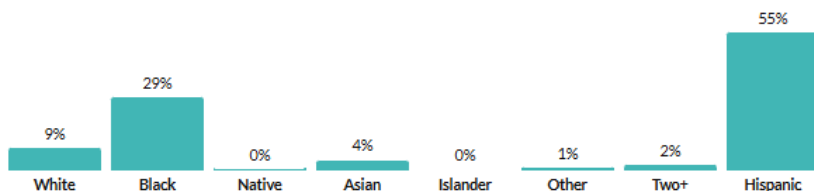
* Hispanic includes respondents of any race. Other categories are non-Hispanic.

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Table 2. Bronx County Demographics Census Report

According to the 2023 Census, the Bronx's population density of 32,162.2 people per square mile indicates a highly concentrated community where demand for essential services such as healthcare, housing, transportation, and social support is especially high. Dense living conditions can intensify challenges like overcrowded housing, limited green space, and increased exposure to environmental stressors, all of which influence health outcomes. Additionally, with 61% of residents between the ages of 18 and 64, there is a significant need to address social and economic factors affecting working-age adults, including access to employment, chronic disease prevention and management, behavioral health services, and family support such as childcare. Together, these data points highlight the importance of prioritizing access, service capacity, and culturally relevant programs when addressing health and social needs in the Bronx.

Community Assets and Resources

Hospitals and Clinics

The Bronx has 313 healthcare facilities, including public and private hospitals, medical clinics, Federally Qualified Health Centers (FQHCs), community health centers, and independent community based primary care providers that provide services to the community. These clinical providers include New York City's public hospitals and clinics system known as the New York City Health and Hospitals Corporation, and providers such as Montefiore Health System, BronxCare, and St. Barnabas Hospital; all provide primary and specialty care throughout the borough. MMC has partnered with hospitals and health systems in the Bronx and in New York City to share information, where appropriate, and resources to better serve our residents.

Local Health Department

New York City has a strong local health department, the NYC DOHMH, which provides population health programming and leads city-wide initiatives to improve the health of local communities. Over the last 2 years, MMC has partnered with the Bureau of Equitable Health Systems NYC REACH to implement a Diabetes Self-Management program in which patients living with diabetes attend 10 hours of classes to learn how to best manage diabetes while getting clinical and community support. We are also in the process of working with the DOHMH HealthyNYC team to not only align our efforts with the HealthyNYC plan, as appropriate, but to also become a HealthyNYC Champion in 2026.

Through NYC DOHMH's Center for Health Equity and Community Wellness in the Bronx, Bronx community members and organizations have access to programs, services, and spaces for planning and organizing around health. MMC continues to partner with Center for Health Equity and Community Wellness on multiple initiatives. Montefiore is a founding member of the #Not62-A Campaign for a Healthier Bronx, which is facilitated by the DOHMH Center for Health Equity and Community Wellness. Through this campaign, multiple healthcare, public health, housing, education and community providers work together to increase awareness of the structural challenges which impact the health of Bronx residents and aim to partner with elected officials to develop policies to address these factors. MMC also partners with the local DOHMH office each year on providing education and direct vaccination for flu, as well as a variety of other health issues, recognizing that collaboration is imperative in addressing the health challenges of the county.

Open Spaces

The NYC Department of Parks and Recreation is responsible for maintaining the city's parks and open spaces and providing recreational opportunities for New York City residents. The Bronx is home to 6,612 acres of open space, including three of New York City's largest parks (Pelham Bay Park, Van Cortlandt Park, and Bronx Park) making the Bronx the borough with the greatest number of acres of green space. The public parks connect Bronx residents to health promoting resources and programming, such as recreation centers, playing fields, playgrounds and free community events that promote community cohesion and connect residents to their local park spaces.

The Bronx is also home to more than 140 community gardens. These community gardens serve as an important space for communities in the Bronx and across the city. The benefits of community gardens have been studied widely and include improved access to nutritious foods; Safe space for community members to gather, share resources and organize; Space for recreational and educational programming; Increased consumption of fruits and vegetables.

MMC recognizes the importance of community gardens and green spaces and has supported the development and maintenance of both in the Bronx, including the creation and expansion of edible gardens in partnership with local nonprofits and schools.

Public Libraries

Public libraries provide important educational and literacy services to our communities. There are thirty-three public libraries in the Bronx. In addition to educational services, our public library system provides a range of services to the community including, but not limited to, community events and assistance with health insurance plan enrollment through the Health Insurance Marketplace. Collaborations with the local branches of our public library system have been a valuable resource for many of our community health and education programs. They provide spaces to share valuable information on health-related programming offered by our hospitals and allow us to connect with and learn from community members to better serve residents.

Einstein Service-Learning Health Fair at the Yonkers Public Library

In spring 2025, as part of the service-learning curriculum, Einstein medical students organized and hosted a community health fair at the Yonkers Public Library. The event was open to the public and offered comprehensive health education materials centered on the six pillars of wellness: healthy relationships, nutrition, sleep health, physical activity, mindfulness, and substance-use awareness. We hope to similarly partner with the New York Public Library (NYPL) in the near future on health education programming as well.

NYPL provides a list of Health and Wellness resources on their website divided into General Health and Mental Health Services. General Health Services information includes links to programs like NYC Care, DRS Substance Abuse Resources, the Mount Sinai Adolescent Health Center, Queer Detainee Empowerment Project and Unemployment Healthcare Coverage. It also includes a link to sign up for NYPL's "Take Charge with MyChart" class, helping people learn to use their MyChart electronic health record to refill prescriptions, schedule appointments, and more.

NYPL hosts various physical activity workshops throughout their locations, such as "Chair Yoga" adapted to meet the physical abilities of seniors, and various dance workshops. The NYPL website also has a page on the Community Mental Health Project, a community-informed collaboration with Black Health Inc. and the Columbia University Department of Psychiatry to highlight resources and raise mental health awareness. The page includes multiple videos on topics such as self-care, having conversations about mental health, stigmas, and being misunderstood, accompanied by links to resources and a Community Mental Health Project Book List.

During warm weather and heat waves, NYPL locations serve as cooling centers open to the public for free to provide physical discomfort relief, with their website providing information on additional cooling center locations.

Public and Private Schools

The Bronx has 423 public and private schools and 8 colleges and universities. In 2023, universities and colleges in the Bronx were awarded 17,862 degrees. Many offer services and resources to support both the educational and health needs of their student populations. For example, NYC Department of Education offers health and wellness programming for public schools across the city.

Many schools partner with community organizations and health systems to expand the number and types of resources offered to their students to address both clinical and non-clinical health needs. One great example of this partnership is Montefiore's School Health Program (MSHP), which is the largest and most comprehensive school-based health program in the country.

The MSHP is composed of 35 school-based health centers across the Bronx and Westchester County. MSHP provides comprehensive healthcare services including medical care, dental care, vision care, mental health services, and community health education to more than 40,000 students in the Bronx and Westchester. School-based health services play a critical role in supporting learning. In 2022–2023, more than one in four U.S. children were chronically absent, missing 18 or more days of school. School-based health centers help reduce health-related absences and provide families with reassurance that their children can receive timely care without caregivers missing work for medical appointments. MSHP has demonstrated a 40% reduction in students sent home sick from school.

In spring 2025, MSHP expanded its network with the opening of a new site at IS 229 Roland Patterson Public School, also serving students at PS 274 also known as the New American Academy at Roberto Clemente State Park, which provides healthcare services to over 525 students. This health center is the first to implement a newly developed nursing-led model designed to expand comprehensive care services to more students across the borough.

Ribbon Cutting of the New Montefiore School Health Program at IS 229

In summer 2025, MSHP also launched a new site at the Bronx High School of Science serving over 2,924 students with an emphasize on mental health services. By working in partnership with our public school system, MMC provides coordinated primary and preventive healthcare to elementary, middle and high school students throughout the Bronx and Westchester County. Services include medical, mental health, vision health and dental care along with community health programming for students and families.

Additionally, MMC works closely with many other high schools, colleges, universities, and city agencies in the Bronx to offer internships, summer youth programming, and student employment opportunities for students through the Montefiore Community Workforce Office.

Bronx Community Health Leaders (BxCHL) Program

BxCHL is a longitudinal learner-driven peer support program fostering community for pre-health students aiming to pursue careers in medicine and healthcare, rooted deeply in community service for the Bronx and based at the Montefiore Family Health Center. Co-founded in 2014 by pre-health students under mentorship of Dr. Juan Robles, MD (family medicine physician at Montefiore and faculty at the Albert Einstein College of Medicine), the program continues supporting students to grow as leaders and develop skills necessary to pursue a career in healthcare. Programming includes weekly meetings consisting of check-ins and guest speaker presentations, volunteer opportunities, research presentations, and attending conferences. The program also has unique partnerships to provide students with internships, such as with the NYC-RING Practice Based Research Network at Einstein, and a Social Determinants of Health (SDOH) Internship hosted this summer with the Montefiore OCPH.

The SDOH internship allowed three BxCHL students to partake in community programming and collection of CHNA surveys through attending tabling events at various locations, including all three Montefiore hospitals in the Bronx, the Bronx Borough STEM fair at Yankee Stadium, the James Baldwin Learning Garden, Hostos College Bronx Health Baby Shower, and the Bronx Night Market. The interns helped inform community members about the CHNA survey and assist with completing it, through guiding participants with their mobile devices or paper surveys in Spanish and English. With a large volume of paper surveys collected within the Bronx, the interns helped digitally enter over 300 paper surveys and amplify the voices of community members.

The three interns also designed their own community outreach projects to engage community members while at tabling events, including a civic engagement poster informing residents of the NYC primary of the mayoral election, a handout with healthy recipes, and a large cardboard MetroCard to inform residents of the MTA Fair Fares program. Interns also delivered health education using a board displaying the sugar content of common beverages to promote the Re-Think Your Drink Campaign and handouts regarding eating balanced meals.

Community Health Worker Institute

The Community Health Worker Institute (CHWI) at Montefiore, a novel program that improves the wellbeing of residents and creates new career healthcare paths, has marked a major milestone. Since launching in 2021, CHWI has assisted more than 10,000 Bronx households. By creating the Institute and hiring dedicated community health workers (CHWs)—experts in navigating gaps between medical care and social services, a new, formidable healthcare workforce is being molded, and health outcomes of Bronx residents are tangibly improving.

Today, 34 CHWs are deployed throughout Montefiore, spanning hospitals, primary care, OB-GYN clinics and specialty care areas. The locations of CHWs are based on feedback to a social determinant of health (SDOH) survey, which flags when patients identify challenges like housing issues or food insecurity, which negatively impact their health.

SDOH, like inadequate access to transportation, are directly linked to missed doctor's appointments, which causes missed opportunities to care for patients' health needs at the primary care level. This, in turn, causes more reliance on other areas of the health system like emergency departments.

Montefiore researchers have found that when a person has at least one health related social need, this can equate to more than 175,000 "no show" appointments annually. Further, when a patient has more than one health related social need, this leads to approximately $1,772 in healthcare resources like higher inappropriate or avoidable health system utilization, compared to patients without these challenges (Fiori et.al., 2024).

More than 433,388 people have been screened since 2018, making Montefiore one of the largest SDOH screening programs in the country. According to screening data, approximately 20% of Montefiore patients identified at least one social need. After engaging with a CHW, 94% of patients reported making progress with their challenge or having their need resolved.

Project Bravo Food Pantry

The Project Bravo Food Pantry at Montefiore has been serving the Bronx community for over two decades. Project Bravo is a grant-funded initiative dedicated to combating food insecurity among high-risk individuals and families.

For more than 20 years, Project Bravo has provided fresh produce and healthy foods three days per week, supporting 40,000 Bronx residents in 2024 alone. Each week, thousands of community members seek assistance directly or are referred to by local partners and Montefiore Medical Group clinics. In collaboration with GrowNYC, the Food Bank for New York City, and United Way, the program offers not only nutritious food but also baby formula, household essentials such as laundry detergent, and holiday meals for families in need.

Recent research published in *Pediatrics* by Children's Hospital at Montefiore (CHAM) highlights the ongoing urgency of this work, revealing that one in seven children in households receiving WIC or SNAP still experience food insecurity. These findings underscore the critical role of programs like Project Bravo in addressing persistent gaps and ensuring Bronx families have reliable access to healthy, sustaining food. (Castellanos, et al., 2025).

Image of volunteers distributing food at the Project BRAVO Food Pantry

Health Bucks Distribution

NYC Health Bucks play a vital role in improving nutrition security across the Bronx by helping residents access affordable, healthy foods. Each Health Buck is a $2 coupon that can be used exclusively at New York City farmers markets, making fresh produce more accessible for families facing financial hardship. The Montefiore OCPH applies annually to the NYC DOHMH for more than 1,000 Health Bucks, which are distributed to community health workers, health educators, and social workers to support patients experiencing food insecurity via community facing programming including walking trips to the Farmers Markets.

During the 2025 season, Senior Health Educators at the Montefiore OCPH led 5 walking trips and guided over 80 Montefiore patients to the Farmers Markets to participate in food demonstrations and purchase healthy produce. By providing direct purchasing power for fruits and vegetables, Health Bucks help reduce economic barriers to nutritious food while strengthening local food systems. This resource is essential for addressing both nutritional needs and broader social determinants of health, supporting healthier eating habits and improving long-term health outcomes for Bronx residents (New York City Department of Health and Mental Hygiene. (n.d.). *Health Bucks*. Retrieved December 12, 2025, from https://www.nyc.gov/site/doh/health/health-topics/health-bucks.page).

BronxPEACH Tax Prep Program

2025 Free Tax Preparation Services Promotional Flyer

BronxPEACH (Bronx–Promote EITC to Support At-Risk Children) provides free tax preparation services to support economic stability for low-income families in northern Bronx neighborhoods disproportionately affected by Adverse Childhood Experiences (ACEs). Originally funded by the Federal Office of Minority Health in 2020, BronxPEACH is a collaboration between Montefiore and BronxWorks. The program demonstrates how income from the Earned Income Tax Credit (EITC) can increase household wealth and reduce risks associated with financial insecurity, such as housing instability, depression, and poor financial planning issues identified through Montefiore's social needs screenings. Using the infrastructure of the Bronx Equity Integrated Care for Kids (BE-InCK) Partnership Council, BronxPEACH offers outreach, education, tax filing assistance, and financial counseling for families in eight targeted zip codes (10458, 10461, 10462, 10463, 10466, 10467, 10468, 10469). The program operates at Montefiore's Moses and Wakefield hospitals during the 11-week tax season,

employing two tax preparers per site, two days per week. Since 2021, BronxPEACH has served hundreds of clients, securing substantial refunds. Outcomes for the last three years include: 398 returns ($408,641) in 2023, 620 returns ($694,715) in 2024, and 653 returns ($795,495) in 2025.

BronxWorks, Bronx's largest social services provider, supports the program by recruiting, training, and managing bilingual staff, ensuring culturally competent service, and maintaining compliance with Department of Consumer and Worker Protection (DCWP) and Internal Revenue Service requirements. BronxPEACH provides a sustainable collaboration model for combining financial empowerment with social service outreach to improve the health and well-being of Bronx families.

Community-based Organizations

The Bronx is home to hundreds of community-based organizations (CBOs) and faith-based organizations (FBOs) that serve as an important resource for Bronx residents. They are a trusted source of referrals for local community services and help residents connect to culturally and linguistically targeted health education and chronic disease management programming, health insurance enrollment, treatment adherence and linkage to care. Services provided by CBOs and FBOs include, but are not limited to: advocacy for social and regulatory changes to positively impact health outcomes for Bronx residents; referrals and resources for supportive housing, and affordable housing options; social services programs such as the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Medicaid and subsidized childcare; legal assistance related to immigration issues, housing issues, and domestic violence; food and nutrition resources, including food pantries, meal service, home-delivered meals, and nutrition education programming; assistance with financial literacy and free tax preparation services.

The Bronx also has a rich history of activism and engagement in local, national, and global issues. This history has continued forward and been extremely valuable to the Bronx as a whole. MMC regularly engages with community members through our Community Advisory Boards and relationships with various community coalitions and community leaders. We have extensive community outreach and health education and promotion programming, partnering with 100-plus community-based organizations annually. MMC recognizes the value of the residents and community members we serve across the borough and continues to incorporate more opportunities for community voice, feedback, and leadership in our initiatives.

The assets described above were assessed in 2025 through examination of resources known to MMC and verified through municipal sources including the New York City government webpage, www.nyc.gov, which provides information on land use, municipal sites, parks, schools and other relevant community located assets, and the New York Public Library website www.nypl.org. Additionally, MMC has gained knowledge of local community resources through supportive databases for patient referrals through sites like **www.findhelp.org.**

Montefiore's Mission Statement and Strategic Direction

MMC's mission, vision, and values serve as the foundation for its ongoing pursuit of clinical excellence, groundbreaking research, and leadership in medical education. MMC is dedicated to delivering science-driven, patient-centered care while advancing the health and well-being of the communities it serves. Rooted in a legacy of innovation and community commitment, Montefiore's mission to heal, to teach, to discover, and to advance the health of the communities we serve embodies the institution's enduring dedication to compassionate care and health equity.

As the largest employer and healthcare provider in Bronx County, MMC delivers care to approximately one-third of the borough's 1.4 million residents, representing one of the most diverse populations in the nation. Serving as the University Hospital for the Albert Einstein College of Medicine, MMC comprises 11 hospitals—five of which are in the Bronx—along with the nation's largest school-based health program, an extensive home healthcare agency, and a robust ambulatory care network with nearly 200 locations across the Bronx and Westchester counties.

An update to Montefiore's Strategic Planning Process, completed in June 2019, reaffirmed and expanded the institution's Mission, Vision, and Values as follows:

Mission:
To heal, to teach, to discover, and to advance the health of the communities we serve.

Vision:
To be a premier academic medical center that transforms health and enriches lives.

Values:
Humanity, Innovation, Teamwork, Diversity, Equity, and Quality.

To strengthen the impact of Montefiore's community service initiatives, the OCPH and the Office of Community Affairs have been tasked with:

- Overseeing, supporting, and coordinating Montefiore's diverse portfolio of community health improvement programs and activities.
- Enhancing the institution's capacity to assess, monitor, and evaluate community health needs.
- Identifying and prioritizing key health challenges within the communities served.
- Leading and coordinating system-wide and community partner efforts to measurably improve community health outcomes.

Montefiore continues to advance its mission, vision, and values with a sustained focus on achieving measurable improvements in population and community health.

In addition, MMC remains deeply committed to ensuring access to care through comprehensive Financial Assistance Programs that support patients in need. Montefiore has long been recognized as a leader in developing equitable, patient-focused financial assistance initiatives, which include multilingual counseling and informational resources. Details regarding Montefiore's Financial Assistance Policy are available at

in both English and Spanish, with additional translation services available upon request.

Description of Community Health Status

While the overall health status of Bronx residents has improved in recent years, significant disparities persist between the Bronx and other New York City boroughs. The borough continues to face disproportionately high rates of mortality, diabetes, obesity, asthma, and other chronic health conditions. Additionally, historically marginalized racial and ethnic groups and individuals with lower educational attainment experience poorer health outcomes at higher rates. According to the Robert Wood Johnson Foundation (RWJF) County Health Rankings, between 2011-2023, the Bronx ranked #62 out of 62 counties in NYS for both health outcomes and health factors. This consistent low ranking has largely been driven by socioeconomic factors such as "severe housing problems" and low "high school graduation" rates, among other factors. While the Bronx has seen improvements in two domains, Length of Life and Health Behaviors, the Covid pandemic contributed to losses in these, as we saw premature deaths increase and the impact of socioeconomic factors on health deepen. As of the 2024 RWJF rankings, the Bronx is faring worse than the average county in NYS for heath outcomes, but is on par with the average county in the US; in terms of health factors, the Bronx is faring worse than both the average county in NYS and in the US (
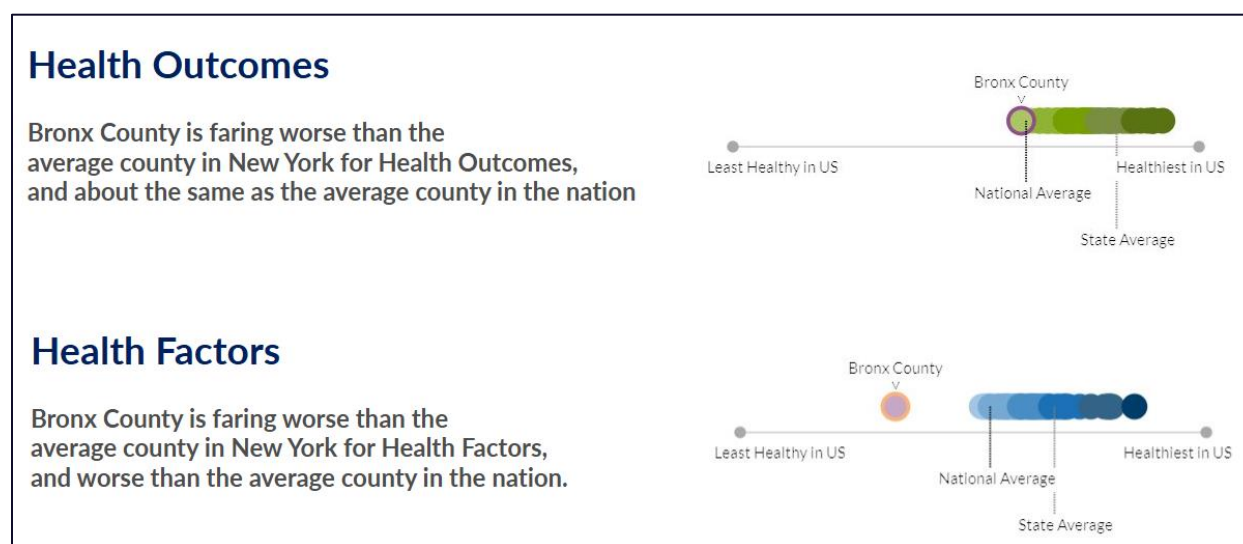
Health Outcomes and Health Factors Comparison, Bronx County, www.Countyhealthrankings.org, 2025

To gain a comprehensive understanding of the health needs of populations served by MMC, secondary data sources were analyzed to provide a snapshot of health conditions, outcomes, and behaviors across Bronx County. The following section summarizes these findings and highlights key health inequities that continue to impact the borough.

Premature Deaths

Premature mortality, defined as deaths occurring before the age of 75, remains a major public health concern in the Bronx. According to data from the Robert Wood Johnson Foundation's *County Health Rankings Measures*

and Data Sources (2025), the Bronx reported an age-adjusted premature death rate of 9,451 years of potential life lost per 100,000 population between 2021 and 2023—significantly higher than the New York State average of 6,637. Within these data, marked racial and ethnic inequities are evident: Black or African American residents experience a rate of 12,100, and Hispanic or Latino residents 7,800, underscoring a disproportionate burden among these populations.

Preventable Hospitalizations
Preventable hospital stays are another key indicator of health system performance and community well-being. Data from the *Robert Wood Johnson Foundation (2022)* indicate that the Bronx had the highest rate of preventable hospitalizations in the state—3,519 per 100,000 Medicare enrollees—compared with the statewide average of 2,595. Neighboring counties such as Rockland (2,714) and Orange (2,261) reported substantially lower rates. Disparities are also evident within the Bronx: Black or African American residents experience a rate of 4,000 per 100,000, while Hispanic or Latino residents experience a rate of 4,032, compared with White residents at 2,451.

Social and Economic Determinants of Health
Many of these disparities are deeply influenced by social and economic factors. Differences in access to healthcare, educational opportunities, income, and environmental quality all contribute to poorer health outcomes in much of the Bronx. According to 2023 U.S. Census data, 22.8% of Bronx residents live below the federal poverty level, compared with 13.9% statewide and 14.6% citywide. Poverty disproportionately affects Hispanic or Latino residents (27.8%) and Black or African American residents (19.3%), compared with White residents (12.2%). The Bronx continues to report the highest poverty rate among all New York City boroughs Queens (10.7%), Brooklyn (15.5%), Manhattan (13.1%), and Staten Island (10.3%) demonstrating the borough's significant socioeconomic challenges and their direct relationship to health outcomes.

Health Insurance Coverage and Access to Care
Limited access to consistent, high-quality care remains a barrier to achieving optimal health. According to 2023 U.S. Census data, 9.6% of Bronx residents aged 19–64 lack health insurance, compared with 6.8% statewide and 8.1% citywide. Within the Bronx, uninsured rates are higher among Hispanic or Latino residents (8.2%) and Black or African American residents (5.5%), compared with White residents (2.1%). Persistent disparities across multiple health outcomes further underscore the need for continued investment in prevention, early intervention, and community-based health improvement.

Maternal Health
Maternal health disparities remain a critical issue in New York State. Black women experience maternal mortality rates of 51.6 deaths per 100,000 live births, compared to 15.9 per 100,000 among White women, making Black women nearly three times more likely to die from pregnancy-related causes (NYS Taskforce Report on Maternal Mortality and Disparate Racial Outcomes, 2019). In New York City, the Bronx has the most pregnancy associated deaths, with cardiovascular (CV) conditions being the second leading cause behind mental health conditions (NYC DOHMH, 2022). Further, Although 80.7% of birthing persons in the Bronx enter prenatal care during the first trimester, this rate remains below HealthyNYC targets and masks substantial

disparities among uninsured, immigrant, and socially vulnerable populations. Only 41.4% of *uninsured* birthing persons begin prenatal care early, highlighting how insurance gaps, limited health literacy, language barriers, and structural challenges such as housing instability, transportation barriers, and economic insecurity—delay access to essential preventive services.

Infant and Child Health

According to the *2025 Annual Data Release* (National Center for Health Statistics, Mortality Files; Census Population Estimates Program), the Bronx reported the highest child mortality rate in New York State with 686 deaths per 100,000 residents under age 20 between 2019 and 2022, making child mortality a significant public health concern in the county.

Infant mortality mirrors this pattern. Between 2019 and 2022, the Bronx reported 652 infant deaths, one of the highest rates in the state. The Bronx also recorded the highest rate of low-birth-weight births (less than 2,500 grams) from 2017 to 2023, with 10% of live births classified as low birth weight compared with the statewide average of 8%. Racial and ethnic inequities persist: Non-Hispanic Black infants had the highest rate (13%), followed by Hispanic infants (9%) and Non-Hispanic White infants (8%). although there have been declines in recent year, the Bronx has the highest infant mortality rate of all NYC boroughs, at 4.54 per 1,000 live births compared with 2.41 (Staten Island), 3.07 (Manhattan), 3.23 (Queens), 3.23 (Brooklyn) and 4.17 per 1,000 live births in NYC overall (NYC.gov, 2025).

Cancer

Cancer remains a significant health concern in the Bronx. The age-adjusted death rate for cancer was 121.5 per 100,000 population—higher than the New York City rate of 108.5 and slightly lower than the overall New York State rate of 126.6 (New York State Department of Health, 2025). However, rates of late-stage diagnosis remain alarmingly high. Data from the Montefiore-Einstein Cancer Center show that between 2020 and 2021, 22.5% of screen-detectable cancers were diagnosed at a late stage, with certain neighborhoods exceeding 30%. This represents a 15% increase from 2015–2019 and a rate 47% higher than national CDC estimates for that same period. Factors contributing to these outcomes include immigration status, language and cultural barriers, multiple chronic conditions, environmental exposures, and broader social determinants of health.

Asthma

Asthma remains a pervasive chronic condition in the Bronx, particularly among children. Approximately 17% of Bronx children are estimated to have asthma, substantially higher than national averages. Emergency department use for asthma among children (ages 0–17) is 252.3 per 100,000 (2022), nearly twice the NYC average (144.7) with neighborhoods in the South Bronx (333.8) experiencing higher than average rates of ED visits. These disparities reflect underlying environmental, housing, and social inequities underscoring the need for targeted environmental, housing-related, clinical, and community interventions to reduce asthma burden and improve health equity (New York State Prevention Agenda 2019-2024 Tracking Dashboard, 2022).

Diabetes

Preventative screenings are an important line of defense in the identification and treatment of chronic conditions like diabetes. The 2024 New York State Prevention Agenda objective for the percentage of adults 45 years and older that have been tested for high blood sugar is 71.7%. In the Bronx, 65.2% of adults in 2021 aged 45 years and older have tested for high blood sugar in the past 3 years compared to 65.6% in New York City and 64.3% in New York State. Unfortunately, while this measure has increased, there hasn't been significant change compared to the last measure of 67.3% in 2018. Diabetes also disproportionally affects Black and Hispanic populations in the Bronx. Data from the NYS Department of Health in 2020-2022 show that the age-adjusted rate of diabetes mortality per 100,000 population was higher for Black (33.6) and Hispanic (19.4) groups, compared to White (16.7) and Asian populations (13.7).

Obesity

Data from the Center for Disease Control and Prevention (CDC) shows limited improvement in obesity prevalence among Bronx youth and adults. In 2019, 16.2% of Bronx high school students were classified as obese, one of the highest rates in New York City and close to the state average of 17.3%. Among youth, 17.6% were classified as obese, higher than rates in Queens (12.9%), Manhattan (11.7%), Brooklyn (13.0%), and Staten Island (12.4%). Adult obesity rates are similarly concerning: 37.4% in the Bronx (2022), compared with the New York City average of 26.8%.

COVID-19

The COVID-19 pandemic exacerbated preexisting inequities in the Bronx. According to data from the New York State and New York City Departments of Health, the Bronx recorded the highest COVID-19 death rate among all city boroughs in 2025 625 deaths per 100,000 residents, compared with 565 citywide. Disparities were pronounced by race and ethnicity: 635 deaths occurred among Black or African American residents and 573 among Hispanic or Latino residents, compared with 476 among White residents. These disparities reflect the cumulative impact of chronic disease, structural inequities, and socioeconomic barriers. The NYC DOHMH conducted a COVID-19 Experiences Survey in 2022 to understand post-acute symptoms of COVID, revealing that a greater prevalence of severe symptoms was among Black and Latino New Yorkers, and residents of very high and high poverty neighborhoods. Although the report did not specify breakdown by borough, these population characteristics align with the demographics of the Bronx, suggesting that Bronx residents continue to face the disproportionate impacts of the COVID-19 pandemic.

Medically Underserved Communities

The Bronx remains federally designated as a medically underserved area, reflecting persistent shortages in healthcare providers. According to the *RWJFFoundation County Health Rankings*, the ratio of population to primary care physicians in 2021 was 1,730:1, compared with 1,240:1 statewide. In 2022, the dentist-to-population ratio was 1,870:1 in the Bronx versus 1,200:1 statewide. Mental health provider access was similarly limited, with a 2024 ratio of 360:1 compared with 260:1 statewide. These disparities contribute to longer wait times, limited continuity of care, and increased provider burden, all of which adversely affect community health outcomes.

Primary Data Collection Process

For the 2025 Community Health Needs Assessment (CHNA), Montefiore Medical Center participated in the Greater New York Hospital Association (GNYHA) Community Health Needs Assessment Survey Collaborative, alongside multiple health systems across New York State. MMC also engaged local stakeholders, including the NYC DOHMH Center for Health Equity and Community Wellness, Bronx Community Boards, Montefiore's Community Advisory Boards, community-based organizations, and Bronx residents, to ensure a comprehensive and community-informed assessment.

The 2025-2027 CHNA was an inter-organizational and community-driven process designed to provide insight into the health and social needs of Bronx residents. Data was collected through both primary (community survey) and secondary (existing datasets) methods. The primary data collection occurred during spring and early summer 2025 through an eleven-page community survey, available in nineteen languages and accessible both online and in paper format. Surveys were completed primarily in English, Spanish, and Arabic.

Respondents were asked to rank the importance of 26 health conditions aligned with the *New York State Prevention Agenda (2025-2027)* priority areas and to assess their satisfaction with local health services. Additional questions assessed overall community and individual health, as well as challenges related to COVID-19, including access to care and prevention resources.

Photo of Montefiore's flyer to promote the GNYHA CHNA Collaborative Survey

A complete copy of the paper survey instrument is included in the Appendix.

Survey Distribution Strategy

Flyers were developed in both English and Spanish to distribute at community events and were shared widely via email listservs, social media posts, internal Montefiore "Viva Engage" associate communications, and in the local newspaper with a QR code that automatically linked participants to the online survey. Montefiore's Electronic Health Record patient-facing portal, MyChart, was also used to communicate to patients about the importance of the survey and to share the survey link.

One primary method of reaching participants was at in-person community events. Community outreach and contact was first established with local organizations including colleges, food pantries, Farmers Markets, large-scale community events and local institutions such as the New York Botanical Garden and Yankee Stadium. Engagement and collaboration with departments across MMC contributed to successful survey outreach through tabling at community outreach, health screening, and community education events. To encourage

community members to fill out surveys in person, tables were set up at community events throughout the Bronx. For example, survey outreach was conducted at Bronx Night Market, Community Education Workshops at various community organizations, the Bronx Botanical Garden Family Day, STEM Fair at Yankee Stadium, the James Baldwin Outdoor Learning Center, the Highbridge "Ride to Health Day" and Montefiore's Project Bravo food distribution pantry. Additionally, OCPH conducted targeted outreach to reach historically underserved populations and communities in the Bronx. Surveys were distributed during events with the R.A.I.N. Senior Center Network, and members of our Community Advisory Boards helped us reach the older adult population, individuals who are unhoused, and immigrant populations in the Bronx via community fairs and festivals during the summer.

Some community partners elected to bring the survey to community events and locations in the Bronx to help us reach more people. Surveys were also promoted and distributed by community organization contacts via social media, newsletters, board meetings, and flyers. Surveys were distributed between May 30th and July 31st of 2025. In total, 3,337 surveys were collected. Paper surveys were entered online manually, and all data was later analyzed by GNYHA. Below is a full list of events and partners that supported survey distribution in the Bronx.

Partners that Supported Outreach through Survey Promotion and/or Providing Space(s) for Survey Outreach

- Bronx Borough President's Office
- Bronx Community Health Network
- Bronx Health REACH
- City University of New York (Lehman College, Hostos Community College, CUNY Graduate Center, Mercy University, Sophie Davis School of Biomedical Education)
- Bronx Community Health Leaders
- Bronx Works
- Engage NYC
- Jewish Association Serving the Aging (JASA)
- R.A.I.N. Total Care, Inc.
- Montefiore Community Advisory Boards
- Montefiore-Mosholu Community Center
- Montefiore's Project BRAVO Food Pantry
- Montefiore School Health Program
- Mosholu Preservation Corporation
- Montefiore Workforce Office
- Montefiore Associate Wellness
- 1199 Wellness Representatives
- Neighborhood Association for Inter-Cultural Affairs (NAICA) Transitional Housing Program
- New York Botanical Garden
- NYPD Options

- St. Anthony of Padua Roman Catholic Church

Input Representing the Broad Interests of the Community

MMC used multiple approaches to assess community health needs, including surveys, secondary data, and extensive outreach to residents, community partners, and government stakeholders across the Bronx. From late 2024 through mid-2025, staff engaged Community Advisory Boards, Community Boards, coalitions, and elected officials to identify pressing health concerns and validate findings. MMC participates in collaborative initiatives, including the #Not62 Campaign for a Healthy Bronx, working with over 90 partner organizations and the NYC DOHMH to address priority health issues. These efforts ensure ongoing community participation, guide planning and services, and support MMC's commitment to responding to local health needs and advancing health across the borough.

Stakeholder, Partner, and Community Feedback

Prior to the launch of the 2025 CHNA survey, OCPH presented findings and selected interventions from the 2022–2024 CHNA cycle to key community stakeholders, including Community Advisory Boards, Bronx Community Boards serving areas where MMC hospitals are located, and community-based organizations throughout the borough. During these sessions, stakeholders offered feedback on priority areas and shared community perspectives on ongoing health needs.

Several community members expressed concerns regarding cancer screening rates in the Bronx and requested additional data from MMC related to the 2022–2024 CHNA and CSP findings. In response, MMC provided access to the full reports, including supporting data on cancer screening rates, to ensure transparency and promote informed discussion. MMC did not receive any written public comments or formal feedback on previous Community Health Assessments.

Community Engagement: Community Outreach at the James Baldwin Outdoor Learning Garden

MMC participated in a series of outreach and tabling events at the James Baldwin Outdoor Learning Garden in the Bronx, a vibrant community hub that promotes inquiry and project-based learning at the intersection of food, environmental, and social justice. During these engagements, we interacted primarily with Bronx residents, while also reaching individuals from other boroughs. As part of our CHNA-aligned outreach strategy, MMC organized weekly initiatives, each centered on a different community issue with the goal of fostering engagement and sharing valuable resources.

BxCHL Tabling at the James Baldwin Learning Garden

Week 1: Voter Education and Civic Engagement

The first week focused on promoting voter education ahead of the upcoming mayoral election. MMC developed an informational poster and distributed printed handouts highlighting key election dates, polling location

guidance, and the importance of civic participation. These materials were intended to support increased voter awareness and turnout.

Week 2: Healthy Eating and Nutrition Education

The second week emphasized healthy eating habits. The team created a bilingual flyer featuring three simple and nutritious recipes—for breakfast, lunch, and dinner—each accompanied by a brief health tip. To further support accessibility, the flyer included a QR code linking to a cooking demonstration video, offering visual learners' practical guidance on preparing healthy meals.

Week 3: NYC MTA Fair Fares Program Awareness

In the third week, outreach focused on the NYC Metropolitan Transportation Authority (MTA) Fair Fares program, which allows eligible New Yorkers to pay for subway and local bus fares at half the price. An informational poster was developed, outlining eligibility requirements, program benefits, and application instructions. This resource helped community members understand how to access reduced-fare MetroCards by explaining eligibility and how to navigate the application process.

Throughout the engagement period, a Rethink Your Drink activity board was displayed to illustrate the high sugar content of commonly consumed beverages such as Snapple and apple juice. The visual comparison prompted conversations about healthier beverage choices and provided a practical tool for supporting behavior change. In addition to topic-specific education, MMC actively collected data for the CHNA survey. Community members were invited to participate using either paper forms or a QR code linking to the digital survey. Small incentives were offered as a token of appreciation for their time such as tote bags and reusable straws. Staff clearly explained the purpose of the survey to ensure informed, thoughtful participation and to strengthen the quality of the data collected.

Community Communication: Electronic Health Record Announcement

A new outreach strategy implemented during this CHNA cycle was the use of a public announcement banner within the Montefiore electronic medical record (EMR) system. All Montefiore patients received a message encouraging them to complete the CHNA survey, with the banner available in both English and Spanish. With a single click, patients were directed to the digital survey, making participation simple, accessible, and integrated into their routine engagement with the health system.

Image sample of CHNA Post on MyChart accessible by all Montefiore patients

Social media & Internal Marketing

For this CHNA cycle, we leveraged our internal Viva Engage platform to promote the CHNA survey. Weekly announcements were posted throughout the data collection period, generating more than 5,000 views. This internal outreach directly contributed to strong employee
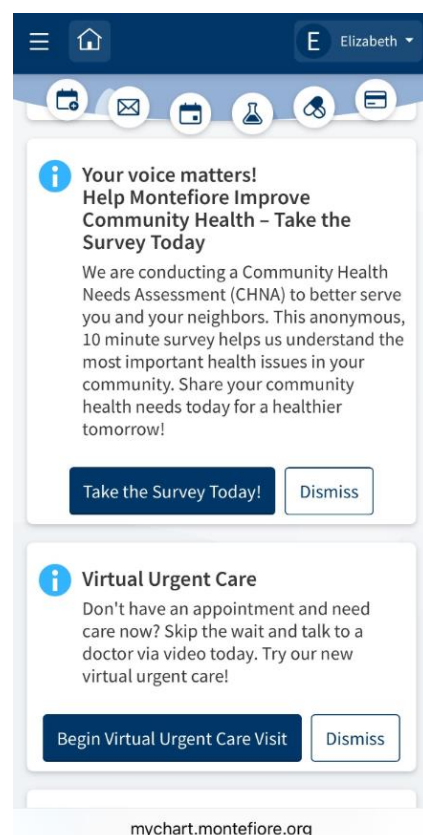
engagement, with staff members not only completing the survey themselves but also actively sharing it within their personal and professional networks. Their participation played a key role in expanding survey reach and strengthening overall response rates.
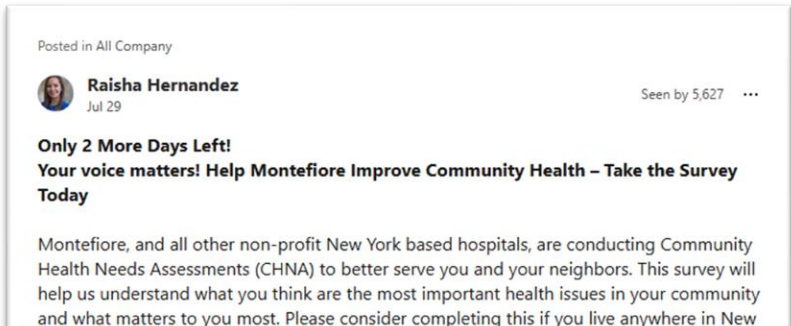

Image sample of CHNA Post on Viva Engage for Montefiore Internal Network

The Montefiore marketing team's promotion of the CHNA survey across Montefiore's Facebook, Instagram, and LinkedIn platforms resulted in over 1,000 impressions, significantly expanding the survey's visibility beyond traditional outreach methods. This broad digital reach helped increase awareness of the CHNA process among diverse audiences, including patients, community members, staff, and partners. Leveraging social media allowed timely, cost-effective dissemination, reinforced the importance of community input, and supported more inclusive participation critical to ensuring that the CHNA reflects the voices and health priorities of the communities Montefiore serves.

Image sample of CHNA Post on Viva Engage for Montefiore External Network

	Impressions	Reactions	Comments	Shares	Saves	Post link clicks	Other post clicks	Total Engagement
Facebook	874	14	0	1	N/A	1	0	16
Instagram	734	10	0	0	0	N/A	N/A	10
LinkedIn	766	12	0	2	N/A	9	N/A	23

Table 3: Social media engagement metrics reflect organic performance during the reporting period.

This table summarizes social media performance across Facebook, Instagram, and LinkedIn, highlighting post reach and engagement metrics. It includes impressions, audience interactions (reactions, comments, shares, and saves), link and post clicks, and total engagement. Among the platforms, LinkedIn generated the highest total engagement (23), followed by Facebook (16) and Instagram (10). Facebook achieved the highest number of impressions (874), while LinkedIn showed strong engagement relative to reach, indicating effective audience interaction despite fewer impressions than Facebook.

Secondary Data Collection Process

The Bronx is a diverse and dynamic borough, characterized by significant variation across age, language, culture, and socioeconomic status. While it is the youngest borough in New York City, it also has the second-highest number of languages spoken at home and the smallest non-Hispanic White population. These demographic factors underscore the importance of examining disparities and inequities affecting the communities MMC serves.

Secondary data presented throughout this report were used to deepen the needs by community members who participated in the GNYHA CHNA Survey. This data also informed the development of the Community Service Plan by providing insight into community needs, available resources, and the health challenges experienced across Bronx neighborhoods.

Description of Statistical Tests or Processes

In addition to reviewing primary data, MMC analyzed temporal trends, borough-to-city comparisons, and—when available—sub-county variations to capture an up-to-date, high-level view of the health status of Bronx residents. More than 26 indicators were examined, including diabetes, asthma, cancer, dental care, access to nutritious food, COVID-19, heart disease, hypertension, mental health and depression, women's and maternal health, infant and adolescent health, obesity, substance use disorder, cigarette smoking and tobacco use, sexually transmitted infections, and HIV/AIDS.

These analyses relied on multiple population-based datasets, including but not limited to:

- American Community Survey (ACS)
- New York Statewide Planning and Research Cooperative System (SPARCS)
- New York State Vital Statistics
- NYC HIV/AIDS Annual Surveillance Statistics
- New York State Cancer Registry
- NYC Community Health Profiles
- New York State Prevention Agenda Dashboard

Whenever possible, measures were aligned with those used by the New York State Prevention Agenda. A full listing of secondary data sources is provided below.

Bronx Secondary Data Sources

American Community Survey (ACS)

The ACS provides ongoing demographic, socioeconomic, housing, employment, and health insurance data at multiple geographic scales. ACS data in this report was used to identify community characteristics and estimate the percentage of families living in poverty and adults with health insurance coverage.

National Vital Statistics Surveillance System (NVSSS)

NVSSS compiles national data on births and deaths. In this report, NVSSS was used to estimate teen birth rates, preterm birth prevalence, opioid-related mortality, and suicide mortality.

New York City Community Health Survey (CHS)

An annual survey of approximately 10,000 adults, conducted in multiple languages, providing representative estimates for NYC and the Bronx. CHS data were used to estimate the percentage of adults with a primary care provider, obesity prevalence, smoking rates, colorectal cancer screening, and flu immunization rates.

New York City Youth Risk Behavior Survey (YRBS)

Administered biennially to NYC high school students, YRBS data included in this report capture childhood and adolescent obesity measures.

New York State Vital Records Data

Provides statewide data on births and deaths. MMC used these data to examine exclusive in-hospital breastfeeding rates and opioid burden measures.

New York State Statewide Planning and Research Cooperative System (SPARCS)

SPARCS includes all inpatient and ED visit data for New York State hospitals. These data were used to estimate rates of preventable hospitalizations, fall-related hospitalizations, assault-related hospitalizations, asthma ED visits, and opioid burden.

NYC HIV/AIDS Annual Surveillance Statistics

Provides data on HIV infection and AIDS diagnoses, used here to estimate HIV diagnosis rates.

New York State Cancer Registry

Provides data on cancer incidence for breast, prostate, lung, and colorectal cancers.

NYC Sexually Transmitted Disease Surveillance Data

Used to estimate chlamydia rates, based on confirmed cases reported by providers and laboratories.

Data Tools and Reports

Global Burden of Disease (GBD)

The GBD provides estimates of disability-adjusted life years (DALYs) at global, national, and state levels. While local estimates are not available, GBD data helps identify key risk factors and areas for intervention.

NYC Community Health Profiles

Summaries of neighborhood-level health indicators compiled from multiple databases, used in this report to provide contextual and health-related insights by community district.

New York State Prevention Agenda Dashboard

Aggregates statewide and county-level health indicator data aligned with state public health priorities. Measures in this report were aligned with the Dashboard whenever possible.

Summary of Key Findings: GNYHA CHNA Collaborative Survey Results

Target Population

The target population for the 2025 CHNA Survey consisted of adults aged 18 and older residing in the Bronx. The survey sought to capture a broad representation of community experiences, perspectives, and health needs across the borough.

Sampling

The 2025 CHNA Survey utilized a non-probability convenience sampling approach. Data was collected using both a web-based survey platform and a paper-based tool to maximize accessibility and participation. Respondents completing the online survey were able to do so from any Internet-enabled device. To ensure inclusivity, the survey was available in 19 languages. All responses were self-reported.

Data Analysis

Respondents' county of residence was determined using ZIP codes mapped to counties based on the U.S. Department of Housing and Urban Development ZIP Crosswalk Files (4th Quarter 2024). For ZIP codes spanning multiple counties, allocation was assigned to the county with the greatest proportion of residential addresses. Respondents who provided a county without a ZIP code were not assigned to a ZIP. Individuals who supplied a ZIP code or county but did not respond to any additional questions were excluded from the dataset.

Importance and satisfaction ratings for each health condition were calculated by averaging responses for that item, with "Don't know" responses set to missing. Overall Importance and Satisfaction scores were derived by subtracting each condition's rating from the average rating across all health conditions. These calculations informed prioritization across the three categories: Needs Attention, Maintain Efforts, and Relatively Lower Priority.

Limitations

Because the survey used a non-probability sample, the likelihood of any individual being included is unknown. As a result, the margin of sampling error cannot be calculated. Additionally, respondents may differ in meaningful ways from the broader Bronx population, which may affect the generalizability of the findings.

Summary of Key Findings

A total of 3,337 individuals completed the GNYHA CHNA Collaborative Survey in the Bronx. Among participants who provided a zip code, all 25 Bronx zip codes were represented. The highest concentration of responses came from three zip codes: 10467 (279 respondents, 9%), 10458 (229 respondents, 7%), and 10475 (204 respondents, 6%).

Zip Code	State	City	County	Number	Percent
10451	NY	BRONX	Bronx	98	3%
10452	NY	BRONX	Bronx	95	3%
10453	NY	BRONX	Bronx	98	3%
10454	NY	BRONX	Bronx	45	1%
10455	NY	BRONX	Bronx	67	2%
10456	NY	BRONX	Bronx	161	5%
10457	NY	BRONX	Bronx	171	5%
10458	NY	BRONX	Bronx	229	7%
10459	NY	BRONX	Bronx	103	3%
10460	NY	BRONX	Bronx	139	4%
10461	NY	BRONX	Bronx	129	4%
10462	NY	BRONX	Bronx	198	6%
10463	NY	BRONX	Bronx	136	4%
10464	NY	BRONX	Bronx	21	1%
10465	NY	BRONX	Bronx	124	4%
10466	NY	BRONX	Bronx	175	5%
10467	NY	BRONX	Bronx	279	9%
10468	NY	BRONX	Bronx	180	6%
10469	NY	BRONX	Bronx	184	6%
10470	NY	BRONX	Bronx	55	2%
10471	NY	BRONX	Bronx	37	1%
10472	NY	BRONX	Bronx	125	4%
10473	NY	BRONX	Bronx	177	5%
10474	NY	BRONX	Bronx	15	0%
10475	NY	BRONX	Bronx	204	6%

Table 4. GNYHA CHNA Collaborative Survey Zip Codes Results

Regarding languages spoken at home, English (44%) and Spanish (46%) were the most common. Additional languages represented included Arabic, Bengali, French, Italian and Haitian Creole. It is important to note that respondents were able to skip any survey question, and some items were left blank, which may influence the completeness of the dataset.

Language Spoken at Home	Number	Percent
English-only speaker	902	44%
Spanish	947	46%
Arabic	14	1%
Bengali	13	1%
Burmese	0	0%

Chinese	6	0%
French	30	1%
Haitian Creole	10	0%
Hindi	6	0%
Italian	15	1%
Japanese	4	0%
Korean	3	0%
Nepali	1	0%
Polish	1	0%
Russian	2	0%
Urdu	3	0%
Yiddish	2	0%
Other	121	6%

Table 5: Primary Languages of Residents information of GYNA CHNA Collaborative Survey Respondents in the Bronx 2025 Percentage

The anonymous survey collected demographic information including age, gender, and education level, summarized in Table 3. The most represented age group among respondents was 55–74 years, accounting for 46% of participants. A majority identified as female (76%), followed by male (22%).

Gender Identity	Number	Percent
Cisgender Man	454	22%
Cisgender Woman	1,587	76%
Gender Minority	48	2%
Missing	1,156	
Age	**Number**	**Percent**
18 - 24	109	5%
25 - 34	216	10%
35 - 44	302	14%
45 - 54	348	17%
55 - 64	518	25%
65 - 74	446	21%
75+	149	7%
Missing	1,157	

Table 6. GNYHA CHNA Collaborative Survey Gender and Age Demographics Results

Race and Ethnicity (do not add to 100%)	Number	Percent
American Indian or Alaska Native alone or in combination	54	3%
Asian alone or in combination	61	3%
Black or African American alone or in combination	759	37%
Hispanic or Latino alone or in combination	1,081	53%
Middle Eastern or North African alone or in combination	17	1%
Native Hawaiian or Pacific Islander alone or in combination	5	0%
White alone or in combination	235	11%
Missing	1,195	
Race and Ethnicity (add to 100%, with Multiracial)	**Number**	**Percent**

American Indian or Alaska Native alone	24	1%
Asian alone	50	2%
Black or African American alone	671	33%
Hispanic or Latino alone	999	49%
Middle Eastern or North African alone	9	0%
Native Hawaiian or Pacific Islander alone	0	0%
White alone	175	9%
Multiracial and/or Multiethnic	122	6%
Missing	1,195	

Table 7. GNYHA CHNA Collaborative Survey Race and Ethnicity Results

The population of survey responders were predominantly Hispanic or Latino (53% alone or in combination; 49% alone) and Black or African American (37% alone or in combination; 33% alone). White individuals represent 11% when reported alone or in combination, while smaller proportions identify as Asian 3%, American Indian or Alaska Native 3%, Middle Eastern or North African 1%, Native Hawaiian or Pacific Islander 0%, or multiracial (6%). A notable number of records (1,195) have missing race and ethnicity data, highlighting the need to improve data completeness. These demographics approximately align with data from the 2023 Census in the Bronx for residents identifying as Hispanic/Latino (Census: 55%, CHNA: 49-53%), Black (Census: 29%, CHNA 33-37%), White (Census: 9%, CHNA: 11%) and Asian (Census: 4%, CHNA: 3%).

This distribution emphasizes the importance of addressing health inequities and social determinants of health, as communities of color are disproportionately affected by barriers to care, chronic disease, and preventable hospitalizations due to structural and social factors. Understanding these demographics supports targeted, culturally responsive interventions, equitable resource allocation, and improved health outcomes, consistent with CHNA and community health priorities.

Identification of Priorities

One of the key components of the CHNA survey asked participants to evaluate 26 health conditions selected based on the New York State Prevention Agenda. For question #9, respondents were instructed to rate each condition according to two factors: its level of importance and their level of satisfaction with the services available in their community to address that need. These dual ratings allowed us to identify areas where community members see the greatest gaps between need and available resources.

Using the combined scores of importance and satisfaction, each health condition was categorized into one of three priority levels: Needs Attention, Maintain Efforts, or Relatively Lower Priority (see Table 1). The five health conditions classified under Needs Attention were characterized by high importance ratings and low satisfaction with existing services, indicating significant unmet needs and areas requiring enhanced investment.

Conditions within the Maintain Efforts category also received high importance ratings but were paired with higher satisfaction scores, suggesting that current programs are valued and should be sustained or strengthened. The final group, Relatively Lower Priority, included conditions ranked as lower in importance by respondents, with varying levels of satisfaction. This prioritization process provides a data-driven foundation for

planning and resource allocation, ensuring that community voices directly inform the health system's strategic focus for the upcoming cycle.

Needs Attention	Maintain Efforts
• Violence (Including gun violence) • Dental care • Affordable housing and homelessness prevention • Mental health disorders (Such as depression) • Assistance with basic needs like food, shelter, and clothing	• Cancer • Heart disease • Access to healthy/nutritious foods • Stopping falls among elderly • High blood pressure • Diabetes and high blood sugar • Asthma, breathing issues and lung disease • Women's and maternal health care • Arthritis/disease of the joints • Infectious diseases (COVID-19, flu, hepatitis)*
Relatively Lower Priority	**Relatively Lower Priority**
• Obesity in children and adults • Access to continuing education and job training programs* • Job placement and employment support* • Substance use disorder/addiction (including alcohol use disorder) • Cigarette smoking/tobacco use/vaping/e-cigarettes/hookah	• Adolescent and child health • Infant health • School health and wellness program* • Sexually Transmitted Infections (STI) • HIV/AIDS (Acquired Immune Deficiency Syndrome) • Hepatitis C/Liver disease*

Table 8: Health priorities selected by Bronx Residents from the community health needs survey for the 2025 CHNA *Indicates a new health topic for 2025-2030 NYS Prevention Agenda

Narrative Overview of 2025 CHNA Priority Outcomes

Needs Attention priorities represent the most pressing concerns raised by residents and stakeholders. In this CHNA cycle, community members highlighted significant challenges related to violence, including gun violence, as well as the growing need for dental care and mental health support. Residents also emphasized the ongoing struggles with affordable housing, homelessness prevention, and the ability to meet basic needs such as obtaining food, clothing, and shelter. These areas require expanded resources, strong cross-sector partnerships, and targeted interventions to address widening gaps in social and health equity.

In the Maintain Efforts category, several chronic conditions and long-standing public health concerns continue to affect large portions of the population. These include cancer, heart disease, high blood pressure, diabetes, and asthma conditions that disproportionately impact Bronx communities and require sustained programmatic investment. Additional priorities such as women's and maternal health, food access, infectious diseases, and preventing falls among older adults underscore the need to maintain and strengthen current initiatives to prevent worsening outcomes.

Relatively Lower Priority concerns, while important, were ranked lower relative to other health needs. These include childhood and adult obesity, substance use, adolescent and infant health, tobacco and vaping use, and sexually transmitted infections. Social and economic needs, such as job placement, access to continuing education, and school wellness programs, also appear in this category—several of which have emerged as new

topics for the 2025–2027 cycle. Though categorized as lower priority, these areas still warrant attention through supportive programming, preventive strategies, and community education.

Overall, the 2025 CHNA findings point to persistent socioeconomic and health inequities in the Bronx, reinforced by community feedback that highlights the need to address root causes such as housing instability, unmet basic needs, and mental health conditions. These results will guide Montefiore Einstein's strategic planning and resource allocation over the next several years, helping shape programs and partnerships aligned with the 2025–2027 New York State Prevention Agenda.

Implementation Strategy Report/Community Service Plan

MMC developed its Implementation Strategy following an extensive review of data obtained through primary and secondary sources, engagement with community leaders and key internal partners, and an assessment of resources available within the Medical Center and its affiliated programs. The resulting strategy is designed to address the most significant health needs identified through the 2025 CHNA. This section outlines the health priorities selected and the corresponding strategic areas of focus.

As detailed in the "Primary Data Collection Process" section, MMC relied on a key question from the GNYHA CHNA Collaborative Survey to identify priority areas for the Community Service Plan. Survey respondents were asked to evaluate the importance of various health and social needs and to rate their satisfaction with available community services. Based on these responses, five health conditions and social needs emerged as requiring heightened attention:
- Violence, including gun violence
- Dental care
- Affordable housing and homelessness prevention
- Mental health disorders, like depression
- Assistance with basic needs, including food, shelter, and clothing

Using these community-identified needs as a foundation, MMC selected priority areas to guide the 2025–2027 Implementation Strategy. For this cycle, MMC has chosen to focus on the following three priority areas aligned with the New York State Prevention Agenda:
1. Assistance with Basic Needs: Poverty
2. Mental Health Disorders-Anxiety and Stress
3. Prevention of Infant and Maternal Mortality

Programs and initiatives within these priority areas will emphasize expanding access to essential resources, improving infant and maternal health outcomes, and strengthening mental health support and access across the continuum of care. In addition, strategies incorporate preventative care, with a continued emphasis on reducing health inequities and addressing the social determinants that disproportionately impact Bronx residents.

The selected priorities reflect both the needs identified by community stakeholders and the demonstrated capacity of MMC and its partners to implement effective interventions. Alignment with the New York State Prevention Agenda and the NYC DOHMH HealthyNYC goals ensures that MMC's efforts are coordinated, evidence-based, and structured to advance meaningful improvement in population health outcomes.

Description of Health Needs to Be Addressed

Priority Focus Area: Poverty - Assistance with Basic Needs

- ➢ SMART(IE) Objective:
  - o *NYS SMART Goal: 1.0* Reduce the percentage of people living in poverty from 13.6% to 12.5%.
    - ▪ *SMART(IE) Goal: 1.1* Reduce the percentage of people aged 65 years and older living in poverty from 12.2% to 11%.
  - o *Montefiore Medical Center Intervention:* Conduct regular screening of patients at the MMC hospitals in the Bronx for Social Determinant of Health (SDOH) factors like income and unemployment. MMC's goal is to increase the percentage of patients screened for SDOH upon inpatient admission to MMC Bronx-based hospitals to 92%.

Regular SDOH screening within healthcare settings provides a proactive approach to identifying patients facing economic instability. By assessing factors such as income, employment, and access to basic needs, hospitals can connect patients to community-based organizations and social service resources that address underlying drivers of poor health. MMC has been screening for SDOH since 2018 in our ambulatory clinics, and 2024 in inpatient settings where we have screened an average of 90% of patients. Starting in 2026, we will expand this screening to include questions related to income and employment, as outlined in the NYS 1115 Waiver Accountable Healthcare Communities screener. This integrated model of care aligns with the New York State Prevention Agenda (2025–2030) priority of promoting economic stability and reducing health inequities.

By systematically identifying and addressing poverty-related needs, this initiative supports measurable progress toward reducing poverty rates, addressing inequities, and improving quality of life across Bronx communities. Process metrics used to evaluate impact include the number and percentage of patients screened for social needs; percentage of patients age 65 and older screened for social needs; percent of patients screened, including those 65 and older, who identify social needs; social need categories identified by patients screened; and number of hospitals screening for social needs. The implementation of expanded SDOH screening will not only help achieve the stated goals but also strengthen collaboration between healthcare and community partners to advance population health outcomes.

Addressing poverty and basic needs remains a critical public health priority in the Bronx, where long-standing socioeconomic inequities continue to drive disproportionate rates of chronic disease, preventable

hospitalizations, and reduced life expectancy. With 13.6% of residents living below the federal poverty level, one of the highest rates in New York City and 12.2% of older adults living in poverty, many Bronx families struggle to maintain stable housing, afford healthy foods, secure employment, or access vital services. These structural barriers have a profound impact on health outcomes and align with HealthyNYC's recognition that economic security, housing stability, and access to essential resources are foundational drivers of health and key contributors to NYC's life expectancy gap.

Implementing routine SDOH screenings for all inpatients at MMC Bronx-based hospitals is essential to identifying unmet needs early, ensuring equitable access to community resources, and connecting patients to programs that support income, food access, housing stability, and employment. The SDOH screening expansion is led by the OCPH which provides operational support to clinical teams and service lines in developing workflows to best implement and respond to screening. Introducing the new screener will result in new workflows, electronic health record optimizations, and training requirements for staff. Within the first year we hope to reach and surpass the average screening rate we have been able to achieve over the past two years.

Additionally, OCPH manages the vendor relationship with Findhelp, a community resource directory and referral platform. Findhelp is embedded in our electronic health record, Epic, which allows patient care teams to connect patients who identify social needs to community resources.

To best address social needs identified by patients, OCPH and Montefiore-Einstein's Community Health Worker Institute (CHWI) is implementing a coordinated strategy to address social needs and reduce health inequities across clinical settings. In 2021, MMC established CHWI to integrate social care into the delivery of health care by adding community health workers to clinical teams. The CHWI is embedded within Montefiore Medical Group where it serves as a resource for multiple clinical departments and service lines across the health system. CHWI optimizes recruitment, training, deployment, continuing professional development and integration of CHWs while designing a cost-effective model to sustain them.

Expanded SDOH screening in the inpatient setting directly supports the NYS SMART goals of reducing the percentage of Bronx residents living in poverty to 12.5% and decreasing elder poverty to 11%, while strengthening hospital-community linkages that address upstream causes of poor health. By systematically screening for SDOH and integrating resource navigation into clinical care, Montefiore aligns its efforts with HealthyNYC's citywide agenda to reduce disparities, improve social well-being, and build healthier, more resilient communities. This implementation not only responds to urgent community needs but advances a coordinated strategy to address the structural factors that shape health across the Bronx.

Priority Focus Area: Anxiety and Stress

- ➢ SMART(IE) Objective:
  - ○ *NYS SMART Goal:* 5.0 Decrease the percentage of adults who experience frequent mental distress from 13.4% to 12.0%.
    - ▪ *NYS SMART(IE) Goal:* 5.1 Decrease the percentage of adults in households with an annual income of less than $25,000 who experience frequent mental distress from 21.0% to 18.9%.
  - ○ *Montefiore Medical Center Intervention:* Implement and promote Mental Health First Aid (MHFA) Training across MMC departments, with a focus in expanding to women's health teams. MMC's goal is to Increase Mental Health First Aid Training among healthcare staff by 25%, with a focus on training maternal health providers.

Implementing and promoting Mental Health First Aid (MHFA) Training equips community members, health professionals, and frontline staff with the knowledge and skills to recognize early signs of anxiety, stress, and other mental health challenges. By increasing mental health literacy and reducing stigma, MHFA fosters timely intervention and connection to appropriate resources before conditions escalate into crises. MMC has been training staff on MHFA since 2022. Starting in 2026, we plan to expand training for additional clinical and administrative staff, with a particular focus on Women's Health teams, recognizing the role mental health care plays in supporting healthy women's health, including maternal health. Process measures used to evaluate impact of this initiative include number of staff/community members trained on MHFA; number of new departments trained on MHFA; number of referrals made to mental health resources from staff strained on MHFA; and percent of patients referred with an annual income of less than $25,000.

In the Bronx, where economic hardship and social stressors are widespread, the burden of anxiety and stress is particularly acute. Approximately one in five adults in low-income households (earning less than $25,000 annually) report frequent mental distress, nearly double the rate of the general adult population. Economic instability, food insecurity, high rent burden, unemployment, and exposure to community violence contribute to ongoing psychological strain among residents (New York Health Foundation. (2023). *Mental health of New Yorkers stagnates overall, worsens for some New Yorkers*. https://nyhealthfoundation.org/2023/06/21/mental-health-of-new-yorkers-stagnates-overall-worsens-for-some-new-yorkers/).

The social determinants of health, particularly income, housing stability, and access to healthcare play a critical role in shaping mental health outcomes (Centers for Disease Control and Prevention [CDC], 2023; World Health Organization [WHO], 2014). Individuals experiencing poverty are more likely to encounter chronic stress, limited access to mental health services, and barriers to preventive care, increasing their risk for anxiety, depression, and psychological distress (CDC, 2023). This evidence underscores the importance of integrating mental health screening, early intervention, and referral to supportive resources within healthcare and community-based settings (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022).

Reducing anxiety and stress through coordinated prevention and early identification strategies aligns with the New York State Prevention Agenda (2025–2027) goals of promoting well-being and resilience across populations. Health systems can play a central role by Implementing and promoting Mental MHFA Training. By increasing mental health literacy and reducing stigma, MHFA fosters timely intervention and connection to appropriate resources before conditions escalate into crises. This proactive approach supports the Prevention Agenda's goal of building community resilience and strengthening the capacity of local systems to respond to mental health needs through prevention and early identification.

HealthyNYC includes mental health (and behavioral/psychosocial well-being) among its key pillars, recognizing mental health's role in life expectancy through risks like suicide, overdose, and pregnancy-associated complications (https://www.nyc.gov/site/doh/health/healthynyc.page). By training staff to identify and respond to mental health issues especially among pregnant/postpartum persons, our program complements the city's mental health strategy.

Montefiore Mental Health Ongoing Programs

In addition to MHFA training, MMC is implementing multiple ongoing programs to best address the mental health and emotional wellness of Bronx residents. A few of these newer programs are described below:

Adolescent Dialectical Behavior Therapy (A-DBT) program

Although emotional upheaval is common during adolescents, some adolescents experience severe emotional dysregulation often accompanied by self-injurious behaviors. One of the most effective evidence-based therapies for this constellation of problems is Adolescent Dialectical Behavior Therapy (A-DBT). A-DBT was first developed at Montefiore Einstein through a collaboration between Marsha Linehan PhD, the founder of DBT (initially for adults only) at the University of Washington, and Alec Miller PsyD, former Director of Child and Adolescent Psychology at Montefiore Einstein. Although developed first in the Bronx, A-DBT is now widely recognized as a highly effective approach for the intensive, short-term treatment for adolescents ages 13–18 and their caregivers who are experiencing significant emotional and behavioral challenges. Many young people who benefit from this program struggle with difficulties that may suggest emerging borderline personality disorder or related conditions. These difficulties include intense or difficult-to-control emotions, frequent family conflict, impulsiveness, high-risk behaviors, including suicidal thoughts or actions, and urges or behaviors related to non-suicidal self-injury. The program is designed to support both adolescents and their families in building stability, improving communication, and developing healthy coping strategies. Treatment includes weekly individual DBT therapy as well as structured skills groups that focus on mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness. With support from a grant from the NYC DOHMH initiated in 2024, the Montefiore Einstein A-DBT program is collaborating with colleagues at Rutgers University to further expand clinical services in the Bronx and to disseminate A-DBT to other centers.

Adolescent Intensive Outpatient Program (IOP)

While most adolescents with psychiatric conditions can be well treated within standard outpatient treatment formats, generally including approximately weekly visits with a psychologist or social work psychotherapist and less frequent visits with a psychiatrist, adolescents with more severe symptoms interfering with their day-to-

day activities require a higher level of care. Intensive Outpatient Programs (IOPs) represent one such important level of care in which adolescents receive treatment for at least 3 days/week including individual and group therapy and psychiatric evaluation and treatment. Montefiore Einstein launched one of only three Adolescent IOPs in New York State licensed by the Office of Mental Health and serving families on public insurance. For adolescents who are not imminently suicidal or psychotic, our Adolescent IOP provides more intensive and comprehensive treatment than usual outpatient care while supporting the adolescent's ability to live at home and continue to attend school. The Adolescent IOP, when implemented at the right time, sometimes avoids the need for hospitalization as symptoms are treated before they escalate further. In addition, the Adolescent IOP also serves as a valuable form of "step down" care for adolescents who are discharged from hospital who need additional support before resuming usual outpatient care.

Inpatient child and adolescent unit

Children and adolescents with psychiatric conditions that involve imminent safety concerns (e.g., suicidality) and/or severe impairment of functioning require inpatient treatment. There is a well-acknowledged, increasingly pressing shortage of inpatient pediatric psychiatry beds in the Bronx and nationally. Children and adolescents requiring inpatient care often wait days and sometimes longer until an inpatient bed is identified, typically in northern Westchester or Long Island as the limited number of beds in New York City are typically full. With significant investment from Montefiore Einstein as well as funding from the Office of Mental Health, the NYS Assembly, and private philanthropy, Montefiore Einstein will be opening its first inpatient child and adolescent psychiatry unit, the Montefiore Einstein Center for Children's Mental Health (ME-CCMH), in December 2025. This 21-bed unit will nearly double the number of acute inpatient beds in the Bronx (currently ~ 25) and will provide short-term, evidence-based, culturally attuned, trauma-informed treatment for children and adolescents, ages 5-17, experiencing acute mental health crises that require a safe and supportive hospital setting. The unit offers a structured therapeutic environment staffed by a multidisciplinary team, including psychiatrists, psychologists, nurses, social workers, creative arts therapists, teachers, and psychiatric technicians, who work together to stabilize symptoms, ensure safety, and support emotional and behavioral recovery. Treatment includes comprehensive psychiatric assessment, individualized care planning, evidence-based therapies, medication management, family engagement, and a full therapeutic day program that incorporates school, groups, and meaningful activities. The unit has 15 single rooms and 3 double rooms, two dining areas and activity rooms, 3 classrooms, a playground, a large gym, and a state-of-the-art pharmacy. In addition to treatment for children and adolescents, the Montefiore Einstein Center for Children's Mental Health will also provide resources and skills for parents and caregivers and linkage with relevant community resources. The program will be informed by an ongoing local advisory council of adolescents and parents/caregivers with lived experience.

Perinatal Mental Health

Recognizing that the Bronx experiences particularly high rates of maternal morbidity and mortality and that untreated mental health conditions, including depression, anxiety, post-traumatic stress disorder, and addiction, are major drivers in the Bronx as they are nationally, Montefiore Einstein created a Women's Mental Health Division which has direct care and consultative components as follows:

Integrated Outpatient Mental Health Care: A psychiatrist and psychologist with expertise in perinatal mental health conditions are embedded within Montefiore Einstein's Institute for Women's Health at Eastchester Professional Center (EPC), working closely with OB GYN physicians, nurses and social workers, to offer access to treatment for prevalent mental health conditions that is closely coordinated with other aspects of patients' prenatal and postnatal care.

E-Consults: For care of mental health conditions by OB GYN providers where this is appropriate with psychiatric consultative support, electronic consultation to OB GYN clinicians provides timely, expert psychiatric guidance for care of patients during pregnancy and the postpartum period (up to 4 months postpartum). This service is designed for non-urgent clinical questions related to psychotropic medication management, diagnostic clarification, or general treatment recommendations for perinatal patients. It enables medical professionals to access psychiatric expertise without requiring an immediate referral or in-person consultation.

Inpatient Psychiatry Consult service: The inpatient Perinatal Psychiatry Consult Service provides consultations to teams caring for pregnant and postpartum patients who are admitted to the OB GYN or other medical or surgical services at Jack D. Weiler Hospital, part of the Montefiore Einstein network of hospitals. The consult service provides psychiatric assessment, medication management and support for discharge planning. The service also provides ongoing bedside psychotherapy where relevant and runs a weekly support group in English and Spanish for pregnant patients admitted to Weiler.

NYS Project TEACH: our perinatal psychiatry specialists participate in a network of seven major academic medical centers in New York State that provide telephone consultation and education to primary care and obstetrical providers in the Bronx and beyond, as well as in person consultation where needed.

Priority Focus Area: Prevention of Infant and Maternal Mortality
- ➢ SMART(IE) Objective
    - o NYS SMART Goal: Decrease the rate of infant mortality per 1,000 live births from 4.3 to 3.5.
    - o *Montefiore Medical Center Intervention:* Provide targeted health literacy education for pregnant patients regarding the importance of immunization for both birthing persons and newborns and increase number of clinicians, including RNs, providers and residents who receive trainings and number of RSV vaccines administered to birthing persons to 65%

In addition to supporting the mental health needs of pregnant persons, improving access to care and health education, including promoting maternal immunization, is a critical public health priority in the Bronx, where persistent inequities continue to drive higher rates of maternal morbidity, preterm birth, infant health

complications and infant mortality compared to other NYC boroughs. Despite efforts to address and eliminate racial and ethnic disparities in infant mortality, disparities continue. In NYS, the infant mortality rate for Black, non-Hispanic individuals (8.5/1,000 live births) and Hispanic individuals (4.1) is significantly greater than the infant mortality rate among White, non-Hispanic individuals (3.3/1,000 live births) NYS Prevention Agenda, 2025). Further, although there have been declines in recent years, the Bronx has the highest infant mortality rate of all NYC boroughs, at 4.54 per 1,000 live births compared with 2.41 (Staten Island), 3.07 (Manhattan), 3.23 (Queens), 3.23 (Brooklyn) and 4.17 per 1,000 live births in NYC overall (NYC.gov, 2025). The factors driving disparities in infant health are complex and include the socio-economic factors like employment status, income, housing, transportation, food security, health care coverage, and quality of medical care received, in addition to stress and social support (NYS Prevention Agenda, 2025).

MMC's recognizes that social and structural determinants are key drivers of poor health outcomes and reduced life expectancy in historically underserved communities. Implementing a multi-pronged approach which includes targeted health literacy education on maternal immunizations, paired with expanded clinician training, leadership engagement and electronic health record optimization will help us reach out goal of increasing RSV vaccination coverage among birthing persons to 65%, by directly addresses several health system barriers. Process measures used to evaluate impact of this initiative include number of pregnant persons receiving health education on the importance of immunizations, specifically RSV vaccination during pregnancy; number of pregnant patients who receive RSV vaccination; and number of clinicians who receive immunization and health literacy training on RSV vaccination in pregnancy.

This approach strengthens engagement in prenatal care, improves maternal understanding of preventive care, and ensures that clinicians, RNs, and residents are equipped to provide evidence-based immunization counseling. By integrating education, clinical training, and access to preventive services, this intervention not only supports achievement of the SMART objective of decreasing the rate of infant mortality per 1,000 live births from 4.3 to 3.0 but also advances HealthyNYC's citywide agenda to reduce maternal mortality, improve reproductive health outcomes, and close longstanding racial and socioeconomic gaps in care.

Maternal RSV Vaccination Initiative

The MMC Department of Obstetrics and Gynecology and Women's Health has launched an initiative to increase maternal Respiratory Syncytial Virus (RSV) vaccination during the 2025–2026 respiratory virus season. During the 2024–2025 season, maternal RSV vaccination coverage was 38%, consistent with national averages; however, this level of uptake is insufficient given the significant morbidity RSV poses to infants, particularly during the first six months of life.

Maternal RSV vaccination provides dual protection by reducing RSV-related illness in both the pregnant individual and the newborn through passive antibody transfer. In the absence of a licensed pediatric RSV vaccine, prevention in infants relies on either maternal vaccination during pregnancy or postnatal administration of monoclonal antibodies. Nearly half of infants who do not receive protection through maternal vaccination will contract RSV within the first two years of life. RSV infections frequently result in hospitalization for oxygen and supportive care, and approximately 20% of hospitalized infants require intensive care. During a

typical respiratory virus season, more than 80% of neonatal intensive care unit admissions for upper respiratory tract infections are attributable to RSV (CDC, 2025).

For the 2025–2026 season, Montefiore identified 1,337 eligible pregnant individuals for maternal RSV vaccination. As of November 2025, vaccination coverage has increased to 62%, with 462 patients vaccinated by week 11 of the initiative. This improvement reflects the early success of a comprehensive, multi-pronged intervention strategy designed to strengthen preventive care delivery and generate population-level health benefits.
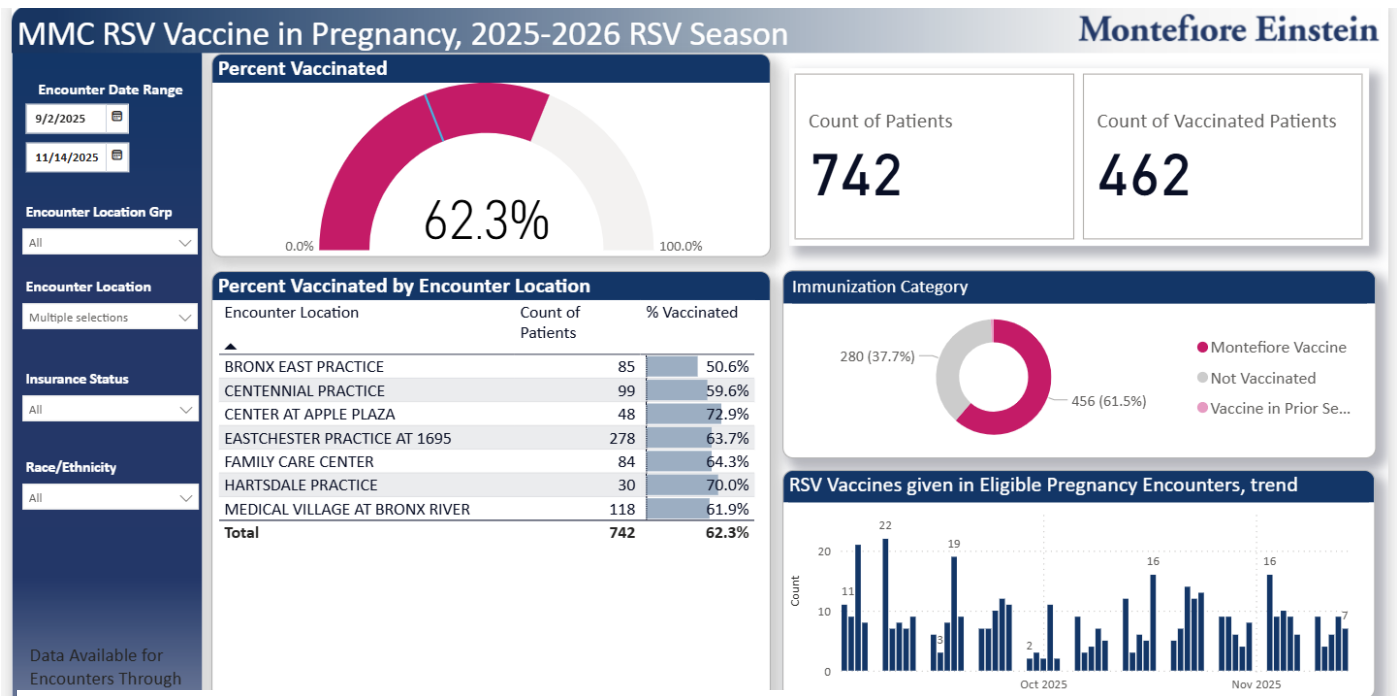
Table 9: Montefiore Medical Center RSV Vaccine in Pregnancy Dashboard, 2025-2026 RSV Season

Expanding on this QI project, MMC's goal is to increase RSV vaccination by 65% over the next two RSV seasons. Using the multi-pronged approach of educating patients, staff, trainees while conducting direct outreach to patients eligible for the vaccine, this initiative advances the Prevention Agenda's goals to increase vaccination coverage, improve access to preventive services, reduce health disparities, and prevent severe disease and avoidable hospitalizations, particularly among infants and families disproportionately impacted by respiratory illness. By improving maternal RSV vaccination uptake, Montefiore strengthens maternal and child health outcomes, reduces strain on inpatient and intensive care services, and contributes to community-wide reductions in RSV transmission and disease burden.

Montefiore Infant and Maternal Health Ongoing Programs

Montefiore has several initiatives which focus on addressing infant maternal health outcomes in the Bronx. From providing prenatal and postpartum support to screening for HPV to early diagnosis of cardiovascular conditions, here are some ongoing programs:

The Bronx Healthy Start Program

The Bronx Healthy Start Program (BxHSP) helps pregnant women get the health care and support they need during pregnancy and after the baby is born. Free, voluntary, and confidential services include home visits which provide supportive health and prenatal care, breastfeeding support, health education, positive parenting promotion, safe sleep support, and help with goal setting. BxHSP provides personalized services and guidance to support a heathier, stronger family environment.

Cardio-Obstetrics Screening Program

In New York City, the Bronx has the most pregnancy associated deaths, with cardiovascular (CV) conditions being the second leading cause behind mental health conditions (NYC DOHMH, 2022). The largest contributing factors among preventable deaths due to CV Conditions include lack of continuity of care and lack of care coordination. Montefiore, as the regional perinatal referral center, is where many moms with unknown or undiagnosed CV issues are sent for care. Many times, we diagnose their severe CV issues for the first time in pregnancy.

If we know patients have CV disease prior to pregnancy, it allows for multidisciplinary care and careful delivery planning; however, the larger low-risk population are the moms who deliver without a diagnosis. Labor is the ultimate stress test. Thus, undiagnosed CV disease can lead to severe complications and even deaths in moms who are referred to us or who are from the Bronx community.

MMC is an active site for a National Heart, Lung, and Blood Institute (NHLBI) funded program (Health Outcomes in Pregnancy- HOPE) targeting moms who have known high risk factors for severe CV disease in pregnancy (e.g. obesity, advanced maternal age, family risk factors). Building on the success of these screening strategies that focus on screening for CV disease, we have been developing a program to offer Universal CV Screening using POCUS to all comers, focusing initially on Healthfirst patients.

Within this program, we are attempting to identify women who may be seen as experiencing normal physiologic changes of pregnancy but are in fact suffering from potentially life-threatening CV disease, using Point of Care Ultrasound (POCUS). We will be performing a Maternal Lung and Heart Ultrasound that will be scheduled at the same time as their fetal ultrasound exams. They will be performed by our trained OB techs and reviewed by our high-risk OB clinicians. Quality Assurance (QA) will be performed by cardiologists to improve performance and clarity of images. Abnormal findings will result in consultation with our Cardio-Obstetrics program and diagnostic testing. We aim to identify diseases prior to delivery and therefore prevent morbidity and mortality on Labor and Delivery in our known high incident undiagnosed CV disease patients in the Bronx community.

Placenta Accreta Spectrum (PAS) Program

Placenta Accreta Spectrum Disorders (PASDs) are life-threatening obstetric conditions characterized by abnormal placental adherence or invasion into the uterine wall. The disorders are historically divided into: Accreta which signifies abnormal placental adherence, Increta which signifies invasion of the placenta into the uterine wall, and Percreta is a term that means the placenta has penetrated through the wall into surrounding tissues. The Montefiore Einstein PASD Program of Excellence provides comprehensive care from diagnosis

through postpartum recovery, leveraging a multidisciplinary team and advanced protocols to optimize outcomes for these surgically complex disorders that can quite literally kill women who are pregnant.

As a regional perinatal referral center, we get referred these cases because we have the appropriate personnel, including high risk obstetricians, skilled and experienced gynecologic oncologists, vascular surgeons, urologists (the placentas often obstruct the ureter(s) or grow into the bladder), OB anesthesia, as well as an experienced Blood bank and, of course, fantastic and experienced Montefiore Nursing.

Most general OBGYNs have neither the expertise nor work at systems that have the structure and redundancy to handle the complexities of these cases. Not long ago, Montefiore also did not have such redundancy, and we had some poor outcomes that led to challenges with community trust. Montefiore leadership recognized the gap and invested in new leadership to overcome these challenges that are affecting the Bronx Community. Since reorganizing and restaffing with experienced expert surgeons, our OB trauma rates have dropped precipitously. We had 18 patients with this syndrome since 2024 and all 18 had better than average outcomes for complications, transfusions and all other metrics of good surgical outcomes.

We intend to be known as the center delivering the highest standard of multidisciplinary, evidence-based care for patients with PASDs, while advancing research, education, and advocacy to improve maternal outcomes and reduce morbidity and mortality associated with PASD. In our 3–5-year plan, we plan to be known as a national leader in the diagnosis, management, and innovative care of PASD, fostering a model of excellence that integrates clinical expertise, cutting-edge research, and compassionate, patient-centered care. We are moving from a reactive institution that could not handle these situations to being one of the best in the country. More importantly having a program like this best serves the needs of the Bronx, where risk factors for these conditions remain very high (e.g. prior cesarean delivery).

Cervical Cancer Screening Performance Improvement Initiative

Cervical cancer incidence is very high in the Bronx, primarily due to a lack of prior or adequate screening. Nationally, half of individuals with cervical cancer have had no or limited screening follow-up, representing many missed opportunities within US siloed healthcare structure. Self-sampling is a novel approach in the US that allows for screening in non-traditional settings, such as emergency rooms, for individuals with less access to care. Such approaches are now routine in Western Europe and Australia/New Zealand (Serrano et al., 2021). The American Cancer Society and the U.S. Preventative Services Task Force have updated recommendations for HPV primary testing for cervical cancer screening (2025). Montefiore is a lead institution in the effort to get self-sampling FDA-approved for home use (currently FDA approved for office-based use). A key question is whether patients who self-sample in non-traditional settings can be successfully routed to necessary follow-up care, like colposcopy, if they have a positive test. This is a critical piece of information needed for broader office-based and home-based implementation.

In collaboration with Emergency Medicine leadership and OBGYN leadership, we will screen individuals presenting to the emergency department for an unrelated diagnosis, who have no documented cervical cancer screening. Eligible patients are those with a cervix, and who have no documented or self-reported cervical

cancer screening within the last three years. The self-sampling test would be administered in a bathroom setting while the patient provides a urine sample for other tests, such as a pregnancy test. If a test result is HPV positive, the OBGYN department will triage the patient and make contact to arrange follow-up care, based on the specific HPV result.

Significant Health Needs Not Addressed

Although MMC selected Assistance with Basic Needs and Mental Health Disorders as the two primary "Needs Attention" focus areas for the 2025–2027 Implementation Strategy, the remaining health needs identified by community members—violence (including gun violence), dental health, and affordable housing and homelessness prevention—continue to be recognized as important concerns for Bronx residents. These areas were not selected as priority focus areas for this cycle for two main reasons:

First, MMC sought to align its Implementation Strategy with the most urgent needs that intersect directly with the Medical Center's current capacity, existing strategic initiatives, and alignment with the NYS Prevention Agenda. Assistance with basic needs and mental health emerged as priority areas in which MMC could make the most immediate and measurable impact through existing programs, workforce infrastructure, and cross-departmental partnerships.

Second, while the remaining health areas did not rise to the top as strategic focus areas for the 2025–2027 cycle, they remain essential components of overall community well-being. Ongoing programs across Montefiore Health System continue to address these concerns through violence prevention initiatives, dental health services and partnerships, and collaborations with community-based organizations focused on housing stability and homelessness prevention. These sustained efforts ensure that progress continues in all areas identified by the community, even when they are not selected as primary Implementation Strategy priorities.

In this way, MMC's approach balances focused investment in high-impact priority areas with continued commitment to the broader set of health needs expressed by Bronx residents.

Violence
Key staff at MMC are participating in the Gun Violence Prevention Collaborative led by Northwell Health to learn about strategies underway and resources available for gun violence prevention programming. As we explore opportunities to address this important health need, we are also learning from other local health systems, local health departments and community-based organizations about existing and planned strategies to address gun violence in the state.

To support youth development and thus, violence prevention in the Bronx, OCPH has partnered with the NYPD Options Program to support an afterschool program for youth. This partnership provides students with the chance to become Health Ambassadors through Montefiore's Rethink Your Drink Campaign, which educates healthy beverage choices and broader health literacy.

By engaging youth in positive, educational, and community-focused activities, the program helps keep adolescents involved in constructive activities after school, reducing idle time that can sometimes lead to negative behaviors. In this way, the initiative contributes to preventing violence and promoting healthier lifestyles among Bronx adolescents, while also empowering students to act as peer leaders and advocates for community health.

Dental Health Care

The Montefiore Einstein Department of Dentistry and Oral Surgery provides comprehensive, high-quality dental care for patients of all ages, with dedicated expertise in pediatric and specialty dentistry. Montefiore pediatric dentists provide compassionate, specialized care for infants, children, and adolescents, including those with complex conditions or special healthcare needs. Establishing a child's "dental home" supports early prevention, lifelong oral health, and positive dental experiences.

Our team emphasizes prevention, early detection, and proactive treatment in a child-friendly environment that reduces anxiety and encourages proper oral care habits. Montefiore offers expert care for adults, combining general, preventive, and specialty services with the latest clinical advancements.

Affordable Housing and Homelessness Prevention

Montefiore Einstein's Housing at Risk Program (H@RP)

For 15 years, Montefiore Einstein's Housing at Risk Program (H@RP) has led innovative efforts to secure safe, affordable housing, prevent evictions, and support individuals facing housing instability. Since 2009, H@RP has provided coordinated health and housing assistance from the moment a patient at risk of homelessness enters Montefiore Einstein's Bronx hospitals.

H@RP has led to 45% reduction in Emergency Department visits among unstably housed individuals, provided support to 1,000+ people, including permanent housing secured for 65 individuals, many of whom are high-need Medicaid patients. Nearly 40 evictions were prevented and 60% reduction in inpatient hospital visits for those experiencing housing instability.

Despite these successes, housing instability remains a pressing issue. The Bronx includes five of the ten NYC communities with the highest rates of family homelessness including University Heights, Morris Heights, Soundview, the South Bronx and Tremont. Nationally, more than 580,000 people experienced homelessness on a single night in 2020.

Rising housing costs continue to intensify the crisis. In New York City, rent increased seven times faster than wages between 2022 and 2023, leaving many residents just one job loss or illness away from losing their homes.

Conclusion

Montefiore's 2025 Community Health Needs Assessment reaffirms the profound impact that social, economic, and structural factors have on the health and well-being of Bronx residents. Guided by our mission to improve community health through evidence-based, culturally responsive, and equity-focused strategies, we have identified priority areas that reflect both community voice and the most pressing drivers of poor health outcomes in our borough: Assistance with Basic Needs, Women's and Maternal Health, and Mental Health Disorders.

Our interventions and goals align closely with HealthyNYC, the City's comprehensive initiative to increase life expectancy and reduce health inequities. By expanding routine SDOH screenings and strengthening connections to essential resources, we support HealthyNYC's commitment to addressing the structural and social conditions such as housing, economic stability, and food security that shape overall health. Our efforts to enhance maternal health literacy, increase immunization uptake, and strengthen clinical capacity directly contribute to the City's goal of reducing pregnancy-associated morbidity and mortality, particularly among communities disproportionately affected by longstanding inequities. Additionally, our expansion of Mental Health First Aid training reinforces HealthyNYC's priority to build a stronger, more responsive mental health system across all points of care.

Working in partnership with community organizations, clinical teams, public health agencies, and Bronx residents, Montefiore is committed to advancing these strategies and strengthening the systems that support resilient, healthy communities. As we move forward, we will continue to align our programs with HealthyNYC's citywide agenda—leveraging data, community input, and cross-sector collaboration to drive meaningful, measurable improvement in health outcomes. This CHNA provides a roadmap for targeted action in the years ahead, ensuring that our initiatives contribute to a healthier, more equitable future for all Bronx residents.

Report Dissemination Plan

Montefiore Medical Center's (MMC) 2025–2027 Community Health Needs Assessment (CHNA), Implementation Strategy Report, and Community Service Plan will be made publicly available through multiple channels. The full report can be accessed online at https://www.montefiore.org/community-reports, via the Community Reports tab on the MMC website, and in print at the main entrances of all MMC acute care facilities.

The report will also be shared through employee communication channels, and via email and, where appropriate, through presentations, with our Community Advisory Board members, community leaders, elected officials, and the Office of the Bronx Borough President to reach a broader audience.

A summary report highlighting key CHNA findings and planned interventions will be distributed through the same channels. A QR code linking to the report will be included on print materials, and announcements will be made on MMC's social media platforms:

- Facebook: facebook.com/montefioremedicalcenter
- Twitter: twitter.com/MontefioreNYC
- YouTube: youtube.com/user/MontefioreMedCenter

This multi-platform dissemination ensures broad accessibility and engagement with community members, stakeholders, and healthcare partners.

Adoption of Report by Governing Board

Statement of Executive Review and Date Report is Made Available to the Public

The MMC Community Health Needs Assessment (CHNA) and Implementation Strategy Report, and Community Service Plans were approved by Montefiore Board of Trustees on December 11, 2025. The Community Health Needs Assessment (CHNA) Report and Community Service Plan was uploaded to the Montefiore website on December 31, 2025.

2025 Community Health Survey

We want to improve the health services we offer to people who live in your neighborhood. The information you give us will be used to improve health services for people like yourself.

Completing the survey is voluntary. We will keep your answers private. If you are not comfortable answering a question, leave it blank.

We value your input. Thank you very much for your help.

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1 Are you 18 years of age or older?

    ○   Yes

    ○   No à Thank you very much, but we are only asking this survey of people who are ages 18 and older.

2 We want people from all different neighborhoods to take part in this survey. Please tell us the zip code where you live so we can identify your neighborhood.

    Zip code: _____

IF YOU PROVIDED A ZIP CODE, PLEASE GO TO QUESTION 6. YOU DO NOT NEED TO ANSWER THESE QUESTIONS.

3 Do you live in New York City?

    ○   Yes

    ○   No à Skip to 5

4 If you live in New York City, please select the borough where you live:

    ○   The Bronx à Go on to page 3

    ○   Brooklyn à Go on to page 3

    ○   Manhattan à Go on to page 3

    ○   Queens à Go on to page 3

    ○   Staten Island à Go on to page 3

    ○   I do not live in New York City à Answer 5

5 If you do not live in New York City, please tell us the county where you live:

- ○ Albany County
- ○ Allegany County
- ○ Broome County
- ○ Cattaraugus County
- ○ Cayuga County
- ○ Chautauqua County
- ○ Chemung County
- ○ Chenango County
- ○ Clinton County
- ○ Columbia County
- ○ Cortland County
- ○ Delaware County
- ○ Dutchess County
- ○ Erie County
- ○ Essex County
- ○ Franklin County
- ○ Fulton County
- ○ Genesee County
- ○ Greene County
- ○ Hamilton County
- ○ Herkimer County
- ○ Jefferson County
- ○ Lewis County
- ○ Livingston County

- ○ Madison County
- ○ Monroe County
- ○ Montgomery County
- ○ Nassau County
- ○ Niagara County
- ○ Oneida County
- ○ Onondaga County
- ○ Ontario County
- ○ Orange County
- ○ Orleans County
- ○ Oswego County
- ○ Otsego County
- ○ Putnam County
- ○ Rensselaer County
- ○ Rockland County
- ○ Saratoga County
- ○ Schenectady County
- ○ Schoharie County
- ○ Schuyler County
- ○ Seneca County
- ○ St. Lawrence County
- ○ Steuben County
- ○ Suffolk County
- ○ Sullivan County

- ○ Tioga County
- ○ Tompkins County
- ○ Ulster County
- ○ Warren County
- ○ Washington County
- ○ Wayne County
- ○ Westchester County
- ○ Wyoming County
- ○ Yates County

- ○ Other_____

Health Status

6 In general, how is the overall health of the people of your neighborhood?

- ○ Poor
- ○ Fair
- ○ Good
- ○ Very good
- ○ Excellent

7 In general, how is your physical health?

- ○ Poor
- ○ Fair

- Good
- Very good
- Excellent

8 In general, how is your mental health?
- Poor
- Fair
- Good
- Very good
- Excellent

9 For each of the following, please tell us: How important is each of the following to you and how satisfied are you with the current services in your neighborhood to address each issue?

	How important is this issue to you?							How satisfied are you with current services?					
	Don't know	Not at all	A little	Somewhat	Very	Extremely		Don't know	Not at all	A little	Somewhat	Very	Extremely
1 Access to continuing education and job training programs	○	○	○	○	○	○		○	○	○	○	○	○
2 Access to healthy/nutritious foods	○	○	○	○	○	○		○	○	○	○	○	○
3 Adolescent and child health	○	○	○	○	○	○		○	○	○	○	○	○
4 Affordable housing and homelessness prevention	○	○	○	○	○	○		○	○	○	○	○	○
5 Arthritis/disease of the joints	○	○	○	○	○	○		○	○	○	○	○	○
6 Assistance with basic needs like food, shelter, and clothing	○	○	○	○	○	○		○	○	○	○	○	○
7 Asthma, breathing issues, and lung disease	○	○	○	○	○	○		○	○	○	○	○	○
8 Cancer	○	○	○	○	○	○		○	○	○	○	○	○
9 Cigarette smoking/tobacco use/vaping/ e-cigarettes/hookah	○	○	○	○	○	○		○	○	○	○	○	○
10 Infectious diseases (COVID-19, flu, hepatitis)	○	○	○	○	○	○		○	○	○	○	○	○
11 Dental care	○	○	○	○	○	○		○	○	○	○	○	○
12 Diabetes and high blood sugar	○	○	○	○	○	○		○	○	○	○	○	○
13 Heart disease	○	○	○	○	○	○		○	○	○	○	○	○
14 Hepatitis C/liver disease	○	○	○	○	○	○		○	○	○	○	○	○
15 High blood pressure	○	○	○	○	○	○		○	○	○	○	○	○
16 HIV/AIDS (Acquired Immune Deficiency Syndrome)	○	○	○	○	○	○		○	○	○	○	○	○
17 Infant health	○	○	○	○	○	○		○	○	○	○	○	○
18 Job placement and employment support	○	○	○	○	○	○		○	○	○	○	○	○

		How important is this issue to you?							How satisfied are you with current services?					
		Don't know	Not at all	A little	Somewhat	Very	Extremely		Don't know	Not at all	A little	Somewhat	Very	Extremely
19	Mental health disorders (such as depression)	O	O	O	O	O	O		O	O	O	O	O	O
20	Obesity in children and adults	O	O	O	O	O	O		O	O	O	O	O	O
21	School health and wellness programs	O	O	O	O	O	O		O	O	O	O	O	O
22	Sexually Transmitted Infections (STIs)	O	O	O	O	O	O		O	O	O	O	O	O
23	Stopping falls among elderly	O	O	O	O	O	O		O	O	O	O	O	O
24	Substance use disorder/ addiction (including alcohol use disorder)	O	O	O	O	O	O		O	O	O	O	O	O
25	Violence (including gun violence)	O	O	O	O	O	O		O	O	O	O	O	O
26	Women's and maternal health care	O	O	O	O	O	O		O	O	O	O	O	O

Long-term COVID Effects

10 Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?

○ Yes

○ No [Skip to question 13]

11 Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

○ Yes

○ No [Skip to question 13]

12 Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?

○ Yes, a lot

○ Yes, a little

○ Not at all

Social Determinants of Health

13 During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

○ Yes

○ No

14 During the past 12 months how often did the food that you bought not last, and you didn't have money to get more?

○ Always

○ Usually

○ Sometimes

○ Rarely

○ Never

15 During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

○ Yes

○ No

Health Care Access

16 What is the current source of your primary health insurance (the one you use most often)?

- ○ A plan purchased through an employer or union (including plans purchased through another person's employer)
- ○ A private nongovernmental plan that you or another family member buys on your own
- ○ Medicare
- ○ Medigap
- ○ Medicaid
- ○ Children's Health Insurance Program (CHIP)
- ○ Military related health care: TRICARE (CHAMPUS) /VA health care /CHAMP-VA
- ○ Indian Health Services
- ○ State sponsored health plan
- ○ Other government program
- ○ No coverage of any type

Demographic Information

17 What is your race and/or ethnicity? (Select all that apply)

- ☐ American Indian or Alaska Native
    - ○ For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.
- ☐ Asian
    - ○ For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.
- ☐ Black or African American
    - ○ For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
- ☐ Hispanic or Latino
    - ○ For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.
- ☐ Middle Eastern or North African
    - ○ For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.
- ☐ Native Hawaiian or Pacific Islander
    - ○ For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.
- ☐ White
    - ○ For example, English, German, Irish, Italian, Polish, Scottish, etc.

18 Do you speak a language other than English at home?

- ○ Yes
- ○ No [Skip to question 21]

19 What is this language? (Select all that apply)
- ☐ Spanish
- ☐ Arabic
- ☐ Bengali
- ☐ Burmese
- ☐ Chinese
- ☐ French
- ☐ Haitian Creole
- ☐ Hindi
- ☐ Italian
- ☐ Japanese
- ☐ Korean
- ☐ Nepali
- ☐ Polish
- ☐ Russian
- ☐ Urdu
- ☐ Yiddish
- ☐ Other

20 How well do you speak English?
- ○ Very well
- ○ Well
- ○ Not well
- ○ Not at all

21 Which of the following best represents how you think of yourself?
- ○ Gay or lesbian
- ○ Straight, that is not gay or lesbian
- ○ Bisexual
- ○ I use a different term

22 How do you currently describe yourself? (Select all that apply)
- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ I use a different term

23 Are you transgender?
- ○ Yes
- ○ No

24 What is your age?

- ○ 18 - 24
- ○ 25 - 34
- ○ 35 - 44
- ○ 45 - 54
- ○ 55 - 64
- ○ 65 - 74
- ○ 75+

25 What is the highest grade or year of school that you have completed?

- ○ Grades 8 (Elementary) or less
- ○ 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)
- ○ College 4 years or more (College graduate)

26 Including yourself, how many people usually live or stay in your home or apartment?

_____ person(s)

27 Are you currently…?.

- ○ Employed for wages
- ○ Self-employed
- ○ Out of work for 1 year or more
- ○ Out of work for less than 1 year
- ○ A homemaker
- ○ A student
- ○ Retired
- ○ Unable to work

28 What is your household's annual household income from all sources, before taxes, in the last year? By household income we mean the combined income from everyone living in the household including even roommates or those on disability income.

- ○ Less than $20,000
- ○ $20,000 to $24,999
- ○ $25,000 to $34,999
- ○ $35,000 to $49,999
- ○ $50,000 to $74,999

- $75,000 to $99,999
- $100,000 to $149,999
- $150,000 to $199,999
- $200,000 or more

This is the end of the survey. Thank you very much for your help.