Community Health Needs Assessment

Prepared for
Richmond University Medical Center

By
VERITÉ HEALTHCARE CONSULTING, LLC

December 31, 2025

ABOUT VERITÉ HEALTHCARE CONSULTING

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 150 needs assessments for hospitals, health systems, and community partnerships nationally since 2012.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, financial assistance policies, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in hospital community benefits, 501(r) compliance, and Community Health Needs Assessments.

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Introduction

This community health needs assessment (CHNA) was conducted by Richmond University Medical Center ("RUMC" or "the hospital") to identify community health needs and to inform development of an implementation strategy to address identified significant needs.

OBJECTIVES AND METHODOLOGY

Regulatory Requirements

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

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

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

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

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

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

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

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

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

[1] Internal Revenue Code, Section 501(r).
[2] Instructions for IRS form 990 Schedule H, 2024.

Methodology

Federal regulations that govern the CHNA process allow hospital facilities to define the community they serve based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served" (e.g., children, women, or older adults), and/or the hospital facility's principal functions (e.g., focus on a particular specialty area or targeted disease)."[3] The community defined by RUMC accounts for over 90 percent of the hospital's 2024 inpatient discharges.

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

Input from fifty individuals was received through key informant interviews in September and October 2025. These informants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health.

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

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

1. The most recently available secondary data regarding the community's health;
2. Healthy, the New York City Department of Health and Mental Hygiene's "vision for improving life expectancy and creating a healthier city for all" and/or the New York State Prevention Agenda 2025-2030; and
3. Input from the key informants who participated in the interview process.

Collaborating Organizations

RUMC produced this assessment independently. Numerous community-based organizations were invited and fifteen organizations participated in informant interviews in September and October 2025.

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

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

Information Gaps

This CHNA relies on multiple data sources and community input gathered between March and December 2025. A number of data limitations should be recognized when interpreting results. For example, some data (e.g., County Health Rankings, Behavioral Risk Factors Surveillance System, and others) exist only at a county-wide level of detail. Those data sources do not allow assessment of health needs at a more granular level of detail, such as by ZIP Code or census tract.

Secondary data upon which this assessment relies measure community health in prior years. For example, the most recent Causes of Death rates available for New York State were data collected for 2022. The impacts of the most recent public policy developments, changes in the economy, and other community developments are not yet reflected in those data sets.

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

Input on Previous CHNA

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

Prioritized Significant Community Health Needs

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

- Access to Mental Health Care and Poor Mental Health Status;
- Access to Primary & Specialty Health Care Services;
- Aging Population;
- Chronic Diseases and Contributing Lifestyle Factors;
- Environmental Determinants of Health;
- Homelessness;
- Navigating a Complex Health Care System;
- Poverty, Financial Hardship, and Basic Needs Insecurity;
- Safe and Affordable Housing;
- Socio-Economic, Racial, Cultural, Ethnic, and Linguistic Barriers to Care; and
- Substance Use Disorder.

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

Access to Mental Health Care and Poor Mental Health Status

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

- For Staten Island overall, access to mental health care and poor mental health status indicators that worsened from 2022 to 2025 include poor mental health days and excessive drinking (**Exhibit 29A**).
- Staten Island indicators are worse than the U.S. overall include poor mental health days and the mental health provider ratio (**Exhibit 29B**).
- Census tracts designated as Mental Health Professional Shortage Areas (HPSAs) are located in Port Richmond and Stapleton - St. George (**Exhibit 55C**).
- Many interviewees identified mental health as an issue in the community and indicated that mental health needs are increasing in the community due to increased anxiety, social isolation, and other issues.
- Healthy NYC includes a goal to reduce suicide deaths by 10 percent by 2030.
- The New York State Health Assessment, 2024, key findings included “lack of social associations, disconnected youth, and single-parent households may contribute to poor mental and physical health.”
- The New York State Prevention Agenda 2025-2030 identified (1) Anxiety and Stress, (2) Suicide, and Depression among its priorities under its “Social and Community Context” domain, one of five domains selected for the agenda.

Access to Primary & Specialty Health Care Services

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

- The neighborhoods of Port Richmond and Stapleton - St. George had higher rates of uninsured residents than the New York State average. Additionally, the Port Richmond ZIP Code 10302 had an uninsured rate higher than the United States average (**Exhibit 16**).
- For Staten Island overall, access to primary care & specialty health services indicators that worsened from 2022 to 2025 include primary care physicians ratio, dentist ratio, and mammography screening (**Exhibit 29A**).
- Staten Island indicators that are worse than the U.S. overall include for low birth weight, flu vaccinations, dentist ratio, and mammography screening (**Exhibit 29B**).
- ZIP Codes with unfavorable prevention indicators, compared to the United States overall, were present are concentrated in Port Richmond and Stapleton - St. George. Lower percentages of mammography use among women aged 50-74 years were present in ZIP Codes throughout Staten Island (**Exhibit 52B.1**).
- Census tracts designated as Medically Underserved Areas were present in Port Richmond (**Exhibit 54**).
- Census tracts designated as Primary Care HPSAs and Dental Health HPSAs are located in Port Richmond and Stapleton - St. George (**Exhibit 55A** and **Exhibit 59C**).
- Interviewees indicated that access to health care services is challenging for all residents of the island, including timely access to primary care services.
- Healthy NYC includes a goal to reduce suicide deaths by 10 percent by 2030.
- The New York State Health Assessment, 2024, key findings included “although access to health care in New York State has improved, many individuals still face barriers.”
- The New York State Prevention Agenda 2025-2030 identified (1) access to and use of prenatal care, (2) prevention of infant and maternal mortality, (3) preventive services for chronic disease prevention and control, (4) oral health care, (5) preventive services, (6) early intervention, and (7) childhood behavioral health as priorities under its “Health Care Access and Quality” domain, one of five domains selected for the agenda.

Aging Population

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

- Asthma hospitalization rates were higher for residents aged 65 years and older (**Exhibit 39**).
- For Staten Island overall, the rate of fall hospitalizations aged 65 years or older was higher than the overall New York State rates (**Exhibit 47**).
- Many interviewees indicated that the number of older adults in the community is increasing and options to support aging care are limited.
- The New York State Health Assessment, 2024, key findings included "The population in New York is aging and diverse."
- Healthy NYC includes a goal to reduce COVID-19 deaths by 60 percent by 2030 focusing effort on residents with "the highest risk of severe disease and death, which includes people who are older, are immunocompromised and/or have certain disabilities that may increase their risk for having underlying health conditions."

Chronic Diseases and Contributing Lifestyle Factors

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

- All areas of Staten Island compared favorably to the U.S. for the percentage of residents with a disability (**Exhibit 8**).
- For Staten Island overall, chronic disease and contributing lifestyle factors indicators that worsened from 2022 to 2025 include length of life, poor physical health days, low birth weight, excessive drinking, and injury deaths (**Exhibit 29A**);
- Staten Island chronic disease and contributing lifestyle factors indicators are worse than the U.S. overall for physical inactivity, flu vaccinations, and mammography screening (**Exhibit 29B**).
- The Staten Island rate of death for Diabetes Mellitus was more than 50 percent worse than the state rate (**Exhibit X – 30**).
- Incidence and mortality rates for Staten Island compared unfavorably to New York State rates for All Cancer, Lung and Bronchus Cancer, Lung and Bronchus Cancer, and Ovarian Cancer. Additionally, Staten Island compared unfavorably to New York State for Female Breast Cancer Incidence and Cervix Uteri Cancer incidence (**Exhibit 30**).
- Heart disease mortality rates for multiple indicators for Staten Island were higher than New York State rates, including a coronary heart disease mortality rate that was more than 50 percent higher than the New York State rate (**Exhibit 33**).
- Overall, Staten Island compared unfavorably to the state for most obesity-related indicators (**Exhibit 35**).
- Chronic lower respiratory disease mortality rates for Staten Island were higher than New York State rates, as were asthma hospitalization rates are higher for residents aged 15-24,

24-44, and 65 years and older. Additionally, the borough's COVID-19 mortality rates were higher than state rates (**Exhibit 39**).

- Many interviewees indicated that the prevalence of chronic disease in the community and disparities in outcomes are influenced by a myriad of factors, including environmental factors, social determinants, and behaviors.
- The New York State Health Assessment, 2024, key findings included "chronic diseases, including cancers and asthma, continue to be a major burden" and "obesity, smoking, and lack of physical activity negatively impact people's health," "teen pregnancy has declined and breastfeeding rates have improved, but infant and maternal health disparities remain," and "New York State has made progress in efforts to end acquired immunodeficiency syndrome (AIDS), but there are still relatively high rates of sexually transmitted infections (STIs)."
- The New York State Prevention Agenda 2025-2030 identified (1) access to and use of prenatal care, (2) prevention of infant and maternal mortality, (3) preventive services for chronic disease prevention and control, (4) oral health care, (5) preventive services, (6) early intervention, and (7) childhood behavioral health as priorities under its "Health Care Access and Quality" domain, one of five domains selected for the agenda.
- Healthy NYC includes a goal to decrease heart- and diabetes-related deaths by 5 percent and screenable cancer deaths by 20 percent by 2030 by addressing "the root causes of chronic diseases."

Environmental Determinants of Health

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

- Staten Island chronic disease and contributing lifestyle factors indicators are worse than the U.S. overall for severe housing problems, long commute - driving alone, air pollution: particulate matter, and broadband access (**Exhibit 29B**).
- Chronic lower respiratory disease mortality rates for Staten Island were higher than New York State rates, as were asthma hospitalization rates are higher for residents aged 15-24, 24-44, and 65 years and older. Additionally, the borough's COVID-19 mortality rates were higher than state rates (**Exhibit 39**).
- For Staten Island overall, the rates of unintentional injury hospitalizations, fall hospitalizations, and opioid burden are higher than the overall New York State rates (**Exhibit 47**).
- Staten Island had a higher rate of crash-related pedestrian fatalities than the New York State target (**Exhibit X – 49A**)
- Interviewees identified environmental factors as negatively impacting the health of community members and contributing to prevalence of chronic diseases and conditions. Environmental factors identified include the legacy of Fresh Kills landfill, the continued effects of 9/11 contaminants, and current emissions. Pollution from local traffic and the Staten Island expressway. Additionally, distance to NYC Health + Hospitals services is an additional factor for some community members.

- The New York State Prevention Agenda 2025-2030 identified (1) opportunities for active transportation and physical activity and (2) injuries and violence among its priorities under its "Neighborhood and Built Environment" domain, one of five domains selected for the agenda.

Homelessness

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

- The average months on waiting lists for subsidized housing in Staten Island is 22 months (**Exhibit 25**).
- Staten Island homelessness factors indicators are worse than the U.S. overall for severe housing problems, income inequality, children in poverty, and child care cost burden (**Exhibit 29B**).
- Interviewees indicated that here are limited resources on the island for residents experiencing homelessness, including limited shelter capacity and support services, particularly impacting men.
- The New York State Prevention Agenda 2025-2030 identified housing stability and affordability among its priority under its "Economic Stability" domain, one of five domains selected for the agenda.

Navigating a Complex Health Care System

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

- Port Richmond and Stapleton - St. George, as well as South Beach - Tottenville ZIP Code 10306 compared unfavorably to the U.S. for the percentage of residents aged 25 and older who did not graduate high school (**Exhibit 8**).
- The percentage of residents who were linguistically isolated was higher than the U.S. in every Staten Island ZIP Code. Linguistic isolation is defined as the population aged five and older who speak a language other than English and speak English less than "very well" (**Exhibit 8**).
- Staten Island navigation indicators are worse than the U.S. overall for broadband access, high school completion, unemployment, and income inequality (**Exhibit 29B**).
- Many interviewees indicated that navigating the healthcare system, already challenging for residents with limited access to technology and/or limited English proficiency, is increasingly difficult due to workforce challenges, changes in the healthcare

environment, gaps in cultural competence, and a current lack of trust in institutions, including health care facilities.

Poverty, Financial Hardship, and Basic Needs Insecurity

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

- Poverty rates in Port Richmond and Stapleton - St. George were higher than the New York State and national averages (**Exhibit 10**) and poverty rates for Black and Hispanic (or Latino) residents of Staten Island were disproportionally higher compared to other groups (**Exhibit 11**).
- Staten Island experienced higher unemployment rates than state and national averages for each year from 2020 through 2024 (**Exhibit 14**).
- For Staten Island overall, poverty, financial hardship, and basic needs insecurity indicators that worsened from 2022 to 2025 include children in poverty and child care cost burden (**Exhibit 29A**).
- Staten Island poverty, financial hardship, and basic needs insecurity indicators are worse than the U.S. overall for severe housing problems, unemployment, income inequality, children in poverty, and child care cost burden (**Exhibit 29B**).
- Food deserts are present within the RUMC community, specifically in Port Richmond and Stapleton - St. George (**Exhibit 53**).
- Interviewees indicated that the number of residents experiencing basic needs insecurity continues to increase, especially insecurities related to nutritious food, affordable housing, and reliable transportation.
- The New York State Prevention Agenda 2025-2030 identified (1) poverty, (2) unemployment, (3) nutrition security, and (4) housing stability and affordability as priorities under its "Economic Stability" domain, one of five domains selected for the agenda.

Safe and Affordable Housing

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

- The average months on waiting lists for subsidized housing in Staten Island is 22 months (**Exhibit 25**).
- Staten Island safe and affordable housing indicators are worse than the U.S. overall for severe housing problems, unemployment, income inequality, children in poverty, and child care cost burden (**Exhibit 29B**).
- Interviewees indicated that housing instability is especially prevalent among low-income residents and community members of racial/ethnic minority groups, as well as vulnerable populations, including homeless residents, individuals with addiction, and some older adults.
- The New York State Prevention Agenda 2025-2030 identified housing stability and affordability among its priorities under its "Economic Stability" domain, one of five domains selected for the agenda.

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

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

- The percentage of residents who were linguistically isolated was higher than the U.S. in every Staten Island ZIP Code, except for South Beach - Tottenville ZIP Code 10308. Linguistic isolation is defined as the population aged five and older who speak a language other than English and speak English "less than very well" (**Exhibit 8**).
- Staten Island socio-economic, racial, cultural, ethnic, and linguistic barriers to care indicators are worse than the U.S. overall for broadband access and high school completion (**Exhibit 29B**).
- Interviewees indicated that the community is very diverse, many residents experience economic obstacles to care, limited English proficiency negatively impacts access to services, and health literacy could be improved for many community members.
- Healthy NYC indicated that "Overlapping Community, Social and Structural Factors" contribute to "inequities in housing, nutrition, economic opportunity and access to health care."
- The New York State Health Assessment, 2024, key findings included "significant disparities in health outcomes and social determinants of health across racial and ethnic categories, education levels, and income levels."

Substance Use Disorder

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

- The arrest rate of drug use, possession, or sale arrest rates among young adults were more than 50 percent higher for Staten Island, compared to New York State (**Exhibit 24**).
- Staten Island had a nearly double rate of overdose deaths involving any opioids than the New York State target (**Exhibit 49E**).
- Higher percentages of cigarette smoking among adults were present across ZIP Codes in Port Richmond and Stapleton - St. George, as compared to the United States overall. Higher percentages of binge drinking among adults were present across ZIP Codes in South Beach - Tottenville as compared to the United States overall (**Exhibit 52C.1**).
- Interviews indicated that substance use disorder is prevalent throughout the community, including legal substances, such as alcohol, smoking/vaping and cannabis, as well as prescribed substances, such as opioids and testosterone.
- The New York State Health Assessment, 2024, key findings included "the life expectancy of individuals in New York has declined due to serious health threats, such as COVID-19 and the opioid crisis."
- The New York State Prevention Agenda 2025-2030 identified (1) primary prevention, substance misuse, and overdose prevention, (2) tobacco/e-cigarette use, (3) alcohol use, and (4) healthy eating among its priorities under its "Social and Community Context" domain, one of five domains selected for the agenda.

CHNA DATA AND ANALYSIS

DEFINITION OF COMMUNITY ASSESSED

This section identifies and describes the community assessed by Richmond University Medical Center (RUMC) and how it was determined.

RUMC's community is comprised Richmond County, New York, which is coextensive with Staten Island, one of the five boroughs New York City[5] (**Exhibit 1**). The community is divided into neighborhoods utilized by the New York State Department of Health;[6] corresponding to four of the forty-two neighborhoods in New York City.

RUMC is located in the Port Richmond neighborhood of Staten Island and is adjacent to the Stapleton - St. George neighborhood.

The community definition was validated based on the geographic origins of RUMC discharges. In 2024, the community collectively accounted for over 90 percent of RUMC's 11,255 inpatient discharges (**Exhibit 1A**).

Staten Island, the RUMC community, was estimated to have a population of approximately 500,000 persons in 2023 (**Exhibit 1B**).

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

[6] New York State Department of Health. United Hospital Fund (UHF) Neighborhoods and NYC ZIP Code Areas (2006). Retrieved 2025, from: United Hospital Fund (UHF) Neighborhoods and NYC ZIP Code Areas.
New York City. UHF Codes, United Hospital Fund Codes. Retrieved 2025, from https://www.nyc.gov/assets/doh/downloads/pdf/ah/zipcodetable.pdf

Exhibit 1A: Community Population – Staten Island, 2023, and Inpatient Discharges, 2024

Area	Total Population	Total Discharges	Percent of Total Discharges
Port Richmond	71,510	3,569	31.7%
Stapleton - St. George	127,356	4,253	37.8%
Willowbrook	93,539	1,742	15.5%
South Beach - Tottenville	200,329	913	8.1%
Staten Island	**492,734**	**10,477**	**93.1%**

Source: U.S. Census ACS 2023 5-year estimates and RUMC.

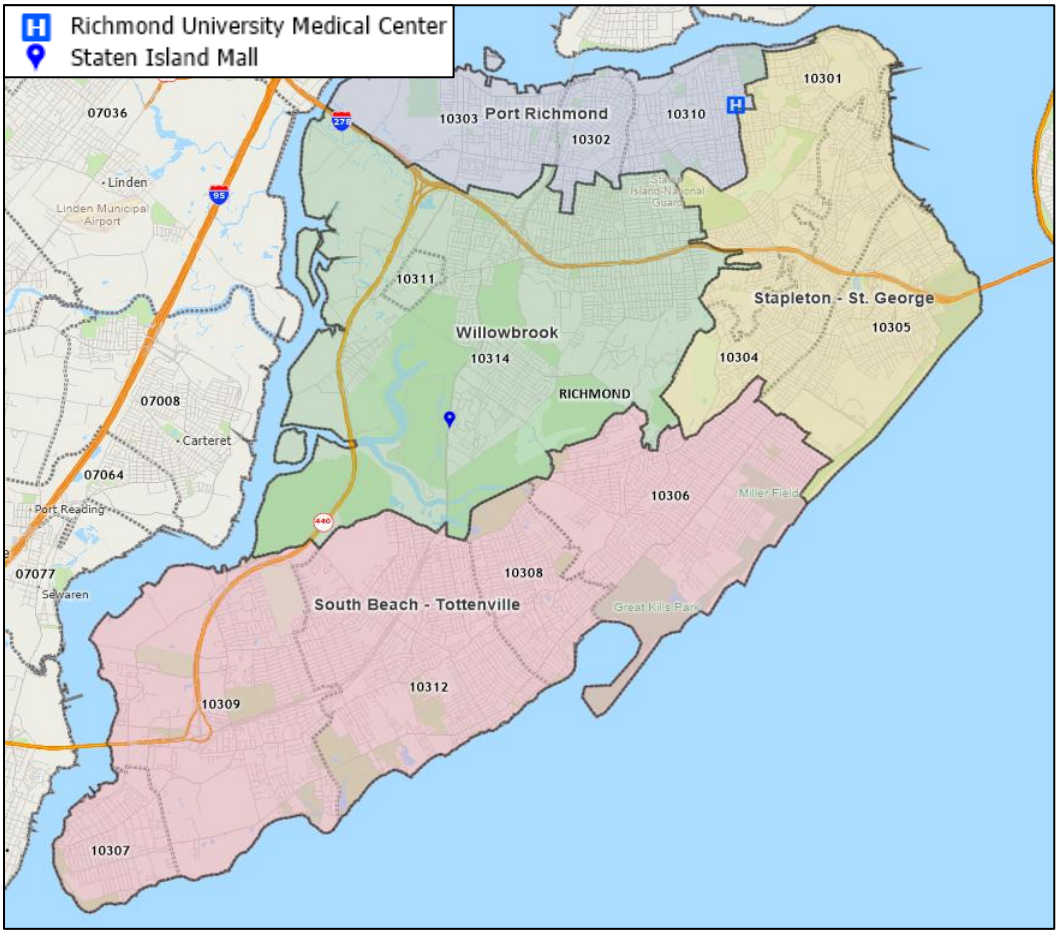
Exhibit 1B: Community Population – Staten Island by ZIP Code, 2023

Area	Total Population
Port Richmond	**71,510**
10302	19,693
10303	25,993
10310	25,824
Stapleton - St. George	**127,356**
10301	39,799
10304	45,843
10305	41,714
Willowbrook	**93,539**
10314	93,539
10311	0
South Beach - Tottenville	**200,329**
10306	57,249
10307	14,821
10308	29,996
10309	34,918
10312	63,345
Staten Island	**492,734**

Source: U.S. Census ACS 2023 5-year estimates.

Exhibit 2 presents a map displaying the neighborhoods that comprise the RUMC community.

Exhibit 2: RUMC Community



Sources: Caliper Maptitude (2023) and RUMC.

RUMC's hospital facility is located at 355 Bard Ave, Staten Island, NY, 10310.

The Staten Island Mall is highlighted on the map to identify the new Family Health Center. The Staten Island Mall is located at 2655 Richmond Ave, Staten Island, NY 10314.

Other locations of RUMC Services are below.

- Cardiopulmonary Rehabilitation Center, 288 Kissel Ave, Staten Island, NY 10310
- Center for Cancer Care, 1000 South Ave. Ste LL3, Staten Island, NY 10314
- Center for Integrative Behavioral Medicine, 1130 South Ave, Staten Island, NY 10314
- Comprehensive Breast & Imaging Center, 1161 Victory Blvd, Staten Island, NY 10301
- Comprehensive Rehabilitation Center, 288 Kissel Ave, Staten Island, NY 10310
- Theurer Family Health Center, 800 Castleton Ave, Staten Island, NY 10310

SECONDARY DATA ASSESSMENT

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

Demographics

Population characteristics and changes influence health issues in and services needed by communities. A total of 492,734 people were estimated to reside on Staten Island (the RUMC community) in 2023.

Exhibit 3A illustrates the total number of residents living in the community by neighborhood and ZIP Code, and their distribution by sex and age in 2023.

Exhibit 3B: Population by Age and Sex by Neighborhood, 2023

Area	Ages 0-17	Ages 18-44	Ages 45-64	Ages 65+	Total Population
Port Richmond	17,725	25,950	19,198	8,637	71,510
Male	9,003	13,163	9,349	3,504	35,019
Female	8,722	12,787	9,849	5,133	36,491
Stapleton - St. George	26,102	45,191	34,717	21,346	127,356
Male	13,412	22,703	16,564	9,257	61,936
Female	12,690	22,488	18,153	12,089	65,420
Willowbrook	19,404	31,790	24,235	18,110	93,539
Male	10,107	16,180	11,029	8,379	45,695
Female	9,297	15,610	13,206	9,731	47,844
South Beach - Tottenville	44,112	64,890	56,517	34,810	200,329
Male	22,658	32,160	28,398	15,356	98,572
Female	21,454	32,730	28,119	19,454	101,757
Staten Island	107,343	167,821	134,667	82,903	492,734
Male	55,180	84,206	65,340	36,496	241,222
Female	52,163	83,615	69,327	46,407	251,512

Source: U.S. Census ACS 2023 5-year estimates and RUMC.

Exhibit 3B: Population by Age and Sex by ZIP Code, 2023

Area	Ages 0-17	Ages 18-44	Ages 45-64	Ages 65+	Total Population
Port Richmond	**17,725**	**25,950**	**19,198**	**8,637**	**71,510**
Male	**9,003**	**13,163**	**9,349**	**3,504**	**35,019**
Female	**8,722**	**12,787**	**9,849**	**5,133**	**36,491**
10302	4,806	7,591	5,281	2,015	19,693
Male	2,558	4,439	2,642	805	10,444
Female	2,248	3,152	2,639	1,210	9,249
10303	6,306	9,381	7,067	3,239	25,993
Male	3,226	4,303	3,503	1,105	12,137
Female	3,080	5,078	3,564	2,134	13,856
10310	6,613	8,978	6,850	3,383	25,824
Male	3,219	4,421	3,204	1,594	12,438
Female	3,394	4,557	3,646	1,789	13,386
Stapleton - St. George	**26,102**	**45,191**	**34,717**	**21,346**	**127,356**
Male	**13,412**	**22,703**	**16,564**	**9,257**	**61,936**
Female	**12,690**	**22,488**	**18,153**	**12,089**	**65,420**
10301	8,721	15,002	9,858	6,218	39,799
Male	4,318	7,482	5,088	2,443	19,331
Female	4,403	7,520	4,770	3,775	20,468
10304	9,858	16,381	12,802	6,802	45,843
Male	5,002	7,979	5,780	3,258	22,019
Female	4,856	8,402	7,022	3,544	23,824
10305	7,523	13,808	12,057	8,326	41,714
Male	4,092	7,242	5,696	3,556	20,586
Female	3,431	6,566	6,361	4,770	21,128
Willowbrook	**19,404**	**31,790**	**24,235**	**18,110**	**93,539**
Male	**10,107**	**16,180**	**11,029**	**8,379**	**45,695**
Female	**9,297**	**15,610**	**13,206**	**9,731**	**47,844**
10314	19,404	31,790	24,235	18,110	93,539
Male	10,107	16,180	11,029	8,379	45,695
Female	9,297	15,610	13,206	9,731	47,844
South Beach - Tottenville	**44,112**	**64,890**	**56,517**	**34,810**	**200,329**
Male	**22,658**	**32,160**	**28,398**	**15,356**	**98,572**
Female	**21,454**	**32,730**	**28,119**	**19,454**	**101,757**
10306	12,200	18,711	15,669	10,669	57,249
Male	6,345	9,470	7,903	4,574	28,292
Female	5,855	9,241	7,766	6,095	28,957
10307	3,453	4,740	4,327	2,301	14,821
Male	1,835	2,453	2,312	1,170	7,770
Female	1,618	2,287	2,015	1,131	7,051
10308	5,975	9,766	9,264	4,991	29,996
Male	2,813	4,611	4,679	2,251	14,354
Female	3,162	5,155	4,585	2,740	15,642
10309	7,764	10,885	10,298	5,971	34,918
Male	4,178	5,273	5,241	2,508	17,200
Female	3,586	5,612	5,057	3,463	17,718
10312	14,720	20,788	16,959	10,878	63,345
Male	7,487	10,353	8,263	4,853	30,956
Female	7,233	10,435	8,696	6,025	32,389
Staten Island	**107,343**	**167,821**	**134,667**	**82,903**	**492,734**
Male	**55,180**	**84,206**	**65,340**	**36,496**	**241,222**
Female	**52,163**	**83,615**	**69,327**	**46,407**	**251,512**

Source: U.S. Census ACS 2023 5-year estimates.

Exhibit 3B illustrates the total number of residents living in the community by neighborhood and ZIP Code, and their distribution by sex and age in 2023.

Exhibit 4 illustrates the total number of residents living in the community by borough and neighborhood, and their distributions by age in 2023.

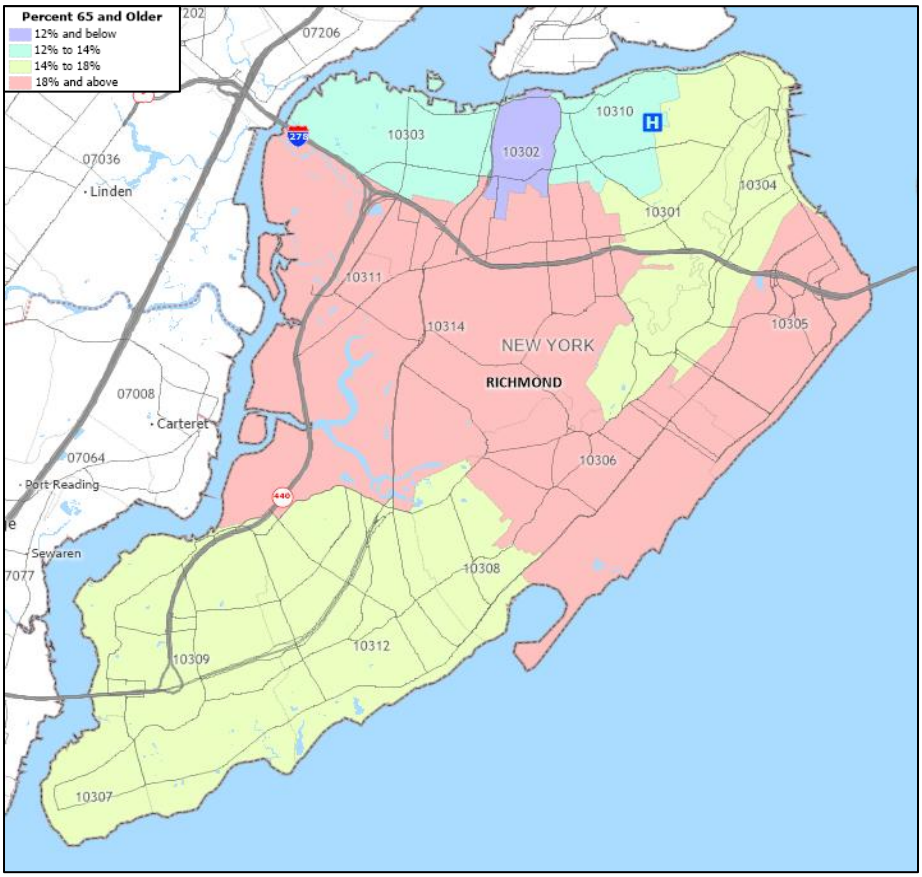
Exhibit 4: Population by Age, 2023

Area	Ages 0-17	Ages 18-44	Ages 45-64	Ages 65+	Total Population
Port Richmond	**17,725**	**25,950**	**19,198**	**8,637**	**71,510**
10302	4,806	7,591	5,281	2,015	19,693
10303	6,306	9,381	7,067	3,239	25,993
10310	6,613	8,978	6,850	3,383	25,824
Stapleton - St. George	**26,102**	**45,191**	**34,717**	**21,346**	**127,356**
10301	8,721	15,002	9,858	6,218	39,799
10304	9,858	16,381	12,802	6,802	45,843
10305	7,523	13,808	12,057	8,326	41,714
Willowbrook	**19,404**	**31,790**	**24,235**	**18,110**	**93,539**
10314	19,404	31,790	24,235	18,110	93,539
South Beach - Tottenville	**44,112**	**64,890**	**56,517**	**34,810**	**200,329**
10306	12,200	18,711	15,669	10,669	57,249
10307	3,453	4,740	4,327	2,301	14,821
10308	5,975	9,766	9,264	4,991	29,996
10309	7,764	10,885	10,298	5,971	34,918
10312	14,720	20,788	16,959	10,878	63,345
Staten Island	**107,343**	**167,821**	**134,667**	**82,903**	**492,734**

U.S. Census ACS 2023 5-year estimates.

The age distribution of community members varies by neighborhood. For instance, residents Ages 0-17 total 19,404 in Willowbrook ZIP Code 10314 and 3,453 in South Beach - Tottenville ZIP Code 10307.

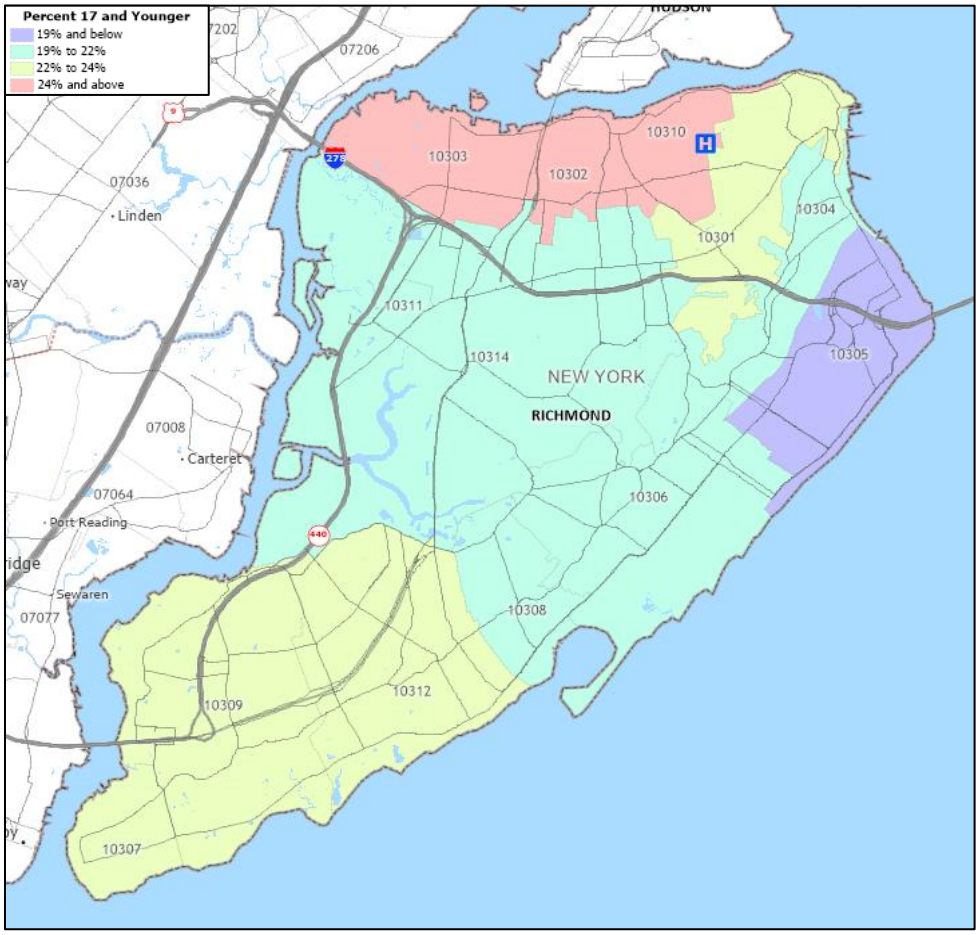
Exhibit 5A: Residents Aged 65+, 2023



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

The proportion of the population 65 years of age and older varies by ZIP Code. As illustrated in ***Exhibit 5A***, the ZIP Codes of 10305 (Stapleton - St. George) and 10314 (Willowbrook) had the comparatively highest proportions of this population cohort.

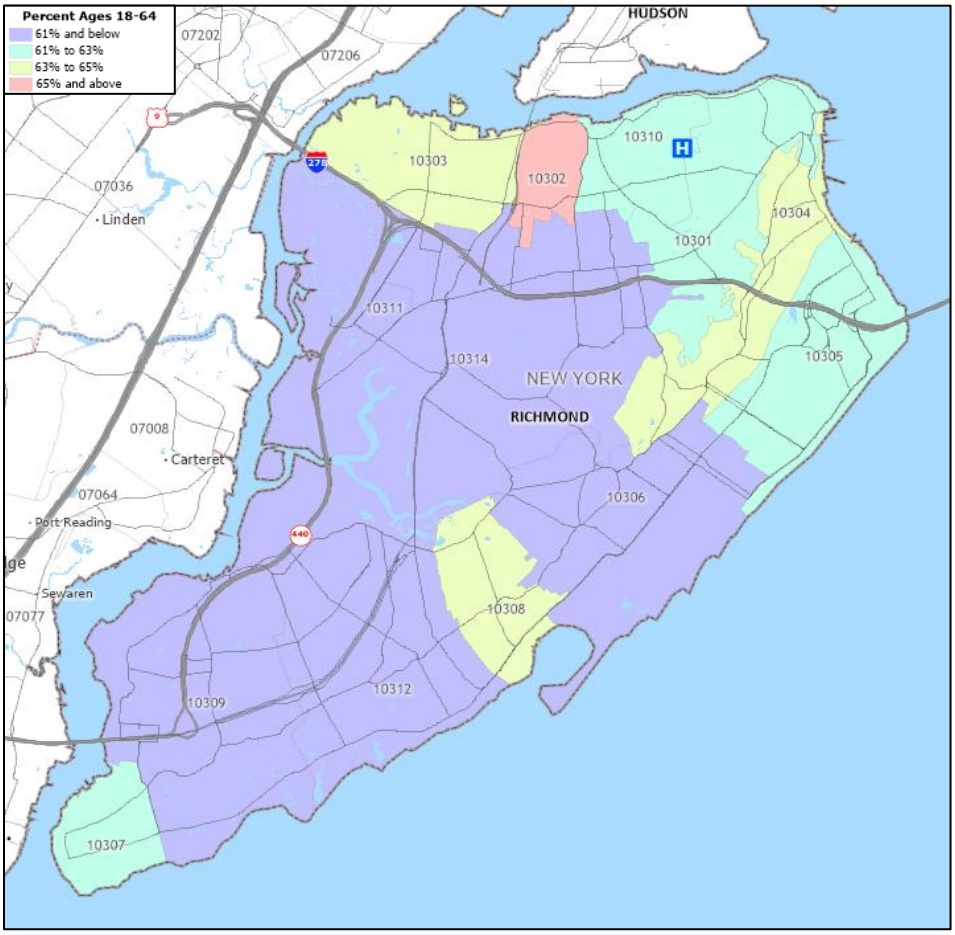
Exhibit 5B: Residents 17 and Younger, 2023



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

The proportion of the population 0-17 varies by ZIP Code. As illustrated in ***Exhibit 5B***, the Port Richmond ZIP Codes of 10302, 10303, and 10310 had the comparatively highest proportions of this population cohort.

Exhibit 5C: Residents Aged 18 to 64, 2023



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

The proportion of the population aged 18 to 64 varies by ZIP Code. As illustrated in ***Exhibit 5C***, ZIP Codes with high percentages of adults aged 18 to 64 are concentrated in Port Richmond and Stapleton – St. George.

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

Exhibit 6: Distribution of Population by Race, 2023

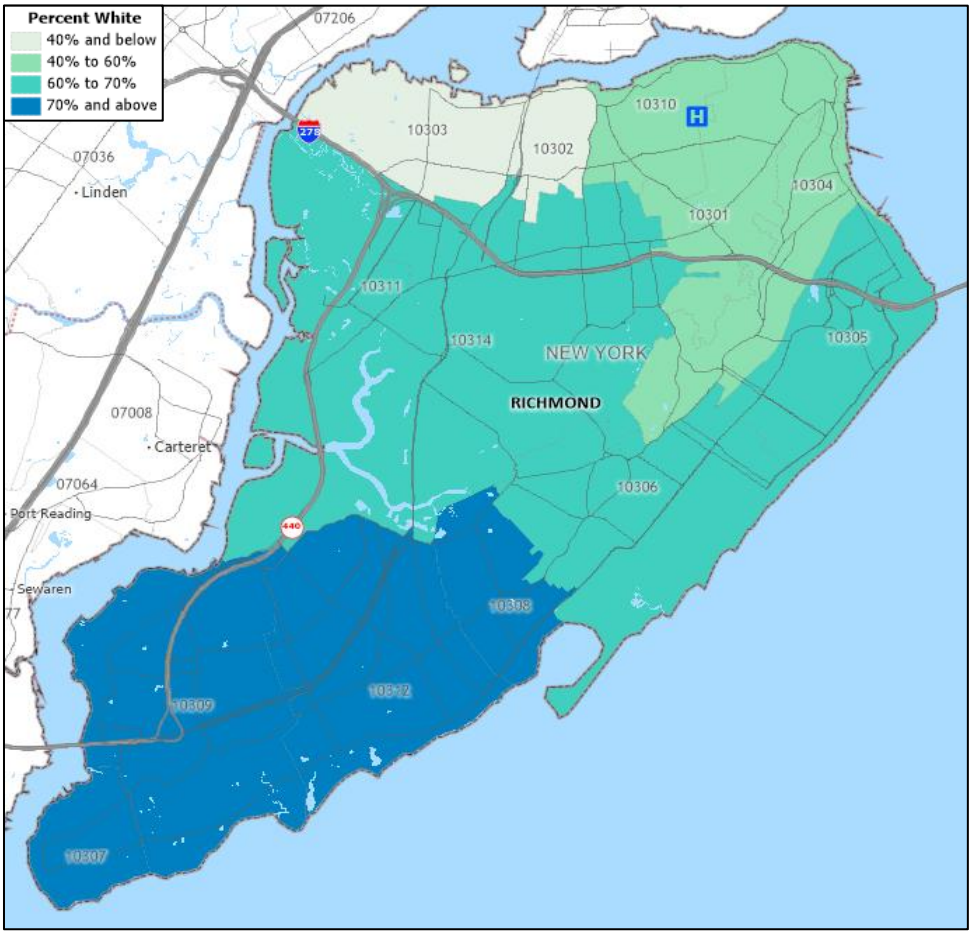
Area	Total Population 2023	White	Black	Asian	Other Race*	Two or More Races	Hispanic or Latino (Any Race)
Port Richmond	**71,510**	**36.8%**	**27.1%**	**7.2%**	13.4%	**15.6%**	**37.1%**
10302	19,693	33.4%	22.5%	6.0%	22.7%	15.4%	43.5%
10303	25,993	26.3%	35.8%	10.0%	11.0%	17.0%	37.7%
10310	25,824	50.1%	21.8%	5.2%	8.7%	14.3%	31.7%
Stapleton - St. George	**127,356**	**50.4%**	**18.1%**	**13.9%**	7.4%	**10.2%**	**22.8%**
10301	39,799	44.0%	24.5%	7.7%	8.2%	15.7%	29.2%
10304	45,843	43.1%	26.2%	13.3%	9.3%	8.2%	23.8%
10305	41,714	64.6%	3.0%	20.7%	4.6%	7.1%	15.5%
Willowbrook	**93,539**	**65.6%**	**3.8%**	**18.6%**	4.2%	**7.8%**	**15.0%**
10314	93,539	65.6%	3.8%	18.6%	4.2%	7.8%	15.0%
South Beach - Tottenville	**200,329**	**78.8%**	**1.5%**	**9.6%**	3.1%	**7.0%**	**13.2%**
10306	57,249	69.0%	3.3%	15.7%	3.7%	8.3%	17.5%
10307	14,821	85.5%	0.0%	4.7%	1.5%	8.3%	11.1%
10308	29,996	83.0%	0.8%	7.5%	3.6%	5.2%	11.0%
10309	34,918	87.9%	0.4%	4.0%	4.2%	3.5%	8.8%
10312	63,345	79.0%	1.3%	9.5%	1.9%	8.3%	13.4%
Staten Island	**492,734**	**62.8%**	**9.9%**	**12.1%**	5.9%	**9.2%**	**19.5%**
Bronx	1,419,250	15.8%	34.1%	4.1%	33.1%	12.9%	54.9%
Brooklyn	2,646,306	39.3%	29.0%	12.0%	10.9%	8.8%	18.9%
Manhattan	1,627,788	50.4%	14.0%	12.4%	12.6%	10.6%	24.3%
Queens	2,330,124	28.3%	17.4%	26.0%	17.0%	11.2%	27.9%
New York City	8,516,202	35.9%	22.7%	14.6%	16.3%	10.5%	28.4%
New York State	19,872,319	57.1%	14.7%	8.9%	10.4%	8.9%	19.6%
United States	332,387,540	63.4%	12.4%	5.8%	7.7%	10.7%	19.0%

Sources: U.S. Census ACS 2023 5-year estimates and Verité analysis.

* For this table, "Other Race" includes the following Census-designated race groups: American Indian / Alaska Native, Native Hawaiian / Pacific Islander, and Some Other Race

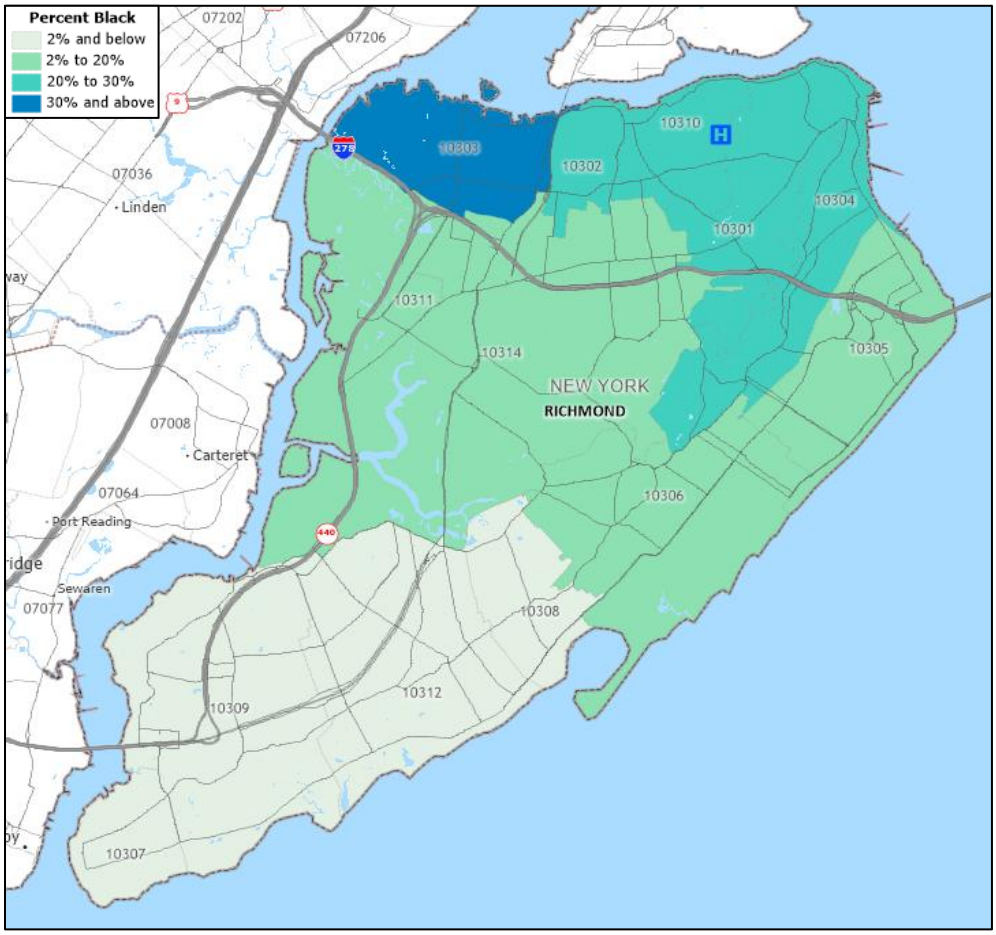
New York City and the RUMC community are very diverse. White populations were most prevalent in South Beach - Tottenville. Black populations were most prevalent in Port Richmond and Stapleton - St. George. Willowbrook had a higher proportion of Asian residents, while Port Richmond had a higher proportion of Hispanic (or Latino) residents. The diversity of the community is important to recognize given the presence of health disparities and barriers to health care access experienced by different racial and ethnic groups. **Exhibits 7** presents maps of racial and ethnic distributions by ZIP Code.

Exhibit 7A: Percent of Population – White, 2023



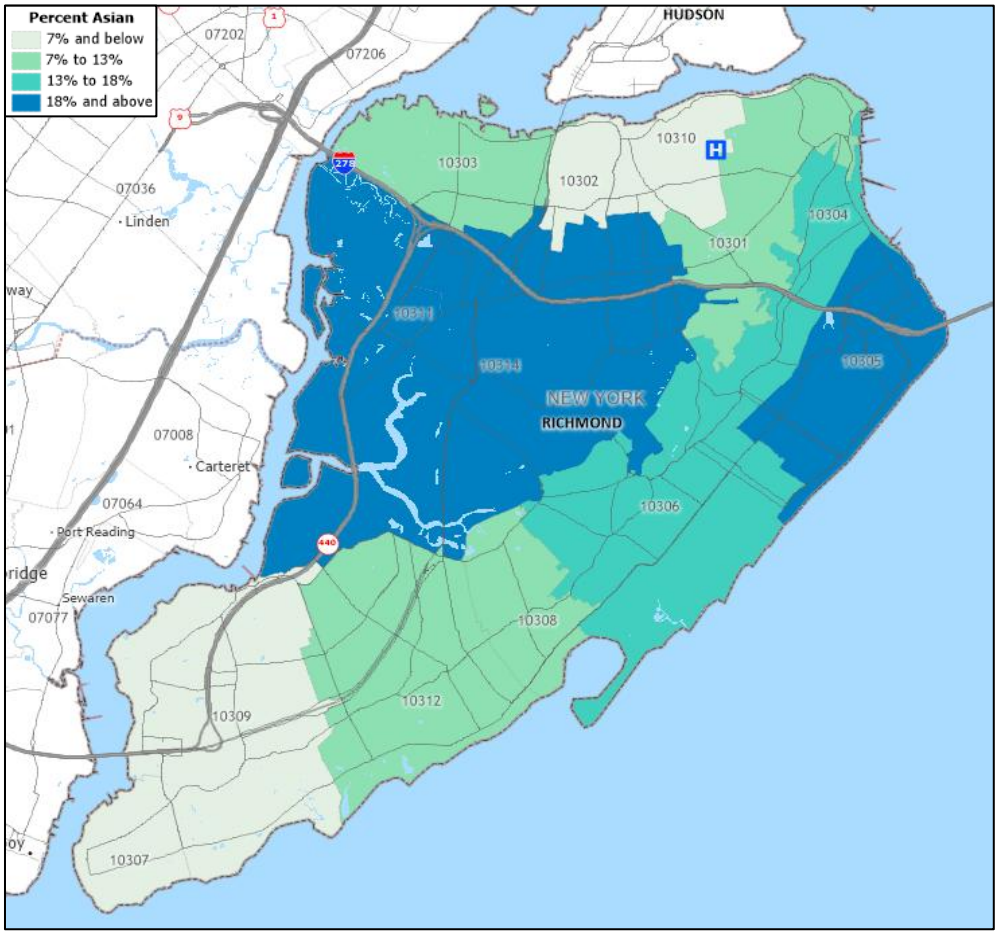
Sources: U.S. Census ACS 2023 5-year estimates and Caliper Maptitude (2023)
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Exhibit 7B: Percent of Population – Black, 2023



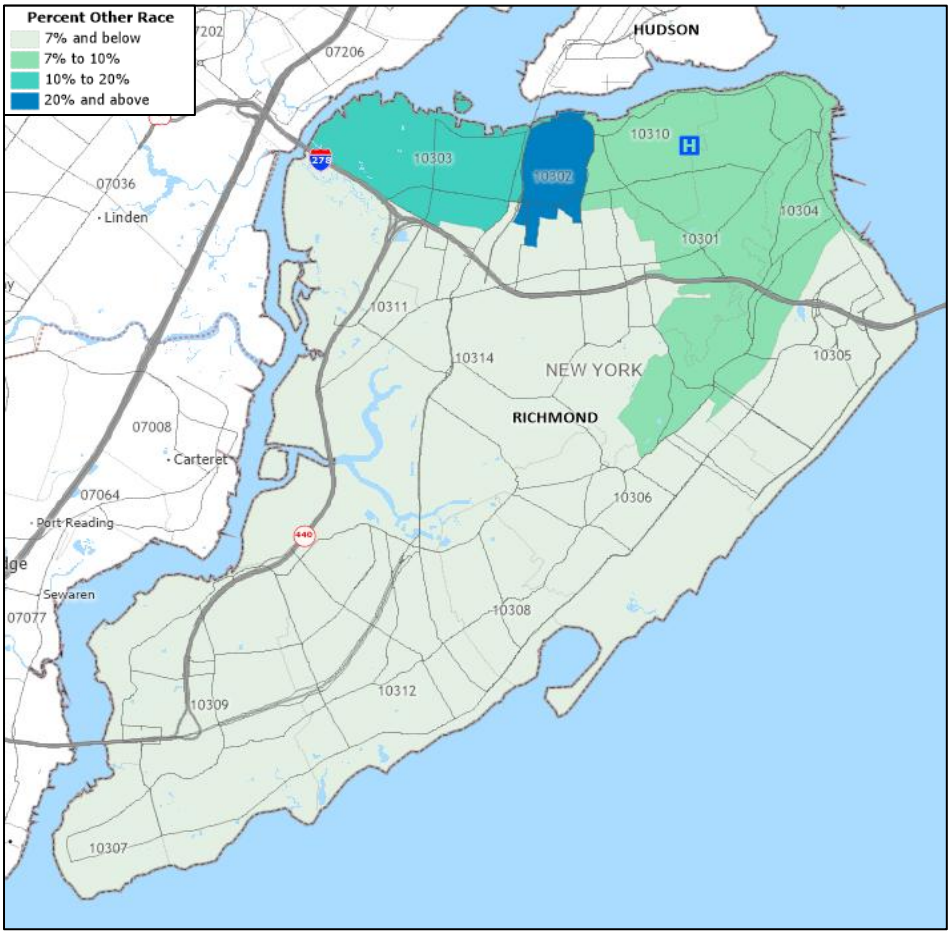
Sources: U.S. Census ACS 2023 5-year estimates and Caliper Maptitude (2023)
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Exhibit 7C: Percent of Population – Asian, 2023



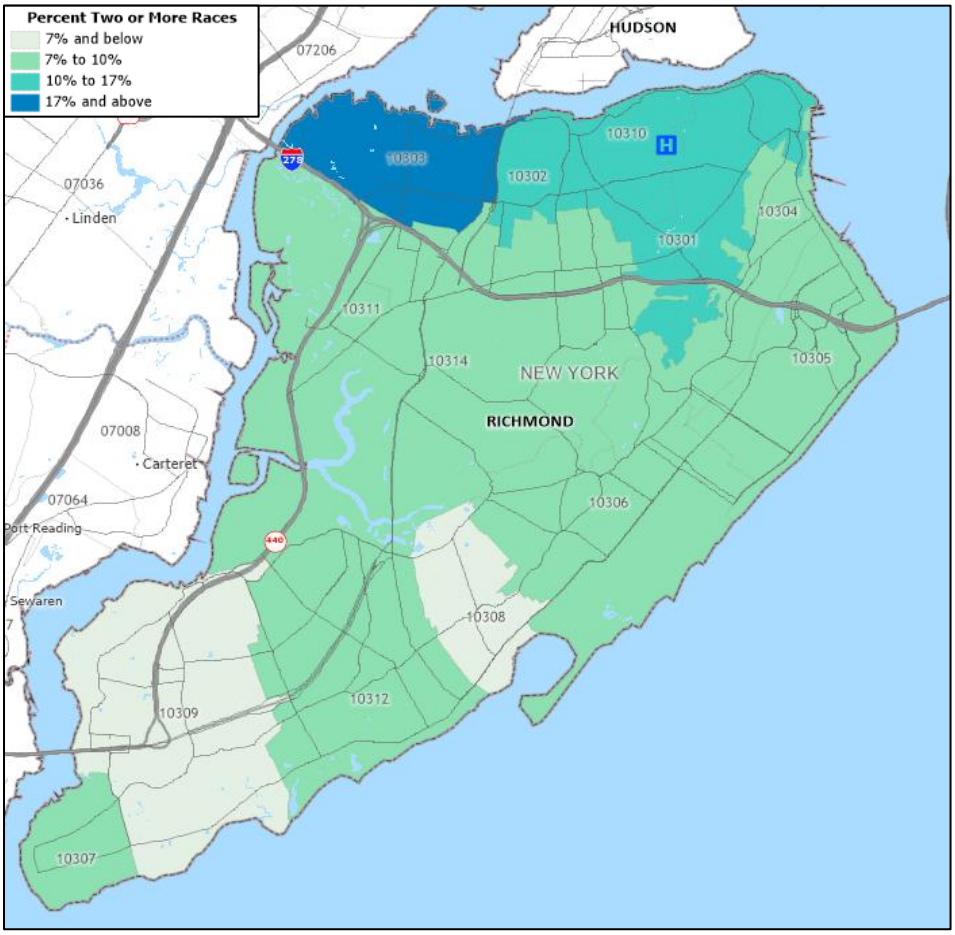
Sources: U.S. Census ACS 2023 5-year estimates and Caliper Maptitude (2023).
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Exhibit 7D: Percent of Population – Other, 2023



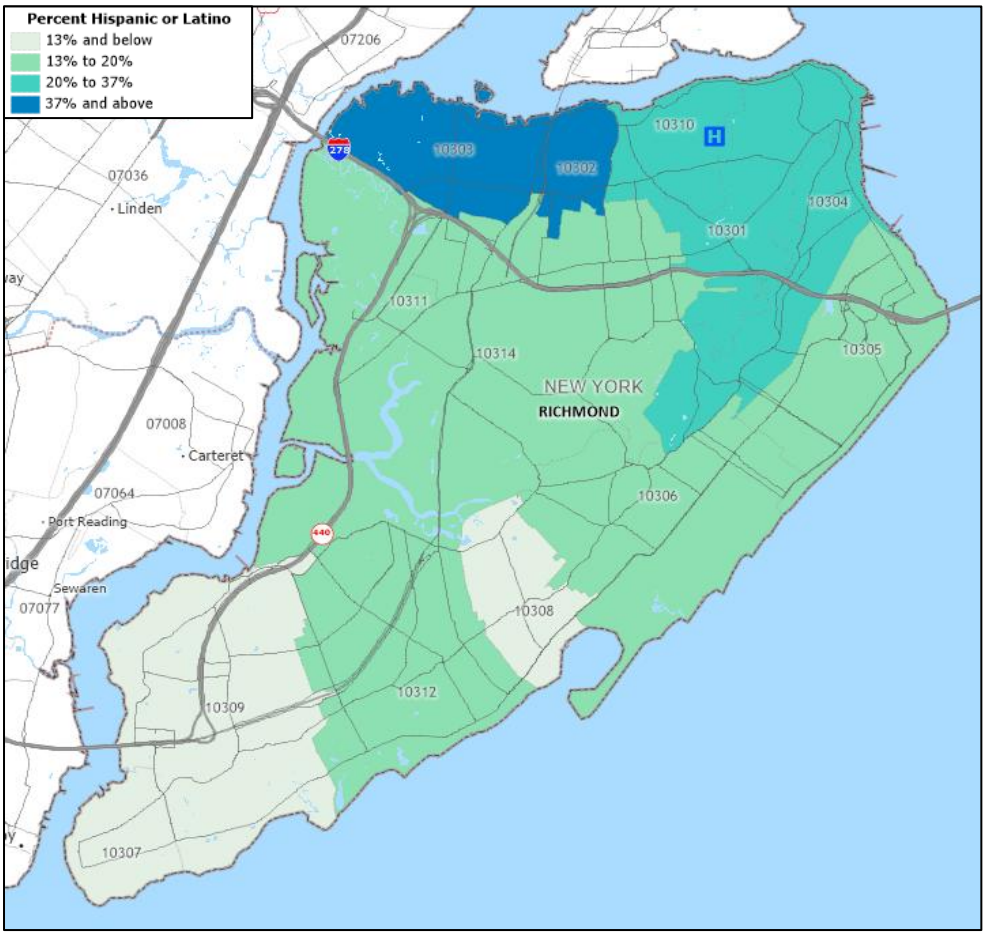
Sources: U.S. Census ACS 2023 5-year estimates and Caliper Maptitude (2023).
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Exhibit 7E: Percent of Population – Two or More Races, 2023



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

Exhibit 7F: Percent of Population – Hispanic (or Latino), 2023



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

Other community demographic indicators are presented in **Exhibit 8**.

Exhibit 8: Other Socioeconomic Indicators, 2019-2023

Geographic Area Name	Population 25+ without High School Diploma	Population with a Disability	Population Linguistically Isolated
Port Richmond	14.5%	10.1%	**13.8%**
10302	14.8%	10.9%	**14.2%**
10303	**16.6%**	11.0%	**13.5%**
10310	12.1%	8.6%	**13.9%**
Stapleton - St. George	14.6%	11.0%	**18.7%**
10301	12.3%	10.6%	12.1%
10304	**16.3%**	10.9%	**20.5%**
10305	14.7%	11.5%	**22.8%**
Willowbrook	10.7%	10.4%	**15.0%**
10314	10.7%	10.4%	**15.0%**
South Beach - Tottenville	8.8%	10.1%	11.4%
10306	**11.9%**	11.3%	**16.8%**
10307	9.8%	9.3%	8.6%
10308	5.6%	9.7%	8.3%
10309	7.5%	11.8%	8.9%
10312	8.1%	8.4%	10.0%
Staten Island	11.5%	10.4%	**14.3%**
Bronx	**24.7%**	16.5%	**25.3%**
Brooklyn	15.8%	10.7%	**22.1%**
Manhattan	10.8%	11.5%	**13.3%**
Queens	**17.3%**	10.3%	**28.0%**
New York City	**16.3%**	11.7%	**22.1%**
New York State	12.1%	12.2%	**13.3%**
United States	10.6%	13.0%	8.4%

Sources: U.S. Census ACS 2023 5-year estimates and Verité analysis.
Note: Light grey shading denotes worse than national average; dark grey denotes 50 percent worse than national average

Key findings include:

- Port Richmond and Stapleton - St. George, as well as South Beach - Tottenville ZIP Code 10306 compared unfavorably to the U.S. for the percentage of residents aged 25 and older who did not graduate high school.
- All areas of Staten Island compared favorably to the U.S. for the percentage of residents with a disability.
- The percentage of residents who were linguistically isolated was higher than the U.S. in every Staten Island ZIP Code, except for South Beach - Tottenville ZIP Code 10308. Linguistic isolation is defined as the population aged five and older who speak a language other than English and speak English less than "very well."

Exhibit 9 presents the percentage of residents by borough and neighborhood who are foreign born and their geographic region of origin.

Exhibit 9: World Region of Birth of Foreign-Born Residents as a Percent of Total Population, 2019-2023

Geographic Area Name	Total Population	Europe	Asia	Africa	Oceania	Latin America	Northern America	Foreign
Port Richmond	**71,510**	**2.9%**	**5.7%**	**3.7%**	**0.0%**	**13.8%**	**0.1%**	**26.3%**
10302	19,693	1.3%	4.9%	2.5%	0.0%	19.1%	0.4%	28.1%
10303	25,993	1.9%	7.7%	5.5%	0.0%	11.1%	0.0%	26.2%
10310	25,824	5.3%	4.4%	2.8%	0.1%	12.3%	0.0%	24.9%
Stapleton - St. George	**127,356**	**8.1%**	**11.8%**	**3.1%**	**0.0%**	**7.2%**	**0.2%**	**30.5%**
10301	39,799	3.9%	6.3%	2.5%	0.1%	9.1%	0.2%	22.1%
10304	45,843	5.9%	12.0%	5.3%	0.0%	8.9%	0.2%	32.3%
10305	41,714	14.7%	16.7%	1.2%	0.0%	3.6%	0.2%	36.4%
Willowbrook	**93,539**	**5.9%**	**14.9%**	**2.2%**	**0.0%**	**4.3%**	**0.2%**	**27.6%**
10314	93,539	5.9%	14.9%	2.2%	0.0%	4.3%	0.2%	27.6%
South Beach - Tottenville	**200,329**	**8.8%**	**7.6%**	**1.4%**	**0.0%**	**2.3%**	**0.1%**	**20.2%**
10306	57,249	9.6%	11.9%	0.8%	0.0%	2.7%	0.1%	25.0%
10307	14,821	6.3%	3.4%	1.1%	0.0%	2.3%	0.0%	13.2%
10308	29,996	9.8%	5.5%	1.1%	0.0%	2.3%	0.1%	18.9%
10309	34,918	8.9%	5.3%	1.3%	0.0%	2.0%	0.3%	17.8%
10312	63,345	8.2%	6.9%	2.2%	0.0%	2.1%	0.0%	19.6%
Staten Island	**492,734**	**7.3%**	**9.8%**	**2.3%**	**0.0%**	**5.6%**	**0.1%**	**25.2%**
Bronx	1,419,250	1.6%	2.9%	4.2%	0.0%	25.4%	0.1%	34.2%
Brooklyn	2,646,306	6.8%	10.2%	1.4%	0.2%	16.4%	0.3%	35.2%
Manhattan	1,627,788	5.2%	9.1%	1.4%	0.4%	11.2%	0.8%	28.1%
Queens	2,330,124	4.8%	18.6%	1.2%	0.0%	22.7%	0.2%	47.6%
New York City	8,516,202	5.1%	11.0%	1.9%	0.1%	18.0%	0.3%	36.5%
New York State	19,872,319	3.5%	6.7%	1.1%	0.1%	11.0%	0.3%	22.6%
United States	332,387,540	1.4%	4.3%	0.8%	0.1%	7.0%	0.3%	13.9%

Sources: U.S. Census ACS 2023 5-year estimates and Verité analysis.

In New York State in 2017-2021, 22.6 percent of the population was foreign born compared to 13.9 percent in the U.S. as a whole. These residents were primarily from Latin America and Asia. Stapleton - St. George had the highest percentage of foreign-born residents in the community, at 30.5 percent, with a percentage of 36.4 percent for ZIP Code 10305. Port Richmond and Willowbrook also had percentages of foreign-born populations of approximately 25 percent or more. South Beach – Tottenville had an overall percentage of approximately 20.2 percent.

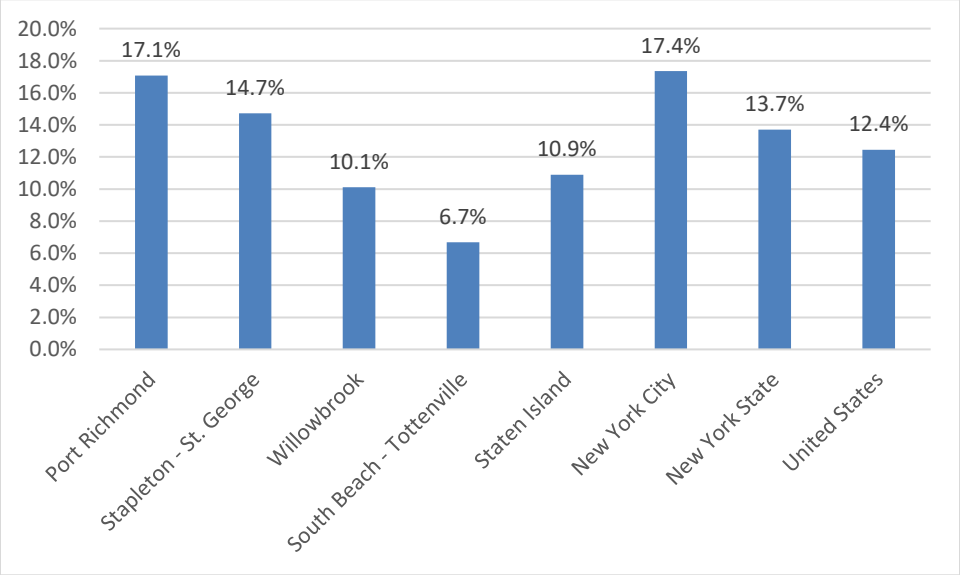
Economic Indicators

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

People in Poverty

Many health needs are associated with poverty, making it important to understand poverty and other measures of economic well-being. According to the U.S. Census, in 2023 approximately 12.4 percent of people in the U.S., 17.4 percent of people in New York City, 13.7 percent in New York State, and 10.9 percent on Staten Island lived in poverty. The reported rates of Port Richmond and Stapleton - St. George were the U.S. average. **Exhibit 10** summarizes poverty rates by area.

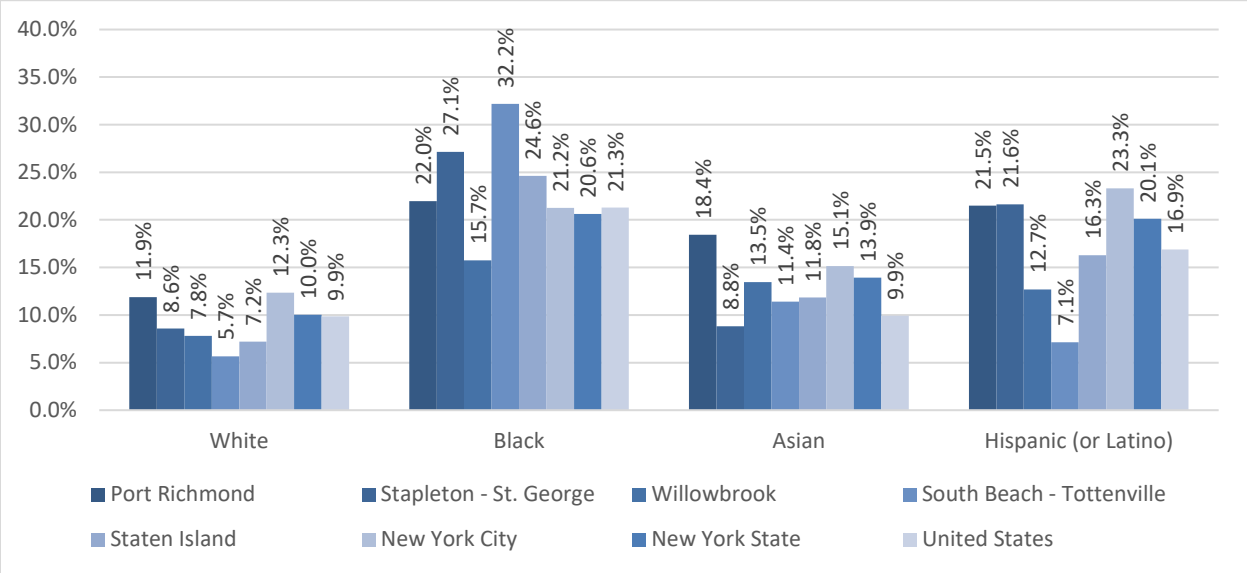
Exhibit 10: Percent of People in Poverty, 2019-2023



Sources: U.S. Census ACS 2023 5-year estimates and Verité analysis.

Exhibit 11 presents poverty rates by race and ethnicity by area.

Exhibit 11: Percent of People in Poverty, by Area and Race / Ethnicity, 2019-2023



Sources: U.S. Census ACS 2023 5-year estimates and Verité analysis.

Throughout the neighborhoods and areas, poverty rates for Black and Hispanic (or Latino) residents were disproportionally higher compared to other groups. Poverty rates in Port Richmond and Stapleton - St. George were higher than the New York State and national averages for many demographic groups.

Household Income

Household income is assessed by many public and private agencies to determine household needs for low-income assistance programs. In 2023, the overall percentage of households with incomes below $25,000, an approximation of the federal poverty level (FPL) for a family of four, was 13.1 percent for Staten Island overall (**Exhibit 12**).

Exhibit 12: Percent Low-Income Households by Borough and Neighborhood, 2019-2023

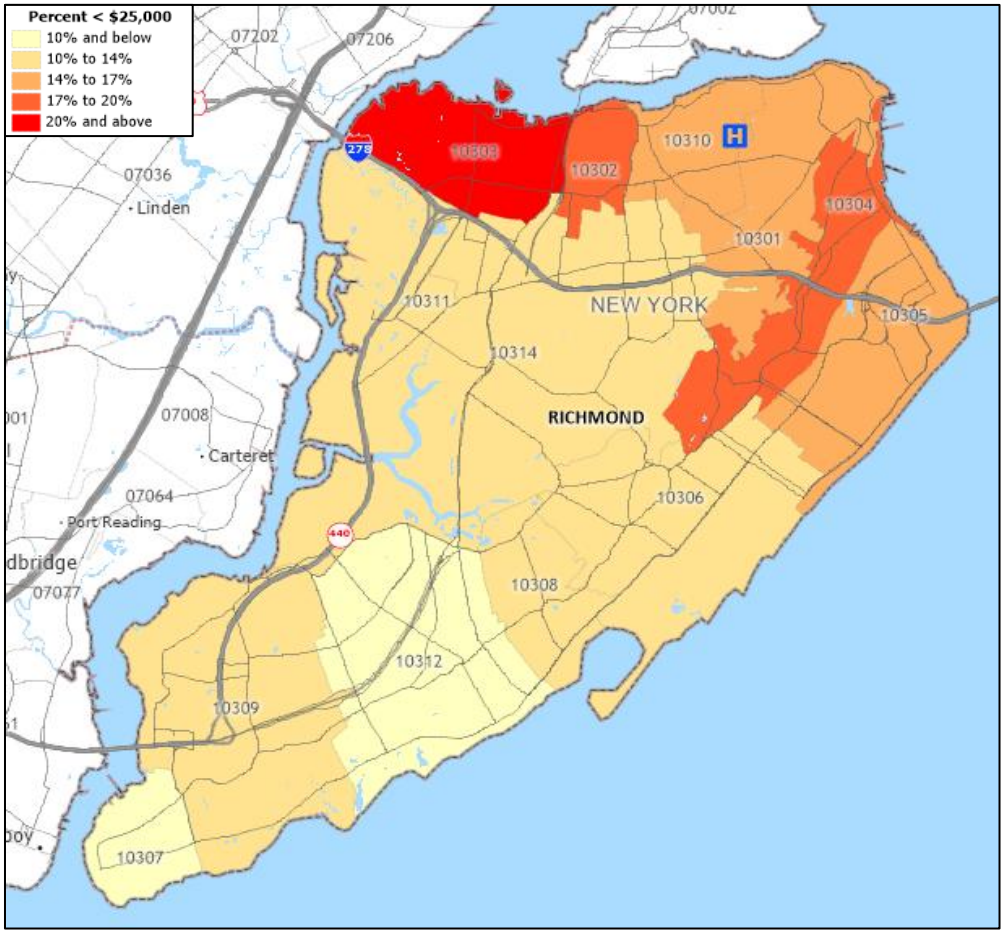
Area	Occupied Housing Units	Average Median Income	Percent less than $25,000 per year	Percent less than $50,000 per year
Port Richmond	23,883	$88,605	18.0%	31.8%
Stapleton - St. George	45,967	$80,753	16.5%	31.3%
Willowbrook	31,419	$104,655	11.3%	26.7%
South Beach - Tottenville	68,778	$113,360	9.9%	21.4%
Staten Island	**170,047**	**$98,290**	**13.1%**	**26.5%**
Bronx	530,067	$49,036	30.4%	50.8%
Brooklyn	1,009,596	$78,548	19.5%	35.1%
Manhattan	775,376	$104,553	18.4%	29.6%
Queens	828,230	$84,961	14.4%	29.8%
New York City	3,313,316	$82,529	19.4%	34.6%
New York State	7,668,956	$84,578	16.2%	31.5%
United States	127,482,865	$78,538	15.0%	32.3%

Sources: U.S. Census ACS 2023 5-year estimates and Verité analysis.

There was significant variation in low-income households among boroughs and neighborhoods in New York City. The percentage of households with incomes below $25,000 was 18.0 percent in Port Richmond, for instance, compared to 13.1 percent for Staten Island overall. The percentages of households with incomes below $25,000 were higher than the overall national average.

Exhibit 13 presents a map of the percentage of households in the community with incomes under $25,000.

Exhibit 13: Percent Households Less Than $25,000 Annual Income, by ZIP Code, 2023

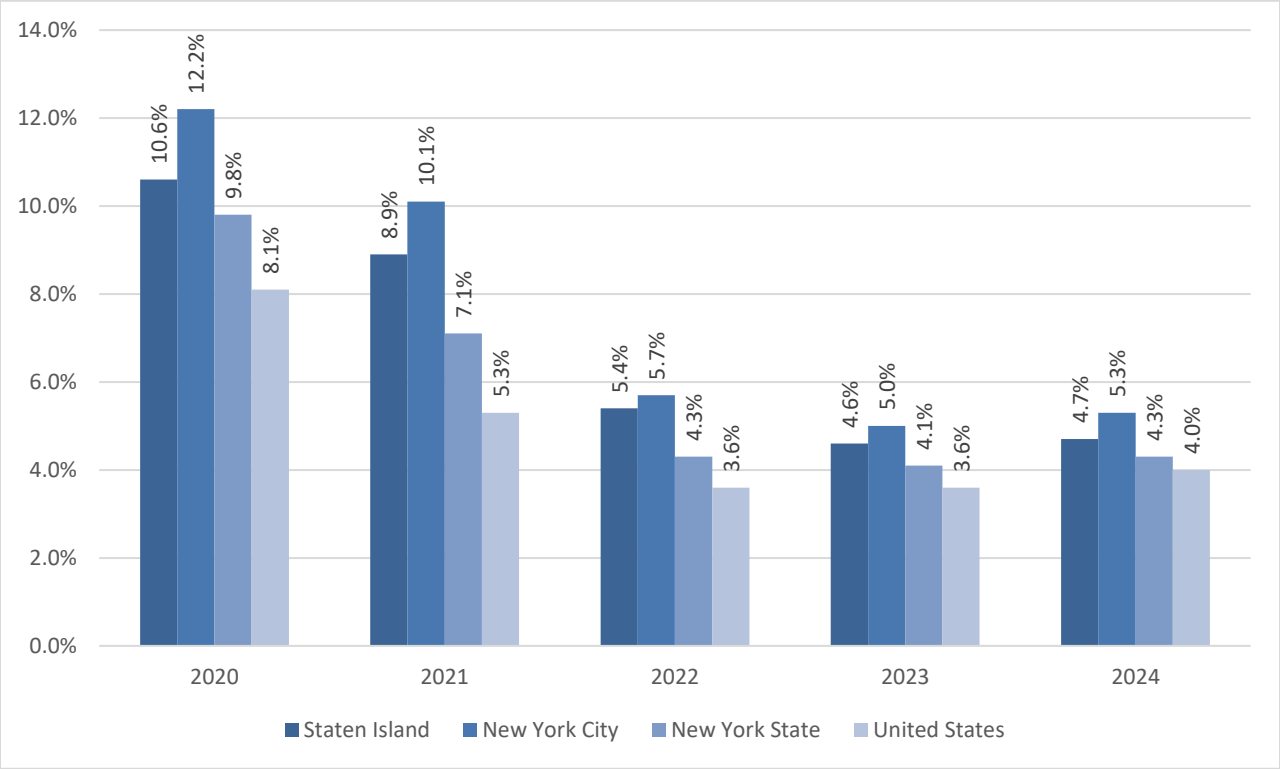


Sources: U.S. Census ACS 2023 5-year estimates and Caliper Maptitude (2023).
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Unemployment Rate

Exhibit 14 shows the unemployment rate for each borough in the community, with New York City, New York State, and national averages for comparison.

Exhibit 14: Unemployment Rates, 2020-2024

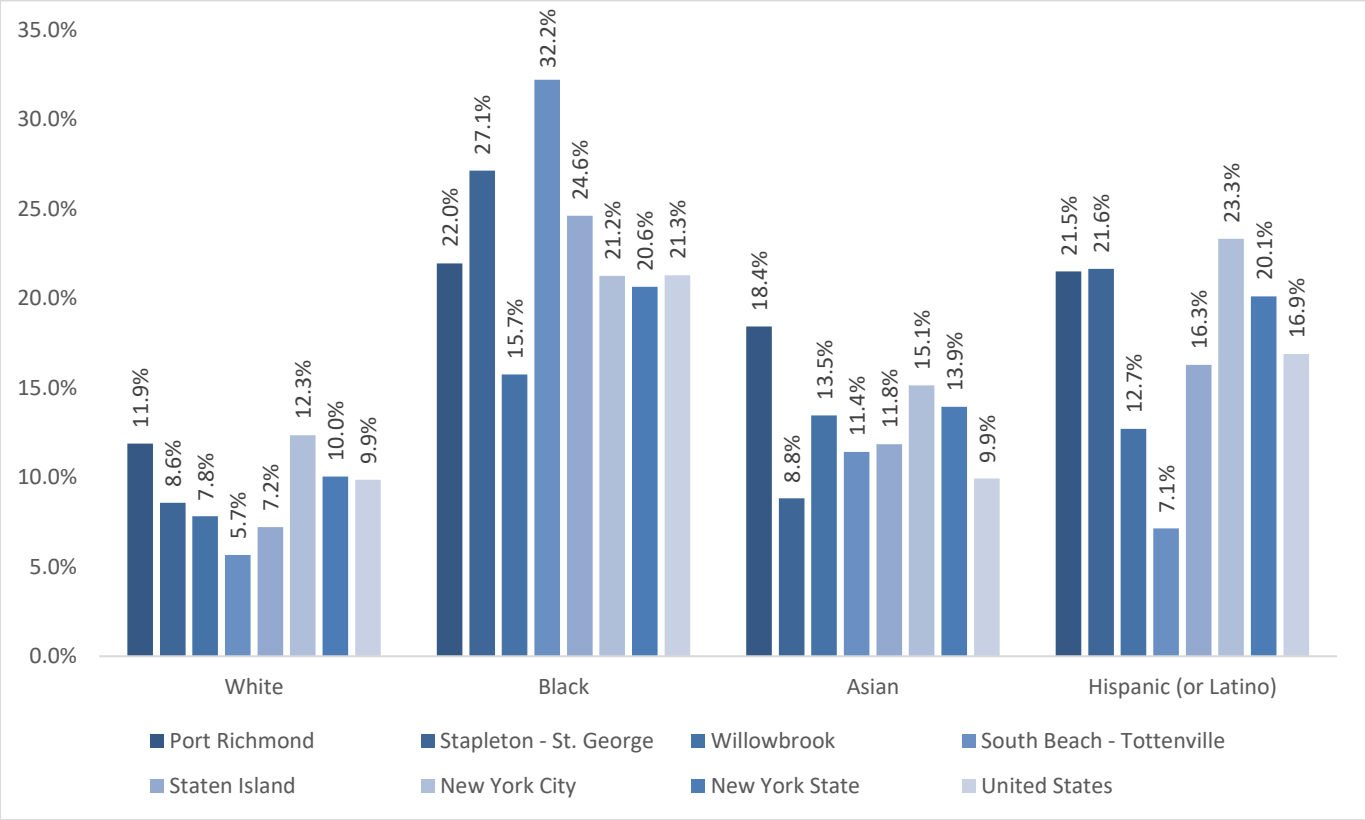


Source: U.S. Bureau of Labor Statistics, 2025.

Staten Island experienced higher unemployment rates than state and national averages for each year from 2020 through 2024. The Staten Island unemployment rate was lower than the overall New York City rate during this time period. All areas show a decrease in unemployment from 2020, reflecting recovery from the impact of the COVID-19 pandemic.

Exhibit 15 presents unemployment rates by race and ethnicity in each borough.

Exhibit 15: Unemployment Rates by Race and Ethnicity, 2023



Sources: U.S. Census ACS 2023 5-year estimates and Caliper Maptitude (2023).

Asian, Black, and Hispanic populations reported higher unemployment rates than other cohorts over the period 2019-2023. Differences Port Richmond and Stapleton - St. George.

Insurance Status

Exhibit 16 displays the percentage of the population across the RUMC community that is uninsured, with New York State and United States averages for comparison.

Exhibit 16: Uninsured Population, 2023

Location	Percent of Population without Health Insurance, 2019-2023
Port Richmond	**6.0%**
10302	8.7%
10303	5.1%
10310	4.7%
Stapleton - St. George	**4.9%**
10301	4.6%
10304	5.5%
10305	4.6%
Willowbrook	**3.7%**
10314	3.7%
South Beach - Tottenville	**2.6%**
10306	3.9%
10307	2.5%
10308	2.8%
10309	1.8%
10312	1.9%
Staten Island	**3.9%**
Bronx	7.3%
Brooklyn	5.9%
Manhattan	4.3%
Queens	8.5%
New York City	6.4%
New York	5.1%
United States	8.6%

Source: U.S. Census ACS 2023 5-year estimates.

The neighborhoods of Port Richmond and Stapleton - St. George had higher rates of uninsured residents than the New York State average. Additionally, the Port Richmond ZIP Code 10302 had an uninsured rate higher than the United States average.

Exhibit 17 portrays the distribution of RUMC community discharges by neighborhood and by payer. This information helps to identify where higher percentages of self-pay individuals and Medicaid recipients live within the community.

Exhibit 17: RUMC Discharges by Neighborhood and Payer, 2024

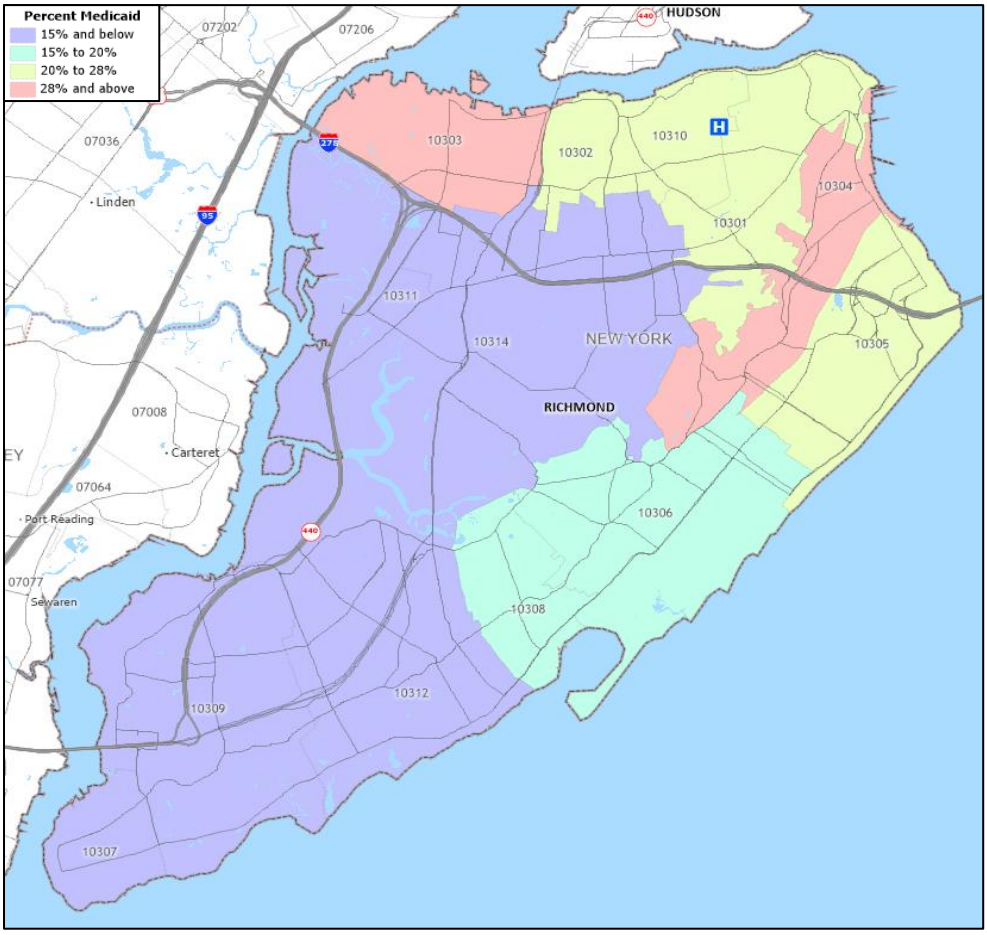
Area	Private	Medicaid	Medicare	Exchange	Self-Pay	Other
Port Richmond	30.8%	25.4%	36.9%	2.7%	2.2%	1.9%
Stapleton - St. George	20.9%	25.2%	50.2%	1.3%	1.2%	1.2%
Willowbrook	28.2%	12.5%	54.2%	2.0%	1.3%	2.0%
South Beach – Tottenville	53.3%	13.9%	25.1%	3.8%	1.8%	2.1%
Staten Island	28.3%	22.1%	44.1%	2.1%	1.6%	1.6%
Total Discharges	30.0%	22.1%	42.1%	2.1%	1.8%	1.9%

Source: Verité analysis dataset via Richmond University Medical Center.

The highest percentages of discharges for private insurance were in South Beach – Tottenville. Medicaid discharges were most prevalent in Port Richmond and Stapleton - St. George. The percentages of Medicare discharges were highest in Stapleton - St. George and Willowbrook.

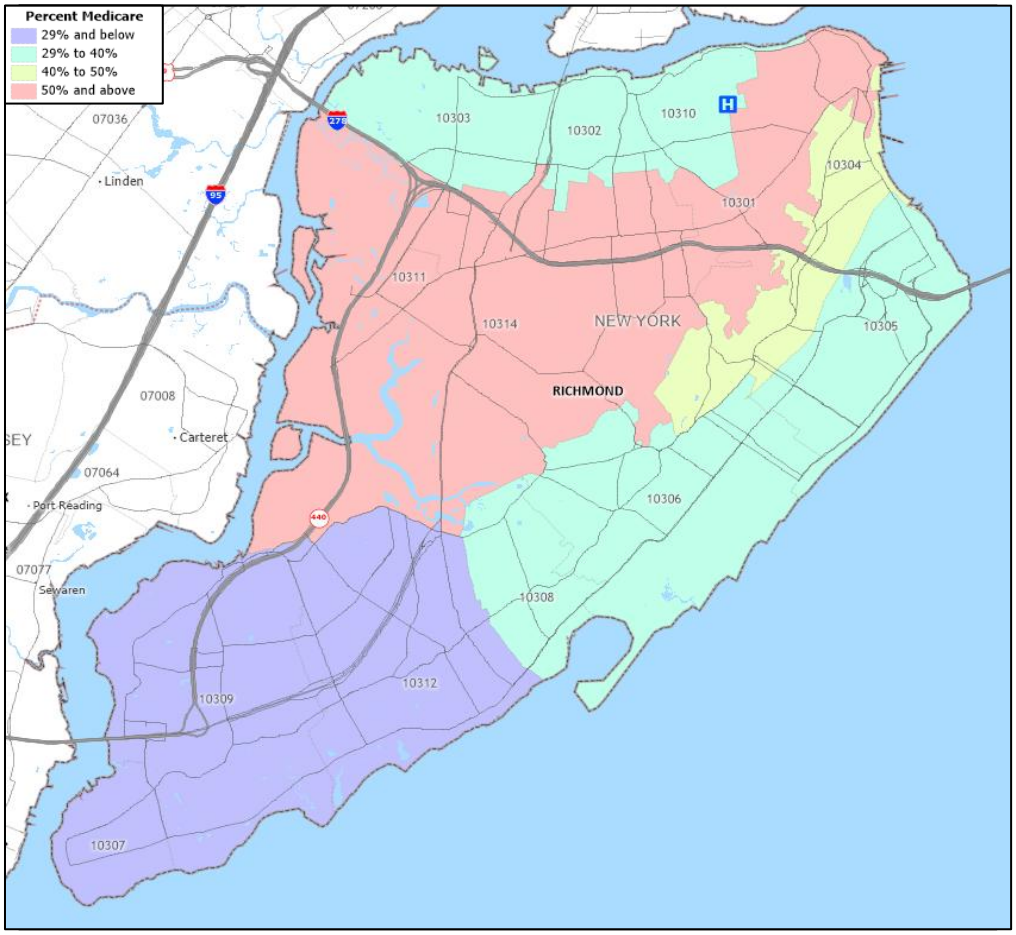
Exhibits 18, **19**, **20**, and **21** present RUMC community discharges at a ZIP Code level.

Exhibit 18: Medicaid Discharges by ZIP Code, 2024



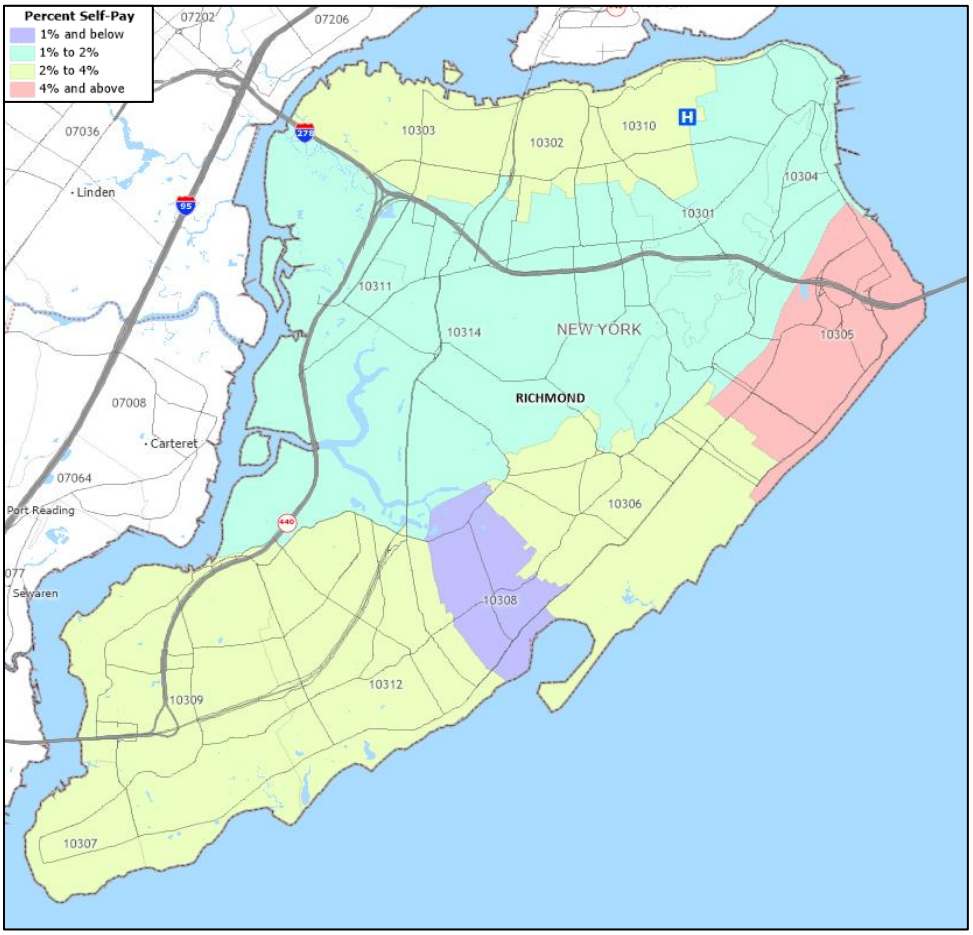
Source: Verité analysis of 2024 data from RUMC and Caliper Maptitude (2023).

Exhibit 19: Medicare Discharges by ZIP Code, 2024



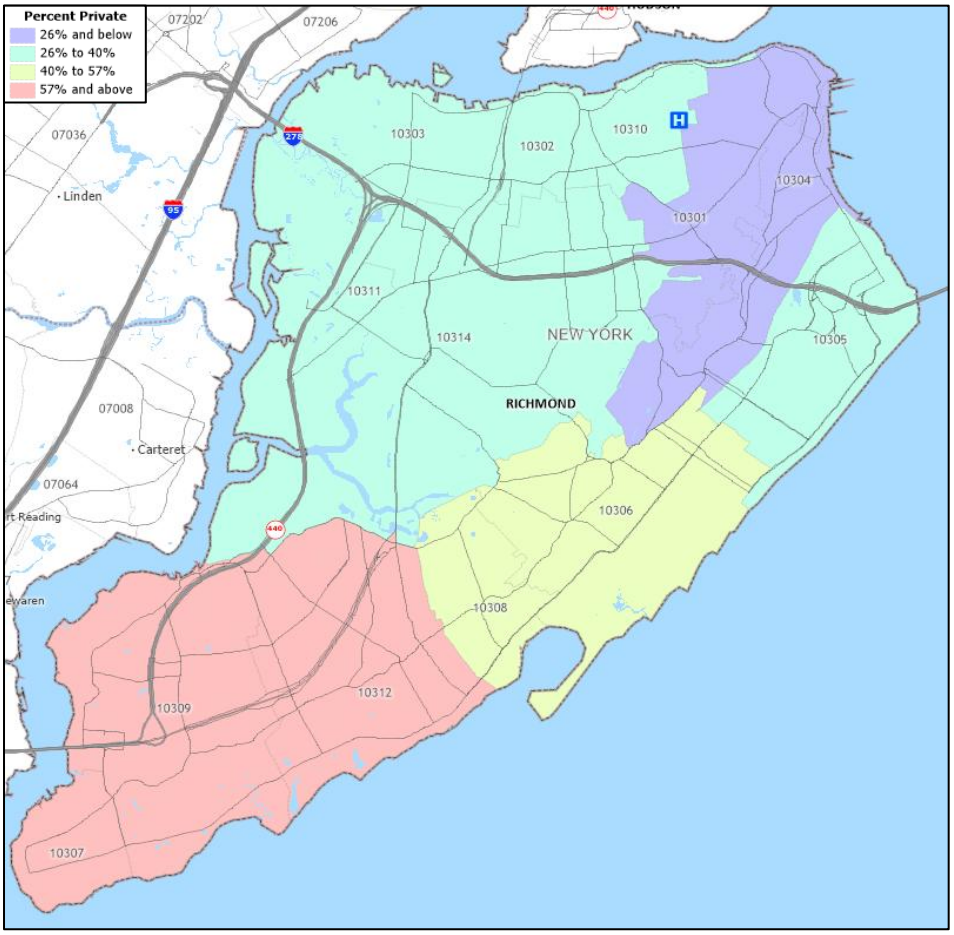
Source: Verité analysis of 2024 data from RUMC and Caliper Maptitude (2023)

Exhibit 20: Self-Pay Discharges by ZIP Code, 2024



Source: Verité analysis of 2024 data from RUMC and Caliper Maptitude (2023).

Exhibit 21: Private Discharges by ZIP Code, 2022



Source: Caliper Maptitude (2023) and Verité analysis of 2022 data from Richmond University Medical Center.

Crime

A safe environment supports community health by helping to prevent injury and promote recreation and good mental health. **Exhibit 22** summarizes the Federal Bureau of Investigation's Uniform Crime Reporting Program provides data on violent and property crimes.

Exhibit 22: New York City Crime Rates per 100,000 Population, 2023

Indicator	New York City	New York State	United States
Total Violent Crime	668.3	391.6	**363.8**
Homicide	4.2	3.3	**5.7**
Rape	25.3	26.8	**38.0**
Robbery	200.0	105.5	**66.5**
Aggravated Assault	438.8	255.8	**264.1**
Total Property Crime	2,398.2	1,831.3	**1,916.7**
Burglary	167.2	152.9	**250.7**
Larceny-Theft	2,006.8	1,477.2	**1,347.2**
Motor Vehicle Theft	224.2	191.9	**318.7**

Sources: Verite analysis of data from the Federal Bureau of Investigation, Uniform Crime Reporting Program, 2025 and U.S. Census State Population Totals and Components of Change: 2020-2024.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average.

New York City and New York State had comparatively high rates of violent crime in 2020, including robbery and aggravated assault. New York City and New York State also had high rates of property crimes when compared to the United States, including larceny-theft.

Crime data by precinct are collected and reported by New York City. These data are reported by New York State Penal Law (NYSPL) definitions, which may differ definitions of the FBI Uniform Crime Reporting Program. **Exhibit 23** summarizes analysis of crime rates, based on the NYPD definitions.

Exhibit 23: Borough Crime Rates per 100,000 Population, 2024

Rate	Staten Island	Bronx	Brooklyn	Manhattan	Queens	New York City
Total Crime	693.1	2,182.6	1,174.8	1,890.0	1,203.7	1,552.5
Murder	1.6	8.9	4.6	4.5	2.4	4.8
Rape	12.4	31.7	18.0	20.2	18.8	21.9
Robbery	59.2	358.1	155.2	224.1	152.5	207.8
Felony Assault	191.9	605.2	303.1	337.5	276.9	369.2
Burglary	69.2	212.8	130.8	194.2	135.0	163.8
Grand Larceny	291.2	662.2	419.7	1,027.4	422.1	607.2
Grand Larceny Auto	67.4	303.7	143.4	82.1	196.0	177.9

Sources: Verite analysis of CompStat data from the NYPD, 2025 and
U.S. Census State Population Totals and Components of Change: 2020-2024.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than the New York City average.

Staten Island had lower rates of crime in 2024, compared to New York City for all categories reported by the NYPD.

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

Exhibit 24: Young Adult Crime Rates per 10,000 Population, 2022

Location	Young Adult Arrests - Driving While Intoxicated		Young Adult Arrests - Drug Use/Possession/Sale Arrests		Young Adult Arrests - Property Crimes Arrests		Young Adult Arrests - Violent Crimes Arrest	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Staten Island	18	4.6	59	15.2	139	35.9	1,746	37.5
Bronx	39	2.9	3,005	21.3	701	52.6	17,592	124.5
Brooklyn	66	3.4	2,609	10.2	916	46.8	17,123	67.1
Manhattan	41	2.9	1,503	9.3	1,163	83.0	12,985	80.0
Queens	82	5.0	1,735	7.7	824	50.6	11,847	52.7
New York City	246	3.7	9,062	10.9	3,743	55.8	61,293	73.8
New York State	3,653	21.2	13,903	7.2	9,466	55.0	84,714	43.8

Source: NYS Division of Criminal Justice Services via Kids' Well-being Indicators Clearinghouse, 2025.
Rates are per 10,000 young adults aged 18-24 years. Data were presented by county, see Introduction.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average.

The arrest rate of drug use, possession, or sale arrest rates among young adults were more than 50 percent higher for Staten Island, compared to New York State. The arrest rates for driving while intoxicated, property crimes, and violent crimes were comparatively lower for Staten Island, compared to New York State.

Housing and Homelessness

According to the U.S. Department of Housing and Urban Development (HUD), approximately 21,000 people on Staten Island lived in HUD-subsidized housing in 2024. **Exhibit 25** provides average costs and wait times across all HUD programs for Staten Island, other boroughs, and New York City, New York State, and the U.S.

Exhibit 25: HUD-Subsidized Housing Estimates, All Programs, 2024

Location	People in Subsidized Housing	Average Household Income	Expenditure per Month		Average Months on Waiting List
			Average Family Expenditure	Average HUD Expenditure	
Staten Island	21,176	$22,615	$561	$1,573	22
Bronx	208,186	$22,450	$556	$1,551	62
Brooklyn	229,206	$23,937	$587	$1,609	73
Manhattan	147,036	$24,556	$596	$1,772	66
Queens	64,912	$23,740	$584	$1,547	84
New York City	**670,503**	**$23,559**	**$578**	**$1,625**	**65**
New York State	**1,000,730**	**$22,339**	**$545**	**$1,435**	**51**
United States	**9,039,779**	**$17,859**	**$433**	**$1,067**	**27**

Source: U.S. Department of Housing and Urban Development, 2025.

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

The New York City Housing Authority (NYCHA) is responsible for administering the City's Public Housing program and certain Section 8 Programs.[7] **Exhibit 26A** presents characteristics of NYCHA residents as of January 2025.

Exhibit 26A: Characteristics of Families and Individuals Served by NYCHA, 2025

Area	Percentage of NYCHA Population Under 18	Percentage of NYCHA Families with Head of Household 62+	Percentage of NYCHA Population 62+ and Living Alone	Percentage of NYCHA Families with One Parent and Minors Under 18	Percentage of NYCHA Families with One or More Employed
Staten Island	27.7%	43.2%	14.0%	24.2%	33.7%
Bronx	25.1%	42.0%	12.1%	22.8%	38.7%
Brooklyn	23.8%	42.6%	11.9%	20.6%	39.5%
Manhattan	20.1%	50.2%	14.2%	16.5%	37.2%
Queens	23.7%	43.4%	13.0%	22.4%	39.2%
New York City	**23.0%**	**45.0%**	**12.8%**	**20.1%**	**38.4%**

Source: New York City Housing Authority, Resident Data Book Summary, 2025. Data report characteristics as of January 2025.
Note: Light grey shading denotes higher than New York City average.

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

Staten Island has higher percentages of residents who are under 18, residents who are 62 and older living alone, and households comprised of single-parent families with children, compared to New York City overall. Approximately 34 percent of NYCHA households on Staten Island have at least one family member who is employed.

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

Exhibit 26B: Characteristics of Families and Individuals Served by NYCHA, 2025

Location	Average Family Size	Average Gross Income	Average Number of Years in Public Housing
Staten Island	2.1	$24,829	21.6
Bronx	2.1	$24,543	25.4
Brooklyn	2.1	$26,210	26.1
Manhattan	2.0	$27,065	30.0
Queens	2.0	$27,108	25.0
New York City	**2.1**	**$26,129**	**26.9**

Source: New York City Housing Authority, Resident Data Book Summary, 2025.
Data report characteristics as of January 2025.

The average NYCHA family size on Staten Island is 2.1 persons, the same as the New York City average, and the average gross income is $24,829, lower than the New York City average. Staten Island residents served by NYCHA have shorter reported average tenure in public housing at an average of 21.6 years compared to the New York City average of 26.9 years.

The New York City Department of Homeless Services provides short-term emergency shelter for individuals and families and engages in homelessness prevention initiatives. Each year, the Department conducts the Homeless Outreach Population Estimate (HOPE) survey, a point-in time-estimate of unsheltered homeless individuals. **Exhibit 27** provides the results of 2023, 2024, and 2025 estimates.

Exhibit 27: Unsheltered Homeless Individuals, 2023-2025

Borough	Unsheltered Homeless 2023	Unsheltered Homeless 2024	Unsheltered Homeless 2025	Percent Change 2023-2025	Percent Change 2024-2025
Surface Areas	**1,919**	**2,093**	**2,166**	**12.9%**	**3.5%**
Staten Island	39	98	39	0.0%	-60.2%
Bronx	187	192	316	69.0%	64.6%
Brooklyn	283	249	280	-1.1%	12.4%
Manhattan	1,188	1,230	1,143	-3.8%	-7.1%
Queens	222	324	388	74.8%	19.8%
Subways	**2,123**	**2,047**	**2,338**	**10.1%**	**14.2%**
Total Unsheltered Homeless Individuals	**4,042**	**4,140**	**4,504**	**11.4%**	**8.8%**

Source: New York City Department of Homeless Services, 2025.

In 2025, an estimated 4,504 individuals in New York City were identified as experiencing unsheltered homelessness, an 11.4 percent increase from 2023 to 2025 and an 8.8 percent increase from 2024 to 2025. The number of unsheltered homeless individuals on Staten Island increased from 2023 to 2024 from 39 to 98, and decreased to 39 in 2025. From 2023 to 2025, there was an increase of 14.2 percent of unsheltered homeless individuals in the subways, and an increase of 8.8 percent of unsheltered homeless individuals in the subways from 2024 to 2025.

New York City's overall rate of homelessness of 51.9 per 100,000 is lower than that of many other large cities, as illustrated in **Exhibit 28**.

Exhibit 28: Unsheltered Homelessness Rate, Selected Cities, 2024

City or Metropolitan Area	Total Population, 2024	Unsheltered Homeless Individuals, 2024	Rate per 100,000
Seattle/King County	780,995	9,810	1,256.1
San Francisco	827,526	4,354	526.1
Los Angeles City & County	9,757,179	49,509	507.4
District of Columbia	702,250	900	128.2
Philadelphia	1,573,916	976	62.0
Chicago	2,721,308	1,634	60.0
New York City	**8,478,072**	**4,397**	**51.9**
Miami/Dade County	2,838,461	1,033	36.4
Boston	673,458	134	19.9

Source: Verité analysis of data from the U.S. Department of Housing and Urban Development, 2025 and the U.S. Census, 2025.

State of New York and New York City Budget Trends

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

New York State Budget Changes between FY 2024-25 and FY 2025-26

The State of New York provides "download disbursement information for the budget year and prior years going back to FY 1995 for all governmental funds."[8] The estimated FY 2025-2026 expenditures budget includes both funding increases and decreases from FY 2024-2024 for health-related services; selected changes in budgeted expenditures are below.

- **Health**
  - The overall estimated expenditures for health increased $10.2 billion, or 9.7 percent;
  - The Office for the Aging budget increased $14.7 million, or 4.4 percent;
  - The Department of Health budget increased $10.2 billion, or 9.7 percent; and
  - The Office of the Medicaid Inspector General increased $1.7 million, or 3.3 percent.
- **Social Welfare**
  - The overall Social Welfare budget decreased $1.0 billion, or -6.7 percent;
  - The Office of Children and Family Services budget decreased $60.0 million, or -1.3 percent;
  - The Division of Housing and Community Renewal budget increased $260.4 million, or 14.8 percent;
  - The Division of Human Rights budget increased $14.6 million, or 66.6 percent;
  - The Department of Labor budget decreased $90.3 million, or -11.6 percent;
  - The National and Community Service budget increased $2.9 million, or -13.2 percent;
  - The Nonprofit Infrastructure Capital Investment Program budget increased $13.1 million, or 109.5 percent;
  - The Office of Temporary and Disability Assistance budget decreased $817.7 million, or 11.8 percent.
- **Mental Hygiene**
  - The overall Mental Hygiene budget increased $2.8 billion, or 25.3 percent;
  - The Office of Addiction Services and Supports budget increased $261.8 million, or 31.9 percent;
  - The State Council on Developmental Disabilities budget increased $0.6 million, or 12.3 percent;
  - The Justice Center for the Protection of People with Special Needs budget increased $0.6 million, or 1.1 percent;
  - The Office of Mental Health budget increased $846.7 million, or 18.1 percent;
  - The Office for People with Developmental Disabilities increased $1.6 billion, or 31.0 percent.

[8] New York State Division of the Budget, *New York State Budget*, 2025. Retrieved 2025, from https://openbudget.ny.gov/spendingForm.html.

New York City Budget Changes between FY 2025 and FY 2026

The New York City Council budget for FY 2026 "reflects and underscores the Council's commitment to securing key restorations, baselining and preserving the many critical programs and services that New Yorkers rely on, and building a safer and healthier City."[9] Included in the budget are Council initiatives for programs and services which are intended to meet community needs and fill gaps in services provided through the New York City government. Such programs and services are provided by community-based organizations, non-profit entities, and public service agencies, which are allocated discretionary funds from the Council.

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

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

A summary of programs by budget category, including a comparison to the FY 2025 budget, is below.

- **Anti-Poverty** – Purposes of funds distributed through the initiative include numerous grants for food assistance, housing preservation, nutrition education, workforce development, and social service resources. For FY 2026, $2,800,000 is budgeted for the initiative, which is unchanged from FY 2025.
- **Community Development** – Initiatives are as follows:
    - AAPI Community Support, "programming for Asian American and Pacific Islander communities including direct services, mental health support, youth programs, racial literacy, and other culturally competent services," administered by Department of Youth and Community Development (DYCD), is budgeted for FY 2026 at $5,060,000, which is unchanged from FY 2025;

[9] New York City Council Finance Division (2025), *The Council of the City of New York Fiscal Year 2026 Adopted Expense Budget Adjustment Summary* [Schedule C].

- The Adult Literacy Initiative, support for "basic literacy, English for Speakers of Other Languages and High School Equivalency classes, as well as civics education classes, for adults who cannot read, write or speak English," administered by DYCD, is budgeted for FY 2025 at $6,254,852, a decrease of $7,745,148 from FY 2025;
- The Adult Literacy Forward (formerly Adult Literacy Pilot Project), "support services to students and fund digital literacy, professional development, and contextualized curriculum and instruction," administered by DYCD, is budgeted for FY 2026 at $8,245,148, an increase of $5,745,148 from FY 2025;
- The Communities of Color Nonprofit Stabilization Fund, "capacity building, strengthening and rescuing of nonprofit human service providers that serve communities of color," administered by DYCD, is budgeted for FY 2026 at $3,700,000, which is unchanged from FY 2025;
- The Community Interpreter Bank, support for the "New York City Community Interpreter Bank for language services," administered by DYCD, is budgeted for FY 2026 at $1,400,000, an increase of $400,000 from FY 2025;
- The Digital Inclusion and Literacy Initiative, support for "programming in each of the 51 Council Districts that provide computer-based training and learning, technical skill development, improve internet access, and offer free public streaming services.," is budgeted for FY 2026 at $4,590,000, which is unchanged from FY 2025;
- The Diversity, Inclusion and Equity in Tech Initiative, "career readiness training for residents of the New York City Housing Authority (NYCHA) pursuing careers in the technology industry," administered by DYCD, is budgeted for FY 2026 at $700,000, which is unchanged from FY 2025;
- Language Services Worker Co-operatives, support for the "development of language services worker co-operatives, including African, Asian, and Indigenous Latin American languages," administered by DYCD, is budgeted for FY 2026 at $2,400,000, a decrease of $400,000 from FY 2025;
- LGBTQIA+ Community Services, "programs that increase coordinated delivery of health and human services for LGBTQIA+ people and families," administered by the City University of New York (CUNY), the Department of Cultural Affairs (DCLA), and DYCD, is budgeted for FY 2026 at $5,200,000, unchanged from FY 2025; and
- Trans Equity Programs, "services to help empower the transgender and gender non-conforming (TGNC) community," administered by the Department of Health and Mental Hygiene (DOHMH) and DYCD, is budgeted for FY 2026 at $6,450,000, an increase of $3,225,000 from FY 2025.

- **Community Safety and Victim Services**
  - Community Safety and Victim Services Initiatives are supports for "essential services that strengthen communities and make them safer. This includes services for victims of crime, as well as programs for youth, economic opportunity, housing stability, physical and mental health, community and recreational programs, and expanded access to services." Initiatives, administered by multiple agencies, are budgeted for FY 2026 at $5,100,000, which is unchanged from FY 2025.

- **Criminal Justice Services** – Initiatives are as follows:
    - Alternatives to Incarceration and Reentry Programs (formerly Alternatives to Incarceration, Discharge Planning, and Diversion Programs), "alternative-to-incarceration (ATI) programs that provide individuals involved in the criminal justice system with intermediate sanctions," administered by the Mayor's Office of Criminal Justice (MOCJ), is budgeted for FY 2026 at $19,962,000, which is an increase of $2,950,000 from FY 2025;
    - Initiative to Combat Sexual Assault, support to "community-based organizations that provide physical and sexual assault related services," administered by ACS and DYCD, is budgeted for FY 2026 at $4,160,000, which is unchanged from FY 2025;
    - Innovative Criminal Justice Programs, support to "criminal justice programs and reform efforts," administered through multiple City agencies, is budgeted for FY 2026 at $2,637,948, which is unchanged from FY 2025;
    - Support for Victims of Human Trafficking, "counseling and assistance with mental health, education, immigration, housing and employment services," administered by DYCD, is budgeted for FY 2026 at $ 1,075,000, which is unchanged from FY 2025; and
    - Supports for Persons Involved in the Sex Trade, support to "organizations that offer services including health care, legal assistance, housing, emergency shelter, and case management to persons involved in the sex trade.," administered through multiple City agencies, are budgeted for FY 2024 at $3,476,697, which is unchanged from FY 2025.

- **Domestic Violence Services** – Initiatives are as follows:
    - The Domestic Violence and Empowerment (DoVE) Initiative "supports a range of services that include case management, crisis intervention, referrals, counseling, empowerment workshops, legal advocacy and referrals," administered by multiple agencies, is budgeted for FY 2026 at $12,010,000, which is unchanged from FY 2025;
    - Home Plus, "free and confidential security resources to survivors of domestic and gender-based violence," administered by the NYC Department of Social Services-Human Resources Administration (DSS/HRA), is budgeted for FY 2026 at $2,450,000, which is unchanged from FY 2025; and
    - The Supportive Alternatives to Violent Encounters (SAVE), support for domestic violence programs, administered by multiple City agencies, is budgeted for FY 2026 at $2,450,000, which is unchanged from FY 2025.

- **Education** – Initiatives are as follows:
    - City's First Readers, support for "organizations that foster literacy development through direct programming, book distribution, parent engagement and in-home training," administered by multiple agencies, is budgeted for FY 2026 at $5,449,667, which is unchanged from FY 2025;
    - Community Schools initiatives, "funding supports [for] community schools," administered by the Department of Education (DOE,) is budgeted for FY 2026 at $3,750,000, which is unchanged from FY 2025;

- Education Equity Action Plan, supports for "the creation of a curriculum as well as support professional development of educators to support the effective implementation of the curriculum," administered by DOE, is budgeted for FY 2026 at $7,500,000, an increase of $2,500,000 from FY 2023;
- Educational Programs for Students (formerly the College and Career Readiness and Educational Programs for Students), support for "direct educational programs for students in areas such as literacy, math, science and technology, SAT preparation and career and college readiness, administered by DOE and DYCD, is budgeted for FY 2026 at $ 8,883,133, an increase of $1,740,000 for FY 2025;
- The Jill Chaifetz Helpline, support for a helpline that "provides information about the policies, programs and practices of the Department of Education and its schools," administered by DYCD, is budgeted for FY 2026 at $500,000, which is unchanged from FY 2025;
- The LGBTQIA+ Inclusive Curriculum, the "DOE's effort to support the needs of LGBTQIA+ youth and address the intersectionality of race, sexual orientation and gender identity," administered by DOE and DYCD, is budgeted for FY 2026 at $2,800,000, which is unchanged from FY 2025;
- Physical Education and Fitness, support "improve fitness levels and the overall health of students by providing physical activity and fitness programs," administered by DOE and DYCD, is budgeted for FY 2026 at $925,000, which is unchanged from FY 2025;
- Social and Emotional Supports for Students, "a range of social-emotional supports to students experiencing severe adversity and trauma.," administered by DOE, is budgeted for FY 2026 at $ 2,016,500, which is unchanged from FY 2025;
- Substance Abuse Prevention and Intervention Specialists, support for "a range of prevention and intervention services in grades K-12," administered by DOE, is budgeted for FY 2026 for $2,000,000, which is unchanged from FY 2025;
- Support for Arts Instruction, "funding to support K-12 arts instruction," administered by DOE, is budgeted for FY 2026 at $4,000,000, which is unchanged from FY 2025; and
- Support for Educators, funding support for "professional development, training, and mentorship for educators and school leaders," administered by DOE, is budgeted for FY 2026 at $4,650,000, which is unchanged from FY 2025.

- **Food Initiatives** – Initiatives are as follows:
    - Access to Healthy Food and Nutritional Education, support for "programs that expand access to healthy food and improve understanding of nutrition and wholesome food choices," administered by CUNY and DYCD, is budgeted for FY 2026 at $1,350,000, which is unchanged from FY 2025;
    - Feeding Our Communities, "supplemental support for food and hygiene product purchases and operational expenses for food pantries and soup kitchens," administered by DYCD, is budgeted for FY 2026 at $15,000,000, which is an increase of $15,000,000 from FY 2025;
    - Food Access and Benefits, support for "SNAP and emergency food assistance benefits education, outreach, and training; SNAP eligibility screening, application, and recertification assistance; and technical assistance provided to low-income individuals and families on income tax return preparation and filing," administered by DSS/HRA, is budgeted for FY 2026 at $1,418,000, a decrease of $82,000 from FY 2025; and
    - Food Pantries, support for "food and hygiene product purchases and operational expenses for food pantries and soup kitchens, and supplies school-based pantries," administered by DYCD, is budgeted for FY 2026 at $8,467,000, an increase of $207,000 from FY 2025.

- **Health Services** – Initiatives are as follows:
    - Abortion Access Fund support for "referral-based services that provide travel, food, lodging, childcare and other logistical support for individuals seeking abortions," administered by DHMH, is budgeted for FY 2026 at $850,000, which is unchanged from FY 2025;
    - Access Health Initiative, support to "culturally and linguistically competent community-based organizations to conduct outreach and education efforts," administered by the DHMH, is budgeted for FY 2026 at $3,620,210, which is unchanged from FY 2025;
    - Cancer Services, support for "various educational and supportive services for breast, colon, and ovarian cancer," administered by DHMH, is budgeted for FY 2026 at $743,908, which is unchanged from FY 2025;
    - Healthy Beginnings (formerly Child Health and Wellness and Maternal and Child Health Services), supports for "health and wellness services for children and caregivers, focusing on improving maternal and child health outcomes," administered by DHMH, is budgeted for FY 2026 at $4,393,244, which is unchanged from FY 2025;
    - HIV/AIDS Pathways to Care (formerly Ending the Epidemic and HIV/AIDS Faith Community Based Initiative), funding for "HIV/AIDS prevention, education, outreach, advocacy, and support services," administered by DHMH, CUNY, and HHC, is budgeted for FY 2026 at $11,339,653, which is unchanged from FY 2025;
    - MCCAP Initiative, support to "culturally and linguistically competent community-based organizations to conduct outreach, support and education efforts regarding healthcare access and coverage, including issues pertaining to Medicare, Medicaid, the Pregnant Women/Prenatal Care Assistance Program

(PCAP), the Family Planning Extension Program (FPEP), the AIDS Drug Assistance Program (ADAP), the Children's Health Insurance Program (CHIP)," administered by DHMH, is budgeted for FY 2026 at $2,014,114, an increase of $1,000,000 from FY 2025;
    - Reproductive & Sexual Health Services, support for "a range of reproductive and sexual health services," administered by DHMH, is budgeted for FY 2026 at $654,423, an increase of $100,000 from FY 2025; and
    - Viral Hepatitis Prevention, support for a "a range of programs and services intended to combat the spread of Hepatitis B/C and HIV as passed through intravenous drug use," administered by DHMH, is budgeted for FY 2024 at $2,247,454, which is unchanged from FY 2025.

- **Homeless Services** – Initiatives are as follows:
    - Children and Families in NYC Homeless System, "comprehensive case management services incorporating trauma-informed care, evidence-based interventions, and aftercare programs to children and families in homeless shelters," administered by the Department of Homeless Services (DHS), is budgeted for FY 2026 at $1,350,000, which is unchanged from FY 2025;
    - Citywide Homeless Prevention Fund, support for "homelessness prevention programs that provide emergency grants to families in crisis at risk of eviction in order to keep them in their homes and avoid the shelter system.," administered by DSS/HRA, is budgeted for FY 2026 at $820,000, which is unchanged from FY 2025; and
    - Guaranteed Income Program (formerly Guaranteed Income Pilot Program), support for "a guaranteed income program that provides assistance to low-income, pregnant individuals who are citizens or qualified non-citizens and at-risk of homelessness, living in shelter, or exiting shelter with the aim to improve their health and well-being, and that of their babies, by helping them in attaining stability," administered by DSS/HRA, is budgeted for FY 2026 at $3,000,000, an increase of $1,500,000 from FY 2025.

- **Housing** –Initiatives are as follows:
    - Community Housing Preservation Strategies, support for "organizations that work on a neighborhood level to combat the loss of affordable housing," administered by the Department of Housing Preservation and Development (HPD), is budgeted for FY 2026 at $3,651,000, which is unchanged from FY 2025;
    - Community Land Trust, support for "organizations that work on a neighborhood level to develop and expand the community land trust (CLT) model citywide," administered by HPD, is budgeted for FY 2026 at $1,500,000, which is unchanged from FY 2025;
    - Estate Planning and Resolution Initiative (EPAR), funding for "legal and technical assistance services to protect generational wealth of low and moderate income older adult homeowners and their heirs," administered by HPD, is budgeted for FY 2026 at $2,000,000, an increase of $1,000,000 from FY 2025;
    - Financial Empowerment for NYC Renters, supports "a financial empowerment program for New Yorkers looking to rent and apply for affordable housing,"

administered by HPD and the Department of Consumer and Worker Protection (DCWP), is budgeted for FY 2026 at $450,000, which is unchanged from FY 2025;
    - Foreclosure Prevention Programs, support for "foreclosure prevention programs, including the purchase of distressed mortgage notes, foreclosure prevention counseling and referral services, legal assistance, loan remediation assistance, mortgage modifications, outreach and education, training, research and advocacy around sub-prime lending and mortgage foreclosures," administered by HPD, are budgeted for FY 2026 at $4,150,000, which is unchanged from FY 2025;
    - Home Loan Program, funding for "direct, low interest home improvement loans to owners of one-to four-family homes in the five boroughs.," administered by HPD, is budgeted for FY 2026 at $1,800,000, which is unchanged from FY 2025;
    - Housing Court Answers, support for "anti-eviction education and referral services," administered by DSS/HRA is budgeted for FY 2026 at $650,000, which is unchanged from FY 2025;
    - Housing Information Project, support for "the maintenance, management and expansion of a comprehensive database of New York City's privately owned subsidized housing, dissemination of the information to the public, and maintenance of the technical platform," administered by HPD, is budgeted for FY 2026 at $300,000, which is unchanged from FY 2025; and
    - Stabilizing NYC, support to "the maintenance, management and expansion of a comprehensive database of New York City's privately owned subsidized housing, dissemination of the information to the public, and maintenance of the technical platform," administered by HPD, is budgeted for FY 2026 at $3,700,000, which is unchanged from FY 2025.

- **Immigrant Services** – Initiatives are as follows:
    - The CUNY Citizenship NOW! Program, support for "free immigration law services to assist immigrants on their path to U.S. citizenship," administered by CUNY and DYCD, is budgeted for FY 2026 at $3,350,000, which is unchanged from FY 2025;
    - Immigrant Health Initiative, support for "programs that decrease health disparities among foreign-born New Yorkers by improving access to health care, addressing cultural and language barriers, and targeting resources and interventions," administered by DOHMH and HHC, is budgeted for FY 2026 at $2,430,341, which is unchanged from FY 2025;
    - Immigrant Opportunities Initiative, support for "legal services for recent immigrants to assist with applications for citizenship or permanent residency, and various other immigrant related legal services," administered by CUNY and DSS/HRA, is budgeted for FY 2026 at $2,600,000, which is unchanged from FY 2025;
    - Legal Services for Low-Income Immigrants (formerly Legal Services for Low-Income Immigrants and Protect NYC), support for "general operating and program expenses for immigration legal service providers serving low-income immigrants," administered by DSS/HRA, is budgeted for FY 2026 at $33,255,000, an increase of $28,855,000 from FY 2025;

- New York Immigrant Family Unity Project, support for "legal representation for New York immigrants detained and facing deportation who cannot afford an attorney," administered by DSS/HRA, is budgeted for FY 2026 at $24,900,000, an increase of $8,300,000 from FY 2023;
- Rapid Response Legal Collaborative (formerly Legal Services for Low-Income Immigrants), funding to "provide immediate, coordinated legal support to immigrant New Yorkers facing detention, deportation, or emergency enforcement actions," administered by "DSS/HRA, is budgeted for FY 2026 at $1,200,000, an increase of $1,200,000 from FY 2025;
- Unaccompanied Minors and Families, support for "legal counsel for children in removal proceedings, and social services to children appearing on the Juvenile and Surge Dockets in New York Immigration court to ensure due process for minors who are struggling to maneuver the immigration system alone," administered by DSS/HRA, is budgeted for FY 2024 at $16,481,800, an increase of $12,500,000 from FY 2025; and
- Welcome NYC (formerly Key to the City and Welcome NYC), funding to "assist new immigrants with programs such as workforce development, literacy services, mentorship, college awareness, youth leadership, civic engagement and outreach, social and educational access, food services, and other programs that empower families and young adults," administered by DYCD, is budgeted for FY 2026 at $1,875,000, an increase of $1,875,000 from FY 2025.

- **Mental Health Services** – Initiatives are as follows:
  - Autism Awareness, support for "wraparound services for autistic children in after-school and summer programs and during school closings," administered by DHMH and DCLA, is budgeted for FY 2026 at $3,261,846, which is unchanged from FY 2025;
  - Children Under Five, funding for "community-based outpatient mental health clinics that provide mental health treatment to children aged five years and younger," administered by DHMH, is budgeted for FY 2026 at $1,556,231, which is unchanged from FY 2025;
  - Court-Involved Youth Mental Health, support for "programs that utilize risk assessment tools to identify juveniles in the arrest process who require mental health services and that provide family counseling and respite services to families of court-involved youth," administered by DHMH, is budgeted for FY 2026 at $3,425,000, which is unchanged from FY 2025;
  - Developmental, Psychological & Behavioral Health Services, support for "a range of programs and services that address the needs of individuals with chemical dependencies, developmental disabilities, and/or serious mental illnesses, as well as the needs of their families and caregivers," administered by DHMH, is budgeted for FY 2026 at $2,255,493, which is unchanged from FY 2025;
  - Emergency Medical Services Mental Health and Wellness, an initiative that "seeks to provide mental health counseling and support for emergency medical service workers, administered by DHMH, is budgeted for FY 2026 at $1,000,000, an increase of $1,000,000 from FY 2025;

- LGBTQIA+ Youth Mental Health (formerly LGBTQ Youth Mental Health), support for "comprehensive mental health services for vulnerable LGBTQIA+ youth throughout the City, focusing particularly on youth of color, youth in immigrant families, homeless youth, and youth who are court-involved," administered by DHMH, is budgeted for FY 2026 at $1,200,000, which is unchanged from FY 2025;
- Mental Health Clubhouses, funding for "the reopening of Mental Health Clubhouses, focusing on a community-centered model to increase neighborhood-based mental health services," administered by DHMH, is budgeted for FY 2026 at $3,000,000, an increase of $1,000,000 from FY 2025;
- Mental Health Services for Vulnerable Populations, support for "community-based organizations and advocacy networks that provide a range of mental health programs, services, trainings, and referrals throughout the City, addressing the mental health needs of vulnerable and marginalized populations, such as HIV-positive people, suicidal individuals, and people with developmental disabilities," administered by DHMH, is budgeted for FY 2026 at $3,669,020, an increase of $56,020 from FY 2025;
- Mental Health Workforce Retention and Development, support for "the retention and recruitment of public-mental health professionals working at public-facing agencies/organizations," administered by CUNY, is budgeted for FY 2026 at $300,000, which is unchanged from FY 2025;
- NYC 988 Crisis Intervention and Suicide Prevention Hotline, funding to maintain "an adequate staffing level and reasonable wait times, and also allow the service to address the needs of the LGBTQIA+ community," administered by DHMH, is budgeted for FY 2026 at $5,000,000, an increase of $500,000 from FY 2025;
- Older Adults Mental Health (formerly Geriatric Mental Health), support to "organizations that provide a range of mental health services to older adults in 'non-clinical settings,' such as senior centers, drop-in centers, religious institutions, social clubs, homeless prevention programs, and individual homes," administer by DHMH and DCLA, is budgeted for FY 2026 at $3,349,520, a decrease of $56,020 from FY 2025;
- Opioid Prevention and Treatment, support for "community-based organizations to conduct localized prevention and treatment efforts around opioid abuse," administered by DHMH, is budgeted for FY 2024 at $3,075,000, which is unchanged from FY 2025;
- Peer Specialists Support, funding for "peer specialists to address mental health and crisis response," administered by DHMH, is budgeted for FY 2026 at $4,500,000, an increase of $4,500,000 from FY 2025;
- Trauma Recovery Centers, support for "creation of New York City's first trauma recovery centers (TRC) to provide trauma-informed healing support to survivors of violent crime from underserved communities," administered by DHMH, is budgeted for FY 2026 at $4,800,000, which is unchanged from FY 2025; and
- Youth Peer Support Pilot, funding for "launch of a new pilot Youth Peer Support program for 14-24 year-olds living with mental illness," administered by DHMH, is budgeted for FY 2026 at $250,000, which is unchanged from FY 2025.

- **Older Adult Services (formerly Senior Services)** – Initiatives are as follows:
    - Elder Abuse Prevention Programs, "elder abuse prevention programs that provide services to victims of elder abuse for organizations that specialize in serving immigrant populations," administered by DFTA, is budgeted for FY 2026 at $335,000, which is unchanged from FY 2025;
    - Elie Wiesel Holocaust Survivors, support for "Holocaust survivors living at or below the poverty line by offering a range of social services and supports to maintain and improve their quality of life," administered by DFTA, is budgeted for FY 2026 at $4,200,000, which is unchanged from FY 2025;
    - LGBTQIA+ Older Adult Services in Every Borough (formerly LGBTQ Senior Services in Every Borough), support for "a variety of LGBTQIA+ culturally competent services for older adults.," administered by DFTA, is budgeted for FY 2021 at $1,755,000, an increase $255,000 from FY 2023;
    - Naturally Occurring Retirement Communities (NORCs), support for "programs and nursing services offered by vertical and horizontal Naturally Occurring Retirement Communities (NORCs)," administered by DFTA, is budgeted for FY 2026 at $5,181,768, which is unchanged from FY 2025;
    - Older Adult Center Improvements, support for Scope of Service: Funding supports for "repairs and renovations at older adult centers and clubs," administered by DFTA, is budgeted for FY 2026 at $5,000,000, an increase of $5,000,000 from FY 2025;
    - Older Adult Centers, Programs, and Services (formerly Access to Critical Services for Older Adults, Information and Referral Services, and Older Adult Clubs, Programs, and Enhancements), funding for "operational and programmatic support for older adult centers and clubs, including meal and food services, homecare, home safety and repair, transportation, information and referral services, and benefit connections," administered by DFTA, is budgeted for FY 2026 at $3,733,226, which is an increase of $1,587,811 from FY 2025;
    - Older Adult Clubs for Immigrant Populations, support "to culturally competent and linguistically accessible non-NYC Aging older adult clubs and programmatic support for NYC Aging older adult clubs that predominantly serve immigrant older adults," administered by DFTA, is budgeted for FY 2026 at $1,500,000, which is unchanged from FY 2025;
    - Older Adults Across the Boroughs (formerly Borough Presidents' Discretionary Funding Restoration), supports for "older adult services including older adult clubs, meals, case management, homecare, transportation, and other services.," administered by DFTA, is budgeted for FY 2026 at $1,129,774, which is unchanged from FY 2025;
    - Social Adult Day Care, support to "to social adult day care programs, which provide non-medical adult day care services to individuals with cognitive or physical limitations," administer by DFTA, is budgeted for FY 2026 at $1,505,556, which is unchanged from FY 2025; and
    - Support Our Older Adults, funding to "support district-based older adult services," administered by multiple agencies, is budgeted for FY 2026 at $7,650,000, which is unchanged from FY 2025.

- **Veteran Services** – Initiatives are as follows:
    - Homeless Prevention Services for Veterans, support for "homeless prevention services, shelter services, vocational programs, and healthcare services to veterans," administered by DSS/HRA, is budgeted for FY 2026 at $340,000, which is unchanged from FY 2025;
    - Job Placement for Veterans, support for "curriculum and educational materials for veterans, National Guard members, and Reservists with job training and job placement services for green careers," administered by SBS, is budgeted for FY 2026 at $200,000, which is unchanged from FY 2025;
    - Legal Services for Veterans, support for "legal services for NYC veterans on a broad range of matters," administered by DSS/HRA, is budgeted for FY 2026 at $600,000, which is unchanged from FY 2025;
    - Mental Health Services for Veterans, support for "multifaceted mental health services for veterans," administer by DHMH, is budgeted for FY 2026 at $420,000, which is unchanged from FY 2025;
    - Paul A. Vallone Veteran Resource Centers (formerly Veteran Resource Centers), support for "Veteran Resource Centers which provide assistance to veterans with submitting claims, and navigating various benefit and support programs," administered by the Department of Veterans' Services (DVS), is budgeted for FY 2026 at $540,000, which is unchanged from FY 2025;
    - Veterans Community Development, support for "a variety of supportive programs for veterans and their families," administered by multiple agencies, is budgeted for FY 2026 at $1,270,000, which is unchanged from FY 2025.

- **Young Women's Initiative** – Initiatives are as follows:
    - Culturally Specific Gender Based Violence Initiative (formerly Initiative for Immigrant Survivors of Domestic Violence), support for "culturally competent services specifically for immigrant survivors of domestic violence," administered by DYCD, is budgeted for FY 2026 at $3,000,000, an increase of $2,470,000 from FY 2025;
    - Dedicated Contraceptive Fund, "access to contraception, including Long-Acting Reversible Contraception (LARCs)" administered by DHMH, is budgeted for FY 2026 at $973,126, which is unchanged from FY 2025;
    - Gender-Affirming Care for TGNCNBI Youth, "funding to support health care for Transgender, Gender Non Confirming, Non-Binary and Intersex youth, including but not limited to primary care, surgical care and mental health care," administered by DHMH, is budgeted for FY 2026 at $3,500,00, an increase of $3,500,000 from FY 2025;
    - HRA Teen RAPP, support for "the Grow, Rise, Lead (G.R.L) program that teaches adolescent girls empowering and preventive measures to deal with all forms of violence," administered by DSS/HRA, is budgeted for FY 2026 at $250,000, which is unchanged from FY 2025;
    - Prevent Sexual Assault (PSA) Initiative for Young Adults, support for "prevention and intervention services to end sexual exploitation of young women, transgender, and LGBT youth," administered by DYCD, is budgeted for FY 2026 at $350,000, which is unchanged from FY 2025;

- Step In and Stop It Initiative to Address Bystander Intervention, support for "bystander intervention programs, mediation, peer support, counseling and violence prevention," administered by DYCD, is budgeted for FY 2026 at $174,000, which is unchanged from FY 2025;
- Work-Based Learning Internships, support for "paid internships for students enrolled in DOE Career and Technical Education Programs (CTE).," administered by DOE, is budgeted for FY 2026 at $714,500, which is unchanged from FY 2025;
- Wrap-Around Support for Transitional-Aged Foster Youth, support to "youth who are transitioning or have recently transitioned from foster care," administered by ACS, is budgeted for FY 2021 at $1,096,788, which is unchanged from FY 2025; and
- Young Women's Leadership Development, support for "leadership development training programs for young women and girls" administered by DYCD, is budgeted for FY 2026 at $1,740,500, which is unchanged from FY 2025; and

- **Youth Services** – Initiatives are as follows:
  - Afterschool Enrichment Initiative, support for "afterschool program providers that offer high-quality arts and athletic activities, as well as academic enrichment and support;" administered by DCLA and DYCD, is budgeted for FY 2026 at $8,235,000, which is unchanged from FY 2025;
  - Artificial Intelligence Community Engagement, funding for an initiative that "will identify community-based organizations to work within communities to educate and provide hands on experience and tools around artificial intelligence," administered by DYCD, is budgeted for FY 2026 at $1,000,000, an increase of $1,000,000 from FY 2025;
  - Big Brothers Big Sisters of New York City, support that "allows Big Brothers Big Sisters to provide mentoring services to New York City Youth," administered by DYCD, is budgeted for FY 2026 at $1,200,000, which is unchanged from FY 2025;
  - Citywide Young Adult Entrepreneurship Program Initiative, support for a "Young adult entrepreneurship program for youth citywide," administered by DYCD, is budgeted for FY 2026 at $1,000,000, which is unchanged from FY 2025;
  - Civic Education in New York City Schools, support for "civic education programs that provide educators with content and expertise," administered by DYCD, is budgeted for FY 2026 at $500,000, which is unchanged from FY 2025;
  - COMPASS, support for "programming for children in grades K-5 under the Comprehensive Afterschool System of New York City (COMPASS NYC)," administered by DYCD, is budgeted for FY 2024 at $1,870,048, which is unchanged from FY 2025;
  - Empowering Black Communities, support for an initiative that "seeks to address systematic disparities impacting Black communities by fostering measurable improvements in the areas of health, economic equity, and civic engagement," administered by DYCD, if budgeted for FY 2026 at $1,000,000, an increase of $1,000,000 from FY 2025;

- LGBTQIA+ Youth Support and Services, support for an initiative that "seeks to address the needs of LGBTQIA+ youth and young adults, specifically for moving LGBTQIA+ youth and young adults from the streets to permanent housing, by supporting non-profits that specialize in LGBTQIA+ youth housing and related services, including operators of LGBTQIA+ youth shelters," administered by DYCD, is budgeted for FY 2026 at $5,000,000, which is an increase of $5,000,000 from FY 2025;
- Sports Training and Rolemodels for Success Initiative (STARS), support for "afterschool programming promoting physical activity, healthy living, and wellness for elementary, middle, and high school girls." administered by DYCD, is budgeted for FY 2024 at $1,472,000, which is unchanged from FY 2025; and
- YouthBuild Project Initiative, support for a "comprehensive education, training, service and leadership development program that gives young adults who have left high school without a diploma the opportunity to transform their life prospects and become responsible, contributing adults," administered by DYCD, is budgeted for FY 2026 at $1,750,000, which is unchanged from FY 2025.

Local Health Status and Access Indicators

This section examines health status and access to care data for the RUMC community from several sources. The data include: (1) County Health Rankings, (2) New York State Department of Health, (3) Youth Risk Behavioral Surveillance System, and (4) the New York Prevention Agenda 2025-2030.

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

County Health Rankings

County Health Rankings, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation, incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of "health factors" and "health outcomes." These health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care, social and economic factors, and physical environment. *County Health Rankings* are updated annually. *County Health Rankings 2025* relies on data from 2017 to 2024, with most data from 2019 to 2024.

Exhibit 29A presents 2022 and 2025 indicators by category. The table highlights indicators for which worsened 2022 and 2025.

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

Exhibit 29A: County Indicators of New York City Counties, 2022-2025

	Staten Island	Staten Island	Bronx	Bronx	Brooklyn	Brooklyn	Manhattan	Manhattan	Queens	Queens
Measure	**2022**	**2025**	**2022**	**2025**	**2022**	**2025**	**2022**	**2025**	**2022**	**2025**
Length of Life	5,981.7	6,375.6	8,106.5	9,450.9	5,839.3	6,345.4	4,412.9	4,960.2	5,243.8	5,787.7
Quality of Life										
Poor Physical Health Days	3.6%	3.8%	4.9%	5.1%	4.1%	4.2%	3.3%	3.8%	3.7%	4.0%
Low Birth Weight	7.9%	8.1%	9.7%	10.3%	7.7%	7.8%	8.1%	8.3%	8.4%	9.0%
Poor Mental Health Days	4.2%	5.2%	4.6%	5.6%	4.4%	5.2%	3.8%	5.1%	4.0%	4.8%
Poor or Fair Health	18.4%	13.8%	30.0%	28.2%	20.2%	17.0%	16.7%	15.2%	20.9%	16.2%
Health Behaviors										
Adult Smoking	15.5%	10.6%	16.5%	16.3%	14.0%	11.7%	11.4%	10.7%	12.4%	10.6%
Adult Obesity	29.8%	29.4%	33.7%	37.2%	25.9%	26.9%	21.8%	21.2%	25.1%	24.7%
Physical Inactivity	30.4%	25.4%	39.1%	36.0%	29.7%	25.5%	22.1%	20.2%	32.2%	27.0%
Access to Exercise Opportunities	95.4%	99.1%	99.7%	99.9%	99.9%	100.0%	100.0%	100.0%	95.7%	99.0%
Excessive Drinking	17.4%	18.9%	17.7%	16.8%	18.7%	18.1%	23.7%	25.1%	15.5%	15.8%
Alcohol-Impaired Driving Deaths	15.8%	12.2%	13.0%	13.6%	10.1%	11.2%	8.9%	13.5%	17.6%	17.5%
Sexually transmitted Infections	401.6	315.0	1,289.0	1,085.5	902.6	747.0	1,094.0	914.1	657.1	586.5
Teen Births	9.4	7.1	21.7	16.6	14.9	11.1	8.8	6.5	11.9	9.3
Health Infrastructure										
Flu Vaccinations	46.0%	46.0%	38.0%	39.0%	38.0%	38.0%	49.0%	55.0%	44.0%	45.0%
Access to Exercise Opportunities	95.4%	99.1%	99.7%	99.9%	99.9%	100.0%	100.0%	100.0%	95.7%	99.0%
Food Environment Index	9.2	9.0	7.6	7.1	8.2	8.2	8.4	8.2	9.0	8.8
Primary Care Physicians Ratio	1037:1	1231:1	1583:1	1729:1	1423:1	1582:1	722:1	731:1	1523:1	1697:1
Mental Health Provider Ratio	400:1	376:1	432:1	359:1	394:1	319:1	104:1	90:1	541:1	472:1
Dentist Ratio	1499:1	1589:1	1886:1	1870:1	1515:1	1539:1	542:1	534:1	1319:1	1343:1
Preventable Hospital Stays	3,470.0	2,551.0	5,342.0	3,519.0	4,350.0	2,975.0	2,819.0	1,923.0	3,621.0	2,608.0
Mammography Screening	41.0%	39.0%	34.0%	35.0%	34.0%	35.0%	41.0%	43.0%	36.0%	38.0%
Uninsured	4.9%	5.0%	8.5%	7.3%	7.2%	6.5%	5.6%	4.7%	10.3%	8.7%
Physical Environment										
Severe Housing Problems	24.1%	22.9%	38.8%	38.5%	33.8%	32.3%	24.1%	24.8%	31.2%	29.9%
Driving Alone to Work	55.8%	52.7%	24.2%	23.5%	18.3%	18.0%	5.8%	5.7%	32.5%	32.1%
Long Commute - Driving Alone	52.1%	53.0%	55.4%	56.8%	62.1%	62.9%	68.3%	67.5%	62.3%	63.6%
Air Pollution: Particulate Matter	7.8%	7.7%	8.3%	8.3%	7.9%	8.4%	10.4%	8.7%	8.3%	7.4%
Drinking Water Violations	No	No	No	No	No	No	No	No	No	No
Social and Economic Factors										
Some College	70.2%	69.6%	52.8%	54.9%	69.6%	72.1%	85.0%	85.9%	66.9%	68.3%
High School Completion	88.5%	88.5%	73.4%	75.3%	83.2%	84.2%	87.8%	89.2%	82.6%	82.7%
Unemployment	10.6%	4.9%	16.0%	6.8%	12.5%	5.5%	9.5%	4.6%	12.5%	4.6%
Income Inequality	5.2	5.0	6.9	7.3	6.8	6.8	9.1	-	4.8	5.0
Children in Poverty	15.0%	17.5%	30.6%	35.5%	23.5%	26.7%	19.3%	20.1%	13.0%	17.6%
Injury Deaths	49.6	54.5	54.9	73.6	37.2	44.3	42.0	52.1	36.6	42.7
Social Associations	4.3	4.1	2.8	2.9	5.3	5.5	13.1	12.1	4.9	4.7
Child Care Cost Burden	26.4%	32.7%	47.7%	65.2%	30.4%	40.0%	24.4%	30.3%	27.1%	37.5%

Source: County Health Rankings, 2025. Gray shading indicates that the indicator worsened from 2022 to 2025.

For Staten Island in 2025, indicators that worsened from 2022 to 2025 are as follows:

- Length of Life;
- Poor Physical Health Days;
- Low Birth Weight;
- Poor Mental Health Days;
- Excessive Drinking;
- Food Environment Index;
- Primary Care Physicians Ratio;
- Dentist Ratio;
- Mammography Screening;
- Long Commute - Driving Alone;
- Some College;
- Children in Poverty;
- Injury Deaths;
- Social Associations; and
- Child Care Cost Burden.

Exhibit 29B provides data comparisons for indicators to U.S. averages and rates.[10]

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

Exhibit 29B: Borough Data Compared to State and U.S. Average, 2025

Measure	Description	Staten Island 2025	Bronx 2025	Brooklyn 2025	Manhattan 2025	Queens 2025	New York State 2025	United States 2025
Length of Life	Years of potential life lost before age 75 per 100,000 population*	6,376	9,451	6,345	4,960	5,788	6,637	8,400
Quality of Life								
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.8	5.1	4.2	3.8	4.0	3.9	3.9
Low Birth Weight	Percentage of live births with low birthweight (< 2500 grams)	8.1%	10.3%	7.8%	8.3%	9.0%	8.3%	8%
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days*	5.2	5.6	5.2	5.1	4.8	4.9	5.1
Poor or Fair Health	Percentage of adults reporting fair or poor health*	13.8%	28.2%	17.0%	15.2%	16.2%	16.1%	17.0%
Health Behaviors								
Adult Smoking	Percentage of adults who are current smokers	10.6%	16.3%	11.7%	10.7%	10.6%	11.5%	13%
Adult Obesity	Percentage of adults that report a BMI of 30 or more	29.4%	37.2%	26.9%	21.2%	24.7%	30.3%	34%
Physical Inactivity	Percentage of adults aged 20 and over reporting no leisure-time physical activity	25.4%	36.0%	25.5%	20.2%	27.0%	25.1%	23%
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity	99.1%	99.9%	100.0%	100.0%	99.0%	93.1%	84%
Excessive Drinking	Percentage of adults reporting binge or heavy drinking	18.9%	16.8%	18.1%	25.1%	15.8%	19.7%	19%
Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement	12.2%	13.6%	11.2%	13.5%	17.5%	21.9%	26%
Sexually transmitted Infections	Number of newly diagnosed chlamydia cases per 100,000 population	315.0	1,085.5	747.0	914.1	586.5	526.9	495.5
Teen Births	Number of births per 1,000 female population ages 15-19	7.1	16.6	11.1	6.5	9.3	10.2	16
Health Infrastructure								
Flu Vaccinations	Flu Vaccinations	46.0%	39.0%	38.0%	55.0%	45.0%	51.0%	48%
Access to Exercise Opportunities	Access to Exercise Opportunities	99.1%	99.9%	100.0%	100.0%	99.0%	93.1%	84%
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	9.0	7.1	8.2	8.2	8.8	8.7	7.4
Primary Care Physicians Ratio	Ratio of population to primary care physicians	1231:1	1729:1	1582:1	731:1	1697:1	1245:1	1,330:1
Mental Health Provider Ratio	Ratio of population to mental health providers	376:1	359:1	319:1	90:1	472:1	265:1	290:1
Dentist Ratio	Ratio of population to dentists	1589:1	1870:1	1539:1	534:1	1343:1	1205:1	1340:1
Preventable Hospital Stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	2,551.0	3,519.0	2,975.0	1,923.0	2,608.0	2,595.0	2,666.0
Mammography Screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening	39.0%	35.0%	35.0%	43.0%	38.0%	44.0%	44%
Uninsured	Percentage of population under age 65 without health insurance	5.0%	7.3%	6.5%	4.7%	8.7%	5.7%	10.0%

*Age-adjusted

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Measure	Description	Staten Island 2025	Bronx 2025	Brooklyn 2025	Manhattan 2025	Queens 2025	New York State 2025	United States 2025
Physical Environment								
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	22.9%	38.5%	32.3%	24.8%	29.9%	22.5%	17%
Driving Alone to Work	Percentage of the workforce that drives alone to work	52.7%	23.5%	18.0%	5.7%	32.1%	49.7%	70%
Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	53.0%	56.8%	62.9%	67.5%	63.6%	39.3%	37%
Air Pollution: Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	7.7	8.3	8.4	8.7	7.4	6.9	7.3
Drinking Water Violations	Presence of health-related drinking water violations	No	No	No	No	No	0.0%	
Broadband Access	Percentage of households with broadband internet connection.	89.5%	85.3%	87.9%	91.1%	90.7%	89.6%	90%
Library Access	Library visits per person living within the library service area per year.	2.6	2.6	1.4	2.6	2.0	2.5	2
Social and Economic Factors								
Some College	Percentage of adults ages 25-44 with some post-secondary education	69.6%	54.9%	72.1%	85.9%	68.3%	71.0%	68%
High School Completion	Percentage of ninth-grade cohort that graduates in four years	88.5%	75.3%	84.2%	89.2%	82.7%	87.9%	89%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work	4.9%	6.8%	5.5%	4.6%	4.6%	4.2%	3.6%
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	5.0	7.3	6.8	-	5.0	5.8	4.9
Children in Poverty	Percentage of children under age 18 in poverty	17.5%	35.5%	26.7%	20.1%	17.6%	18.6%	16%
Injury Deaths	Number of deaths due to injury per 100,000 population	54.5	73.6	44.3	52.1	42.7	60.0	84.0
Social Associations	Number of membership associations per 10,000 population	4.1	2.9	5.5	12.1	4.7	7.9	9.1
Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	32.7%	65.2%	40.0%	30.3%	37.5%	37.7%	28%

Source: County Health Rankings, 2025.

For Staten Island, the social associations rate is more than 50 percent worse than the overall U.S. rate. Staten Island indicators are also worse than the U.S. overall for low birth weight; poor mental health days; physical inactivity; flu vaccinations; mental health provider ratio; dentist ratio; mammography screening; severe housing problems; long commute - driving alone; air pollution: particulate matter; broadband access; high school completion; unemployment; income inequality; children in poverty; and child care cost burden.

New York State Department of Health

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

Exhibit 30: Selected Causes of Death, Rates per 100,000 Population, 2022

Area	Total	Diseases of the Heart	Malignant Neoplasms	Cerebro-vascular Disease	Diabetes Mellitus	Cirrhosis of the Liver	CLRD	AIDS	Pneumonia	COVID-19	Total Uninten-tional Injuries	Homicide/ Legal Inter-vention	Suicide	Alcohol Poisoning
Staten Island	678.5	196.1	126.5	16.9	27.0	3.2	29.3	1.4	11.1	58.0	47.5	3.5	6.7	0.2
Bronx	720.4	184.9	110.4	25.5	23.6	8.7	18.7	7.8	18.3	47.6	81.3	10.8	6.8	0.3
Brooklyn	585.7	169.2	100.5	20.6	17.4	5.4	11.4	2.8	17.7	47.6	39.7	6.1	6.2	0.3
Manhattan	495.7	118.7	95.2	19.4	11.7	4.1	11.7	2.8	9.8	28.2	42.7	3.7	7.2	0.2
Queens	530.0	150.2	95.3	20.8	14.6	6.4	11.4	1.0	11.7	40.4	35.8	3.8	5.8	-
New York City	575.9	156.5	101.0	20.9	16.9	5.8	13.6	2.9	14.0	42.0	45.8	5.6	6.4	0.2
New York State	**663.3**	**158.7**	**120.4**	**24.7**	**17.9**	**8.0**	**22.3**	**1.6**	**13.6**	**41.2**	**50.1**	**4.6**	**8.4**	**0.5**

Source: New York State Department of Health, 2025.
Rates are age-sex adjusted.

The Staten Island rate of death for Diabetes Mellitus was more than 50 percent worse than the state rate. The Staten Island rates for Total causes, Diseases of the Heart, Malignant Neoplasms, CLRD [Chronic Lower Respiratory Disease], and COVID-19 were also higher than the state rates.

Exhibit 31A: Cancer Indicators, 2019-2021

Indicator	Staten Island	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State
All Cancers							
Incidence Per 1090,000	503.70	406.70	405.50	420.10	394.00	411.50	458.20
Mortality rate per 100,000	131.00	122.20	106.40	99.80	103.70	108.20	124.80
Female Breast Cancer							
Incidence per 100,000	145.60	110.30	124.80	135.40	124.40	125.80	134.20
Mortality rate per 100,000	16.50	18.00	17.20	14.60	15.40	16.30	16.90
Prostate Cancer							
Incidence per 100,000	126.30	142.60	128.80	130.80	107.70	124.80	131.60
Mortality rate per 100,000	14.00	20.40	14.90	13.90	13.20	14.90	15.20
Lung and Bronchus Cancer							
Incidence per 100,000	59.10	38.60	38.00	39.90	38.20	39.90	51.10
Mortality rate per 100,000	30.60	21.00	18.40	17.20	17.40	19.00	26.10
Colon and rectum cancer							
Incidence per 100,000	39.60	34.50	34.40	29.70	33.70	33.60	35.00
Mortality rate per 100,000	11.90	10.90	10.60	8.40	10.00	10.10	10.80
Oral Cavity and Pharynx Cancer							
Incidence per 100,000	10.00	9.70	8.50	9.80	8.80	9.20	10.90
Mortality rate per 100,000	1.50	2.30	1.90	1.90	1.80	1.90	2.10
Ovarian Cancer							
Incidence per 100,000	15.30	10.60	9.70	10.40	11.40	10.80	10.80
Mortality rate per 100,000	6.20	5.10	5.10	5.40	4.90	5.20	5.80
Cervix Uteri Cancer							
Incidence per 100,000	7.00	8.70	7.80	5.70	8.00	7.50	6.80
Mortality rate per 100,000	N/A	2.60	1.80	1.50	1.70	1.80	1.70
Melanoma							
Incidence per 100,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mortality rate per 100,000	1.30	0.50	0.80	1.00	0.70	0.80	1.50

Source: New York State Department of Health, 2025.
All rates are age-adjusted.

Incidence and mortality rates for Staten Island compared unfavorably to New York State rates for All Cancer, Lung and Bronchus Cancer, Lung and Bronchus Cancer, and Ovarian Cancer. Additionally, Staten Island compared unfavorably to New York State for Female Breast Cancer Incidence and Cervix Uteri Cancer incidence.

Exhibit 31B: Cancer Screening Indicators

Indicator	Data Years	Staten Island	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State
Screenings								
Percentage of women aged 50-74 years receiving breast cancer screening based on recent guidelines	2021	79.0%	78.5%	77.5%	78.6%	73.1%	77.1%	78.2%
Percentage of women (aged 50-74 years) who had a mammogram between October 1, 2019, and December 31, 2021	2022	61.4%	69.4%	66.9%	68.3%	70.0%	68.4%	65.5%

Source: New York State Department of Health, 2025.

Staten Island compared unfavorably to New York State for the percentage of women (aged 50-74 years) who had a mammogram.

Note: With its 2024 U.S. Preventive Services Task Force (USPSTF) Recommendation Statement, the USPSTF recommends biennial screening mammography for women aged 40 to 74 years.[11,12]

[11] Final Recommendation Statement: Breast Cancer: Screening, U.S. Preventive Services Task Force, April 30, 2024. See https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening#fullrecommendationstart.

[12] Screening for Breast Cancer, US Preventive Services Task Force Recommendation Statement, US Preventive Services Task Force, April 30, 2024, and corrected on September 30, 2024, JAMA. 2024;331(22):1918-1930. See file:///C:/Users/patri/Downloads/breast-cancer-screening-final-recommendation.pdf.

Exhibit 32 presents cancer indicators by race and ethnicity.

Exhibit 32: Cancer Indicators by Race and Ethnicity, 2019-2021

Location and Race/Ethnicity	Lung Cancer Incidence	Colorectal Cancer Mortality	Colorectal Cancer Incidence	Female Breast Cancer Mortality	Female Late Stage Breast Cancer Incidence	Cervix Uteri Cancer Mortality	Cervical Cancer Incidence
Staten Island	59.1	11.9	39.6	16.5	44.5	N/A	7.0
White	63.6	12.4	40.5	17.3	47.1	N/A	6.3
Black	59.5	16.8	32.9	N/A	44.0	N/A	N/A
Asian/Pacific Islander	48.1	N/A	34.6	N/A	43.2	-	N/A
Hispanic	38.1	12.3	45.0	16.9	37.3	N/A	N/A
Bronx	38.6	10.9	34.5	18.0	41.6	2.6	8.7
White	55.2	16.7	43.8	16.4	45.4	N/A	9.5
Black	44.2	11.2	38.5	23.9	53.1	4.2	9.2
Asian/Pacific Islander	32.8	8.8	28.0	N/A	31.8	-	N/A
Hispanic	30.8	9.1	29.5	13.9	33.8	1.9	8.7
Brooklyn	38.0	10.6	34.4	17.2	43.7	1.8	7.8
White	41.3	9.7	37.6	17.4	46.0	N/A	5.5
Black	33.1	12.6	33.6	21.3	49.9	2.6	8.8
Asian/Pacific Islander	54.3	9.3	31.7	9.3	35.6	N/A	9.0
Hispanic	25.8	8.8	28.3	11.8	28.2	2.2	8.4
Manhattan	39.9	8.4	29.7	14.6	37.2	1.5	5.7
White	39.4	7.1	28.3	13.8	36.0	N/A	4.1
Black	51.1	12.0	36.5	26.2	49.0	4.2	10.0
Asian/Pacific Islander	49.4	6.9	25.8	7.3	29.8	N/A	7.3
Hispanic	27.3	9.5	28.7	11.9	33.3	N/A	4.8
Queens	38.2	10.0	33.7	15.4	39.6	1.7	8.0
White	51.1	10.8	38.2	20.2	44.9	N/A	6.6
Black	31.1	13.8	36.1	21.7	47.0	3.0	8.2
Asian/Pacific Islander	40.0	6.3	27.9	8.5	34.3	1.4	7.4
Hispanic	20.1	8.1	26.8	9.6	29.3	N/A	8.7
New York City	39.9	10.1	33.6	16.3	40.9	1.8	7.5
White	46.5	10.0	35.8	16.9	42.8	1.0	5.6
Black	37.4	12.6	35.5	22.3	49.6	3.3	8.8
Asian/Pacific Islander	45.0	7.3	28.7	8.4	34.3	1.2	7.7
Hispanic	26.5	8.9	28.8	12.1	31.5	1.6	8.0
New York State	51.1	10.8	35.0	16.9	40.6	1.7	6.8
White	58.1	11.0	36.4	17.1	40.6	1.5	5.9
Black	42.2	13.2	36.5	22.9	49.2	3.1	8.4
Asian/Pacific Islander	41.6	7.7	28.2	8.6	34.7	1.3	6.9
Hispanic	28.0	8.7	29.3	11.9	32.2	1.5	8.1

Source: New York State Department of Health, 2025.
All rates are age adjusted per 100,000 population.

in ***Exhibit 32*** indicate that Staten Island rates for lung cancer incidence, colorectal cancer mortality, colorectal cancer incidence, female late-stage breast cancer incidence, and cervical cancer incidence were higher than New York State rates. For White Staten Island residents, rates were higher than New York State rates for lung cancer incidence, colorectal cancer mortality, colorectal cancer incidence, female breast cancer mortality, and female late-stage breast cancer

incidence. For Black Staten Island residents, the rate for colorectal cancer mortality rates were more than 50 percent higher than the New York State rate, and rates for lung cancer incidence and female late-stage breast cancer incidence were higher. For Asian/Pacific Islander Staten Island residents, the rate for female late-stage breast cancer incidence was higher than the New York State rate. For Hispanic Staten Island residents, rates of colorectal cancer mortality and colorectal cancer incidence were higher than New York State rates.

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

Exhibit 33: Cardiovascular Disease Indicators, 2020-2022

Area	Diseases of the Heart Mortality	Diseases of the Heart Hospitali-zations	Cerebrovascular Disease (stroke) Mortality	Cerebro-vascular Disease (stroke) Hospitali-zations	Coronary Heart Disease Mortality	Coronary Heart Disease Hospitalizations	Congestive Heart Failure Mortality	Preventable Heart Failure Hospitali-zations
Staten Island	222.3	80.4	19.9	21.2	198.5	22.3	5.4	34.6
Bronx	202.2	93.1	28.5	27.2	173.3	24.4	7.4	50.9
Brooklyn	193.4	68.1	20.4	20.2	168.4	18.1	7.2	37.1
Manhattan	131.1	60.8	19.3	17.4	109.2	15.2	6.1	30.4
Queens	171.6	66.7	21.4	17.9	149.7	21.9	6.3	32.2
New York City	176.6	70.9	21.7	20.1	152.6	19.9	6.6	36.4
New York State	170.6	71.4	25.3	19.8	131.6	19.7	10.9	36.1

Source: New York State Department of Health, 2025.
All rates are age-adjusted and per 100,000 population.

Data in ***Exhibit 33*** indicate that that many heart disease mortality for Staten Island were higher than New York State rates. The rate of coronary heart disease mortality was more than 50 percent higher than the New York State rate. Additionally, rates for diseases of the heart mortality, diseases of the heart hospitalizations, cerebrovascular disease (stroke) hospitalization, and coronary heart disease hospitalizations were higher than state rates.

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

Exhibit 34: Cardiovascular Disease and Diabetes Mortality Rates by Race and Ethnicity, 2020-2022

Area	Diseases of the Heart Mortality	Diseases of the Heart Hospitali-zations	Cerebrovascular Disease (stroke) Mortality	Cerebro-vascular Disease (stroke) Hospitali-zations	Coronary Heart Disease Mortality	Coronary Heart Disease Hospitalizations	Congestive Heart Failure Mortality	Preventable Heart Failure Hospitali-zations
Staten Island	222.3	80.4	19.9	21.2	198.5	22.3	5.4	34.6
White	232.2	77.9	18.7	18.1	205.8	21.0	6.3	36.9
Black	256.8	112.0	30.8	39.1	239.2	20.7	3.3	61.0
Asian/Pacific Islander	122.4	31.1	18.7	13.1	107.3	11.6	1.6	10.8
Hispanic	163.3	60.3	18.6	17.6	147.9	18.5	3.2	19.9
Bronx	202.2	93.1	28.5	27.2	173.3	24.4	7.4	50.9
White	215.4	55.6	21.6	15.0	187.3	16.1	6.9	35.4
Black	241.5	91.9	33.2	28.7	207.9	18.7	7.2	58.2
Asian/Pacific Islander	84.4	40.9	11.2	11.4	76.9	18.6	4.6	15.5
Hispanic	161.4	78.5	27.5	20.5	136.1	21.4	7.5	39.0
Brooklyn	193.4	68.1	20.4	20.2	168.4	18.1	7.2	37.1
White	191.1	45.3	14.4	10.6	169.3	12.8	7.0	22.5
Black	211.9	68.7	25.7	21.9	180.0	13.3	8.3	48.0
Asian/Pacific Islander	123.6	23.1	17.1	11.1	112.2	8.9	2.9	8.5
Hispanic	173.6	62.5	23.1	15.3	148.8	18.2	7.6	30.0
Manhattan	131.1	60.8	19.3	17.4	109.2	15.2	6.1	30.4
White	100.6	34.3	14.4	8.7	83.3	8.6	4.6	12.9
Black	254.7	103.1	29.7	27.5	213.9	19.2	10.3	71.2
Asian/Pacific Islander	91.4	22.2	20.0	10.4	78.6	7.4	4.0	8.3
Hispanic	132.3	66.4	20.8	17.5	109.8	17.6	7.0	36.9
Queens	171.6	66.7	21.4	17.9	149.7	21.9	6.3	32.2
White	195.4	55.2	19.9	11.3	170.2	15.6	7.8	34.1
Black	212.4	76.1	26.6	22.0	183.4	16.7	8.0	47.2
Asian/Pacific Islander	107.5	36.0	16.8	11.4	96.3	16.4	2.3	13.6
Hispanic	119.9	47.3	16.5	13.3	105.1	14.5	3.9	19.7
New York City	176.6	70.9	21.7	20.1	152.6	19.9	6.6	36.4
White	171.8	48.6	16.7	11.3	149.7	13.4	6.4	24.2
Black	224.0	80.3	28.0	24.4	191.6	16.1	8.2	53.1
Asian/Pacific Islander	107.8	30.8	17.5	11.2	96.2	13.1	2.7	11.4
Hispanic	146.0	64.1	22.2	16.8	124.4	18.1	6.4	30.9
New York State	170.6	71.4	25.3	19.8	131.6	19.7	10.9	36.1
White	169.2	61.1	24.2	15.4	125.7	16.8	12.2	32.5
Black	217.1	85.2	31.3	27.0	178.4	17.1	9.5	53.8
Asian/Pacific Islander	103.3	31.6	18.4	11.2	90.2	13.5	3.1	10.8
Hispanic	135.9	60.0	22.4	16.4	113.2	17.2	6.7	25.7

Source: New York State Department of Health, 2025.
All rates are age adjusted per 100,000 population.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average

Data in ***Exhibit 34*** indicate that the rate for coronary heart disease mortality was more than 50 percent higher for Staten Island, compared to the overall New York State rate; Staten Island rates

for diseases of the heart mortality, diseases of the heart hospitalizations, cerebrovascular disease (stroke) hospitalizations, and coronary heart disease hospitalizations were also higher than state rates. For White residents of Staten Island, the rate for coronary heart disease mortality was more than 50 percent higher for Staten Island, compared to the overall New York State rate; rates for White residents were also higher than state rates for diseases of the heart mortality, diseases of the heart hospitalizations, and coronary heart disease hospitalizations were also higher than state rates. For Black residents of Staten Island, rates for diseases of the heart mortality, diseases of the heart hospitalizations, cerebrovascular disease (stroke) hospitalizations, and coronary heart disease mortality were more than 50 percent higher than state rates; rates for Black residents were also higher than state rates for cerebrovascular disease (stroke) mortality and coronary heart disease hospitalizations. For Hispanic residents of Staten Island, the rate of coronary heart disease mortality was higher than the overall New York State rate.

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

Exhibit 35: Obesity-Related Indicators

Indicator	Staten Island	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State
Percentage of pregnant women in WIC who were pre-pregnancy overweight or obese (BMI 25 or higher) [2020-2022]	55.3%	59.2%	46.1%	53.7%	48.4%	51.1%	54.2%
Age-adjusted percentage of adults with obesity (BMI 30 or higher) [2021]	29.8%	34.7%	25.0%	17.7%	25.6%	25.6%	29.2%
Age-adjusted percentage of adults who participated in leisure time physical activity in the past 30 days [2021]	74.5%	64.3%	74.4%	80.0%	71.0%	72.1%	74.6%
Age-adjusted percentage of adults who report consuming less than one fruit or vegetable daily (no fruits and vegetables) [2021]	32.4%	42.2%	34.0%	32.1%	32.0%	36.6%	34.2%
Age-adjusted percentage of adults with physician diagnosed diabetes [2021]	12.2%	13.4%	10.4%	7.2%	11.6%	11.4%	10.2%
Age-adjusted percentage of adults with cardiovascular disease (heart attack, coronary heart disease, or stroke) [2021]	7.7%	6.6%	5.4%	5.6%	6.5%	5.9%	6.4%
Age-adjusted cardiovascular disease mortality rate per 100,000 [2020-2022]	262.2	258.1	232.4	165.7	210.0	217.1	213.8
Age-adjusted cerebrovascular disease (stroke) mortality rate per 100,000 [2020-2022]	19.9	28.5	20.4	19.3	21.4	21.7	25.3
Age-adjusted diabetes mortality rate per 100,000 [2020-2022]	27.0	25.4	21.0	13.1	15.8	18.9	19.5
Age-adjusted cardiovascular disease hospitalization rate per 10,000 [2020-2022]	121.1	152.5	105.2	95.3	102.4	110.7	108.0
Age-adjusted cerebrovascular disease (stroke) hospitalization rate per 10,000 [2020-2022]	21.2	27.2	20.2	17.4	17.9	20.1	19.8
Age-adjusted diabetes hospitalization rate per 10,000 (primary diagnosis) [2020-2022]	18.0	35.8	19.9	17.2	15.5	20.5	17.6

Source: New York State Department of Health, 2025.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average

Overall, Staten Island compared unfavorably to the state for most obesity-related indicators. Specific indicators that compared unfavorably to New York State are pregnant women in WIC who were pre-pregnancy overweight or obese (BMI 25 or higher), adults with obesity (BMI 30 or higher), adults who participated in leisure time physical activity in the past 30 days, adults who report consuming less than one fruit or vegetable daily (no fruits and vegetables), adults with physician diagnosed diabetes , adults with cardiovascular disease (heart attack, coronary heart disease, or stroke), cardiovascular disease mortality rate, diabetes mortality rate, cardiovascular disease hospitalization rate, cerebrovascular disease (stroke) hospitalization rate, and diabetes hospitalization rate.

Exhibit 36 presents communicable disease incidence rates for the RUMC community.

Exhibit 36: Communicable Disease Indicators

Indicator	Staten Island	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State
Pneumonia/flu hospitalization rate per 10,000 - Aged 65 years and older [2020-2022]	46.6	69.0	41.5	40.4	37.5	44.4	53.7
Pertussis incidence per 100,000 [2020-2022]	0.7	0.7	1.8	0.7	0.7	1.0	1.2
Mumps incidence per 100,000 [2020-2022]	0.1	0.3	0.3	0.6	0.5	0.4	0.3
Meningococcal incidence per 100,000 [2020-2022]	0.1	0.1	0.2	0.2	0.2	0.2	0.1
Haemophilus influenza incidence per 100,000 [2020-2022]	1.2	1.4	0.8	1.1	0.9	1.0	1.1
Hepatitis A incidence per 100,000 [2020-2022]	0.8	0.6	0.8	0.8	0.6	0.7	0.9
Acute hepatitis B incidence per 100,000 [2020-2022]	0.3	0.5	0.3	0.4	0.3	0.4	0.2
Chronic Hepatitis C cases per 100,000 [2020-2022]	25.2	42.0	30.9	35.6	27.1	32.3	30.9
Tuberculosis incidence per 100,000 [2020-2022]	3.1	5.8	4.7	3.5	8.6	5.6	3.2
E. coli Shiga Toxin incidence per 100,000 [2020-2022]	2.7	7.0	5.1	10.7	5.0	6.3	5.2
Salmonella incidence per 100,000 [2020-2022]	9.5	16.8	11.2	14.0	13.7	13.3	13.1
Shigella incidence per 100,000 [2020-2022]	2.9	10.2	7.1	19.7	6.8	9.7	5.5
Lyme disease incidence per 100,000 [2020-2022]	13.2	3.4	14.9	20.1	5.7	11.4	46.5
Percentage of adults aged 65 years and older with pneumococcal immunization [2021]	62.6%	53.2%	53.1%	71.0%	60.0%	58.3%	65.6%

Source: New York State Department of Health, 2025.
Note: Light grey shading denotes worse than national average; dark grey denotes 50 percent worse than national average.

Staten Island compared unfavorably to New York State in incidence rates for mumps, Haemophilus influenza, and acute hepatitis B.

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

Exhibit 37: Living with HIV and AIDS Cases, Prevalence Rate per 100,000, 2023

Cohort	Staten Island	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State
Male	379.7	1,975.4	1,103.2	1,855.7	830.3	1,380.3	738.2
Female	168.9	881.9	432.5	332.6	227.4	436.4	247.0
White	134.1	865.2	288.2	745.9	311.0	469.9	190.9
Black	1,255.4	2,173.0	1,526.4	2,642.6	1,006.6	1,845.4	1,479.1
Hispanic	421.3	1,168.2	928.0	1,350.1	810.1	1,098.0	805.1
Asian	57.3	189.2	122.1	243.8	148.2	160.8	137.1
Native American	763.5	625.4	496.1	823.9	274.6	547.2	318.5
Total	324.1	1,669.7	792.5	1,103.3	554.1	891.0	488.5

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology, 2025.
All rates are age-adjusted.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than the total state rate.

As illustrated in ***Exhibit 37***, the Staten Island prevalence rate of HIV and AIDS for Black residents was more than twice the Total New York State in 2023; the Staten Island rate for Native American residents was more than 50 percent higher than the Total state rate.
As illustrated in ***Exhibit 38***, the Staten Island HIV case rates for Black and Hispanic residents were more than 50 percent higher than the Total New York State HIV case rate; the HIV Staten Island Male case rate was higher than the Total state case rate. The Staten Island AIDS case rate for Black residents was more than 50 percent higher than the Total New York State AIDS case rate; the Staten Island AIDS case rates for Male and Hispanic residents was higher than the Total state case rate.

Exhibit 38: Newly Diagnosed HIV and AIDS Cases, 2023

Borough and Demographic Cohort	HIV Diagnoses	AIDS Diagnoses	HIV Case Rate per 100,000	AIDS Case Rate per 100,000
Staten Island - Total	45	18	9.8	3.9
Male	36	15	16.1	6.7
Female	9	3	3.5	1.3
White	11	4	4.3	1.0
Black	10	7	22.4	15.5
Hispanic	20	6	21.2	6.7
Asian/Pacific Islander	-	-	-	-
Native American	-	-	-	-
Bronx - Total	444	246	33.1	18.5
Male	334	182	51.6	29.1
Female	110	64	15.8	9.0
White	17	9	15.8	7.3
Black	209	129	51.3	30.6
Hispanic	212	104	28.3	14.8
Asian/Pacific Islander	5	2	8.6	3.5
Native American	-	-	-	-
Brooklyn - Total	509	233	19.3	8.7
Male	376	154	29.8	12.2
Female	133	79	9.4	5.4
White	71	25	7.0	2.5
Black	277	137	37.5	17.7
Hispanic	137	65	27.0	13.2
Asian/Pacific Islander	20	5	5.8	1.4
Native American	-	-	-	-
Manhattan - Total	332	149	18.2	8.1
Male	288	126	32.1	13.9
Female	44	23	5.1	2.5
White	73	38	8.7	4.4
Black	101	53	44.9	22.7
Hispanic	139	51	33.0	11.8
Asian/Pacific Islander	15	5	5.9	2.1
Native American	-	1	-	61.6
Queens - Total	469	183	21.6	8.0
Male	387	142	36.0	12.7
Female	82	41	7.2	3.3
White	32	13	6.2	2.6
Black	124	53	31.4	12.1
Hispanic	253	102	39.8	15.9
Asian/Pacific Islander	53	11	9.2	1.8
Native American	1	-	11.7	-
New York City - Total	1,799	829	21.2	9.6
Male	1,421	619	34.5	14.8
Female	378	210	8.6	4.6
White	204	89	7.3	3.1
Black	721	379	39.9	19.9
Hispanic	761	328	31.6	13.9
Asian/Pacific Islander	96	24	7.4	1.8
Native American	3	2	16.6	12.5
New York State - Total	2,517	1,169	13.4	6.0
Male	1,990	867	21.4	9.1
Female	527	302	5.4	3.0
White	473	219	4.9	2.2
Black	986	496	34.6	16.8
Hispanic	927	412	23.5	10.7
Asian	107	29	5.7	1.5
Native American	5	3	9.5	5.5

Source: New York State Department of Health, Bureau of HIV/AIDS Epidemiology, 2025. All rates are age-adjusted.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than the state rate.

Exhibit 39 presents data on chronic lower respiratory disease (CLRD), asthma, and COVID-19 in the RUMC community.

Exhibit 39: Respiratory-Related Indicators

Indicator	Staten Island	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State
Chronic lower respiratory disease mortality rate per 100,000 [2020-2022]	32.6	23.6	15.3	17.2	16.2	18.3	31.3
Age-adjusted chronic lower respiratory disease mortality rate per 100,000 [2020-2022]	26.4	21.9	13.5	12.4	12.5	15.0	23.7
Chronic lower respiratory disease hospitalization rate per 10,000 [2020-2022]	16.0	38.5	15.6	15.8	13.0	18.9	16.5
Age-adjusted chronic lower respiratory disease hospitalization rate per 10,000 [2020-2022]	14.3	36.4	14.8	15.5	11.5	17.5	14.3
Asthma hospitalization rate per 10,000 [2020-2022]	5.9	22.9	7.8	7.4	5.8	9.6	6.3
Age-adjusted asthma hospitalization rate per 10,000 [2020-2022]	6.0	22.8	8.0	9.0	6.0	10.1	6.6
Asthma hospitalization rate per 10,000 - Aged 0-4 years [2020-2022]	17.0	75.5	22.2	31.8	24.9	34.2	24.9
Asthma hospitalization rate per 10,000 - Aged 5-14 years [2020-2022]	8.5	32.2	13.4	19.3	8.6	16.4	10.6
Asthma hospitalization rate per 10,000 - Aged 0-17 years [2020-2022]	10.2	40.9	15.0	21.4	12.5	20.1	13.4
Asthma hospitalization rate per 10,000 - Aged 5-64 years [2020-2022]	4.9	18.1	6.6	6.0	4.3	7.7	5.2
Asthma hospitalization rate per 10,000 - Aged 15-24 years [2020-2022]	3.7	11.6	5.2	5.0	3.4	5.9	3.4
Asthma hospitalization rate per 10,000 - Aged 25-44 years [2020-2022]	3.8	11.1	3.8	2.9	2.8	4.5	3.6
Asthma hospitalization rate per 10,000 - Aged 45-64 years [2020-2022]	5.0	22.0	7.4	6.9	4.5	8.7	5.2
Asthma hospitalization rate per 10,000 - Aged 65 years or older [2020-2022]	6.4	24.4	8.1	7.2	6.0	9.6	5.4
Asthma mortality rate per 100,000 [2020-2022]	1.1	4.4	1.6	1.6	1.2	1.9	1.4
Age-adjusted asthma mortality rate per 100,000 [2020-2022]	0.9	4.2	1.5	1.4	1.0	1.7	1.2
Age-adjusted percentage of adults with current asthma [2021]	7.1%	12.5%	9.0%	9.7%	7.2%	9.2%	10.1%
COVID-19 mortality rate per 100,000 [2022]	74.5	54.1	57.7	41.6	56.6	54.7	56.8
Age-adjusted covid-19 mortality rate per 100,000 [2022]	60.2	48.1	49.1	28.9	41.8	43.2	42.6

Source: New York State Department of Health, 2025.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average.

Chronic lower respiratory disease mortality rates for Staten Island were higher than New York State rates, as were asthma hospitalization rates were higher for residents aged 15-24, 24-44, and 65 years and older. Additionally, the borough's COVID-19 mortality rates were higher than state rates.

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

Exhibit 40: Respiratory Indicators by Race and Ethnicity, 2020-2022

Location and Race/Ethnicity	Asthma hospitalizations per 10,000 population	Asthma hospitalizations, aged 0-17 years per 10,000 population	Chronic lower respiratory disease mortality per 100,000 population	Chronic lower respiratory disease hospitalizations per 10,000 population	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination (2022)~~
Staten Island	6.0	10.2	26.4	14.3	46.0%
White	2.9	4.4	29.1	10.4	47.0%
Black	19.8	36.0	26.8	37.8	32.0%
Asian/Pacific Islander	2.2	1.9*	8.3	4.9	49.0%
Hispanic	9.7	10.6	15.3	18.0	37.0%
Bronx	22.8	40.9	21.9	36.4	37.0%
White	5.6	7.7	26.9	16.8	49.0%
Black	20.6	37.3	21.0	34.4	31.0%
Asian/Pacific Islander	7.5	15.8	10.9	10.9	45.0%
Hispanic	21.3	33.5	19.3	32.7	31.0%
Brooklyn	8.0	15.0	13.5	14.8	37.0%
White	1.5	2.9	13.3	5.3	40.0%
Black	12.9	26.9	14.5	20.8	28.0%
Asian/Pacific Islander	1.5	3.4	9.4	3.3	46.0%
Hispanic	8.4	11.3	13.6	15.6	34.0%
Manhattan	9.0	21.4	12.4	15.5	54.0%
White	1.9	5.2	9.8	4.5	61.0%
Black	19.9	40.2	21.1	35.5	34.0%
Asian/Pacific Islander	1.6	3.7	9.7	3.3	51.0%
Hispanic	11.9	23.8	12.6	19.0	33.0%
Queens	6.0	12.5	12.5	11.5	44.0%
White	2.6	5.7	17.1	8.0	48.0%
Black	9.5	19.7	12.4	17.0	33.0%
Asian/Pacific Islander	2.6	6.0	6.3	4.8	49.0%
Hispanic	6.3	12.4	8.2	10.2	35.0%
New York City	10.1	20.1	15.0	17.5	NA
White	2.1	4.2	15.9	6.8	NA
Black	14.9	29.6	16.3	25.0	NA
Asian/Pacific Islander	2.4	5.3	8.0	4.5	NA
Hispanic	12.6	21.1	13.7	20.2	NA
New York State	6.6	13.4	23.7	14.3	50.0%
White	2.3	4.5	27.8	9.1	53.0%
Black	13.8	26.7	18.2	24.5	33.0%
Asian/Pacific Islander	2.4	5.4	7.5	4.4	50.0%
Hispanic	9.9	16.1	13.0	16.6	36.0%

Source: New York State Department of Health, 2025.
Rates are age-adjusted, except "Asthma hospitalizations, aged 0-17 years" and FFS Medicare enrollees with an annual flu vaccination.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average.

For the Staten Island Black population, rates for asthma hospitalizations, asthma hospitalizations aged 0-17 years, and chronic lower respiratory disease hospitalizations were more than fifty percent higher than the overall New York State rates. For the Staten Island Asian/Pacific Islander population, the rate for asthma hospitalizations aged 0-17 years was more than fifty percent higher than the overall New York State rate. For the Staten Island Hispanic population, the rate of asthma hospitalizations was higher than the overall New York State rate. For Staten Island overall, as well as the White and Black populations, the rates of chronic lower respiratory disease mortality were higher than the overall New York State rate. For Staten Island overall, as well as all populations, the percentages of FFS Medicare enrollees who had an annual flu vaccination were lower than the overall New York State percentage.

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

Exhibit 41: Maternal and Infant Health Indicators, 2020-2022

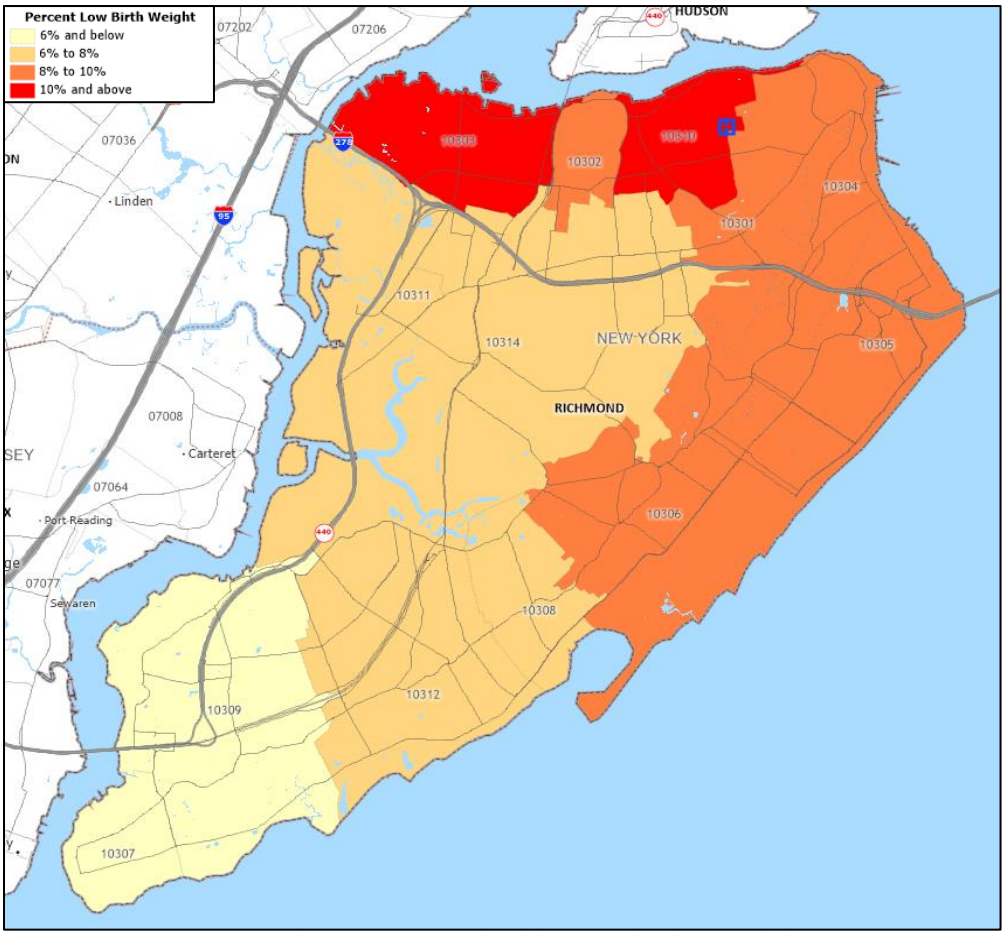
Location	Percentage of births with early (1st trimester) prenatal care	Percentage of births with adequate prenatal care (APNCU)	Percentage of premature births (< 37 weeks gestation - clinical estimate)	Percentage of low birthweight births (< 2.5 kg)	Teen pregnancies per 1,000 females aged under 18 years	Infant mortality per 1,000 live births
Staten Island	85.4%	83.4%	9.6%	8.2%	2.6	4.6
Bronx	59.1%	60.6%	11.2%	10.7%	5.9	5.2
Brooklyn	73.6%	71.5%	8.5%	7.9%	3.8	3.1
Manhattan	75.3%	74.7%	9.0%	8.5%	4.1	2.8
Queens	73.8%	74.2%	9.7%	9.3%	3.5	3.8
New York City	71.9%	71.3%	9.4%	8.9%	4.1	3.7
New York State	75.0%	74.6%	9.5%	8.4%	3.4	4.2

Sources: New York State Department of Health, 2025.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than the overall New York State average.

Staten Island compared unfavorably to New York State from 2020-2022 in the percentage of premature births and rate of infant mortality.

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

Exhibit 42: Low Birth Weight Infants by ZIP Code, 2020-2022

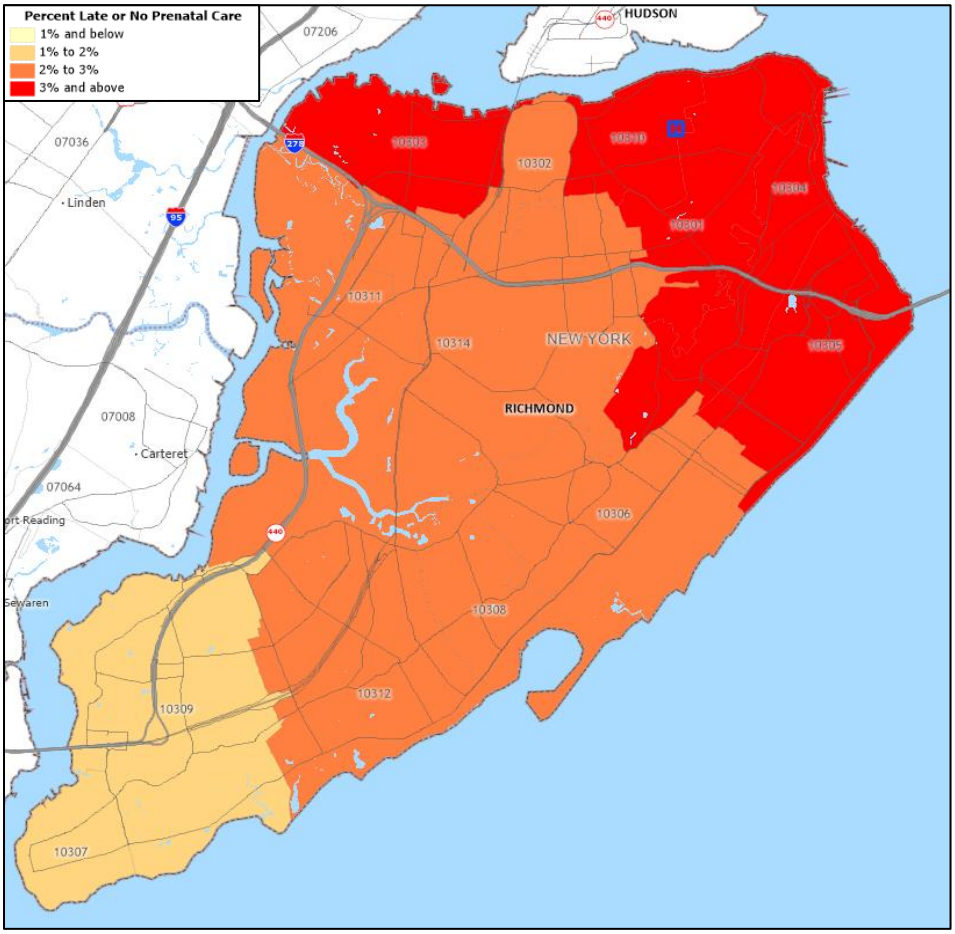


Sources: New York State Department of Health, 2025, and Caliper Maptitude (2023).
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Within the RUMC community, areas that display comparatively high percentages of low birthweight births are concentrated in Port Richmond and Stapleton - St. George. Port Richmond ZIP Code 10303 and Stapleton - St. George ZIP Codes had low-birth-weight percentages above 10 percent.

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

Exhibit 43: Mothers with Late or No Prenatal Care by ZIP Code, 2020-2022

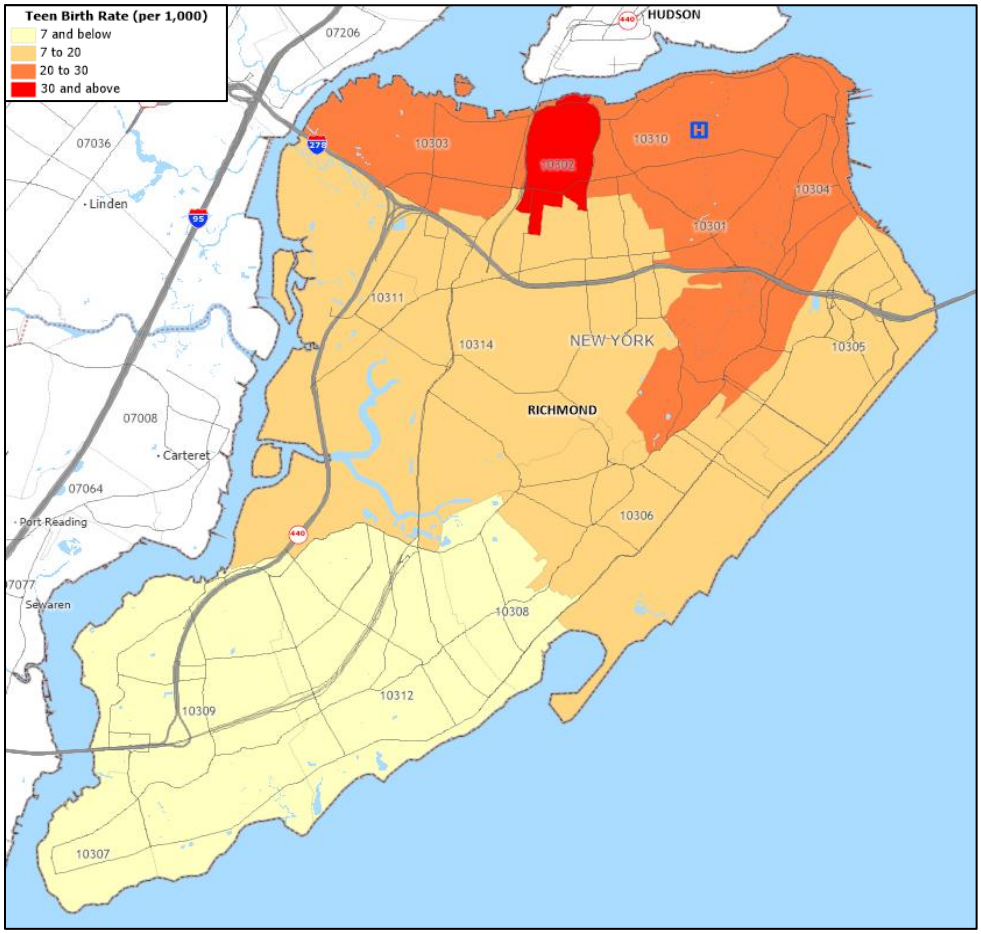


Sources: New York State Department of Health, 2025, and Caliper Maptitude (2023).
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Within the RUMC community, areas that display comparatively high percentages of mothers with late or no prenatal care are concentrated in Port Richmond and Stapleton - St. George. The Stapleton - St. George ZIP Code 10301 had percent of 4.0 percent for mothers with late or no prenatal care.

Exhibit 44 illustrates teen pregnancy rates by ZIP Code.

Exhibit 44: Teen Pregnancy Rate 15-19 by ZIP Code, 2020-2022



Sources: New York State Department of Health, 2025, and Caliper Maptitude (2023).
* Teen pregnancy rates are per 1,000 females ages 15-19
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Within the RUMC community, areas that display high rates of teen pregnancy are concentrated in Port Richmond and Stapleton - St. George. The Richmond ZIP Code 10302 had a rate of 31.1 pregnancies for 1,000 females ages 15-19.

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

Exhibit 45: Maternal and Infant Health Indicators by Race and Ethnicity, 2020-2022

Location and Race/Ethnicity	Percentage of births with early (1st trimester) prenatal care	Percentage of births with adequate prenatal care (APNCU)	Percentage of premature births (< 37 weeks gestation - clinical estimate)	Percentage of low birthweight births (< 2.5 kg)	Teen pregnancies per 1,000 females aged under 18 years	Infant mortality per 1,000 live births
Staten Island	85.4%	83.4%	9.6%	8.2%	2.6	4.6
White	89.6%	85.5%	8.3%	6.5%	0.6	3.9
Black	80.1%	80.5%	13.9%	13.4%	7.4	7.7
Asian/Pacific Islander	80.8%	80.9%	7.9%	8.1%	0.1	4.9
Hispanic	83.4%	82.9%	11.2%	9.2%	4.8	3.7
Bronx	59.1%	60.6%	11.2%	10.7%	5.9	5.2
White	69.2%	65.1%	8.3%	7.8%	1.8	3.3
Black	56.1%	58.5%	13.3%	13.6%	6.2	7.7
Asian/Pacific Islander	62.9%	67.1%	10.8%	13.6%	0.7	1.5
Hispanic	59.4%	60.8%	10.7%	9.4%	5.8	3.3
Brooklyn	73.6%	71.5%	8.5%	7.9%	3.8	3.1
White	77.8%	72.2%	5.9%	5.2%	0.5	1.4
Black	64.8%	68.6%	13.6%	13.2%	6.7	7.0
Asian/Pacific Islander	79.6%	78.8%	8.0%	8.6%	0.5	1.0
Hispanic	69.8%	70.8%	10.3%	8.5%	5.8	2.8
Manhattan	75.3%	74.7%	9.0%	8.5%	4.1	2.8
White	85.4%	81.3%	7.2%	6.5%	0.9	1.3
Black	59.3%	64.4%	13.7%	14.0%	8.2	7.5
Asian/Pacific Islander	82.4%	79.8%	7.7%	8.4%	0.5	1.4
Hispanic	62.0%	65.9%	11.0%	9.7%	5.2	2.8
Queens	73.8%	74.2%	9.7%	9.3%	3.5	3.8
White	83.3%	79.3%	6.9%	5.8%	0.9	2.1
Black	65.4%	71.1%	13.7%	14.0%	4.1	7.9
Asian/Pacific Islander	76.8%	76.6%	9.5%	10.2%	0.8	1.6
Hispanic	69.4%	70.6%	9.8%	8.1%	4.9	3.3
New York City	71.9%	71.3%	9.4%	8.9%	4.1	3.7
White	80.8%	76.0%	6.6%	5.8%	0.7	1.7
Black	62.5%	66.3%	13.6%	13.5%	6.2	7.4
Asian/Pacific Islander	77.6%	77.2%	8.9%	9.7%	0.6	1.5
Hispanic	65.6%	67.2%	10.4%	8.9%	5.4	3.1
New York State	75.0%	74.6%	9.5%	8.4%	3.4	4.2
White	81.1%	78.9%	7.9%	6.4%	1.3	3.0
Black	65.2%	68.1%	13.7%	13.8%	6.4	8.3
Asian/Pacific Islander	77.5%	77.4%	8.9%	9.5%	0.6	2.0
Hispanic	67.7%	69.1%	10.4%	8.7%	5.3	3.8

Source: New York State Department of Health, 2025.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average.

For the Staten Island Black population, the percentage of low birthweight births and the rates of teen pregnancies and infant mortality were more than 50 percent higher than the state averages, and the percentage of premature births was higher. For the Staten Island Asian/Pacific Islander population, the rate of infant mortality was higher than the state. For the Staten Island Hispanic population, the percentage of premature births, the percentage of low birthweight births, and rate of teen pregnancies were higher than New York State.

Exhibit 46 presents data from the New York State Pregnancy Risk Assessment Monitoring System (PRAMS), which assesses maternal experiences and behaviors before, during, and after pregnancy.

Exhibit 46: PRAMS Indicators for New York City, 2022

Sociodemographic Characteristic	Percentage of women who report alcohol use in the three months before pregnancy	Percentage of women who were asked by a health care worker if they were drinking alcohol	Percentage of women who initiated breastfeeding	Percentage of women who report smoking cigarettes in the last three months of pregnancy
Race / Ethnicity				
White, non-Hispanic	56.5%	84.8%	94.3%	0.9%
Black, non-Hispanic	48.2%	94.6%	97.0%	1.3%
Other, non-Hispanic	N/A	N/A	N/A	N/A
Hispanic	45.6%	93.0%	94.0%	0.4%
Education				
Less than high school	27.2%	84.5%	90.4%	0.0%
High school graduate	29.9%	90.5%	94.0%	0.9%
More than high school	58.8%	92.0%	94.7%	0.7%
Maternal Age				
Less than 20 years old	N/A	N/A	N/A	N/A
20-24 years old	34.5%	89.2%	95.1%	0.0%
25-34 years old	44.7%	91.8%	94.0%	0.5%
35 years old or more	57.5%	89.0%	93.2%	1.2%
Marital Status				
Married	45.7%	88.6%	94.4%	0.6%
Not Married	49.4%	94.2%	93.3%	0.8%
Medicaid Status				
On Medicaid	37.8%	90.3%	93.9%	0.8%
Not on Medicaid	59.0%	91.1%	94.1%	0.5%
New York City Total	47.1%	90.7%	94.0%	0.6%
New York State Total	53.0%	91.8%	91.5%	2.8%

Source: New York State Department of Health, Pregnancy Risk Assessment Monitoring System (PRAMS), 2025.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average.

In 2022, the percentages of women who smoked during the last 3 month were higher than the New York State average for New York City women who are non-Hispanic White, have more than high school education, are 35 years old or more, and who are not on Medicaid. The percentages of women who were asked by a health if they were drinking alcohol were lower for many New York City cohorts than for New York State overall. The percentage of New York City women who initiated breastfeed was lower for women with less than high school education, as compared to New York State overall.

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

Exhibit 47: Injury and Behavioral Health Indicators by Race and Ethnicity, 2020-2022

Location and Race/Ethnicity	Motor vehicle-related mortality per 100,000 population, age-adjusted	Unintentional injury mortality per 100,000 population, age-adjusted	Unintentional injury hospitalizations per 100,000 population, age-adjusted	Fall hospitalizations per 10,000 population, aged 65 years or older	Poisoning hospitalizations per 10,000 population, age-adjusted	Suicide mortality per 100,000 population, age-adjusted	Opioid burden per 100,000 population
Staten Island	4.0	44.2	76.2	229.1	8.6	6.5	237.2
White	3.1	50.3	75.2	250.9	8.8	6.8	261.3
Black	7.5	59.8	83.8	149.6	12.2	7.3	338.3
Asian/Pacific Islander	2.7	14.6	28.8	85.4	2.2	6.2	10.3
Hispanic	3.9	33.5	63.8	158.5	6.8	3.2	183.8
Bronx	5.2	67.2	93.6	199.2	18.2	5.7	460.4
White	6.6	85.6	75.5	207.5	14.5	9.9	744.7
Black	5.0	70.4	75.7	131.1	17.6	5.8	448.1
Asian/Pacific Islander	2.6	10.2	26.8	76.0	2.5	4.2	24.3
Hispanic	4.7	63.2	70.8	151.3	14.3	5.0	356.9
Brooklyn	3.9	34.5	54.3	133.0	7.9	5.5	211.6
White	2.6	29.3	39.1	146.2	4.2	7.3	169.6
Black	5.0	39.2	44.0	68.5	8.1	3.6	222.1
Asian/Pacific Islander	2.4	11.9	20.7	69.0	1.9	4.7	18.4
Hispanic	4.6	45.5	48.9	104.4	7.1	4.8	259.3
Manhattan	2.7	37.4	64.5	177.7	10.3	7.1	313.4
White	1.6	25.2	41.4	155.7	4.5	7.5	148.9
Black	4.5	71.9	84.1	138.9	19.0	6.4	669.7
Asian/Pacific Islander	1.4	10.9	24.2	104.2	1.9	7.6	11.9
Hispanic	4.1	52.9	56.8	129.0	9.8	6.3	383.4
Queens	3.7	31.4	59.4	161.8	6.2	5.7	139.0
White	2.6	40.4	53.1	205.4	5.4	8.1	184.3
Black	4.1	36.6	53.2	105.6	6.1	3.0	195.5
Asian/Pacific Islander	2.8	13.7	29.0	88.1	2.2	5.4	18.3
Hispanic	3.8	29.4	50.1	105.2	5.1	4.1	118.4
New York City	3.8	39.8	65.3	166.4	9.5	6.0	255.6
White	2.5	34.7	48.6	179.8	5.4	7.5	197.6
Black	4.8	49.7	58.4	99.2	11.1	4.4	320.7
Asian/Pacific Islander	2.4	12.5	26.1	85.7	2.1	5.5	17.6
Hispanic	4.3	47.4	57.9	125.5	9.2	4.9	274.8
New York State	6.2	45.8	68.4	188.7	9.2	8.0	224.0
White	6.3	46.6	61.2	197.5	7.7	10.2	201.4
Black	6.6	56.2	64.1	103.7	11.7	4.6	303.4
Asian/Pacific Islander	2.7	13.0	26.3	83.4	2.2	5.6	17.6
Hispanic	5.9	46.4	54.5	120.5	8.1	4.8	225.0

Source: New York State Department of Health, 2025.
All rates are age adjusted. Mortality rates are per 100,000 population and hospitalization rates are per 10,000 population.
Note: Light grey shading denotes worse than state average; dark grey denotes 50 percent worse than state average.

For Staten Island overall, the rates of unintentional injury hospitalizations, fall hospitalizations aged 65 years or older, and opioid burden are higher than the overall New York State rates. For White Staten Island residents, rates of unintentional injury mortality, unintentional injury hospitalizations, fall hospitalizations aged 65 years or older, and opioid burden are higher than New York State rates. For Black Staten Island residents, the rate of opioid burden is more than 50 percent higher than the overall New York State rate, and rates of motor vehicle mortality, unintentional injury mortality, unintentional injury hospitalizations, and poisoning hospitalizations are higher than state rates.

Youth Risk Behavior Surveillance System

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

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

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

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

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

Staten Island had problematic rates of indicators related to substance use with heroin, methamphetamines, and injection of illegal drugs rates being more than 50 percent worse than New York State, as was the percentage of youth not attending physical education (PE) classes on one or more days in average week. Numerous other indicators for Staten Island were worse compared to New York State, notably indicators for mental health, physical activity, sexual behaviors, substance abuse, violence, and weight and nutrition.

New York Prevention Agenda 2019-2024

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

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

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

Staten Island had numerous indicators that were worse than the 2024 target. Indicators that were more than 50 percent worse than the 2024 target for the following indicators (**Exhibits 49A**, **49B**, **49C**, **49D, 49E**, and **49F**) are follows:

- Crash-related pedestrian fatalities, rate per 100,000 population;
- Overdose deaths involving any opioids, age-adjusted rate per 100,000 population; and
- Premature deaths (before age 65 years), difference in percentages between Black non-Hispanics and White non-Hispanics.

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

Prevention Agenda 2019-2024 Priority Areas and Indicators	Data years	Staten Island	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State	NYS Target
Promote a Healthy and Safe Environment									
Hospitalizations due to falls among adults, rate per 10,000 population, aged 65+ years	2020	214.0	198.0	130.0	153.0	154.0	157.0	177.0	**173.0**
Assault-related hospitalizations, rate per 10,000 population	2020	3.7	8.8	5.1	4.7	3.6	5.2	3.6	**3.0**
Assault-related hospitalizations, ratio of rates between Black non-Hispanics and White non-Hispanics	2020	5.8	1.9	8.7	9.2	4.6	5.9	6.5	**5.5**
Assault-related hospitalizations, ratio of rates between Hispanics and White non-Hispanics	2020	1.9	0.9	5.3	3.2	2.9	3.1	2.9	**2.5**
Assault-related hospitalizations, ratio of rates between low-income ZIP Codes and non-low-income ZIP Codes	2020	3.5	2.1	1.5	1.9	1.7	2.1	2.9	**2.7**
Firearm assault-related hospitalizations, rate per 10,000 population	2020	0.3	1.2	0.7	0.3	0.4	0.6	0.5	**0.4**
Work-related emergency department (ED) visits, ratio of rates between Black non-Hispanics and White non-Hispanics	2022	1.7	4.0	2.5	4.7	1.9	2.6	1.8	**1.3**
Crash-related pedestrian fatalities, rate per 100,000 population	2019	2.3	1.1	1.9	1.1	2.3	1.7	1.7	**1.4**
Percentage of population living in a certified Climate Smart Community	2024	N/A	N/A	N/A	N/A	N/A	N/A	35.6%	**8.6%**
Percentage of people who commute to work using alternate modes of transportation (e.g., public transportation, carpool, bike/walk) or who telecommute	2018-2022	44.8%	74.0%	79.9%	90.8%	65.6%	75.5%	47.7%	**47.9%**

Source: New York State Department of Health, 2025.
Note: Light grey shading denotes worse than state target; dark grey denotes 50 percent worse than state target.

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

Prevention Agenda 2019-2024 Priority Areas and Indicators	Data years	Staten Island	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State	NYS Target
Prevent Chronic Diseases									
Percentage of adults who participate in leisure-time physical activity	2021	74.1%	64.7%	74.5%	80.1%	70.9%	72.1%	74.2%	**77.4%**
Percentage of adults with disabilities who participate in leisure-time physical activity	2021	58.1%	53.6%	60.0%	60.4%	58.9%	57.8%	58.3%	**61.8%**
Percentage of adults who participate in leisure-time physical activity, aged 65+ years	2021	72.8%	61.1%	67.1%	78.2%	66.6%	68.3%	68.4%	**75.9%**
Prevalence of cigarette smoking among adults	2021	14.3%	11.4%	10.7%	9.8%	9.3%	10.5%	12.0%	**11.0%**
Percentage of adults who smoke cigarettes among adults with income less than $25,000	2021	N/A	14.1%	18.8%	15.8%	13.8%	15.2%	20.4%	**15.3%**
Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines, aged 50-64 years	2018	66.9%	62.0%	60.7%	73.9%	62.3%	63.8%	65.4%	**66.3%**
Percentage of adults who had a test for high blood sugar or diabetes within the past three years, aged 45+ years	2021	68.1%	65.2%	67.2%	64.2%	63.1%	65.6%	64.3%	**71.7%**
Percentage of adults with an annual household income less than $25,000 who had a test for high blood sugar or diabetes within the past three years, aged 45+ years	2021	N/A	60.3%	57.1%	54.2%	52.8%	57.8%	60.3%	**67.4%**
Asthma emergency department visits, rate per 10,000, aged 0-17 years	2022	62.5	252.0	119.0	166.0	104.0	144.0	93.8	**131.0**
Percentage of Medicaid Managed Care members (aged 5-18) with persistent asthma having an asthma medication ratio of 0.50 or greater	2022	71.6%	62.1%	64.1%	57.8%	60.6%	62.3%	64.8%	**69.0%**
Percentage of adults with hypertension who are currently taking medicine to manage their high blood pressure	2021	82.6%	76.0%	76.5%	77.3%	77.4%	78.6%	80.2%	**80.7%**
Percentage of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition	2021	9.1%	12.1%	8.2%	9.2%	12.3%	9.5%	9.8%	**10.6%**
Percentage of children with obesity, among children aged 2-4 years participating in the WIC program	2017	16.6%	14.8%	11.7%	13.1%	13.1%	13.1%	13.9%	**13.0%**
Percentage of children and adolescents with obesity (New York City)	2019-2020	20.0%	25.8%	20.0%	15.9%	20.7%	20.9%	N/A	**19.4%**
Percentage of adults with obesity	2021	30.2%	34.5%	24.3%	17.2%	26.7%	25.7%	29.1%	**24.2%**
Percentage of adults with an annual household income less than $25,000 with obesity	2021	N/A	38.1%	28.9%	27.0%	35.3%	32.6%	34.4%	**29.0%**
Percentage of adults with an annual household income less than $25,000 who consume one or more sugary drinks per day	2021	N/A	24.1%	28.2%	26.3%	21.9%	25.8%	27.5%	**28.5%**
Percentage of adults with an annual household income less than $25,000 with perceived food security	2021	N/A	45.9%	50.3%	39.0%	47.0%	45.0%	48.1%	**61.4%**

Source: New York State Department of Health, 2025.
Note: Light grey shading denotes worse than state target; dark grey denotes 50 percent worse than state target.

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

Prevention Agenda 2019-2024 Priority Areas and Indicators	Data years	Staten Island	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State	NYS Target
Prevent Communicable Diseases									
Percentage of 24-35-month old children with the 4:3:1:3:3:1:4 immunization series	2023	58.0%	79.2%	61.2%	89.1%	77.2%	72.4%	70.5%	**70.5%**
Percentage of 13-year-old adolescents with a complete HPV vaccine series	2023	20.9%	64.8%	36.2%	44.7%	51.0%	46.1%	37.2%	**37.4%**
Newly diagnosed HIV cases, rate per 100,000 population	2020-2022	7.4	28.7	18.5	21.2	16.8	19.6	11.3	**5.2**
Gonorrhea diagnoses, age-adjusted rate per 100,000 population	2022	117.0	401.0	342.0	526.0	221.0	348.0	230.0	**242.0**
Chlamydia diagnoses, age-adjusted rate per 100,000 population	2022	345.0	#VALUE!	770.0	859.0	647.0	789.0	553.0	**676.0**
Early syphilis diagnoses, age-adjusted rate per 100,000 population	2022	22.0	124.0	68.8	107.0	58.6	80.2	49.5	**79.6**

Source: New York State Department of Health, 2025.

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

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

Prevention Agenda 2019-2024 Priority Areas and Indicators	Data years	Staten Island	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State	NYS Target
Promote Healthy Women, Infants, and Children									
Percentage of women with a preventive medical visit in the past year, aged 18-44 years	2021	74.9%	79.1%	68.1%	70.1%	80.2%	74.6%	75.9%	**80.6%**
Percentage of women with a preventive medical visit in the past year, aged 45+ years	2021	88.9%	82.4%	91.2%	86.1%	90.6%	88.2%	87.9%	**85.0%**
Percentage of women who report ever talking with a health care provider about ways to prepare for a healthy pregnancy, aged 18-44 years	2021	N/A	33.3%	19.9%	24.2%	18.4%	21.7%	28.5%	**38.1%**
Maternal mortality, rate per 100,000 live births	2020-2022	N/A	29.4	16.9	24.4	16.7	20.4	21.6	**16.0**
Infant mortality, rate per 1,000 live births	2022	4.7	5.4	3.4	2.8	3.7	3.8	4.3	**4.0**
Percentage of births that are preterm	2022	9.6%	10.8%	8.4%	9.0%	9.9%	9.4%	9.4%	**8.3%**
Newborns with neonatal withdrawal syndrome and/or affected by maternal use of opioid or other substance (any diagnosis), crude rate per 1,000 newborn discharges	2022	2.3	3.6	1.2	2.2	1.2	1.8	6.0	**9.1**
Percentage of infants who are exclusively breastfed in the hospital among all infants	2022	29.0%	29.6%	39.9%	54.9%	44.2%	40.7%	44.0%	**51.7%**
Percentage of infants who are exclusively breastfed in the hospital among Hispanic infants	2022	25.8%	26.2%	34.5%	34.9%	47.2%	34.9%	33.8%	**37.4%**
Percentage of infants who are exclusively breastfed in the hospital among Black non-Hispanic infants	2022	25.5%	31.9%	32.6%	43.5%	39.7%	34.6%	34.5%	**38.4%**
Percentage of infants supplemented with formula in the hospital among breastfed infants	2022	59.7%	67.6%	56.6%	41.8%	51.6%	55.2%	50.1%	**41.9%**
Percentage of WIC enrolled infants who are breastfed at 6 months	2022	34.5%	33.1%	52.3%	38.8%	42.5%	N/A	38.0%	**45.5%**
Suicide mortality among youth, rate per 100,000, aged 15-19 years	2020-2022	N/A	N/A	5.5	5.3	N/A	3.6	4.8	**4.7**
Percentage of families participating in the Early Intervention Program who meet the state's standard on the NY Impact on Family Scale	7/2022-6/2023~	93.9%	88.5%	89.9%	89.0%	88.7%	89.5%	91.7%	**73.9%**
Percentage of residents served by community water systems that have optimally fluoridated water	2023	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	71.6%	**77.5%**

Source: New York State Department of Health, 2025.
Note: Light grey shading denotes worse than state target; dark grey denotes 50 percent worse than state target.

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

Prevention Agenda 2019-2024 Priority Areas and Indicators	Data years	Staten Island	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State	NYS Target
Promote Well-Being and Prevent Mental and Substance Use Disorders									
Opportunity Index Score	2023	57.2	40.8	55.2	63.9	55.4	#N/A	55.6	**59.2**
Frequent mental distress during the past month among adults, age-adjusted percentage	2021	13.1	14.2	14.6	14.7	12.2	13.6	13.4	**10.7**
Economy Score	2023	56.0	27.7	40.0	54.5	53.6	#N/A	54.2	**52.3**
Community Score	2023	56.2	56.4	60.3	74.6	59.8	#N/A	57.0	**61.3**
Binge drinking during the past month among adults, age-adjusted percentage	2021	12.5%	12.0%	16.6%	20.9%	14.4%	15.8%	16.0%	**16.4%**
Overdose deaths involving any opioids, age-adjusted rate per 100,000 population	2022	27.7	53.2	23.3	23.6	18.5	26.7	26.7	**14.3**
Patients who received at least one buprenorphine prescription for opioid use disorder, age-adjusted rate per 100,000 population	2023	422.6	232.2	169.0	165.7	116.1	177.0	464.0	**415.6**
Opioid analgesic prescription, age-adjusted rate per 1,000 population	2023	230.7	182.0	122.8	143.5	121.8	142.4	225.6	**350.0**
Emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted rate per 100,000 population	2022	76.9	138.0	58.4	93.5	40.5	73.4	67.1	**53.3**
Percentage of adults who have experienced two or more adverse childhood experiences (ACEs)	2021	32.6%	47.2%	37.2%	45.1%	44.1%	44.6%	41.9%	**33.8%**
Indicated reports of abuse/maltreatment, rate per 1,000 children, aged 0-17 years	2022	N/A	N/A	N/A	N/A	N/A	10.7	12.4	**15.6**
Suicide mortality, age-adjusted rate per 100,000 population	2020-2022	6.5	5.7	5.5	7.1	5.7	6.0	8.0	**7.0**

Source: New York State Department of Health, 2025.
Note: Light grey shading denotes worse than state target; dark grey denotes 50 percent worse than state target.

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

Prevention Agenda 2019-2024 Priority Areas and Indicators	Data years	Staten Island	Bronx	Brooklyn	Manhattan	Queens	New York City	New York State	NYS Target
Improve Health Status and Reduce Health Disparities									
Percentage of deaths that are premature (before age 65 years)	2022	22.3%	35.2%	27.1%	21.8%	24.2%	26.5%	23.6%	**22.8%**
Premature deaths (before age 65 years), difference in percentages between Black non-Hispanics and White non-Hispanics	2022	28.6%	25.0%	17.0%	21.0%	16.6%	20.0%	19.4%	**17.3%**
Premature deaths (before age 65 years), difference in percentages between Hispanics and White non-Hispanics	2022	16.8%	19.0%	16.4%	13.1%	18.2%	17.1%	17.9%	**16.2%**
Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000	2022	98.2	180.9	96.8	93.9	84.3	105.4	96.8	**115.0**
Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Black non-Hispanics and White non-Hispanics	2022	140.2	106.1	90.1	208.6	70.9	113.8	101.5	**94.0**
Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Hispanics and White non-Hispanics	2022	20.0	38.4	38.8	76.4	9.5	53.0	29.5	**23.9**
Percentage of adults with health insurance, aged 18-64 years	2022	93.9%	91.0%	92.0%	94.7%	89.4%	#N/A	93.2%	**97.0%**
Adults who have a regular health care provider, age-adjusted percentage	2021	81.8%	81.5%	84.1%	79.5%	82.3%	82.2%	85.0%	**86.7%**

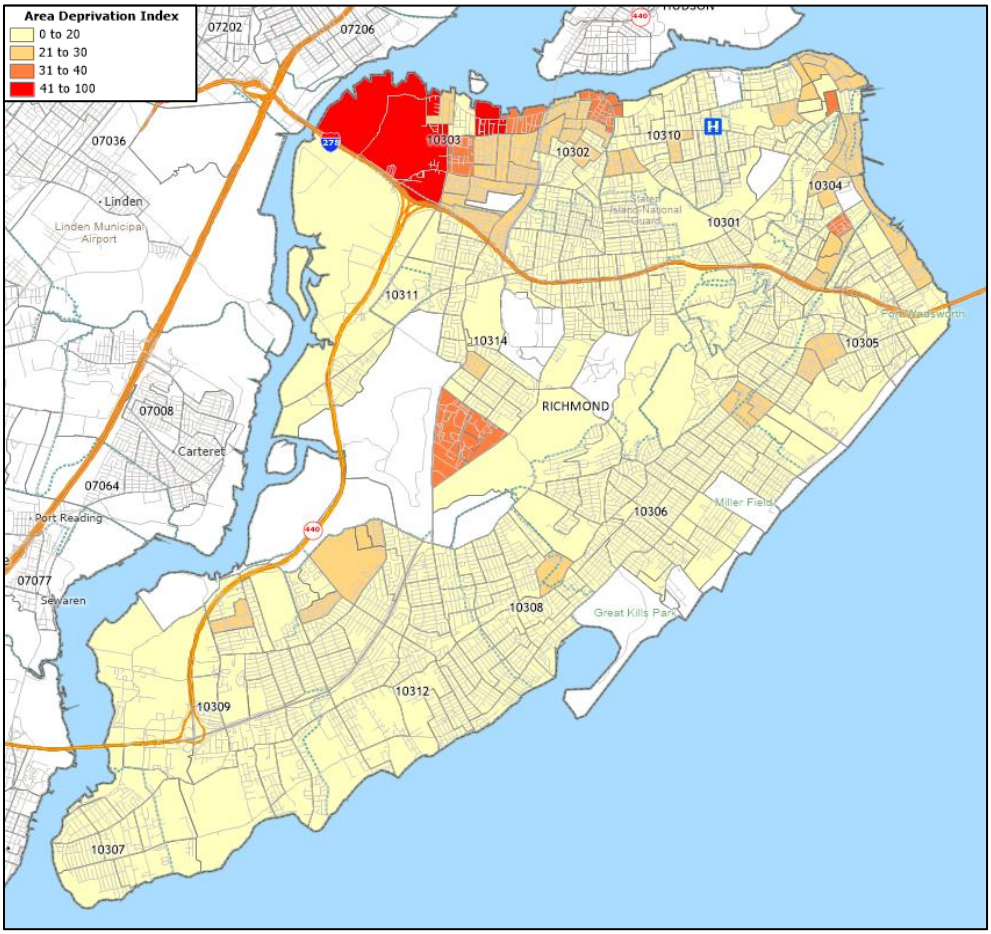
Source: New York State Department of Health, 2025.
Note: Light grey shading denotes worse than state target; dark grey denotes 50 percent worse than state target.

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

Area Deprivation Index

Exhibit 50 presents the University of Wisconsin, School of Medicine and Public Health, Center for Health Disparities Research's Area Deprivation Index (ADI) for the RUMC community. The ADI ranks neighborhoods by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality. ADIs are calculated for census block groups in national percentile rankings from 1 to 100. A block group ranking of 1 indicates the lowest level of disadvantage within the nation and an ADI ranking of 100 indicates the highest level of disadvantage.

Exhibit 50 Area Deprivation Index by Census Block Group, 2023



Sources: University of Wisconsin School of Medicine and Public Health. Area Deprivation Index, 2023, as downloaded from https://www.neighborhoodatlas.medicine.wisc.edu/, on July 3, 2025, and Caliper Maptitude, 2023.

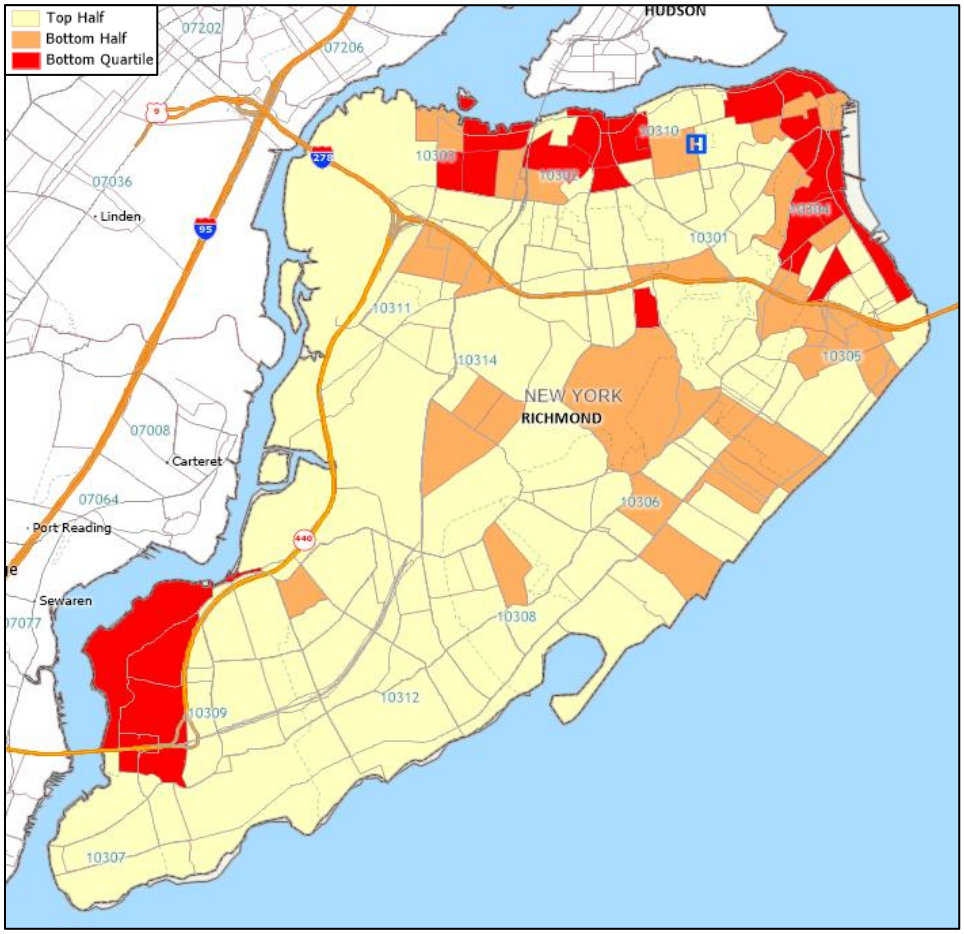
The highest ADIs present in Staten Island were in Port Richmond.

Social Vulnerability Index

The CDC has developed the *Social Vulnerability Index* (CDC SVI) that assesses the "potential negative effects on communities caused by external stresses on human health."[13] The CDC SVI is determined from fifteen variables reported by the U.S. Census Bureau. Variables are grouped into the following four themes: Socioeconomic status; Household composition; Race, Ethnicity, and Language; and Housing and transportation.

Exhibit 51A identifies the top quartile of CDC SVI for socioeconomic vulnerability for census tracts in Staten Island.

Exhibit 51A: Top Quartile Census Tracts for Socioeconomic Vulnerability



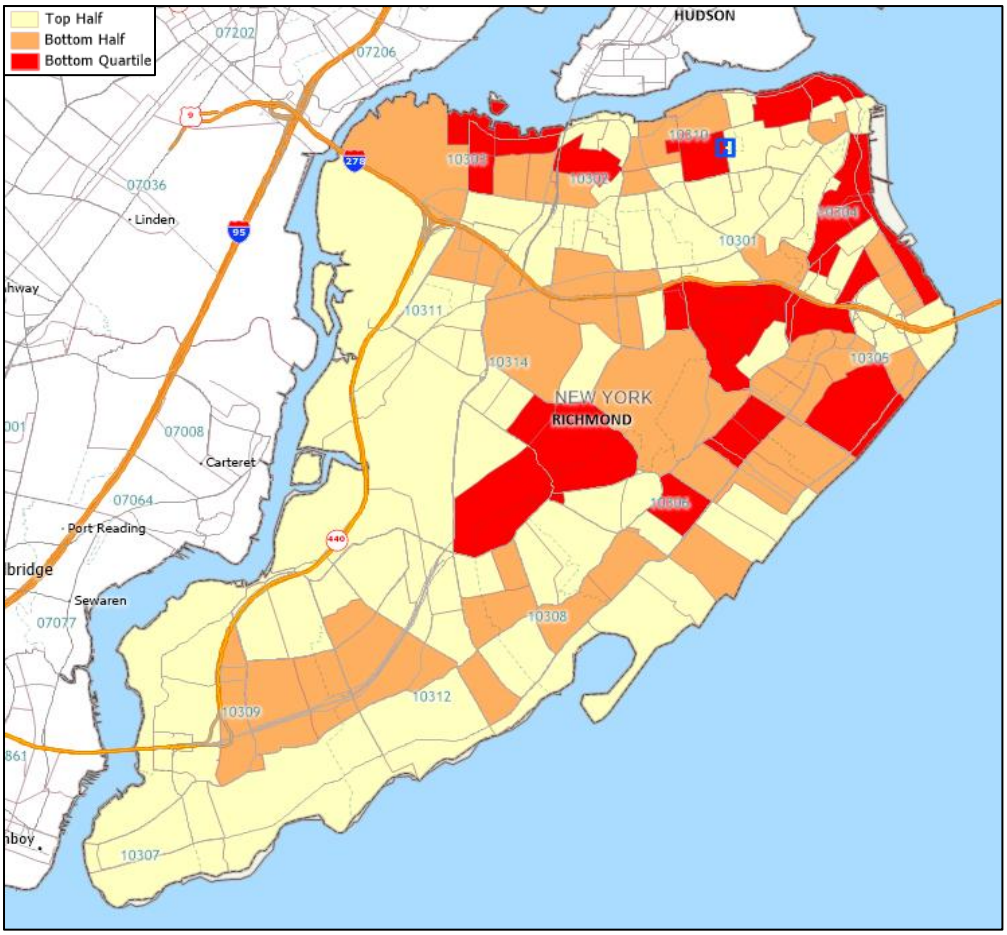
Sources: CDC, 2025, and Caliper Maptitude (2023)

Census tracts in the top quartile for socioeconomic vulnerability are present throughout the community, with concentrations in Port Richmond and Stapleton - St. George, as well as a part of South Beach – Tottenville.

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

Exhibit 51B identifies the top quartile of CDC SVI for household vulnerability for census tracts in Staten Island.

Exhibit 51B: Top Quartile Census Tracts for Household Vulnerability

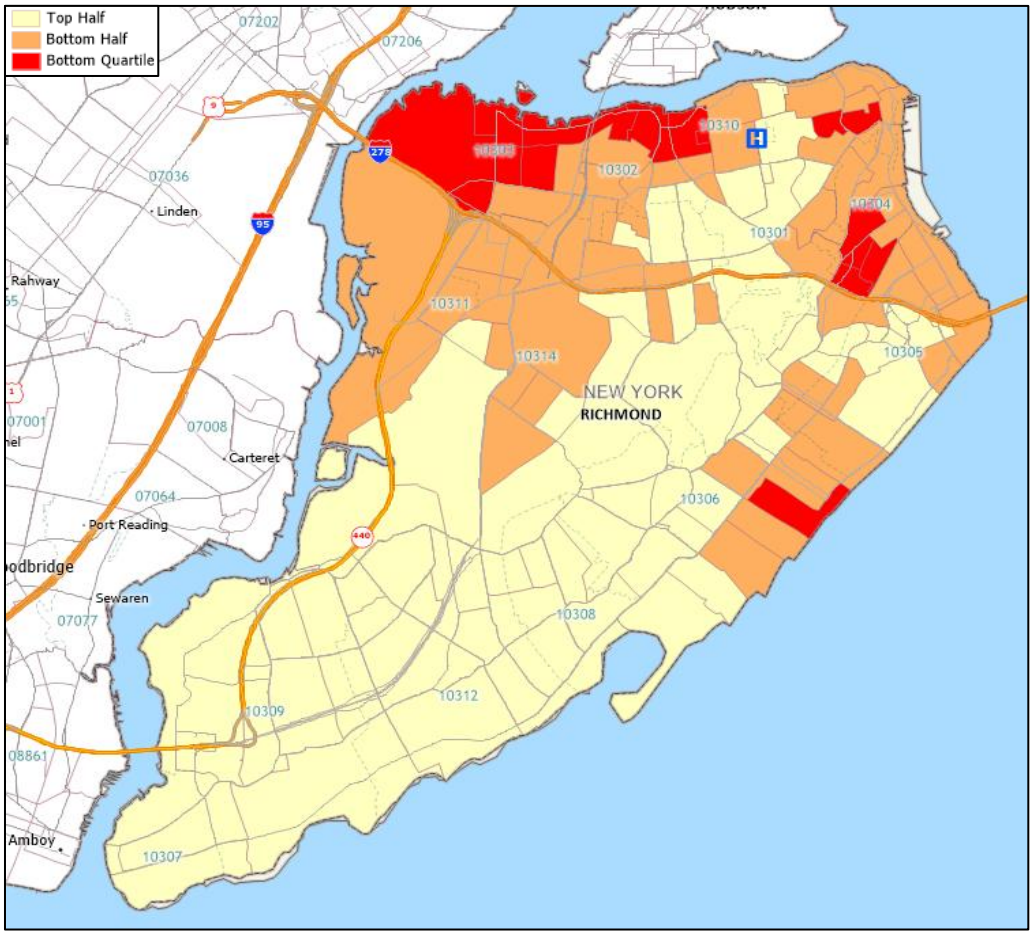


Sources: CDC, 2025, and Caliper Maptitude (2023).

Census tracts in the top quartile for household vulnerability are present throughout the community, with concentrations in northern areas of Staten Island.

Exhibit 51C identifies the top quartile of CDC SVI for minority vulnerability for census tracts in Staten Island.

Exhibit 51C: Top Quartile Census Tracts for Minority Vulnerability

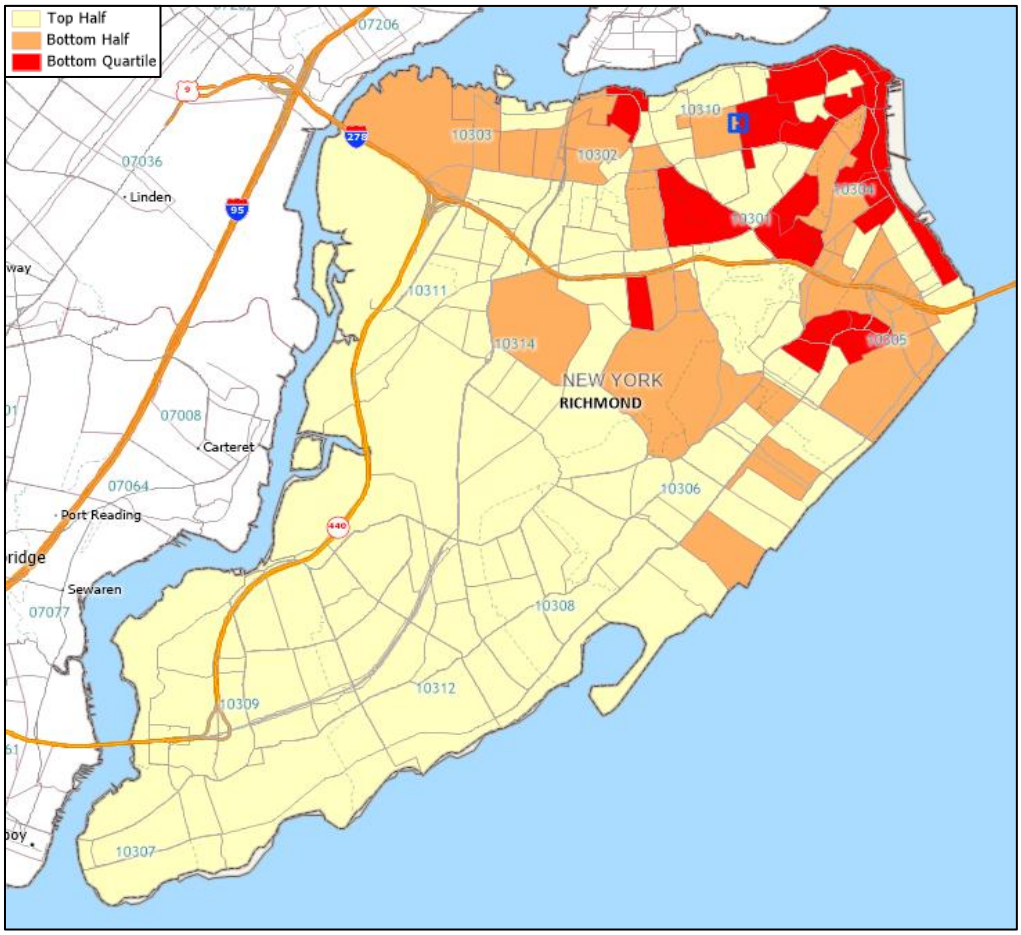


Sources: CDC, 2025, and Caliper Maptitude (2023).

Census tracts in the top quartile for minority vulnerability are present throughout the community, with concentrations in Port Richmond and Stapleton - St. George, as well as a part of Willowbrook.

Exhibit 51D identifies the top quartile of CDC SVI for housing vulnerability for census tracts in Staten Island.

Exhibit 51D: Top Quartile Census Tracts for Housing Vulnerability



Sources: CDC, 2025, and Caliper Maptitude (2023).

Census tracts in the top quartile for housing vulnerability are present throughout the community, with concentrations in Port Richmond and Stapleton - St. George, as well as a part of Willowbrook.

CDC PLACES

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

Exhibit 52A.1 identifies areas that compare unfavorably for health outcomes.

Exhibit 52A.1: CDC PLACES - Health Outcomes, 2024

Location	All teeth lost among adults aged >=65 years	Arthritis among adults	Cancer (non-skin) or melanoma among adults	Chronic obstructive pulmonary disease among adults	Coronary heart disease among adults	Current asthma among adults
Port Richmond	15.6%	23.2%	5.6%	5.8%	5.8%	10.7%
10302	16.0%	22.5%	5.6%	5.3%	5.7%	10.3%
10303	15.6%	22.7%	4.8%	5.8%	5.6%	11.0%
10310	15.3%	24.4%	6.4%	6.1%	6.1%	10.7%
Stapleton - St. George	14.6%	25.1%	6.8%	6.1%	6.5%	10.3%
10301	13.4%	25.5%	6.9%	6.2%	6.6%	10.5%
10304	16.8%	24.9%	6.2%	6.2%	6.4%	10.6%
10305	13.6%	24.8%	7.3%	5.9%	6.4%	9.7%
Willowbrook	11.2%	25.5%	7.9%	5.8%	6.5%	9.6%
10314	11.2%	25.5%	7.9%	5.8%	6.5%	9.6%
South Beach - Tottenville	10.7%	26.3%	8.6%	6.1%	6.5%	10.0%
10306	12.4%	27.1%	8.5%	6.6%	6.9%	10.1%
10307	8.7%	24.3%	8.3%	5.0%	5.5%	10.0%
10308	11.3%	26.9%	8.9%	6.4%	6.7%	10.1%
10309	11.5%	25.7%	8.3%	5.9%	6.2%	10.2%
10312	8.8%	26.1%	8.7%	5.8%	6.3%	9.9%
Staten Island	11.7%	23.9%	7.6%	5.3%	6.3%	9.5%
New York City	13.8%	20.6%	5.7%	5.4%	5.9%	10.1%
United States	12.2%	26.6%	8.2%	6.8%	6.8%	9.9%

-- Health Outcomes table continued below --

Current asthma among adults, compared to New York State overall, were present community. In Port Richmond and Stapleton - St. George, the percentages of all teeth lost among "adults aged >= 65 years" were higher than New York State overall. In South Beach - Tottenville, percentages of cancer (non-skin) or melanoma among adults were higher than New State overall.

-- Health Outcomes table continued from above --

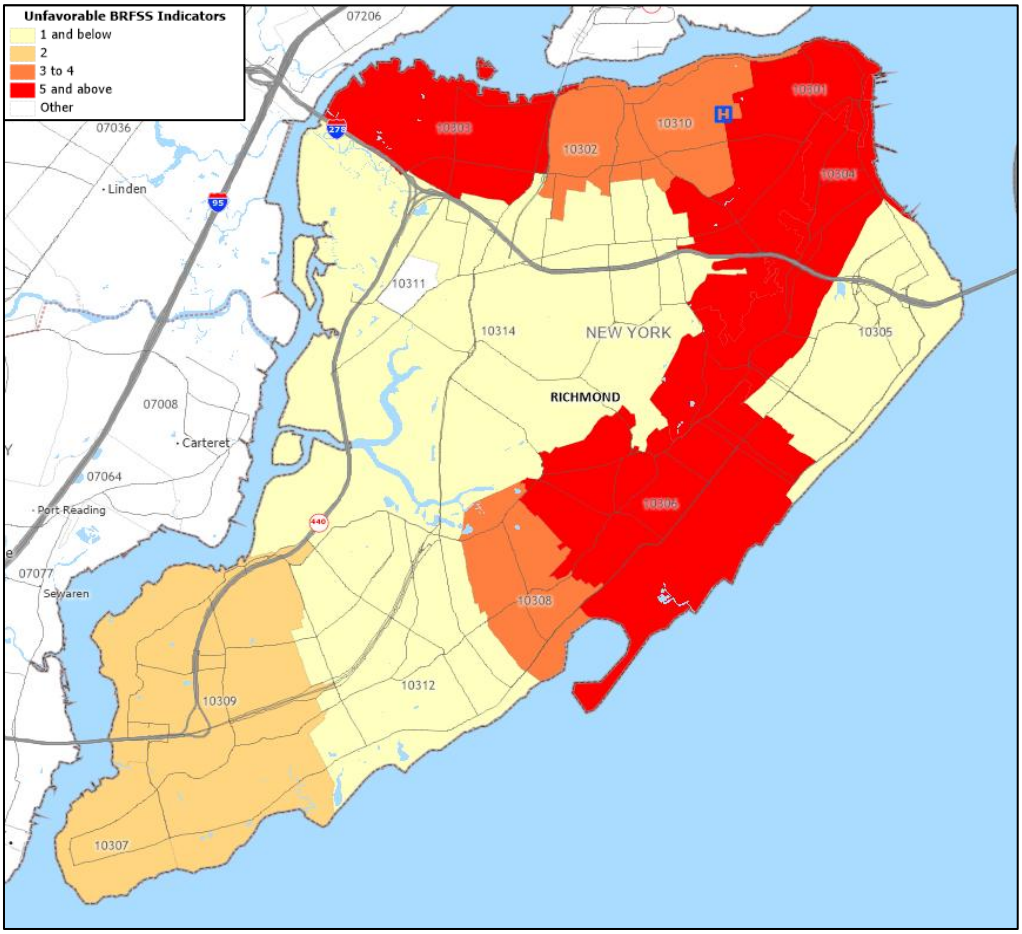
Location	Depression among adults	Diagnosed diabetes among adults	High blood pressure among adults	High cholesterol among adults who have ever been screened	Obesity among adults	Stroke among adults
Port Richmond	17.6%	12.9%	32.3%	32.6%	35.0%	3.3%
10302	17.3%	12.5%	31.6%	32.5%	35.1%	3.1%
10303	17.3%	13.6%	33.1%	32.1%	36.1%	3.4%
10310	18.1%	12.5%	32.0%	33.3%	33.8%	3.3%
Stapleton - St. George	17.4%	12.9%	33.5%	34.7%	32.0%	3.5%
10301	17.5%	13.1%	34.4%	34.6%	33.4%	3.6%
10304	17.1%	13.6%	34.1%	34.1%	33.4%	3.7%
10305	17.6%	11.9%	32.0%	35.5%	29.2%	3.1%
Willowbrook	17.4%	11.6%	31.9%	35.5%	28.4%	3.1%
10314	17.4%	11.6%	31.9%	35.5%	28.4%	3.1%
South Beach - Tottenville	18.9%	10.6%	31.3%	35.1%	29.6%	3.0%
10306	18.6%	11.5%	32.5%	35.7%	30.0%	3.3%
10307	19.3%	9.0%	29.8%	33.9%	29.5%	2.5%
10308	19.1%	10.6%	30.9%	35.2%	29.5%	3.1%
10309	19.6%	10.1%	30.6%	34.3%	30.2%	2.9%
10312	18.7%	10.3%	31.0%	35.1%	29.0%	2.9%
Staten Island	17.0%	11.3%	32.1%	34.9%	29.4%	3.0%
New York City	17.7%	11.6%	29.0%	33.6%	26.8%	3.4%
United States	20.7%	12.0%	32.7%	35.5%	33.3%	3.6%

Sources: Sources: CDC (2025) and Verité analysis.

Higher percentages of diagnosed diabetes among adults, high blood pressure among adults, and obesity among adults, as compared to the United States overall, were concentrated in Port Richmond and Stapleton - St. George.

Exhibit 52A.2 presents a map of ZIP Codes with a count of unfavorable health outcome indicators, compared to the United States.

Exhibit 52A.2: CDC Places – Map of Health Outcome Indicators, 2024



Sources: CDC (2025), Verité analysis, and Caliper Maptitude (2023).

The distribution of unfavorable health outcome indicators, compared to the United States overall, was concentrated in Port Richmond and Stapleton - St. George.

Exhibit 52B.1 identifies areas that compare unfavorably for prevention indicators.

Exhibit 52B.1: CDC Places - Prevention Indicators, 2024

Location	Cholesterol screening among adults	Colorectal cancer screening among adults aged 45–75 years	Current lack of health insurance among adults aged 18-64 years	Mammography use among women aged 50-74 years	Taking medicine to control high blood pressure among adults with high blood pressure	Visited dentist or dental clinic in the past year among adults	Visits to doctor for routine checkup within the past year among adults
Port Richmond	85.4%	63.3%	11.6%	75.5%	77.6%	56.7%	78.4%
10302	85.1%	63.2%	12.4%	75.1%	77.0%	57.9%	78.2%
10303	84.5%	61.6%	12.2%	75.5%	77.3%	54.3%	78.5%
10310	86.5%	65.1%	10.4%	75.8%	78.4%	58.3%	78.5%
Stapleton - St. George	86.3%	66.0%	9.5%	75.6%	79.5%	59.8%	79.3%
10301	86.9%	67.1%	9.6%	76.6%	79.8%	59.9%	79.7%
10304	85.7%	64.7%	10.6%	75.2%	79.3%	57.2%	79.5%
10305	86.4%	66.3%	8.3%	75.0%	79.5%	62.3%	78.6%
Willowbrook	87.8%	67.7%	7.0%	76.1%	80.4%	64.2%	79.3%
10314	87.8%	67.7%	7.0%	76.1%	80.4%	64.2%	79.3%
South Beach - Tottenville	88.3%	69.6%	6.2%	76.3%	79.8%	66.6%	79.1%
10306	88.0%	67.6%	7.3%	75.2%	80.4%	63.8%	79.3%
10307	87.6%	70.3%	5.6%	77.9%	78.1%	70.3%	78.6%
10308	89.1%	70.9%	5.6%	77.4%	80.2%	66.7%	79.1%
10309	88.0%	69.3%	5.8%	75.8%	79.1%	66.9%	78.8%
10312	88.5%	70.9%	5.7%	76.7%	79.8%	68.2%	79.2%
Staten Island	86.9%	68.8%	5.2%	76.4%	79.3%	66.3%	79.8%
New York City	86.9%	64.3%	10.6%	78.5%	76.0%	58.6%	78.0%
United States	86.4%	66.3%	10.8%	76.5%	78.2%	63.9%	76.1%

Sources: CDC (2025) and Verité analysis.

ZIP Codes with unfavorable prevention indicators, compared to the United States overall, were present are concentrated in Port Richmond and Stapleton - St. George. Lower percentages of mammography use among women aged 50-74 years were present in ZIP Codes throughout Staten Island.

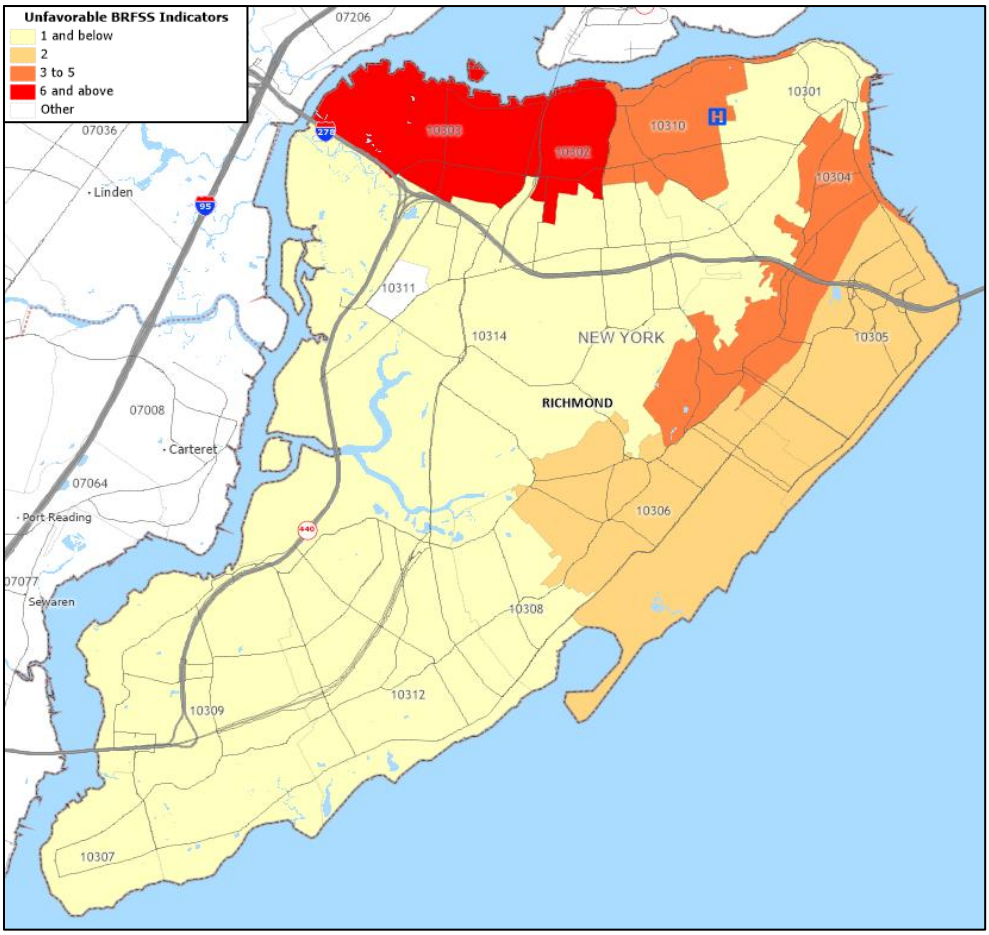
Note: With its 2024 U.S. Preventive Services Task Force (USPSTF) Recommendation Statement, the USPSTF recommends biennial screening mammography for women aged 40 to 74 years.[14,15]

[14] Final Recommendation Statement: Breast Cancer: Screening, U.S. Preventive Services Task Force, April 30, 2024. See https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening#fullrecommendationstart.

[15] Screening for Breast Cancer, US Preventive Services Task Force Recommendation Statement, US Preventive Services Task Force, April 30, 2024, and corrected on September 30, 2024, JAMA. 2024;331(22):1918-1930. See file:///C:/Users/patri/Downloads/breast-cancer-screening-final-recommendation.pdf.

Exhibit 52B.2 presents a map of ZIP Codes with a count of unfavorable prevention indicators, compared to the United States.

Exhibit 52B.2: CDC Places – Map of Prevention Indicators, 2024



Sources: CDC (2025), Verité analysis, and Caliper Maptitude (2023).

The distribution of unfavorable prevention indicators, compared to the United States overall, was concentrated in Port Richmond and Stapleton - St. George.

Exhibit 52C.1 identifies areas that compare unfavorably for health risk behaviors.

Exhibit 52C.1: CDC Places - Health Risk Behaviors, 2024

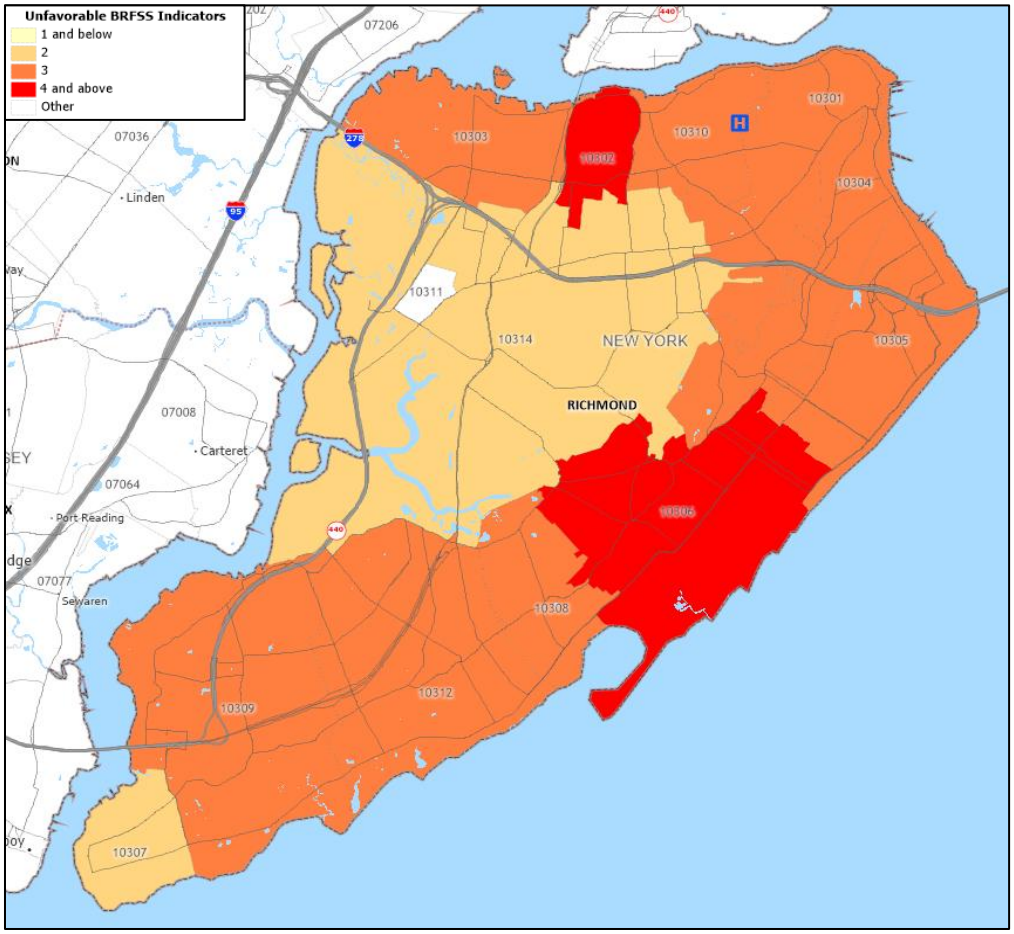
Location	Binge drinking among adults	Current cigarette smoking among adults	No leisure-time physical activity among adults	Short sleep duration among adults
Port Richmond	16.3%	14.6%	33.1%	46.1%
10302	16.9%	13.4%	32.0%	45.3%
10303	15.7%	15.4%	34.7%	48.0%
10310	16.4%	14.7%	32.3%	44.6%
Stapleton - St. George	15.8%	13.6%	31.3%	43.8%
10301	15.8%	13.4%	31.0%	43.9%
10304	15.1%	14.5%	33.3%	45.4%
10305	16.4%	13.0%	29.4%	42.0%
Willowbrook	16.1%	12.2%	28.2%	40.9%
10314	16.1%	12.2%	28.2%	40.9%
South Beach - Tottenville	17.8%	12.5%	26.2%	40.0%
10306	16.7%	13.4%	28.7%	40.9%
10307	19.6%	11.1%	22.3%	38.9%
10308	17.9%	12.8%	26.4%	39.7%
10309	18.6%	12.5%	25.5%	40.2%
10312	18.0%	11.8%	25.0%	39.4%
Staten Island	16.9%	10.5%	26.3%	40.6%
New York City	17.4%	12.6%	27.9%	39.2%
United States	16.6%	12.9%	23.7%	36.0%

Sources: CDC (2025) and Verité analysis.

Unfavorable health risk behaviors indicators, as compared to the United States overall, were present across Staten Island, notably unfavorable short sleep duration among adults in all ZIP Codes and no leisure time physical activity among adults in nearly all ZIP Codes. Higher percentages of cigarette smoking among adults were present across ZIP Codes in Port Richmond and Stapleton - St. George, as compared to the United States overall. Higher percentages of binge drinking among adults were present across ZIP Codes in South Beach - Tottenville as compared to the United States overall.

Exhibit 52C.2 presents a map of ZIP Codes with a count of unfavorable health risk behavior indicators, compared to the United States.

Exhibit 52C.2: CDC Places – Map of Health Risk Behavior Indicators, 2024



Sources: CDC (2025), Verité analysis, and Caliper Maptitude (2023).

Unfavorable health risk behavior indicators, compared to the United States overall, were present across Staten Island.

Exhibit 52D.1 identifies areas that compare unfavorably for health status.

Exhibit 52D.1: CDC Places - Health Status, 2024

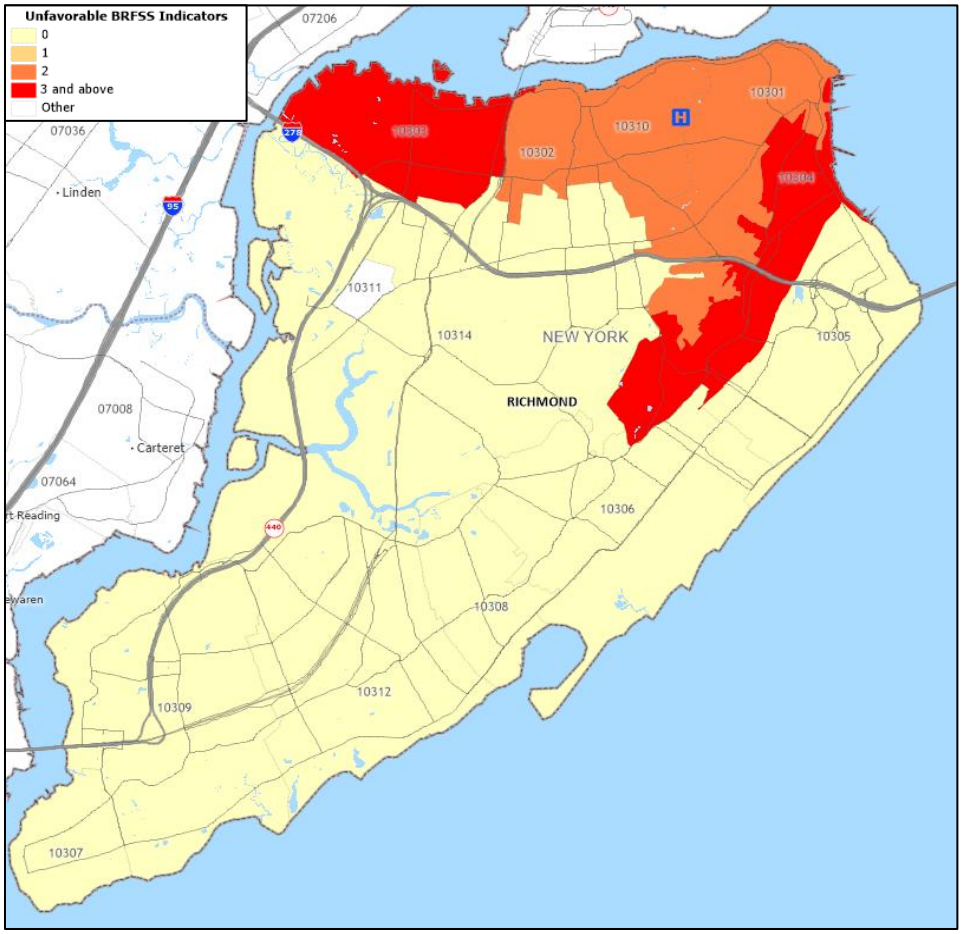
Location	Fair or poor self-rated health status among adults	Frequent mental distress among adults	Frequent physical distress among adults
Port Richmond	20.4%	17.1%	12.7%
10302	19.4%	16.5%	12.2%
10303	21.8%	17.7%	13.1%
10310	19.8%	17.0%	12.7%
Stapleton - St. George	18.7%	15.9%	12.3%
10301	19.1%	16.0%	12.4%
10304	20.4%	16.6%	12.9%
10305	16.7%	15.2%	11.6%
Willowbrook	15.6%	14.7%	11.1%
10314	15.6%	14.7%	11.1%
South Beach - Tottenville	14.7%	15.2%	11.1%
10306	16.4%	15.4%	11.9%
10307	12.2%	14.8%	9.8%
10308	14.8%	15.3%	11.2%
10309	14.2%	15.6%	11.0%
10312	13.8%	14.7%	10.6%
Staten Island	14.7%	13.9%	10.5%
New York City	19.4%	16.0%	12.9%
United States	17.9%	15.8%	12.7%

Sources: CDC (2025) and Verité analysis.

Higher percentages of fair or poor self-rated health status among adults and frequent mental distress among adults, as compared to the United States overall, were concentrated in Port Richmond and Stapleton - St. George.

Exhibit 52D.2 presents a map of ZIP Codes with a count of unfavorable health status indicators, compared to New York City.

Exhibit 52D.2: CDC Places – Map of Health Status Indicators, 2023



Sources: CDC (2025), Verité analysis, and Caliper Maptitude (2023).

The distribution of unfavorable health status indicators, compared to the United States overall, was concentrated in Port Richmond and Stapleton - St. George.

Exhibit 52E.1 identifies areas that compare unfavorably for disability status.

Exhibit 52E.1: CDC Places – Disability Status, 2024

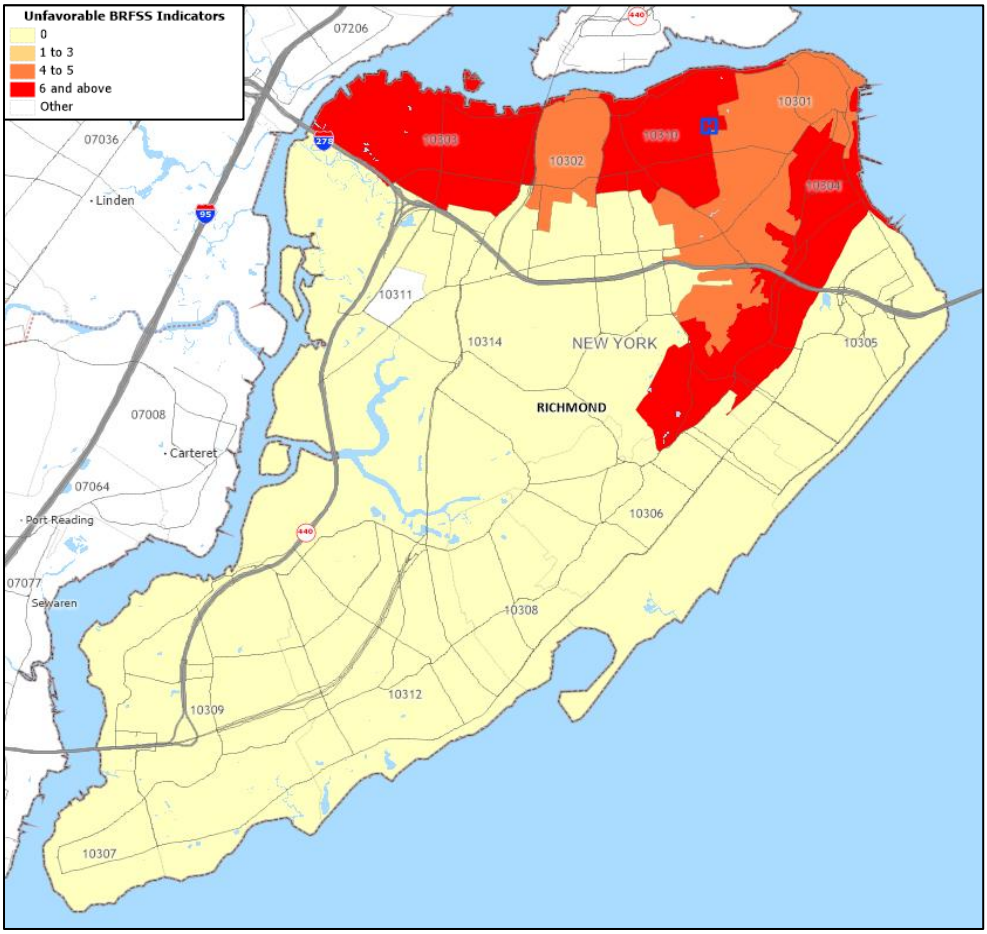
Location	Any disability among adults	Cognitive disability among adults	Hearing disability among adults	Independent living disability among adults	Mobility disability among adults	Self-care disability among adults	Vision disability among adults
Port Richmond	30.6%	14.4%	5.3%	8.8%	14.4%	4.5%	6.9%
10302	29.5%	13.7%	5.3%	8.2%	13.6%	4.2%	6.6%
10303	31.6%	15.1%	5.0%	9.3%	15.1%	4.8%	7.5%
10310	30.5%	14.2%	5.7%	8.7%	14.3%	4.3%	6.6%
Stapleton - St. George	29.5%	13.0%	5.9%	8.1%	14.2%	4.1%	6.2%
10301	29.9%	13.1%	6.0%	8.3%	14.6%	4.2%	6.4%
10304	30.9%	13.9%	5.8%	9.0%	15.2%	4.7%	7.0%
10305	27.6%	12.0%	6.0%	7.1%	12.8%	3.3%	5.2%
Willowbrook	26.9%	11.3%	6.1%	6.8%	12.4%	3.0%	4.8%
10314	26.9%	11.3%	6.1%	6.8%	12.4%	3.0%	4.8%
South Beach - Tottenville	26.3%	11.3%	6.1%	6.7%	12.1%	3.0%	4.3%
10306	28.3%	12.0%	6.5%	7.4%	13.5%	3.4%	5.0%
10307	23.1%	10.3%	5.2%	5.6%	9.8%	2.4%	3.5%
10308	26.7%	11.4%	6.2%	6.7%	12.4%	2.9%	4.3%
10309	25.8%	11.4%	5.9%	6.6%	11.7%	2.9%	4.2%
10312	25.3%	10.7%	5.9%	6.2%	11.5%	2.7%	4.0%
Staten Island	25.4%	10.4%	5.8%	6.3%	11.9%	2.9%	4.6%
New York City	29.5%	13.3%	5.5%	8.6%	14.3%	4.4%	7.1%
United States	29.9%	13.4%	7.1%	7.9%	13.7%	3.8%	5.7%

Sources: CDC (2025) and Verité analysis.

The distribution of unfavorable disability status indicators, compared to the United States overall, was concentrated in Port Richmond and Stapleton - St. George.

Exhibit 52E.2 presents a map of ZIP Codes with a count of unfavorable disability status indicators, compared to New York City.

Exhibit 52E.2: CDC Places – Map of Disability Status Indicators, 2024



Sources: CDC (2025), Verité analysis, and Caliper Maptitude (2023).

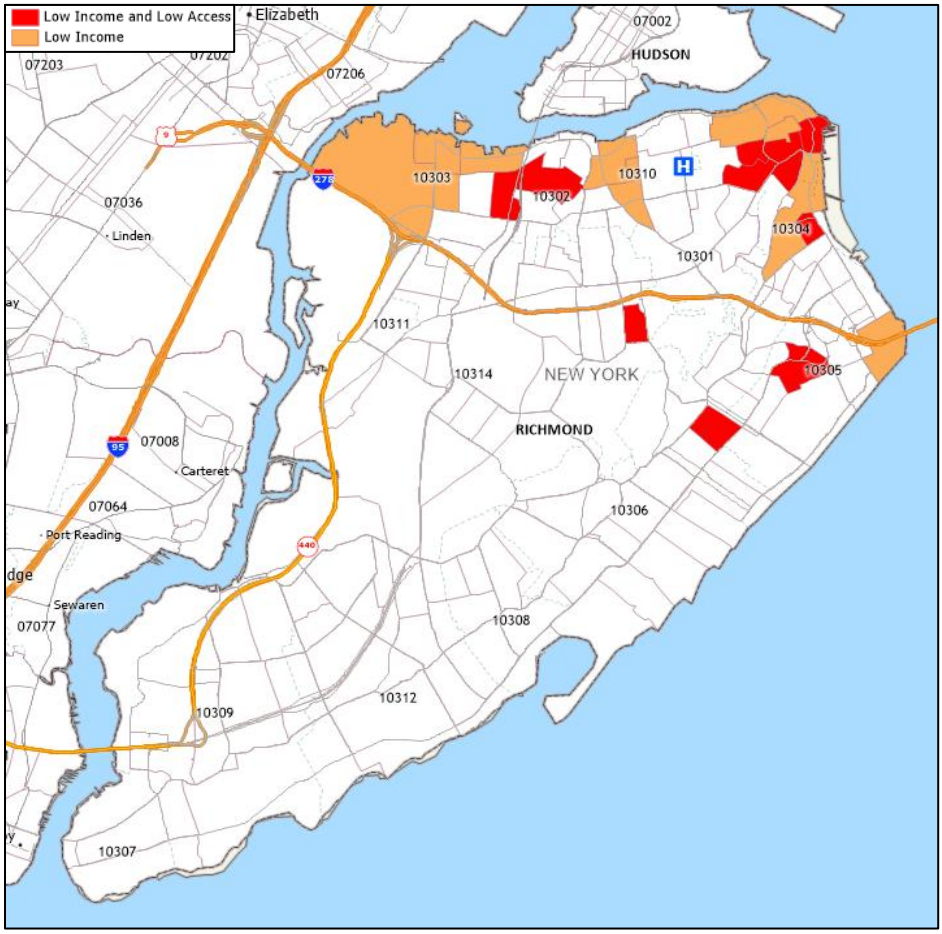
The distribution of unfavorable disability status indicators, compared to the United States overall, were concentrated in Port Richmond and Stapleton - St. George.

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

The U.S. Department of Agriculture's Economic Research Service estimates the number of people in each census tract that live in low-income areas with low access to nutritious and affordable food, colloquially known as "food deserts." Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these food deserts.

Exhibit 53 illustrates the location of food deserts in the RUMC community.

Exhibit 53: Food Deserts by Census Tract, 2019



Sources: Economic Research Services, U.S. Department of Agriculture (2021) and Caliper Maptitude (2023).
Low-access in this map is defined as "more than one-half mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas.

Food deserts are present within the RUMC community, specifically in in Port Richmond and Stapleton - St. George.

Medically Underserved Areas and Populations

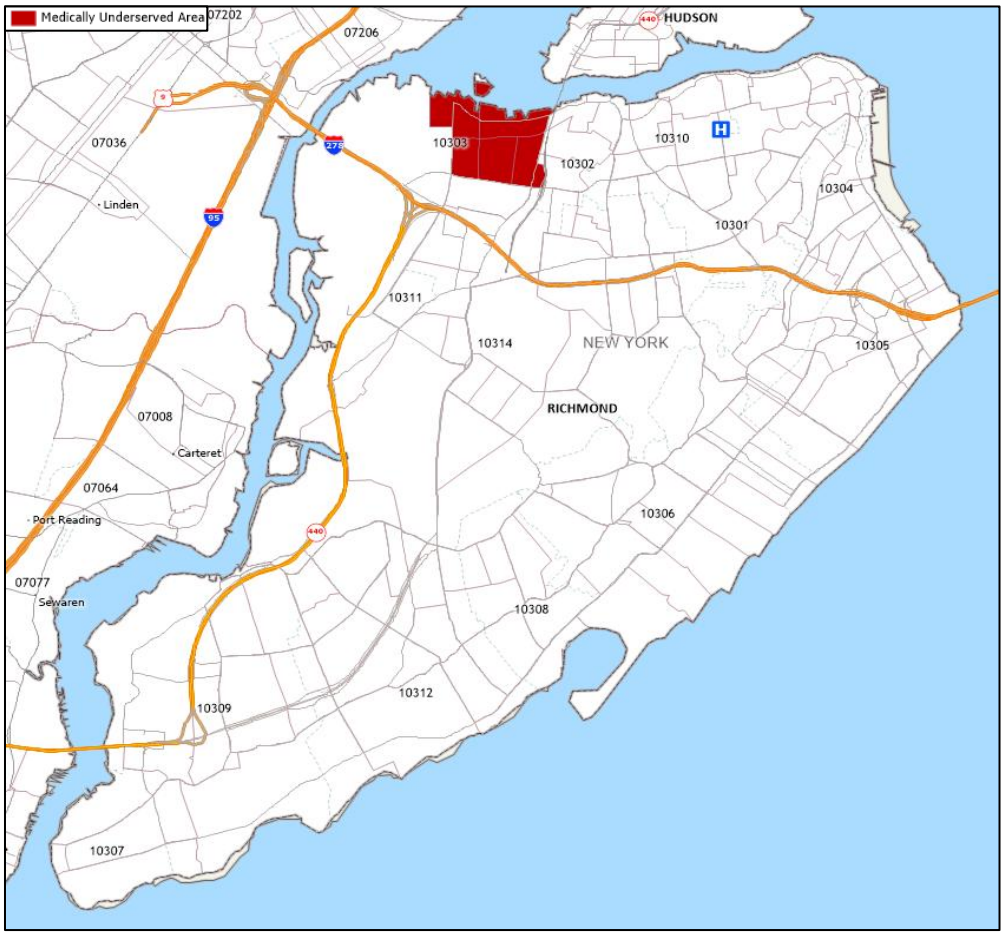
HRSA calculates an Index of Medical Underservice (IMU) score for communities across the U.S. The IMU score calculation includes the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population greater than age 64. IMU scores range from zero to 100, where 100 represents the least underserved and zero represents the most underserved.[16]

Any area or population receiving an IMU score of 62.0 or less qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Federally Qualified Health Centers (FQHCs) may be established to serve MUAs and MUPs. Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. When a population group does not qualify for MUP status based on the IMU score, a MUP designation is made if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides."[17]

Exhibit 54 shows parts of the community designated by HRSA as medically underserved.

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

Exhibit 54: Location of Federally Designated as Medically Underserved Areas and Medically Underserved Populations, 2025



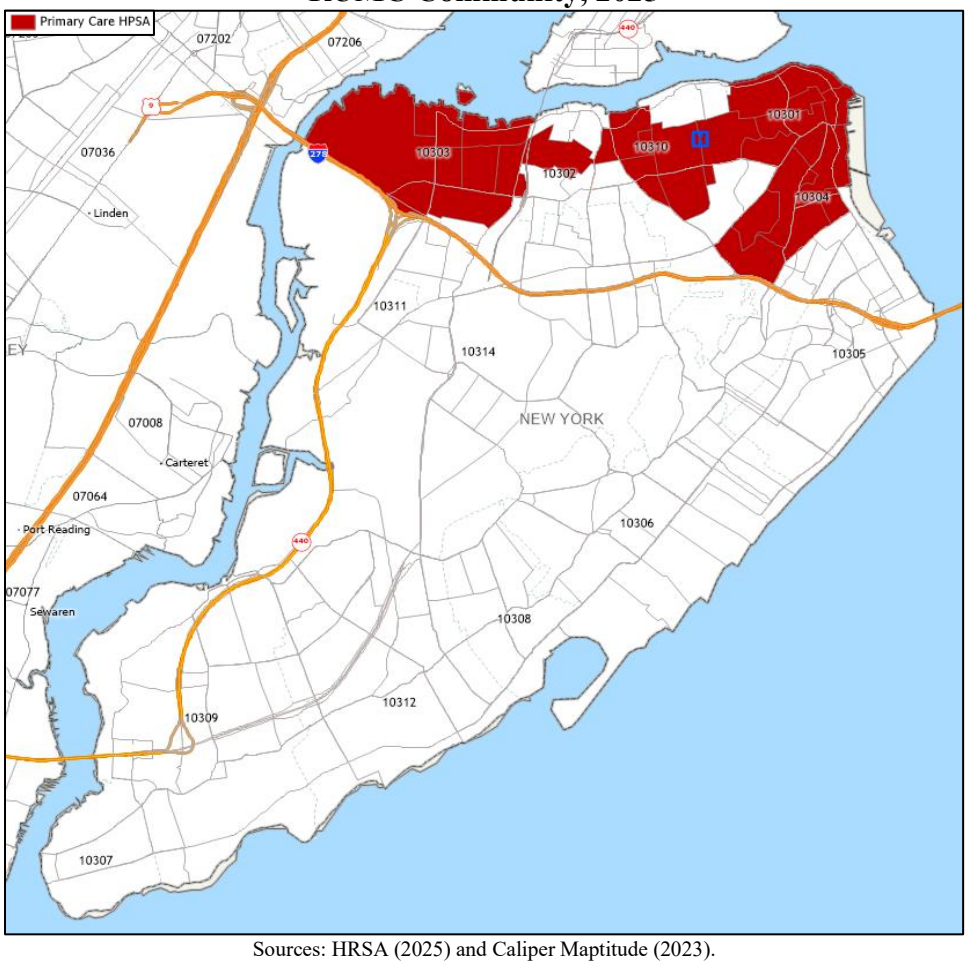
Sources: HRSA (2025) and Caliper Maptitude (2023).

Census tracts designated as Medically Underserved Areas were present in Port Richmond.

Health Professional Shortage Areas

An area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services. HPSAs can be: "(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility."[18] Areas and populations in the RUMC community are designated as HPSAs (**Exhibit 55**).

Exhibit 55A: Location of Federally Designated Primary Care HPSA Census Tracts in the RUMC Community, 2025

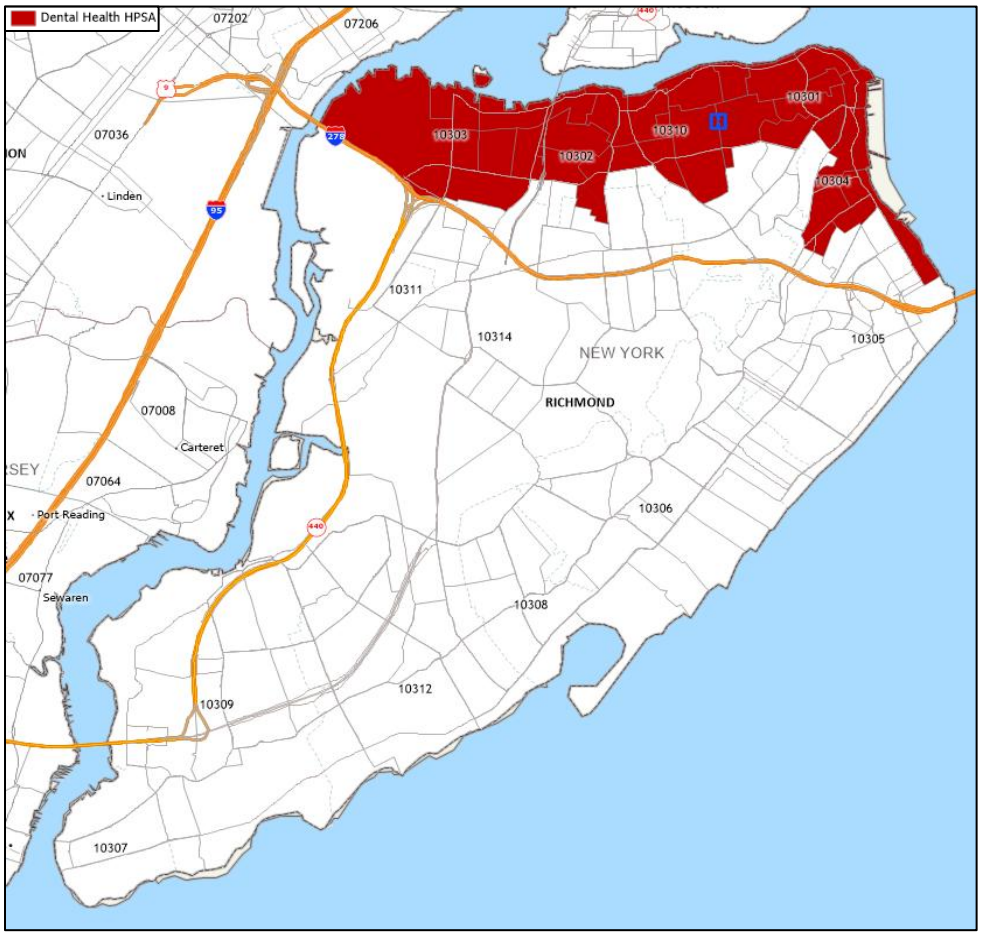


Sources: HRSA (2025) and Caliper Maptitude (2023).

Census tracts designated as Primary Care HPSAs are located in Port Richmond and Stapleton - St. George.

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

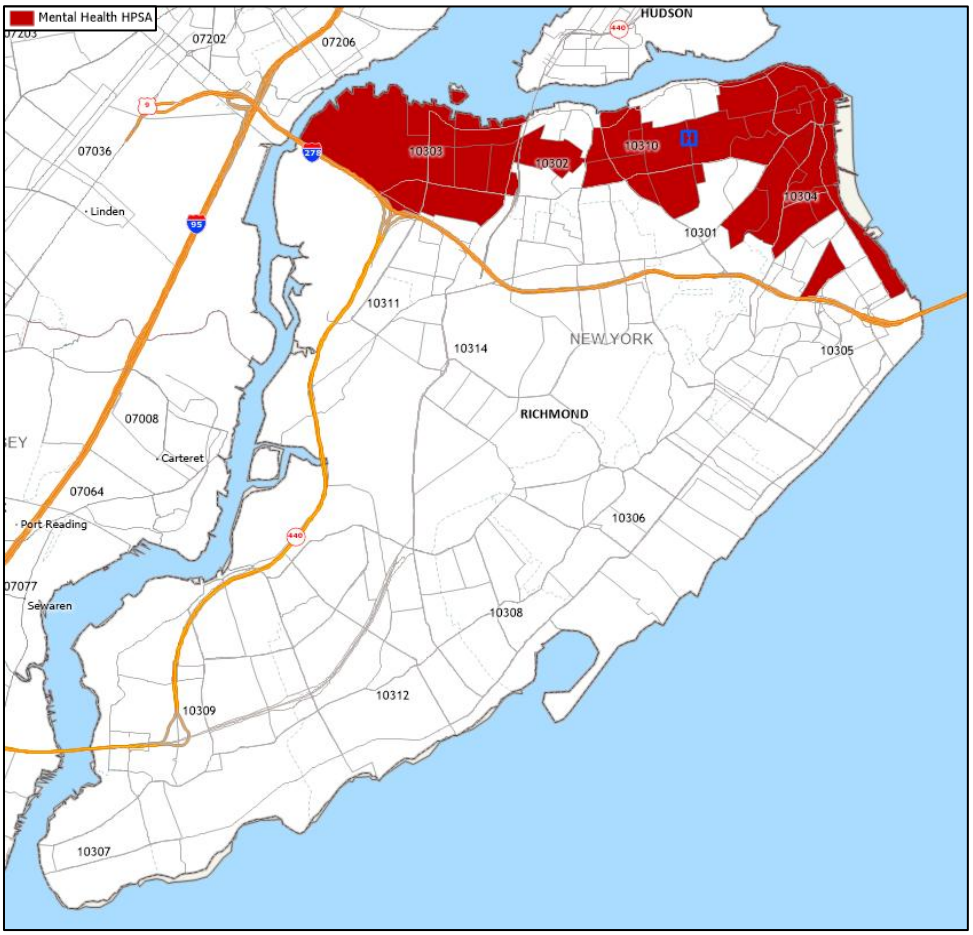
Exhibit 55B: Location of Federally Designated Dental Health HPSA Census Tracts in the RUMC Community, 2025



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

Census tracts designated as Dental Health HPSAs are located in Port Richmond and Stapleton - St. George.

Exhibit 55C: Location of Federally Designated Mental Health HPSA Census Tracts in the RUMC Community, 2025



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

Census tracts designated as Mental Health HPSAs are located in Port Richmond and Stapleton - St. George.

Description of Other Facilities and Resources within the Community

The RUMC community contains a variety of resources that are available to meet the health needs identified in this CHNA. These resources include facilities designated as HPSAs, hospitals, FQHCs, health professionals, and other agencies and organizations. Multiple facilities in the community are designated as HPSA facilities (**Exhibit 56**).

Exhibit 56: List of HPSA Facilities in the RUMC Community

Name	Facility Type	Primary Care	Dental Health	Mental Health
Beacon Christian Community Health Center, Inc.	Federally Qualified Health Center	●	●	●
Community Health Center of Richmond, Inc.	Federally Qualified Health Center	●	●	●

Source: Health Resources and Services Administration, 2025.

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

There are numerous locations for community residents to receive hospital services in New York City. **Exhibit 57** lists 62 hospital locations where community residents can receive services on Staten Island and across all other boroughs in New York City.

Exhibit 57: Hospitals in the RUMC Community and New York City

Borough	Name
Staten Island	Richmond University Medical Center
Staten Island	RUMC-Bayley Seton
Staten Island	Staten Island University Hosp-North
Staten Island	Staten Island University Hospital Prince's Bay
Bronx	BronxCare Hospital Center
Bronx	BronxCare Hospital Center
Bronx	Calvary Hospital Inc
Bronx	Jacobi Medical Center
Bronx	Lincoln Medical & Mental Health Center
Bronx	Montefiore Med Center - Jack D Weiler Hosp of A Einstein College Div
Bronx	Montefiore Medical Center - Henry & Lucy Moses Div
Bronx	Montefiore Medical Center - Montefiore Westchester Square
Bronx	Montefiore Medical Center-Wakefield Hospital
Bronx	North Central Bronx Hospital
Bronx	SBH Health System
Brooklyn	Brookdale Hospital Medical Center
Brooklyn	Brooklyn Hospital Center - Downtown Campus
Brooklyn	Calvary Hospital
Brooklyn	Interfaith Medical Center
Brooklyn	Kings County Hospital Center
Brooklyn	Kingsbrook Jewish Medical Village
Brooklyn	Maimonides Medical Center
Brooklyn	Maimonides Midwood Community Hospital
Brooklyn	Mount Sinai Brooklyn
Brooklyn	New York-Presbyterian Brooklyn Methodist Hospital
Brooklyn	NYU Langone Hospital - Joseph S. and Diane H. Steinberg Ambulatory Care Center
Brooklyn	NYU Langone Hospital-Brooklyn
Brooklyn	South Brooklyn Health
Brooklyn	University Hospital of Brooklyn
Brooklyn	Woodhull Medical & Mental Health Center
Brooklyn	Wyckoff Heights Medical Center

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Exhibit 57 (Continued): Hospitals in the RUMC Community

Borough	Name
Manhattan	Bellevue Hospital Center
Manhattan	David H. Koch Center for Cancer Care
Manhattan	Harlem Hospital Center
Manhattan	Henry J. Carter Specialty Hospital
Manhattan	Hospital for Special Surgery
Manhattan	Lenox Hill Hospital
Manhattan	Memorial Hospital for Cancer and Allied Diseases
Manhattan	Metropolitan Hospital Center
Manhattan	Mount Sinai - Behavioral Health Center
Manhattan	Mount Sinai Beth Israel
Manhattan	Mount Sinai Hospital
Manhattan	Mount Sinai Morningside
Manhattan	Mount Sinai West
Manhattan	New York Eye and Ear Infirmary of Mount Sinai
Manhattan	New York-Presbyterian David H. Koch Center
Manhattan	New York-Presbyterian Hospital - Allen Hospital
Manhattan	New York-Presbyterian Hospital - Columbia Presbyterian Center
Manhattan	New York-Presbyterian Hospital - New York Weill Cornell Center
Manhattan	New York-Presbyterian/Lower Manhattan Hospital
Manhattan	Northwell Greenwich Village Hospital
Manhattan	NYU Langone Hospitals
Manhattan	NYU Langone Orthopedic Hospital
Manhattan	Rockefeller University Hospital
Queens	Elmhurst Hospital Center
Queens	Flushing Hospital Medical Center
Queens	Jamaica Hospital Medical Center
Queens	Long Island Jewish Forest Hills
Queens	Mount Sinai Hospital - Mount Sinai Hospital of Queens
Queens	New York-Presbyterian/Queens
Queens	Queens Hospital Center
Queens	St Johns Episcopal Hospital So Shore

Source: New York State Department of Health, 2025.

Exhibit 58 presents the rates of primary care physicians, mental health providers, and dentists in the community per 100,000 population. For Staten Island, the rates per 100,000 population of mental health providers and dentists were higher than New York State overall rates.

Exhibit 58: Health Professionals Rates per 100,000 Population by Borough

Location	Primary Care Physicians		Mental Health Providers		Dentists	
	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000
Staten Island	401	1,231	1306	376	309	1,589
Bronx	824	1,729	3780	359	738	1,870
Brooklyn	1,669	1,582	8,028	319	1,683	1,539
Manhattan	2,158	731	17,762	90	2,988	534
Queens	1,374	1,697	4,773	472	1,696	1,343
New York State	**15,938**	**1,245**	**73,929**	**265**	**16,332**	**1,205**

Source: Data provided by County Health Rankings, 2025.

Other resources

NYC311. A wide range of other agencies and organizations is available in the community to assist in meeting health needs. NYC311 provides "access to non-emergency City services and information about City government programs" and is accessible by phone (311 and 212-639-9675), online (https://portal.311.nyc.gov/ and social media sites), and by mobile app (NYC311 App). NYC311 is accessible to non-English speakers with assistance in 175 languages.[19]

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

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

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

211 New York State. The United Way of New York State operates 211 New York, a service that "connects New Yorkers to local resources and services --- including food, housing, mental health support, and more." The service is free and available 24/7 in multiple languages. The service can be accessed by telephone at 211 or online at https://www.211newyork.org/. Referral categories are as follows:

- Disabilities;
- Domestic Violence;
- Education;
- Employment;
- Financial;
- Food;
- Health Care;
- Homeless Student Liaison;
- Mental Health;
- Personal/Household Items;
- Shelter/Housing; and
- Transportation. [20]

[19] See https://portal.311.nyc.gov/article/?kanumber=KA-02498. Accessed October 2025.
[20] https://www.211newyork.org/

New York City Parks. New York City Parks manages 30,000 acres of land across New York City, as well as 5,000 individual properties, including 800 athletic fields, 1,000 playgrounds, 1,800 basketball courts, 550 tennis courts, 65 public pools, 51 recreational facilities, 15 nature centers, 14 golf courses, and 14 miles of beaches.[21] Parks on Staten Island include the following:

- Alice Austen Park;
- Blue Heron Park;
- Brookfield Park;
- Clove Lakes Park;
- Conference House Park;
- Cpl. Thompson Park;
- Faber Pool And Park;
- Franklin D. Roosevelt Boardwalk And Beach;
- Freshkills Park;
- Great Kills Park;
- High Rock Park;
- Latourette Park & Golf Course;
- Lemon Creek Park;
- Ocean Breeze Park;
- Silver Lake Park;
- Tappen Park;
- Tompkinsville Park;
- Westerleigh Park;
- Willowbrook Park; and
- Wolfe's Pond Park.[22]

New York City Schools. The New York City Department of Education (NYCDOE) manages the New York City's public school system. In addition to educational services provided to children and youth, NYCDOE offers Parent University, which "seeks to educate and empower families through free courses, resources, events, and activities." NYCDOE identified 85 schools on Staten Island.[23]

Farmers Markets. The NYC Department of Health and Mental Hygiene produced a 2025 Farmers Market Map.[24] That map identified four farmers markets on Staten Island, three in Stapleton - St. George and one in Willowbrook.

[21] See https://www.nycgovparks.org/about.
[22] See https://www.nycgovparks.org/park-features/parks-list?boro=R.
[23] See https://www.schools.nyc.gov/.
[24] See https://www.nyc.gov/assets/doh/downloads/pdf/cdp/farmers-markets-map.pdf and https://www.nyc.gov/site/doh/health/health-topics/health-bucks.page.

HealthyNYC - Population Agenda of the NYC Health Department

In 2023, the New York City Department of Health and Mental Hygiene (NYC Health Department) launched HealthyNYC, its plan to improve and extend the average lifespan of all New Yorkers. HealthyNYC outlined a vision for improved life expectancy and a healthier city by 2030. Drivers and goals identified in the plan relate to (1) Chronic and Diet-Related Diseases, (2) Mental Health, (3) COVID-19, (4) Homicide, and (5) Maternal Mortality. Additional details are below.

1. **Chronic and Diet-Related Diseases** – The strategy "addresses the root causes of chronic diseases," to meet the goals "to decrease heart- and diabetes-related deaths by 5%, and screenable cancer deaths by 20% by 2030," with specific references for the following conditions:

    a. Heart disease,
    b. Diabetes-related diseases, and
    c. Screenable cancers.

2. **Mental Health** – The plan notes the impact of the COVID-19 pandemic, increasing mental health needs, and neglect of mental health systems, with goals to reduce deaths "by 25% by 2030" and suicide deaths "by 10% by 2030".

3. **COVID-19** – The goal of HealthyNYC goal is to "decrease deaths due to COVID-19 by 60% by 2030," with specific references to the following:

    a. Focusing effort on residents with "the highest risk of severe disease and death, which includes people who are older, are immunocompromised and/or have certain disabilities that may increase their risk for having underlying health conditions," and
    b. "Increase availability of treatment and vaccination uptake."

4. **Homicide** – To reduce homicide deaths by 30% by 2030, the NYC Health Department plans to "invest in communities most impacted by violence, increase access to mental health and violence-related trauma support and expand community-engaged and data-driven approaches to public safety."

5. **Maternal Mortality** – To meet the goal is pf reduce maternal death rates by 10% by 2030, the NYC Health Department "will increase new families' access to health care and social support, and increase access to and quality of sexual and reproductive health care for people of color who may become pregnant, are pregnant or have recently given birth."

    Overlapping Community, Social and Structural Factors. HealthyNYC indicates that multiple factors contribute to health-related disparities, including "inequities in housing, nutrition, economic opportunity and access to health care."

New York State Health Assessment, 2024

In October 2025, the New York State Department of Health published its The New York State Health Assessment (SHA). The SHA "identifies and describes:

- The health of the population and areas for health improvement
- Contributing factors that affect health outcomes
- Existing state assets and resources that can be used to address health needs."

Key findings that were identified in the SHA are below.

- "The population in New York is aging and diverse.
- The life expectancy of individuals in New York has declined due to serious health threats, such as COVID-19 and the opioid crisis.
- Chronic diseases, including cancers and asthma, continue to be a major burden.
- Although access to health care in New York State has improved, many individuals still face barriers.
- There are significant disparities in health outcomes and social determinants of health across racial and ethnic categories, education levels, and income levels.
- Lack of social associations, disconnected youth, and single-parent households may contribute to poor mental and physical health.
- Obesity, smoking, and lack of physical activity negatively impact people's health.
- Teen pregnancy has declined and breastfeeding rates have improved, but infant and maternal health disparities remain.
- New York State has made progress in efforts to end acquired immunodeficiency syndrome (AIDS), but there are still relatively high rates of sexually transmitted infections (STIs)."[25]

[25] New York State 2024 Health Assessment, the New York State Department of Health, October 20, 2025. See https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/2024_sha_report.pdf.

Prevention Agenda 2025-2030: New York State's Health Improvement Plan by the New York State Public Health and Health Planning Council and the New York State Department of Health

In 2025, the New York State Public Health and Health Planning Council accepted the Prevention Agenda 2025-2030. The July 2025 plan established health priorities for state and local action. Action plans were developed for five domains: (1) Economic Stability, (2) Social and Community Context, (3) Neighborhood and Build Environment, (4) Health Care Access and Quality, and (5) Education Access and Quality. Focus areas for these five topics are below.

Domain 1: Economic Stability
- Priority: Poverty
- Priority: Unemployment
- Priority: Nutrition Security
- Priority: Housing Stability and Affordability

Domain 2: Social and Community Context
- Priority: Anxiety and Stress
- Priority: Suicide
- Priority: Depression
- Priority: Primary Prevention, Substance Misuse, and Overdose Prevention
- Priority: Tobacco/E-Cigarette Use
- Priority: Alcohol Use
- Priority: Adverse Childhood Experiences
- Priority: Healthy Eating

Domain 3: Neighborhood and Built Environment
- Priority: Opportunities for Active Transportation and Physical Activity
- Priority: Access to Community Services and Support
- Priority: Injuries and Violence

Domain 4: Health Care Access and Quality
- Priority: Access to and Use of Prenatal Care
- Priority: Prevention of Infant and Maternal Mortality
- Priority: Preventive Services for Chronic Disease Prevention and Control
- Priority: Oral Health Care
- Priority: Preventive Services
- Priority: Early Intervention
- Priority: Childhood Behavioral Health

Domain 5: Education Access and Quality
- Priority: Health and Wellness Promoting Schools
- Priority: Opportunities for Continued Education

PRIMARY DATA ASSESSMENT

Findings from Key-Informant Interviews

Key informant stakeholders were engaged by in-person meetings and video conference calls from September through October 2025. The interviews were designed to obtain input on health needs from persons who represent the broad interests of the community served by Richmond University Medical Center.

Ten interview sessions were held with 50 individuals representing fifteen organizations. Interviewees included: individuals with special knowledge of or experts in public health; local public health department representatives with information and expertise relevant to the health needs of the community; and individuals and organizations serving or representing medically underserved, low-income, and minority populations. The organizations that provided input are listed after the discussion of issues identified in the interviews.

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

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

Issues Identified by Key Informant Interview Participants

- The unique health need of Staten Island residents can be overshadowed by other boroughs because of the island's relative geographic isolation and comparatively small size to other boroughs;
- Health needs across Staten Island are quite diverse, with the northern section more reflective of issues facing dense urban areas and southern section more reflective of issues facing suburban communities;
- Chronic disease prevalence and disparities in outcomes are influenced by a myriad of factors, including environmental factors, social determinants, and behaviors;
- Physical health issues and chronic diseases that especially impact community members are cancers, asthma, obesity, and diabetes;
- Mental health needs are increasing in the community due to increased anxiety, social isolation, and other issues;
- Substance use disorder is prevalent due to unmet mental health issues and greater access to legal and illegal substances;
- Access to health care services is challenging for all residents of the island, including timely access to primary care services, local access to specialty care services, and access to the continuum of behavioral health needs;
- Health care providers are struggling to meet the need for services due to staffing shortages, hiring challenges, and changes within healthcare system;
- Navigating the healthcare system, already challenging for residents with limited access to technology and limited English literacy, is increasingly difficult due to workforce challenges, changes in the healthcare environment, gaps in cultural competence, and a current lack of trust in institutions, including health care facilities;
- The number of older adults is increasing and options to support aging care are limited; and
- Basic needs insecurity continues to increase, related notably to nutritious food, affordable housing, and reliable transportation.

Details are below.

The unique health needs of Staten Island residents can be overshadowed by other boroughs because of the island's relative geographic isolation and comparatively small size to other boroughs.

Staten Island was referred to as the "Forgotten Borough" by several community engagement participants. This nickname was attributed to the island's geographic size and location, historically small population compared to other boroughs, and perception that Staten Island is "always the last of New York City priorities." The justification for the nickname was illustrated by the infrastructure on the islands compared elsewhere in New York City, including limited public transportation and lack of NYC Health + Hospitals services.

The island's infrastructure was also identified as aging and insufficient for current population levels. Demographics have "exploded," with both large increases in the number of residents and the diversity of community members. Population increases have not been met with a corresponding increase in access to supermarkets and health services, including pharmacies.

Health needs across Staten Island are quite diverse, with the northern section more reflective of issues facing dense urban areas and southern section more reflective of issues facing suburban communities.

Staten Island was described as "A Tale of Two Cities" with extreme ends for poverty and wealth. Much of the wealth distribution was described as geographical, with poverty concentrated in the urban north ("North Shore") and affluence concentrated in the suburban south ("South Shore").

Residents of the North Shore were identified as more likely to be migrant and/or low-income. Access to and continuity of care for these community members are likely to be challenged by economic barriers, health literacy issues, and limited English language ability. Enhanced cultural competence, better interpreter services, and peer-to-peer counseling with Community Health Workers ("CHWs") were suggested as options to improve health outcomes for these community members.

Residents of the South Shore were identified as more financially stable; although low-income community members reside on this part of the island, these residents may be hidden and their unmet needs overlooked needs. Transportation can be challenging for residents of the South Shore due to reliance on passenger vehicles, minimal public transportation options, and traffic congestion. Enhanced cultural competence may improve health outcomes for these community members, too, as culture nuances can affect outcomes.

Chronic disease prevalence and disparities in outcomes are influenced by a myriad of factors, including environmental factors, social determinants, and behaviors.

Chronic disease prevalence on the island was identified, along with the contribution and accumulation of multiple factors, including the continued legacies of the Fresh Kills landfill and the World Trade Center 9/11 contaminants. Pollution from local traffic and the Staten Island expressway contributes to poor health conditions for residents across the community. Particularly for residents of multiunit housing, inadequate pest management can contribute to chronic disease, notably asthma. Further Distance to NYC Health + Hospitals services is an additional factor for some community members.

Chronic diseases identified as problematic include asthma, cancers, diabetes, cardiovascular diseases, kidney disease, as well as behavioral health issues of anxiety, depression, and substance use disorders. Access barriers to health care providers contribute to rates of disease prevalence on Staten Island.

Lifestyle factors and behaviors were also cited as contributors. Specific factors identified include smoking and vaping, misuse of legal and illegal substances, and a lack of uptake of preventive services, notably vaccinations and cancer screenings. Such lack of prioritization of healthy activities frequently accumulate to severe disease states. In young adults in particular, poor disease management contributes to poor outcomes, including loss of sight and limbs.

Physical health issues and chronic diseases that especially impact community members are cancers, asthma, obesity, and diabetes.

Cancers were identified as physical health issues across community engagement sessions. Specific cancers include breast, colon, lung, and testicular. Environmental factors were cited as contributing to cancer prevalence, including the Fresh Kills landfill, 9/11 World Trade Center contaminants, and vehicle emissions from local traffic and the Staten Island Expressway. Individual behaviors were also cited, including smoking and testosterone misuse.

Asthma was identified an issue impacting residents across the island, especially children. Environmental factors were cited as contributing to asthma prevalence, including vehicle emissions and inadequate pest management. Lack of access to primary care services may also contribute.

Obesity was identified by participants as a significant physical health issue. Obesity was described as “rampant” and experienced by all parts of the community, from children to older adults, as well as among pregnant women. Obesity was associated with multiple diseases, including cancers, diabetes and other metabolic disorders, and heart disease. Obesity was also identified as exacerbating other conditions and behaviors, notably arthritis and physical inactivity.

Diabetes was identified as an issue impacting many individuals in the community, including youth, young adults, and older adults. Lack of diabetes disease management was cited as significant contributor to negative health outcomes.

Mental health needs are increasing in the community due to increased anxiety, social isolation, and other issues.

Poor mental health across the community and an undersupply of mental health services was identified as significant in most community engagement sessions. Specific mental health conditions identified include anxiety and depression, along with social isolation as a contributing factor. Suicides were cited as evidence of unmet mental health needs.

Mental health issues were identified as comorbid with other health conditions, especially substance use disorders. Other factors, such as stigma related to mental illness, overall health literacy, and condition-related denial, contribute. Mental health issues are exacerbated by a lack of resources in the community, as evidenced by long waiting times, lack of participation with health insurance, and undersupply of psychiatric inpatient services. For providers, unpredictable patient behaviors, including violence, can negatively impact treatments and outcomes.

In children and youth, emotional regulation issues were identified as more prevalent in the community, potentially due to social isolation during the COVID pandemic. Additionally, serious suicidal ideation in children and youth was cited as evidence of unmet pediatric mental health needs.

Substance use disorder is prevalent due to unmet mental health issues and greater access to legal and illegal substances.

Substance use disorder was identified as prevalent throughout the community. Specific substances cited include legal substances, such as alcohol, smoking/vaping and cannabis, prescribed substances, such as opioids and testosterone, as well as illegal substances. Unmet mental health issues, including body dysmorphia, contribute.

Increased access to substances also contribute to substance use disorder. While substance use disorder is associated with illicit drugs, use of legal substances, such as alcohol, tobacco, vaping, and cannabis products, are prevalent across the community. While long-term misuse of substances contribute to negative health outcomes, legal status of some substances adds complexity to treatment.

For Staten Island, insufficient availability to detox services limits treatment and recovery options. However, poor reimbursement rates for treatment services by public and private insurance payors contribute to limited service availability.

Access to health care services is challenging for residents of the island, including timely access to primary care services, local access to specialty care services, and access to the continuum of behavioral health needs.

Access to health care services was identified as a challenge for all residents of Staten Island because "the population is growing but the number of providers is shrinking." Specifically, an insufficient supply of providers was cited, including specialties, resulting in lengthy waits for consultations. Specialties with access challenges were identified include anesthesia, gastroenterology, neurology, rheumatology, and oncology. Additionally, some services are not available on Staten Island, including NYC Health + Hospitals services.

Provider working hours, such as the hours during which a pharmacy is open, can limit access. Health insurance coverage can restrict both providers available for consultation and covered services received. Further, separate components with the health care network can negatively impact the continuum of care, such delays between the prescription for and receipt of durable medical equipment ("DME").

Costs were identified as significantly limiting health care access for community members without health insurance, as well as for residents with high cost-sharing requirements under health insurance coverage. Lack of access to pharmaceuticals and lack of access to dental services were also cited as particularly cost-sensitive items. Costs of health care premiums are also impacting health insurance that employers are able to provide, especially small businesses.

For pregnant women, access to prenatal care was identified as needed for healthy outcomes. The importance access to prenatal care was illustrated with the relationships between obesity, prevalent among pregnant women on the island, and complications, such as gestational hypertension.

For children, challenges identified include limited access to diagnostic and therapy services, which can have long-term implications for children with developmental delays. Limited access to pediatric services is evident in ED utilization for asthma may be evident in rates of mental health issues, substance use disorder, and obesity in children and youth.

For community members across the island, transportation challenges can limit access to health care. As public transportation on Staten Island is less available than other areas of New York City, travelling to a provider of health-related services can be quite difficult.

Health care providers are struggling to meet the need for services due to staffing shortages, hiring challenges, and changes within healthcare system.

Maintaining access to health services was identified as challenging for health care providers. Specifically, population growth that has exceeded provider growth was cited as a primary contributing factor; the continued efforts of hospitals and other providers to meet community expectations with limited resources was also acknowledged. Participants indicated that recruiting clinicians to Staten Island is a lengthy process, exacerbated by clinicians leaving practice during the COVID public health emergency and contributing to professional burn-out, and that team-building activities can be effective in easing transitions for new staff members.

Participants identified unmet staffing challenges as existing for professionals across the health care spectrum, including CHWs, social workers, and physicians. Community engagement participants indicated that access delays in care affect providers, too, and these lags negatively impact providers' ability to treat patients. Participants suggested that increased diversity among clinical staff would enhance long-term relationships with community members.

Patient behavior was identified as an additional factor contributing to provider challenges. Long-term relationships with clinicians, especially primary care providers, was cited as improving outcomes but also cited was patient disregard for such relationships. Participants referenced high rates of missed appointments and indicted that these "no-shows" negatively impact providers' ability to plan and deliver services. Further, delayed care was reported to increase the time needed for patients encounters due to other presenting, untreated, comorbid conditions.

Regulatory burden was further identified as an issue contributing to provider struggles. Electronic Medical Record systems were reported to require more time for clinicians than paper chart and other administrative requirements reduce clinician time with patients. Further, administrative and regulatory requirements were cited as a barrier to innovation.

Community-based organizations were identified as especially vulnerable to volatility in the environment. Participants cited lack of financial cushions necessary to survive fluctuations as additional factors for these small providers.

Additionally, a dichotomy related to health care among residents of Staten Island was suggested during community engagement sessions. Participants indicated that health care services on Manhattan were considered to be superior by some community members, a simultaneous reluctance to leave the island for services was also present.

Community-based organizations are especially vulnerable to volatility in the environment. These organizations typically lack financial cushions necessary to survive fluctuations.

Navigating the healthcare system, already challenging for residents with limited access to technology and limited English proficiency, is increasingly difficult due to workforce challenges, changes in the healthcare environment, gaps in cultural competence, and a current lack of trust in institutions, including health care facilities.

Navigation challenges were identified as issues experienced by community members across Staten Island, as was a range of specific challenges. Participants indicated that residents with limited access to technology, such as older adults, may have difficulty with interacting with the health care team as many components of the health care system are delivered digitally.

Similarly, community members with limited English ability were cited as facing obstacles when trying to receive care, including gaps in cultural nuance awareness by interpreters, although the interpreter services were considered to be invaluable. The resulting gaps in cultural competence can damage the patient-provider relationship and negatively impact health outcomes through reduced trust. For some residents, trust in institutions, including health care facilities, was identified as already tenuous, due to concerns over documentation status.

A need for increased health literacy across the community was also identified in many community engagement sessions. Participants indicated that many residents lack a basic understanding of health, do not know how to access services most appropriately, and fail to follow recommendations provided by clinicians. Such lack of understanding were cited as contributing to unrealistic expectations, increasing unnecessary ED utilization, and can worsen health outcomes.

Navigation challenges due to technology, language, and health literacy, were identified as compounded by volatility in the health care environment. In addition to staffing challenges, participants cite evolving insurance company requirements, Medicare regulations, and potential changes in Medicaid eligibility as increasing the difficulty that both community members and providers encounter when trying to access and provide services.

The number of older adults is increasing and options to support aging care are limited.

Participants indicated the population of Staten Island is aging and that older adults have more chronic diseases than other age cohorts. Specific age-related diseases identified include Alzheimer's and other dementias, cancers, chronic heart disease ("CHF") and other heart diseases, and diabetes.

Participants indicated Staten Island has an insufficient supply of provider types that are disproportionately used by older adults, including home health services, skilled nursing facilities ("SNFs"), and long-term care facilities. Unmet needs were cited as particularly impacting caregivers.

Financial constraints were also identified as an issue for some older adults on Staten Island. Co-pays and deductibles, including Part D pharmaceutical cost-sharing requirements, were cited as access challenges for some older adult residents.

Basic needs insecurity continues to increase, related notably to nutritious food, affordable housing, and reliable transportation.

Basic needs insecurities was identified as in issue facing increasing numbers of community members. Lack of access to nutritious food was cited as increasing due to cost increases of other basic needs, notably housing. Distance to markets was also cited as contributing to lack of food access.

Safe and affordable housing was identified as a growing concern across the island. Participants indicated that unmet need may be masked by multigenerational housing, in which residents are housed in crowded conditions. Participants also indicated that dense housing units can yield both the spread of contagious disease and reduced residents' connectedness with the larger community.

Transportation was identified as a significant health need during most community engagement sessions. Insufficient transportation was cited as a barrier to accessing health care services, as well as health related factors, including supermarkets and pharmacies.

Participants indicated that there are limited resources on the island for residents experiencing homelessness, including limited shelter capacity and support services. These limited resources were identified as particularly impacting men.

Organizations Providing Community Input

Ten interview sessions were held with fifty individuals representing fifteen groups and organizations. Organizations represented by these individuals are as follows:

- Carmel Richmond Healthcare and Rehabilitation Center;
- College of Staten Island;
- Community Health Center of Richmond;
- First Central Baptist Church;
- Muslim American Society in Staten Island;
- New York City Department of Health and Mental Hygiene;
- Pride Center of Staten Island;
- Project Hospitality;
- Richmond University Medical Center – Administrative and Medical Staff;
- Richmond University Medical Center – Residents;
- South Beach Civic Association;
- St. Mary's Episcopal Church;
- Staten Island Chamber of Commerce;
- Staten Island Performing Provider System; and
- Wagner College.

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APPENDIX - Evaluations of the Impacts of Actions Taken Since the Preceding CHNA[26]

Richmond University Medical Center uses evidence-based approaches in the delivery of healthcare services with the aim of achieving healthy outcomes for the community served. The hospital undertakes periodic monitoring of its programs to measure and determine their effectiveness and ensure that best practices continue to be applied.

Given that the process for evaluating the impact of various services and programs on population health is longitudinal by nature, significant changes in health outcomes may not manifest for several community health needs assessment cycles. The hospital continues to evaluate the cumulative impact. In its previous CHNA report, RUMC identified the health need priorities below as the issues on which efforts would be focused.

- Prevent Chronic Diseases
- Promote Well-Being and Prevent Mental and Substance Use Disorders

The section below lists these health needs, related action items, and evaluations of the impacts of actions taken since the preceding CHNA.

Initiatives that impact multiple health needs

Financial Assistance and Billing and Collections Policy. RUMC recognized that many of the patients served may be unable to access quality health care services without financial assistance. Its Financial Assistance Policy and robust social services continued to help low-income patients receive and manage treatment. In its Form 990s as filed with the IRS for calendar years 2022 through 2024, RUMC reported $51,589,139 in net community benefit expense for financial assistance costs related to services provided.[27] Specifically, RUMC reported $14,839,717 for the year ending December 31, 2022, $15,159,795 for the year ending December 31, 2023, and $21,589,627 for the year ending December 31, 2024. Continued utilization of services by members of the community and provision of services by medical professionals are indicators of the positive action of this community initiative.

Health professions education. The health professions education activities of RUMC respond to both the current and future community health needs for chronic disease treatment and prevention. RUMC actively participates in seven residency and one fellowship programs. In its Form 990s as filed with the IRS for calendar years 2022 through 2024, RUMC reported $58,320,280 in net community benefit expense for health professions education. Specifically, RUMC reported $23,717,439 for year ending December 31, 2022, $27,865,343 for the year ending December 31, 2023, and $26,805,546 for the year ending December 31, 2024. Continued applications to these

[26] Source: Richmond University Medical Center

[27] "Financial Assistance and Certain Other Community Benefits at Cost" reported to the IRS by RUMC on its Form 990 for calendar years 2022 through 2024 totaled $195,868,529. Specifically RUMC reported $52,802,447 for year ending December 31, 2022, $64,686,830 for year ending December 31, 2023, and $78,379,252 for year ending December 31, 2024.

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

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

In its Form 990 for year ending December 31, 2024, as filed with the IRS, RUMC reported $6,731,141 in net community benefit expense associated with costs in excess of payments for services provided to Medicaid enrollees. Payments for services provided to Medicaid enrollees in 2024 were 95.6 percent of the costs to provide these services. Continued utilization of services by Medicaid is an external indicator of the positive impact of this action on the community health need.

Subsidized Health Services. RUMC provides numerous inpatient and outpatient service lines that operate as losses. RUMC continues to provide these services because the health of community members would diminish because other providers would be unlikely to provide these services.

In its Form 990s as filed with the IRS for calendar years 2022 through 2024, RUMC reported $59,157,037 in net community benefit expense for subsidized health services. Specifically, RUMC reported $14,242,407 for the year ending December 31, 2022, $21,661,692 for the year ending December 31, 2023, and 23,252,938 for the year ending December 31, 2024. Continued utilization of services by members of the community and provision of services by medical professionals are indicators of the positive action of this community initiative.

Health Care Services. A full range of health care services is available at the hospital campus, outpatient facilities, and physician practices throughout the community. Continued utilization of services by members of the community, continued provision of services by medical professionals, continued licensure by the State of New York, continued accreditation by independent organization, and continued reimbursement by private and governmental payors, are among the external indicators of the positive impact of this action on community health needs.

Education and Career Pathways. RUMC is committed to furthering education in the community, from toddlers through post-doc fellowships. This commitment is illustrated by programs and initiatives below.

- **Head Start Program.** Staten Island's first Head Start program is also the first in the nation provided through the support and administration of a full-service hospital, Richmond University Medical Center. Head Start promotes school readiness for children ages two to five from low-income families. The program operates across four locations on Staten Island and uses the research-based High Scope curriculum, with ongoing assessment (COR) conducted three times per year.
- **Afterschool Medical Science Program.** A six- to eight-week program for high school juniors and seniors that introduces students to professional vocations, including nursing,

radiology, respiratory therapy, and laboratory science, under the guidance of RUMC staff.

- **Medical Technology Academy at Port Richmond High School.** RUMC partners with this academy to connect students with career-focused experiences in healthcare.
- **School-Based Health Center at Susan E. Wagner High School**. RUMC provides direct health services in this on-campus center, while exposing students to careers in clinical care.
- **Volunteer Opportunities.** RUMC offers volunteer roles that allow high school students to gain early exposure to hospital settings and professional development.
- **St. Peters Boys School.** In an eight-week rotational program, students are introduced to professional vocations, including nursing, radiology, respiratory therapy, and laboratory science under the guidance of RUMC staff.
- **Career Pathways for Staten Island Teens and Young Adults at Richmond University Medical Center.** Richmond University Medical Center (RUMC) provides multiple pathways to help Staten Island teenagers and young adults explore and prepare for careers in healthcare. These initiatives create opportunities for students to gain exposure, build skills, and transition into clinical and non-clinical disciplines in a hospital setting.
- **High School Licensed Practical Nurse (LPN) Pathway, Curtis High School Practical Nursing Program.** In a two-year sequence beginning in junior year, recognized by the New York State Education Department, this program prepares students to sit for the LPN licensure exam; RUMC provides clinical rotations in the medical surgical areas.
- **College of Staten Island (CSI) – AAS Re-Design Program.** RUMC partners with CSI in a pilot a post-graduate internship model for Associate Degree in Nursing graduates, supporting their transition into the workforce.
- **Strategic Partnership with CSI**. CSI and RUMC collaborate across nursing, allied health, physical therapy, and athletic training, to enhance both clinical education and community wellness.
- **St. Paul's School of Nursing (Staten Island Campus).** RUMC provides nursing students from St. Paul's School or Nursing with access clinical experiences as part of their education, further strengthening the local nursing workforce pipeline.
- **Wagner College.** Senior nursing students participate in a capstone clinical experience by being paired with seasoned experienced nurses (volunteers) to develop clinical competencies in acute care setting.

Prevent Chronic Disease - Initiatives

Cancer Prevention Education – LGBTQ+ Community – May 2023

In May 2023, RUMC participated in a LGBTQ community driven health fair, provided cancer prevention information, and distributed education material, including BSE, FIT KIT use, PSA Testing, Quit Smoking guides. Cancer education efforts focused on breast, colon, prostate and lung cancers. American Cancer Society evidence-based guidelines were used in planning the event. Approximately 1,000 people attended the event. RUMC was a partner with the LGBTQ+ community on the event.

Health Fair at St. James Baptist Church – June 2023

In June 2023, RUMC participated in the St. James Baptist Church Health Fair and provided prostate screening using PSA blood draws. Screenings were targeted to men age 50 and older with average risk or age 45 with high risk. Results from PSA cancer screening were shared with patients' primary care physicians and the RUMC oncology department; follow-up appointments were scheduled for participants with tests with elevated PSA results. American Cancer Society guidelines were used in planning RUMC's participation. Approximately eight people received screenings. RUMC was a partner with St. James Baptist Church.

Cancer Prevention Education – Prostate & Colon – September 2023

In September 2023, RUMC sponsored an education event at the Staten Island Court House for all staff. RUMC physicians meet with attendees, provided information about cancer prevention, and offered free screenings. Cancer education efforts focused on prostate and colon cancers. American Cancer Society evidence-based guidelines were used in planning the event. Approximately 200 people attended the event. RUMC was a partner with the Staten Island Court House, Court Officers Union on the event.

SIEDC Health and Business Expo – November 2023

In November 2023, RUMC participated in the Health and Business Expo sponsored by the Staten Island Economic Development Corporation (SIEDC). Cancer education efforts focused on prostate and colon cancers. American Cancer Society evidence-based guidelines were used in planning the event. Results from cancer screening test were shared with patients' primary care physicians and the RUMC oncology department; follow-up appointments were scheduled for participants with tests with elevated/positive results. American Cancer Society guidelines were used in planning RUMC's participation. Approximately 48 people received screenings. RUMC was a partner with SIEDC.

NYC Public Advocates Health Fair – January 2024

In January 2024, RUMC participated in the Health Initiative of the NYC Public Advocates Office. RUMC staff members provided education resources to and provide cancer prevention information to attendees during discussions. NCCN and American Cancer Society guidelines were used in planning RUMC's participation. Approximately 100 people attended the event. RUMC was a partner with the NYC Public Advocates Office for the event, as was the First Central Baptist Church.

Health and Wellness Colon Cancer Awareness – March 2024

In March 2024, RUMC hosted a Colon Awareness event at the hospital. As part of the effort, FIT KITs were distributed alongside colon cancer prevention education. American Cancer Society evidence-based guidelines were used in planning the event. Results from cancer screening test were shared with patients' primary care physicians and the RUMC oncology department; follow-up appointments were scheduled for participants with tests with elevated/positive results. Approximately 21 people received screenings.

YMCA Prostate Cancer Screening – May 2024

In May 2024, RUMC participated in a prostate cancer screening event hosted by the YMCA. As part of the effort, prostate screenings were offered using PSA blood draws. Screenings were

targeted to men age 50 and older with average risk or age 45 with high risk. Results from PSA cancer screening would be shared with patients' primary care physicians and the RUMC oncology department; follow-up appointments would be scheduled for participants with tests with elevated PSA results. American Cancer Society guidelines were used in planning RUMC's participation. One person engaged. RUMC was a partner with the YMCA.

Snug Harbor Pride Festival – June 2024

In June 2024, RUMC participated in the Snug Harbor Pride Festival, hosted by the Pride Center of Staten Island, with prostate cancer awareness activities. Screenings were targeted to men age 50 and older with average risk or age 45 with high risk. Results from PSA cancer screening were shared with patients' primary care physicians and the RUMC oncology department; follow-up appointments were scheduled for participants with tests with elevated PSA results. American Cancer Society guidelines were used in planning RUMC's participation. Approximately twelve people received screenings. RUMC was a partner with the Pride Center of Staten Island.

YMCA Prostate Cancer Screening – September 2024

In September 2024, RUMC participated in a prostate cancer screening event hosted by the YMCA. Screenings were targeted to men age 50 and older with average risk or age 45 with high risk. Results from PSA cancer screening were shared with patients' primary care physicians and the RUMC oncology department; follow-up appointments were scheduled for participants with tests with elevated PSA results. American Cancer Society guidelines were used in planning RUMC's participation. Approximately 27 people received screenings. RUMC was a partner with the YMCA.

Health Fair at St. Clare Church – September 2024

In September 2024, RUMC participated in the St. James Baptist Church Health Fair and provided prostate screening using PSA blood draws. Screenings were targeted to men age 50 and older with average risk or age 45 with high risk. Results from PSA cancer screening were shared with patients' primary care physicians and the RUMC oncology department; follow-up appointments were scheduled for participants with tests with elevated PSA results. American Cancer Society guidelines were used in planning RUMC's participation. Approximately eleven people received screenings. RUMC was a partner with St. Clare Church.

BOO at the ZOO – October 2024

In October 2024, RUMC partnered with the Staten Island Zoo to distribute materials to and discuss cancer screening with members of the general public. NCCN and American Cancer Society guidelines were used in planning RUMC's participation. Approximately 3,000 people were engaged. RUMC was a partner with the Staten Island Zoo for the event.

SIEDC Health and Business Expo – November 2024

In November 2024, RUMC participated in the Health and Business Expo sponsored by the Staten Island Economic Development Corporation (SIEDC). Cancer education efforts focused on colon cancer. American Cancer Society evidence-based guidelines were used in planning the event. Results from cancer screening test were shared with patients' primary care physicians and the RUMC oncology department; follow-up appointments were scheduled for participants with tests with elevated/positive results. American Cancer Society guidelines were used in planning

RUMC's participation. Approximately 33 people received screenings. RUMC was a partner with SIEDC.

Vaping Prevention in High School Students – November 2024
In November 2024, RUMC Lung Nurse Navigator provided education about the effects of vaping, including the relationship to lung cancer to high school students. Education efforts included a lecture and team building exercises designed to promote "Stop Vaping." NCCN and American Cancer Society guidelines were used in planning RUMC's participation. Approximately 50 people were engaged. RUMC was a partner with high schools on the island.

Lung Cancer Screenings
RUMC tracked cancer screenings indicate that, from January through September 2023, 450 lung cancer screenings were conducted, including 150 new patients. Three suspicious findings were produced with referrals made for additional diagnostic and surgical screenings

Tobacco Cessation Classes
RUMC continued to provide weekly tobacco cessation classes. In September 2023, three individuals attended regularly.

Promote Well-Being and Prevent Mental and Substance Use Disorders – Initiatives

Patient Self-Reported Distress and Referrals – Department of Oncology
During 2024, the RUMC Department of Oncology provided patients with access to a survey on distress. A total of 102 individuals participated in the survey, with 82 percent reporting depression and/or anxiety at the onset of treatment. Referral for counseling was offered, with 22 referrals accepted. A Healing Team Support Group is also provided, in which 68 individuals participated in more than 250 individual visits and family visits. Additionally, a self-Management of Care packet is available to all patients and includes contact information for assistance and support.

Gun Violence Intervention and Prevention
Each June, the RUMC Trauma Department leads hospital-based violence intervention and gun violence prevention programs during Gun Violence Awareness Month. Initiatives include hosting community events to share educational materials and promote awareness. A dedicated community social worker conducts daily outreach and provides direct support to gun violence survivors. When a patient is admitted with a gunshot wound, a community social worker meets with the individual and their family to offer education, resources, and emotional support.