Community Service Plan

Prepared by
Richmond University Medical Center

With support from
VERITÉ HEALTHCARE CONSULTING, LLC

December 31, 2025

A. CSP Cover Page

Exhibit 1 summarizes the required details for the CSP Cover Page and Response details.

Exhibit 1: CSP Cover Page Required Details and RUMC Response Details

Required Detail	Response
County covered in assessment and plan	Richmond County, NY Borough of Staten Island, NYC
Type of plan	Individual plan
Organization name	Richmond University Medical Center
Contact information	Richmond University Medical Center 355 Bard Ave Staten Island, NY 10310 844.934.2273
Participating LHD(s), and CHA/CHIP Liaison name(s) and email(s)	N/A
Name and email of coalition/entity, if any, completing assessment and plan on behalf of participating counties/hospitals	N/A

B. CSP Table of Contents

About Richmond University Medical Center

Richmond University Medical Center (RUMC) is an award-winning 470+ bed healthcare facility and teaching institution serving Staten Island residents as a leader in acute, medical, and surgical care.

RUMC is a not-for-profit healthcare provider. We provide premier quality patient care through a full spectrum of emergent, acute, primary, behavioral health, and educational services. We do this in an environment that promotes the highest satisfaction among patients, families, physicians, and staff.

As a trusted local healthcare leader, RUMC is committed to understanding and addressing the most pressing health and wellness concerns for Staten Island residents. Every three years, RUMC conducts a Community Health Needs Assessment (CHNA) in partnership with community agencies and creates a corresponding Community Service Plan (CSP) to address the health priorities identified by the CHNA. The 2022 CHNA builds upon previous assessments and will continue to guide our community benefit and c5ommunity health improvement efforts.

C. CSP Executive Summary

Prevention Agenda Priorities

Identify the priorities and disparities to be addressed in your county/community for the 2025-2030 period.

Exhibit 2 identifies the priorities and disparities that will be addressed in the RUMC community for the 2025-2030 period.

Exhibit 2: Prevention Agenda Priorities and Disparities
To be Addressed by RUMC in the 2025-2030 Period

Priority	Disparities
Anxiety and Stress	Socioeconomic status Mental health Geographic location
Preventative Services for Chronic Disease Prevention and Control	Religion Sexual orientation
Prevention of Infant and Maternal Mortality	Racial or ethnic group Socioeconomic status Geographic location

Data Review

Summarize the data sources used to identify and confirm existing priorities or select new ones.

Data sources used to identify and confirm existing priorities or identify new priorities are summarized below.

1. The most recently available secondary data regarding the community's health;
2. HealthyNYC, the New York City Department of Health and Mental Hygiene's "vision for improving life expectancy and creating a healthier city for all," The New York State Health Assessment, 2024, and/or the New York State Prevention Agenda 2025-2030; and
3. Input from the key informants who participated in the interview process.

Partners and Roles

Identify which partners you are working with and what their roles are in the assessment and implementation processes. Also, explain how you are engaging the broad community in these efforts.

Community Advisory Board. The RUMC Community Advisory Board (CAB) was formed recently to help facilitate communication between the community and the hospital. RUMC provided the CAB with status updates during the assessment and will provide updates on the implementation processes in status updates to CAB members during regular meetings. During these sessions, RUMC will elicit input for initiatives in which mid-course corrections are needed, as recommendations on initiatives for which refinements could improve outcomes.

Project Hospitality. Project Hospitality, a Staten Island community-based organization, has been a key partner with RUMC on initiatives for mental health and homelessness, and representation was included in the assessment process. RUMC intends to maintain this relationship with this community-based organization.

Community-Based Organizations. RUMC has partnered with numerous community-based organizations hosting health fairs to provide education and no-cost screenings. Partners in prior health fairs include religious centers, the Pride Center, Project Hospitality, and the SIEDC. RUMC intends to maintain such partnerships.

Interventions and Strategies

Explain what specific evidence-based interventions, strategies, or activities are being implemented to address the specific priorities and associated health disparities. Provide a justification for how these interventions were selected.

RUMC identified three initiatives that directly relate to Prevention Priorities. Details on three initiatives are below.

1. **RUMC Psychiatry Residency Program.** The RUMC Psychiatry Residency Program offers one of the largest arrays of emergency, inpatient and ambulatory mental health and substance abuse programs in the state of New York. The immediate impact of this initiative is the provision of psychiatry services to community members by both residents and associated attending physicians. The long-term impact is an increase in the number of psychiatrists per year, approximately eight.

   This initiative was identified because it is aligned directly with the Prevention Agenda priority of "Anxiety and Stress." This initiative was also identified because of the significant resource commitment and net community benefit expenditure; based on 24 residents in the psychiatry program, RUMC's financial resources for the program is approximately $4,595,236.46 per year.

   This initiative addresses health disparities by providing services to members of the community facing obstacles to health, notably obstacles based on socioeconomic status, mental health, and geographic location.

2. **Participation in Community Health Fairs.** RUMC participates in health fairs and other events throughout each year. In addition to information dissemination, RUMC offers participants no-cost screenings and referrals for follow-up appointments. Specific information and screening have related to breast cancer, colon cancer, and prostate cancer.

   This initiative was identified because it is aligned directly with the Prevention Agenda priority of "Access to Primary & Specialty Health Care Services." This initiative was also identified because of the resource commitment required to provide health fair participants with no-cost screenings and follow-up.

   This initiative addresses health disparities by providing services to members of the community facing obstacles to health, including obstacles based on religion and sexual orientation.

3. **RUMC OB/GYN Residency Program.** RUMC has long been associated with graduate medical education (GME). The RUMC OB/GYN Residency program provides clinical experience to residents and OB/GYN services to community members. The immediate impact of this initiative is the provision of services in a hospital with approximately 3,000 deliveries and 1,700 operative cases per year. The long-term impact is an increase in the number of OB/GYN per year, approximately four.

This initiative was identified because it is aligned directly with the Prevention Agenda priority of "Prevention of Infant and Maternal Mortality." This initiative was also identified because of the significant resource commitment and net community benefit expenditure; based on 16 residents in the psychiatry program, RUMC's financial resources for the program is approximately $3,063,490.97 per year.

This initiative addresses health disparities by providing services to members of the community facing obstacles to health, notably obstacles based on Racial or ethnic group, Socioeconomic status, and Geographic location.

Progress and Evaluation

Explain the process measures being used and how progress and improvement are being tracked to evaluate impact.

The Prevention Agenda includes SMART(IE) measures for priorities. To align with the Prevention Agenda, progress for RUMC initiatives will be informed by the indicators listed in the Prevention Agenda. Because of limitations associated with these indicators,[1] other measures and community input also will be used to assess progress.

Details are below.

1. **RUMC Psychiatry Residency Program.** For alignment with the 2025-2030 Prevention Agenda, RUMC's assessment consider the change in the BRFSS indicator of the "percentage of adults in households with an annual income of less than $25,000 who experience frequent mental distress." RUMC will seek to track this indicator from the New York State Department of Health's Prevention Agenda Tracking database.

2. **Participation in Community Health Fairs.** For alignment with the 2025-2030 Prevention Agenda, RUMC's assessment consider the change in the BRFSS indicator of the "Cancer Screening (percentage of adults who receive colorectal cancer screening" for "Adults aged 45-75 years." RUMC will seek to track this indicator from the New York State Department of Health's Prevention Agenda Tracking database.

3. **RUMC OB/GYN Residency Program.** For alignment with the 2025-2030 Prevention Agenda, RUMC's assessment consider the changes in the National Vital Statistics System indicators of "the rate of maternal mortality per 100,000 live births" and "the rate of maternal mortality per 100,000 live births among Black, non-Hispanic birthing persons." RUMC will seek to track these indicators from the New York State Department of Health's Prevention Agenda Tracking database.

[1] Prevention Agenda guidance indicates that tracking measures are "typically tied to a population-level health outcome." For direct alignment with the 2025-2030 Prevention Agenda, tracking measures are population-health indicators chosen by the New York State Department of Health. Note, however, that the process for evaluating the impact of initiatives on population health is longitudinal by nature and that significant changes in health outcomes may not manifest for several CHNA / CSP cycles. Note also that while RUMC serves the Staten Island community, the hospital's ability to impact the island's 500,000 residents is limited. Note further that a population-level health outcome indicator, such as ones identified in the 2025-2030 Prevention Agenda, may fail to measure the actual effectiveness of a program due to possible Type I or Type II errors.

D. Community Health Assessment (CHA)

1. Community Description

Community Description: Provide a description of the community being assessed.

Service Area

Provide a description of service area location. This could be one county, several counties, or parts of several counties in a regional assessment. For regional assessments the health needs of each individual county must be identified.

RUMC's community is comprised of Richmond County, New York, which is coextensive with Staten Island, one of the five boroughs New York City (***Exhibit 1***). The community is divided into neighborhoods utilized by the New York State Department of Health; 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***).

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.

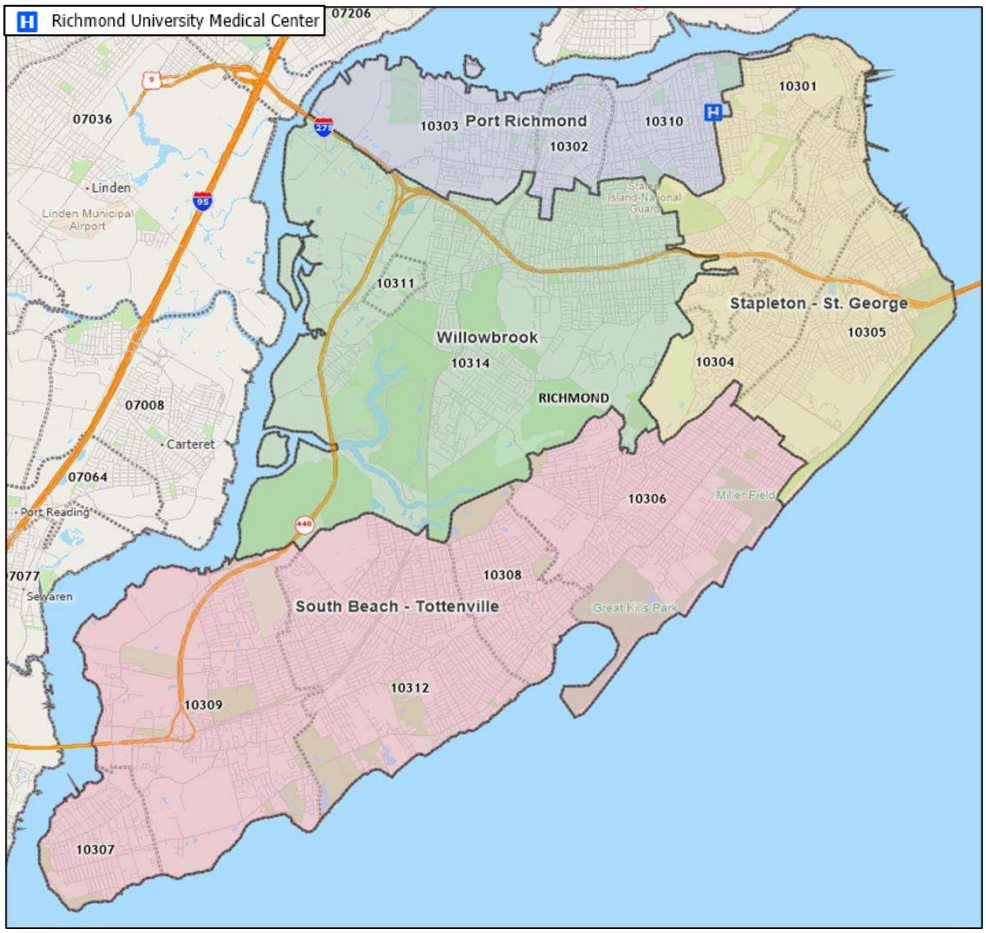
Exhibit 1B: Community Population – Staten Island by ZIP Code, 2023

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.

Demographics

Provide an analysis of the population's characteristics to identify health needs and disparities. This includes socioeconomic, educational, and environmental factors that affect health such as race/ethnicity; age; gender ratio; sexual orientation; languages spoken within the jurisdiction; income; disabilities; mobility; educational attainment; housing stability and affordability; home ownership; employment status; health insurance status; access to regular care; and immigrant/migrant status.

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.

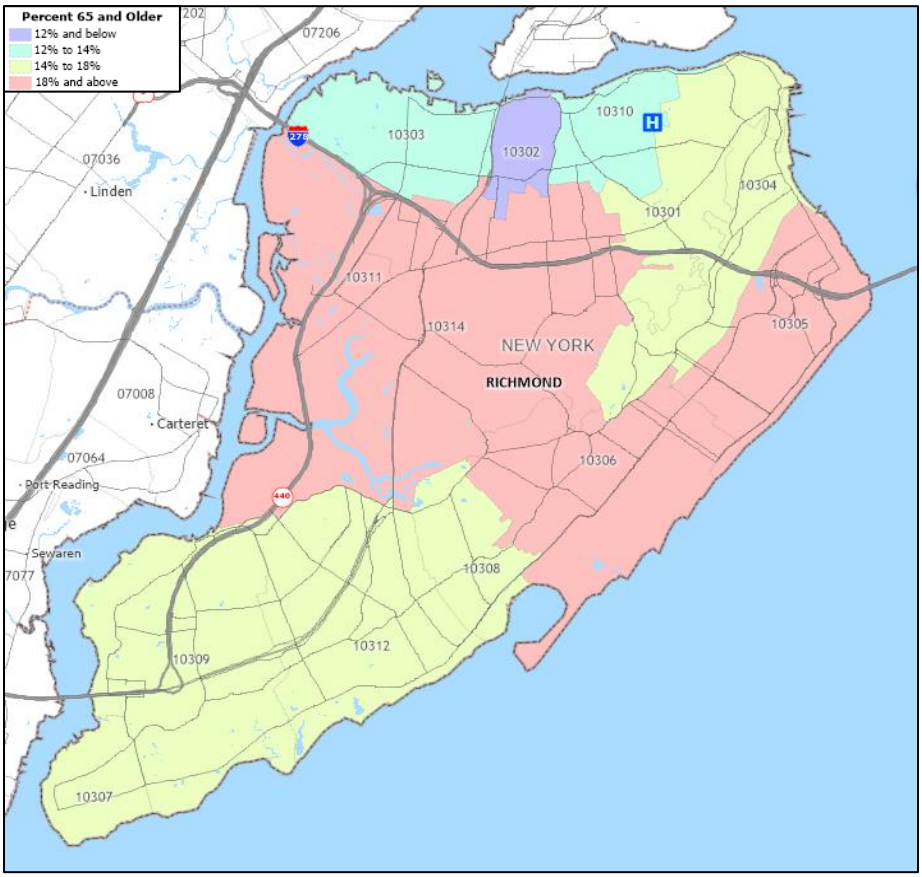
Exhibit 4: Population by Age, 2023

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.

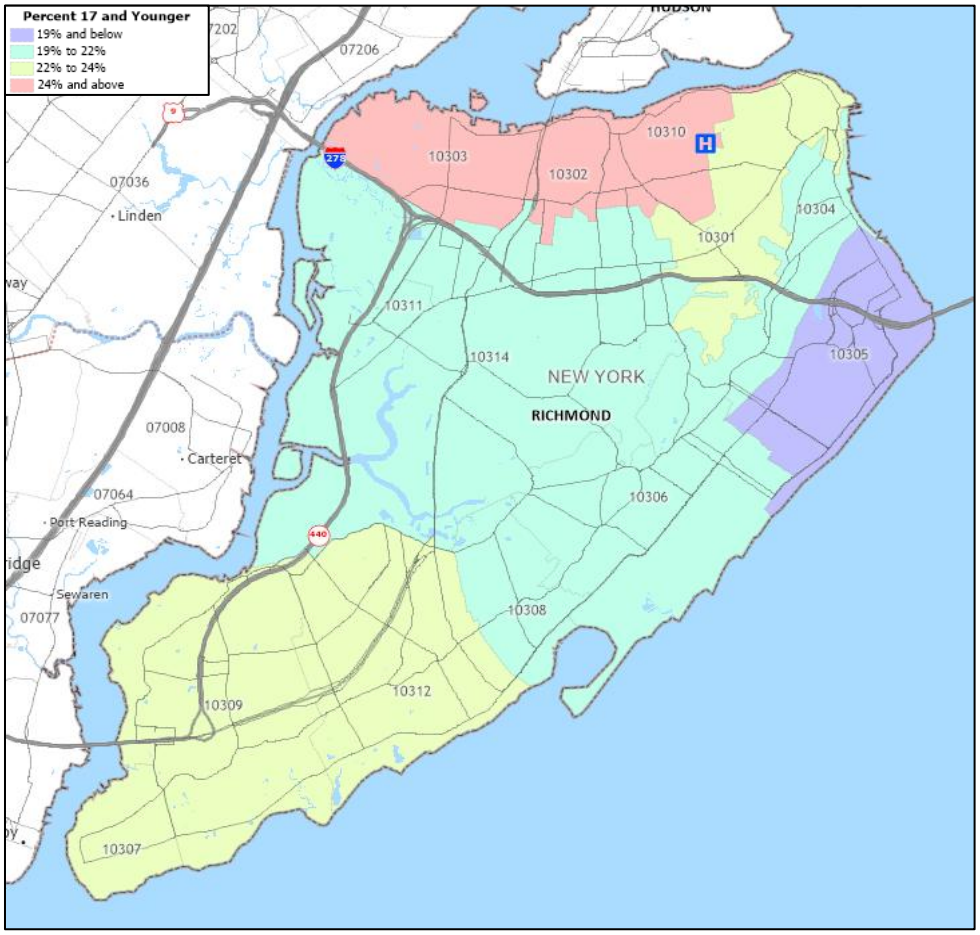
Exhibit 5A: Residents Aged 65+, 2023



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.

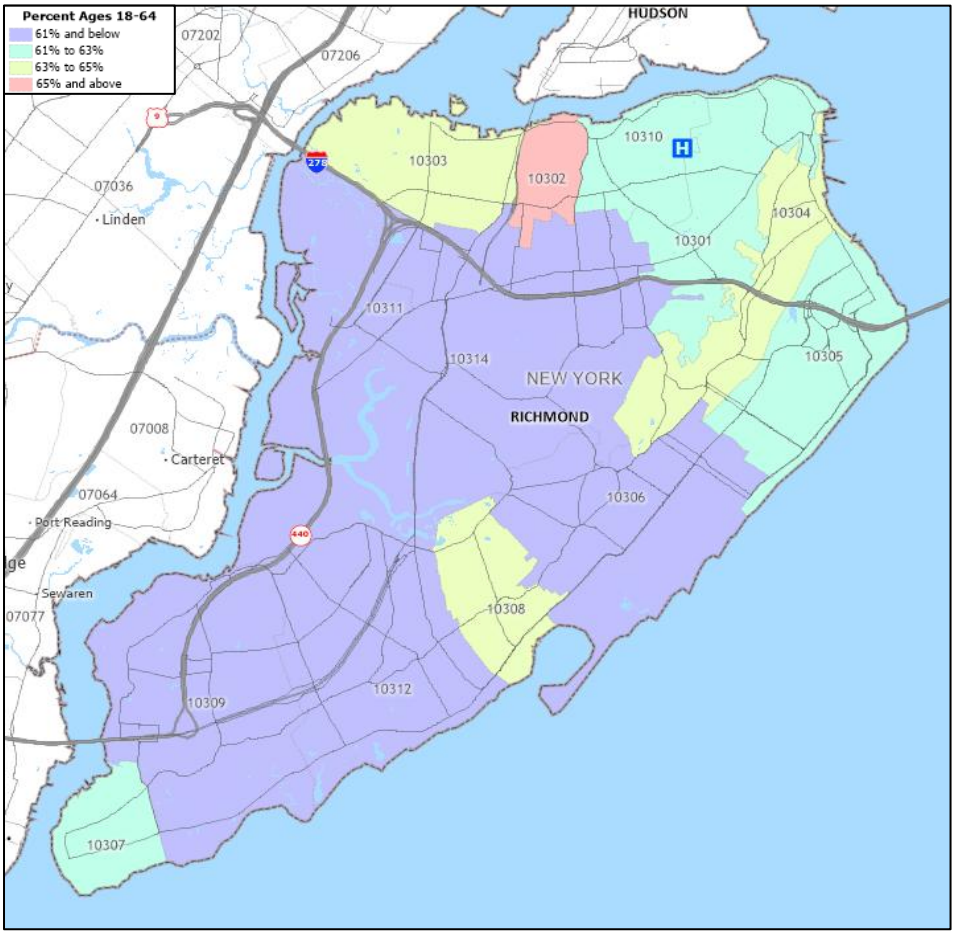
Exhibit 5B: Residents 17 and Younger, 2023



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

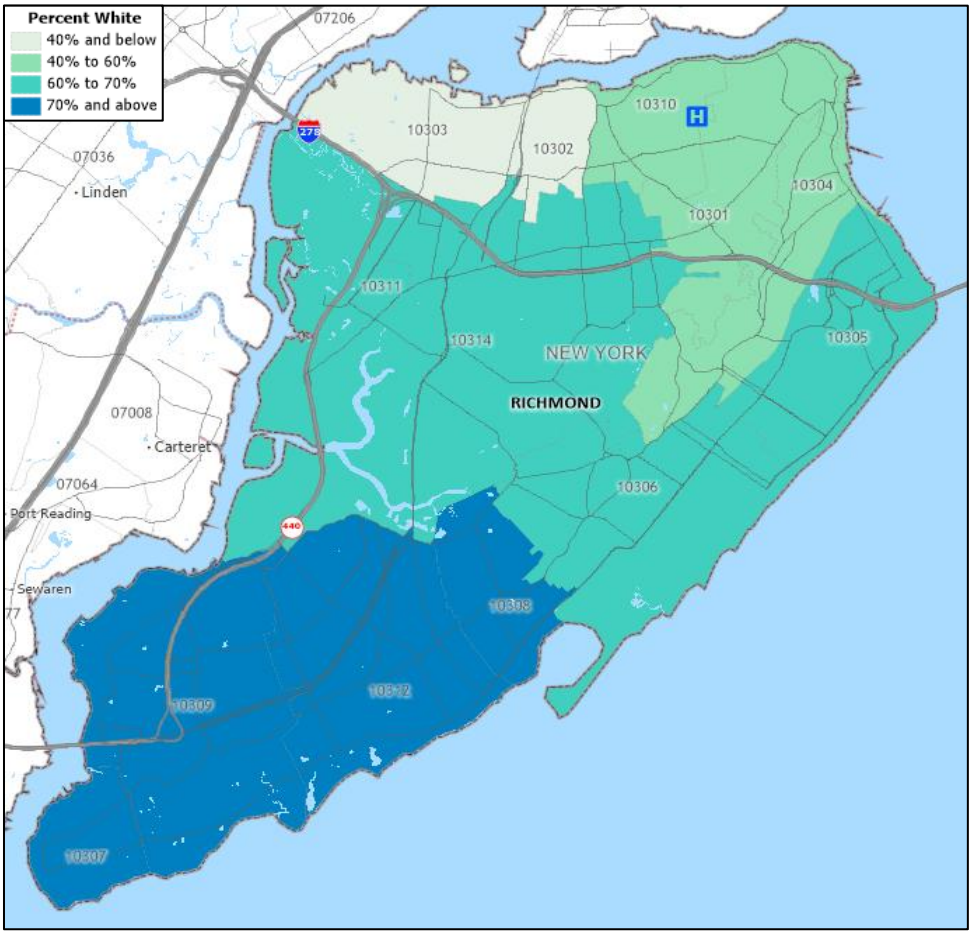
Area	Total Population 2023	White	Black	Asian	Other Race*	Two or More Races	Hispanic or Latino (Any Race)
Port Richmond	**71,510**	**36.8%**	**27.1%**	**7.2%**	13.4%	**15.6%**	**37.1%**
10302	19,693	33.4%	22.5%	6.0%	22.7%	15.4%	43.5%
10303	25,993	26.3%	35.8%	10.0%	11.0%	17.0%	37.7%
10310	25,824	50.1%	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

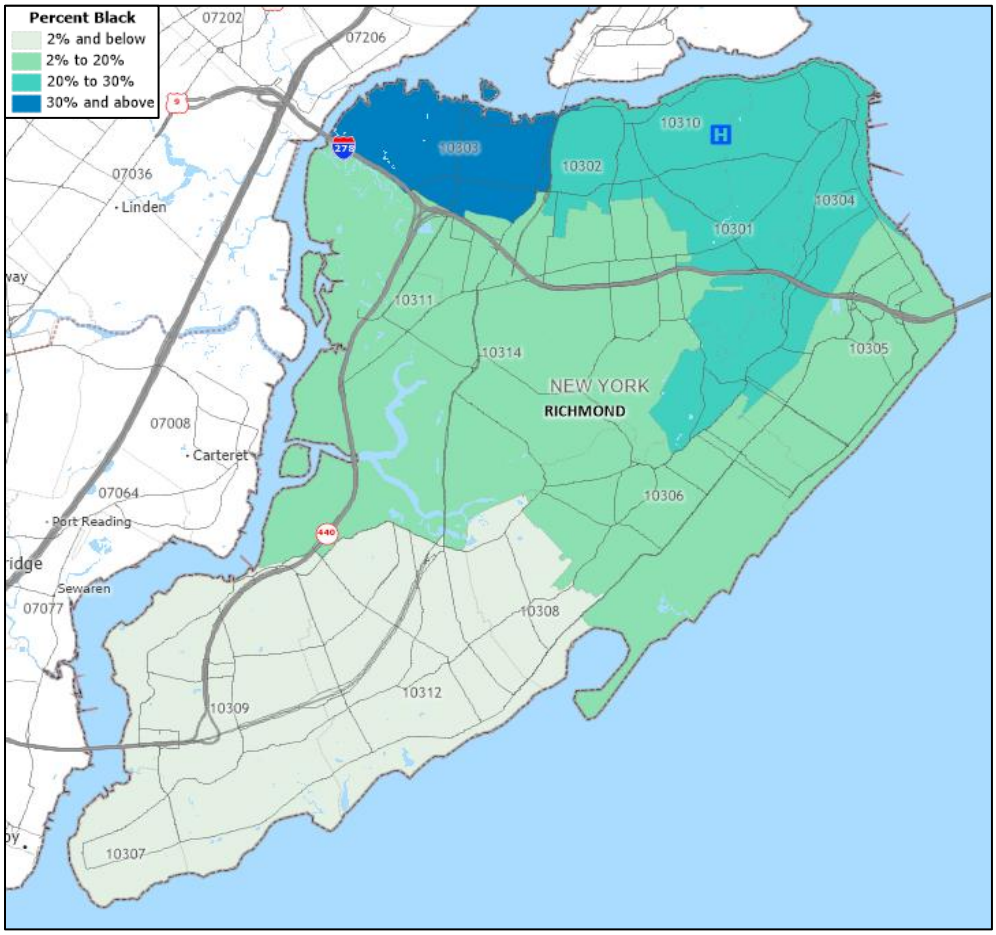
New York City and the RUMC community are very diverse. White populations were most prevalent in South Beach - Tottenville. Black populations were most prevalent in Port Richmond and Stapleton - St. George. Willowbrook had a higher proportion of Asian residents, while Port Richmond had a higher proportion 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



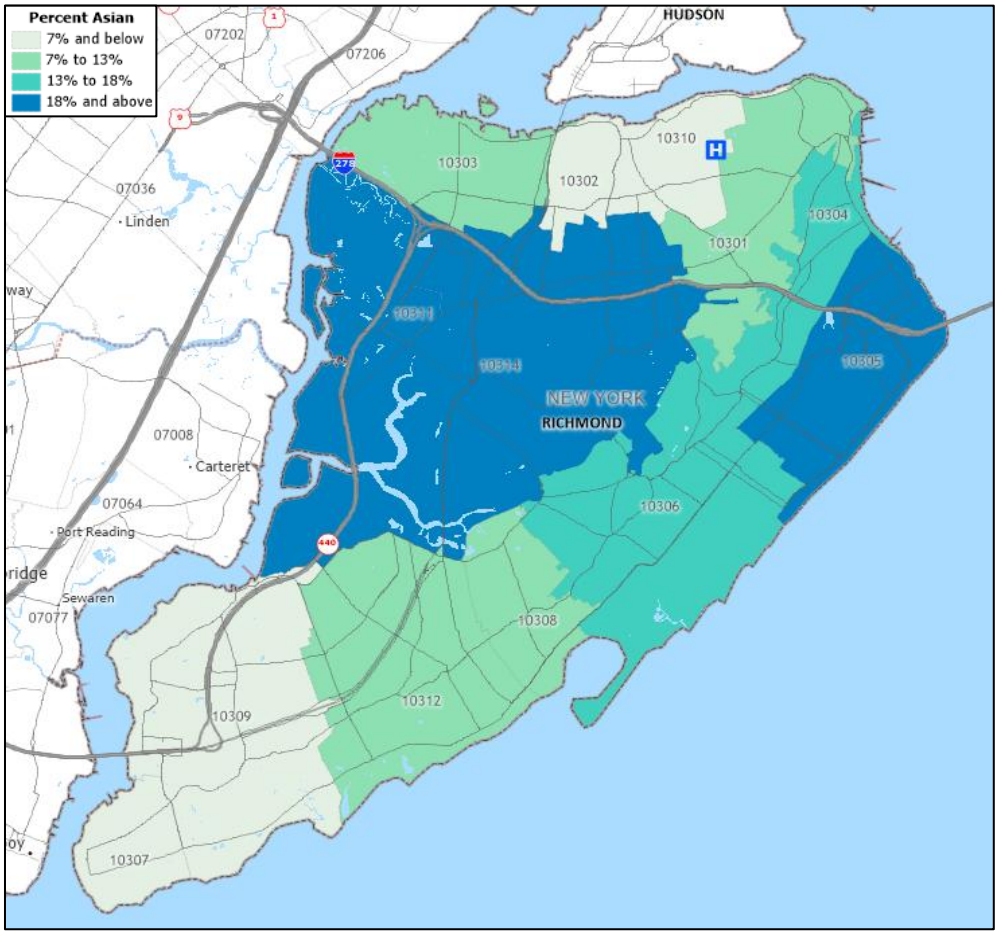
Sources: U.S. Census ACS 2023 5-year estimates and Caliper Maptitude (2023)
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Exhibit 7B: Percent of Population – Black, 2023



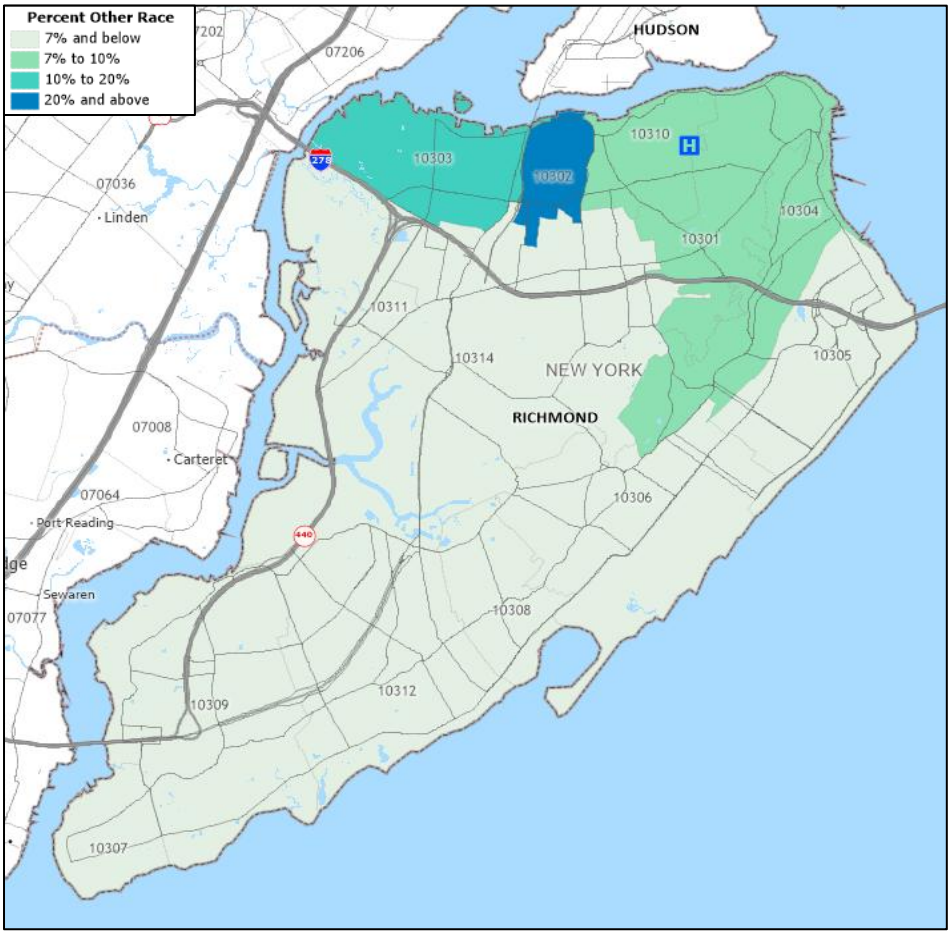
Sources: U.S. Census ACS 2023 5-year estimates and Caliper Maptitude (2023)
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Exhibit 7C: Percent of Population – Asian, 2023



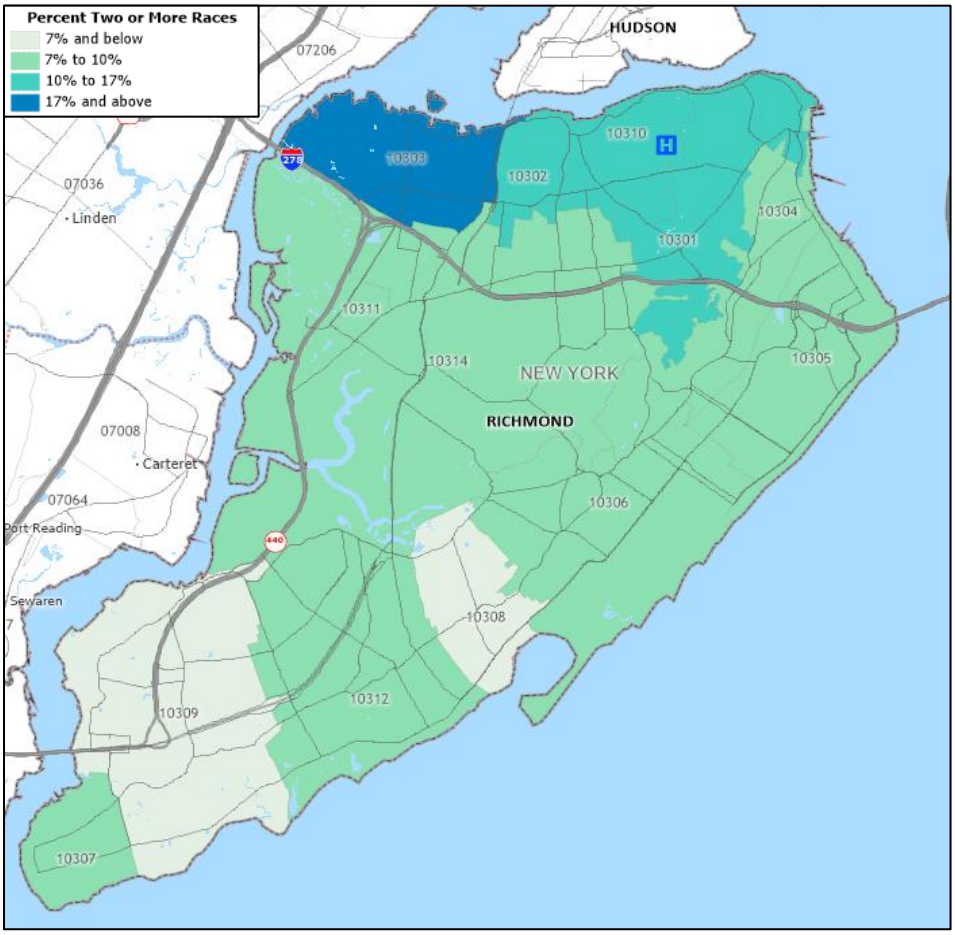
Sources: U.S. Census ACS 2023 5-year estimates and Caliper Maptitude (2023).
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Exhibit 7D: Percent of Population – Other, 2023



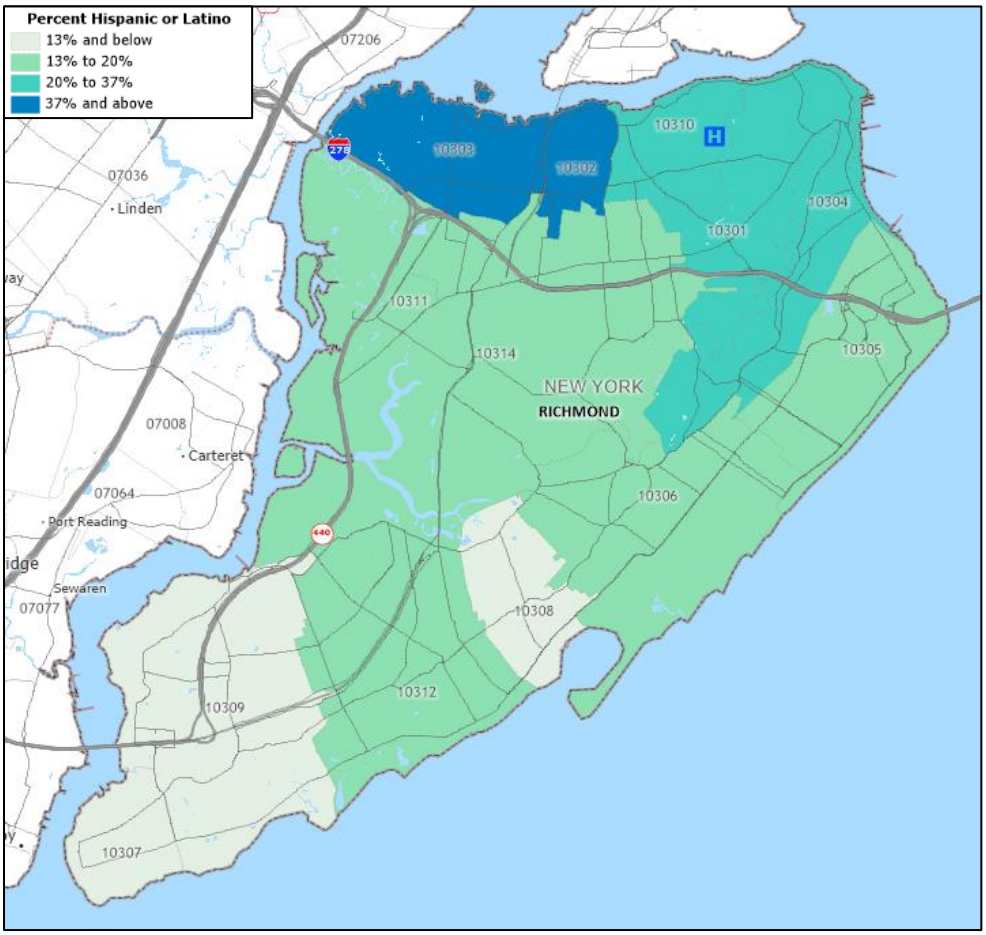
Sources: U.S. Census ACS 2023 5-year estimates and Caliper Maptitude (2023).
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

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

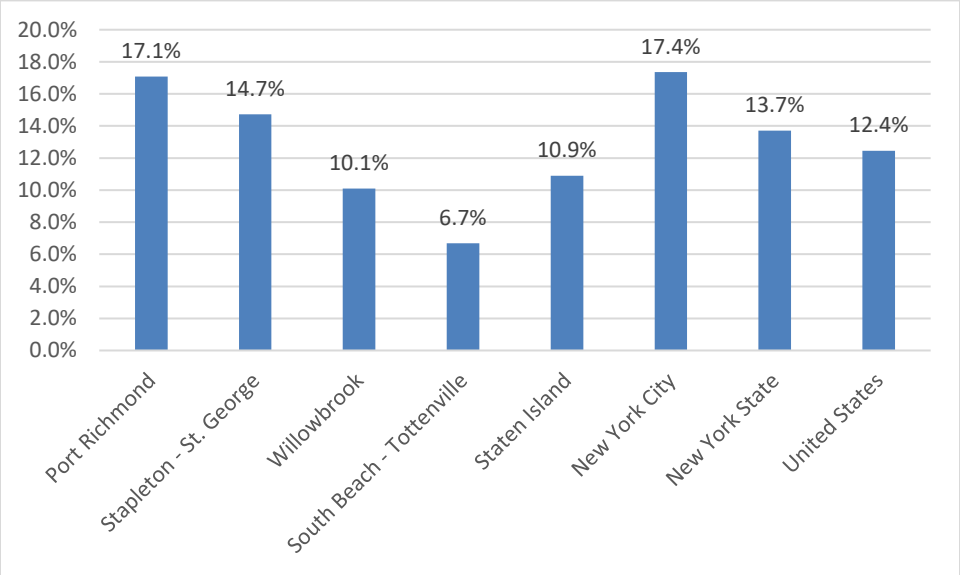
Geographic Area Name	Total Population	Europe	Asia	Africa	Oceania	Latin America	Northern America	Foreign
Port Richmond	**71,510**	**2.9%**	**5.7%**	**3.7%**	**0.0%**	**13.8%**	**0.1%**	**26.3%**
10302	19,693	1.3%	4.9%	2.5%	0.0%	19.1%	0.4%	28.1%
10303	25,993	1.9%	7.7%	5.5%	0.0%	11.1%	0.0%	26.2%
10310	25,824	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.

Exhibit 10 summarizes poverty rates by area.

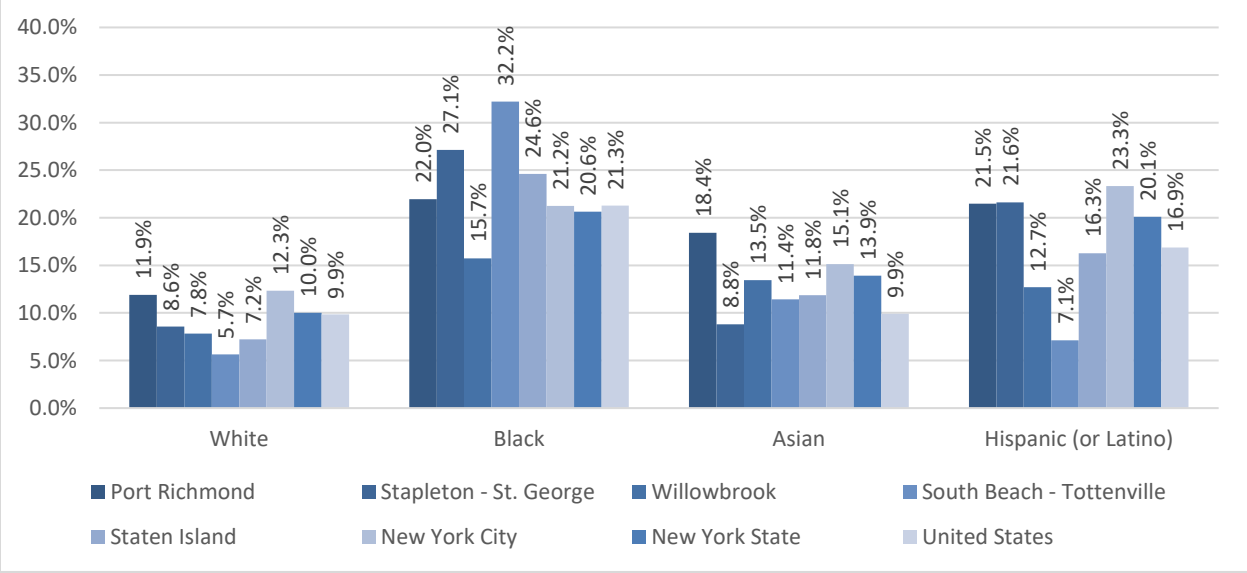
Exhibit 10: Percent of People in Poverty, 2019-2023



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.

Exhibit 12 provides data on household income. 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: Percent Low-Income Households by Borough and Neighborhood, 2019-2023

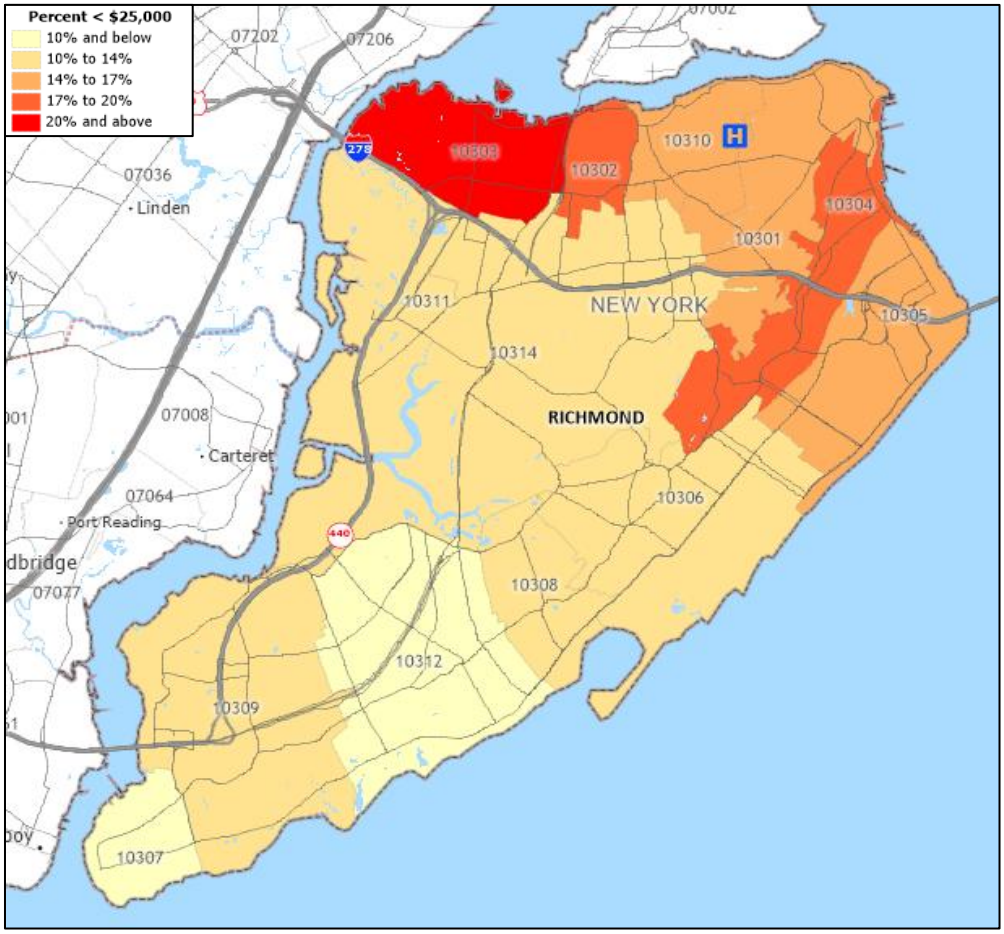
Area	Occupied Housing Units	Average Median Income	Percent less than $25,000 per year	Percent less than $50,000 per year
Port Richmond	23,883	$88,605	18.0%	31.8%
Stapleton - St. George	45,967	$80,753	16.5%	31.3%
Willowbrook	31,419	$104,655	11.3%	26.7%
South Beach - Tottenville	68,778	$113,360	9.9%	21.4%
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.

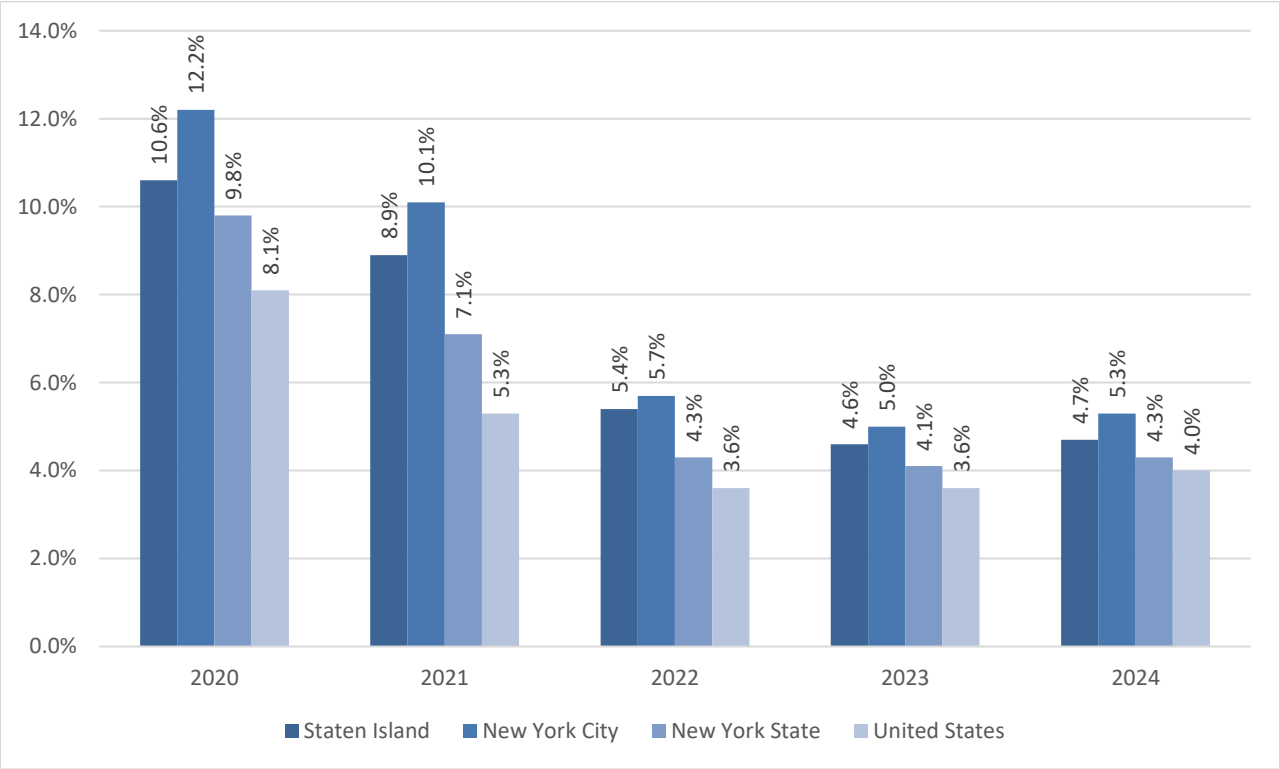
Exhibit 13: Percent Households Less Than $25,000 Annual Income, by ZIP Code, 2023



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.

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

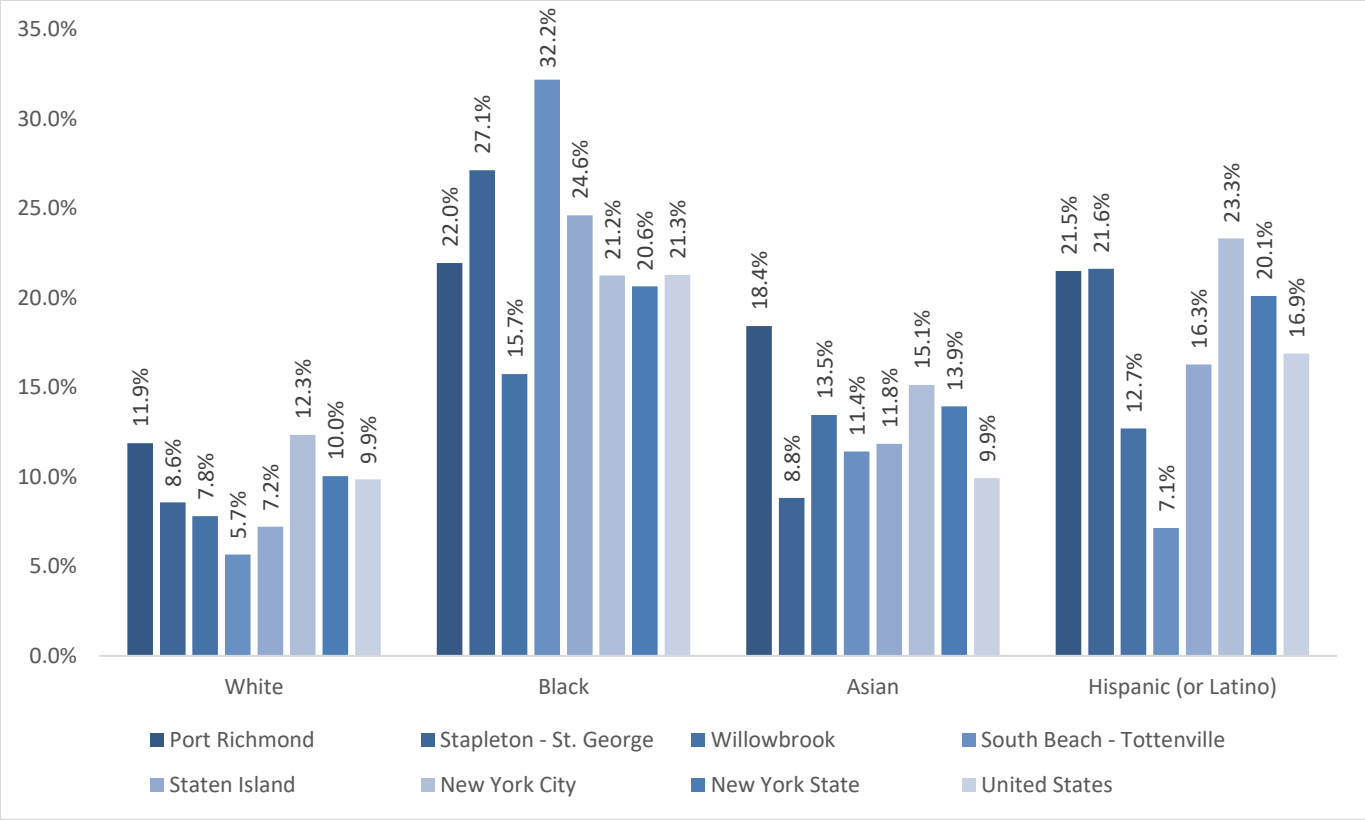


Source: U.S. Bureau of Labor Statistics, 2025.

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.

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 provides average costs and wait times across all HUD programs for Staten Island, New York City, New York State, and the U.S.

Exhibit 17: 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
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 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.

Exhibit 18A presents characteristics of New York City Housing Authority (NYCHA) residents as of January 2025. NYCHA is responsible for administering the City's Public Housing program and certain Section 8 Programs.[2]

Exhibit 18A: 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%
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.

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.

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

Exhibit 18B presents additional characteristics of NYCHA residents on Staten Island and New York City overall.

Exhibit 18B: 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
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 19** provides the results of 2023, 2024, and 2025 estimates.

Exhibit 19: 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.

2. Health Status Description

Provide an overview of the population's health and identify factors that contribute to health status and health challenges.

Data Sources

Explain the data collection process, data type, and sources. Assemble and analyze secondary data from other sources to gain insights into the community's health status. Collect and analyze primary data whenever possible.

Specific secondary data sources used are listed below.

- City Council of the City of New York. *The City Council of the City of New York, Fiscal Year 2026 Adopted Expense Budget, Adjustment Summary / Schedule C*. Retrieved 2025, from https://council.nyc.gov/budget/wp-content/uploads/sites/54/2025/06/Fiscal-2026-Schedule-C-2.pdf.
- City Council of the City of New York. *The City Council of the City of New York, Fiscal Year 2025 Adopted Expense Budget, Adjustment Summary / Schedule C*. Retrieved 2025, from https://council.nyc.gov/budget/wp-content/uploads/sites/54/2024/06/Fiscal-2025-Schedule-C-MERGE-REPORT.pdf.
- Federal Bureau of Investigation, Crime Data Explorer. *Crime in the United States Annual Reports*. Retrieved 2025, from https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/downloads.
- Internal Revenue Code, Section 501(r).
- Internal Revenue Service. *Instructions for IRS form 990 Schedule H, 2024*.
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- University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. *County Health Rankings [2022* and *2025]*. Retrieved 2025, from: https://www.countyhealthrankings.org/.

Primary data were collected in September and October 2025 through interview sessions with fifty individuals representing fifteen groups and organizations. Participating organizations are listed below in the *Community Engagement* section.

Data Collection Methods

Outline the scientific methods used for collecting and analyzing data, including the timeframe.

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.[3]

Input from fifty individuals was received through key informant interviews. 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.

[3] 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.

Community Engagement

Identify any parties with whom the health department or hospital collaborated or contracted for assistance in planning and conducting the assessment. Provide a description of how preliminary findings were shared with the community and how community input was sought and incorporated.

Community engagement activity collected in September and October 2025 through interview sessions with fifty individuals representing fifteen groups and organizations. Organizations associated with the key informants who participated in the interview process 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.

Preliminary assessments were shared with the RUMC Community Advisory Board and the RUMC Board of Directors. Feedback was elicited.

Relevant Health Indicators

Compile and analyze trend data to describe changes in community health status and influencing factors. Present key health metrics with charts and graphs to illustrate trends over time. Compare data by race/ethnicity, age, gender, and other demographic factors to identify and address disparities. Additionally, compare local data with state or other local data to provide context and benchmarks.

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 the (4) New York Prevention Agenda 2025-2030.

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 20A 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 New York City boroughs correspond to a whole county, data are labeled with the borough name. Specifically, Richmond County corresponds to the borough of Staten Island.

Exhibit 20A: County Health Ranking Indicators, 2022-2025

Measure	Staten Island 2022	Staten Island 2025
Length of Life	5,981.7	6,375.6
Quality of Life		
Poor Physical Health Days	3.6%	3.8%
Low Birth Weight	7.9%	8.1%
Poor Mental Health Days	4.2%	5.2%
Poor or Fair Health	18.4%	13.8%
Health Behaviors		
Adult Smoking	15.5%	10.6%
Adult Obesity	29.8%	29.4%
Physical Inactivity	30.4%	25.4%
Access to Exercise Opportunities	95.4%	99.1%
Excessive Drinking	17.4%	18.9%
Alcohol-Impaired Driving Deaths	15.8%	12.2%
Sexually transmitted Infections	401.6	315.0
Teen Births	9.4	7.1
Health Infrastructure		
Flu Vaccinations	46.0%	46.0%
Access to Exercise Opportunities	95.4%	99.1%
Food Environment Index	9.2	9.0
Primary Care Physicians Ratio	1037:1	1231:1
Mental Health Provider Ratio	400:1	376:1
Dentist Ratio	1499:1	1589:1
Preventable Hospital Stays	3,470.0	2,551.0
Mammography Screening	41.0%	39.0%
Uninsured	4.9%	5.0%
Physical Environment		
Severe Housing Problems	24.1%	22.9%
Driving Alone to Work	55.8%	52.7%
Long Commute - Driving Alone	52.1%	53.0%
Air Pollution: Particulate Matter	7.8%	7.7%
Drinking Water Violations	No	No
Social and Economic Factors		
Some College	70.2%	69.6%
High School Completion	88.5%	88.5%
Unemployment	10.6%	4.9%
Income Inequality	5.2	5.0
Children in Poverty	15.0%	17.5%
Injury Deaths	49.6	54.5
Social Associations	4.3	4.1
Child Care Cost Burden	26.4%	32.7%

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 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 20B provides data comparisons for indicators to U.S. averages and rates.[4]

[4]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 20B: Staten Island Indicators Compared to State and U.S. Averages, 2025

Measure	Description	Staten Island 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	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	3.9	3.9
Low Birth Weight	Percentage of live births with low birthweight (< 2500 grams)	8.1%	8.3%	8%
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days*	5.2	4.9	5.1
Poor or Fair Health	Percentage of adults reporting fair or poor health*	13.8%	16.1%	17.0%
Health Behaviors				
Adult Smoking	Percentage of adults who are current smokers	10.6%	11.5%	13%
Adult Obesity	Percentage of adults that report a BMI of 30 or more	29.4%	30.3%	34%
Physical Inactivity	Percentage of adults aged 20 and over reporting no leisure-time physical activity	25.4%	25.1%	23%
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity	99.1%	93.1%	84%
Excessive Drinking	Percentage of adults reporting binge or heavy drinking	18.9%	19.7%	19%
Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement	12.2%	21.9%	26%
Sexually transmitted Infections	Number of newly diagnosed chlamydia cases per 100,000 population	315.0	526.9	495.5
Teen Births	Number of births per 1,000 female population ages 15-19	7.1	10.2	16
Health Infrastructure				
Flu Vaccinations	Flu Vaccinations	46.0%	51.0%	48%
Access to Exercise Opportunities	Access to Exercise Opportunities	99.1%	93.1%	84%
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	9.0	8.7	7.4
Primary Care Physicians Ratio	Ratio of population to primary care physicians	1231:1	1245:1	1,330:1
Mental Health Provider Ratio	Ratio of population to mental health providers	376:1	265:1	290:1
Dentist Ratio	Ratio of population to dentists	1589:1	1205:1	1340:1
Preventable Hospital Stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	2,551.0	2,595.0	2,666.0
Mammography Screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening	39.0%	44.0%	44%
Uninsured	Percentage of population under age 65 without health insurance	5.0%	5.7%	10.0%
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%	22.5%	17%
Driving Alone to Work	Percentage of the workforce that drives alone to work	52.7%	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%	39.3%	37%
Air Pollution: Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	7.7	6.9	7.3
Drinking Water Violations	Presence of health-related drinking water violations	No	0.0%	
Broadband Access	Percentage of households with broadband internet connection.	89.5%	89.6%	90%
Library Access	Library visits per person living within the library service area per year.	2.6	2.5	2
Social and Economic Factors				
Some College	Percentage of adults ages 25-44 with some post-secondary education	69.6%	71.0%	68%
High School Completion	Percentage of ninth-grade cohort that graduates in four years	88.5%	87.9%	89%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work	4.9%	4.2%	3.6%
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	5.0	5.8	4.9
Children in Poverty	Percentage of children under age 18 in poverty	17.5%	18.6%	16%
Injury Deaths	Number of deaths due to injury per 100,000 population	54.5	60.0	84.0
Social Associations	Number of membership associations per 10,000 population	4.1	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%	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 21** presents a summary of selected causes of death by borough. Data presented in **Exhibit 22** through **Exhibit 40** 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 21: 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 Unintentional Injuries	Homicide/ Legal Intervention	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
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 22A: Cancer Indicators, 2019-2021

Indicator	Staten Island	New York City	New York State
All Cancers			
Incidence Per 1090,000	503.70	411.50	458.20
Mortality rate per 100,000	131.00	108.20	124.80
Female Breast Cancer			
Incidence per 100,000	145.60	125.80	134.20
Mortality rate per 100,000	16.50	16.30	16.90
Prostate Cancer			
Incidence per 100,000	126.30	124.80	131.60
Mortality rate per 100,000	14.00	14.90	15.20
Lung and Bronchus Cancer			
Incidence per 100,000	59.10	39.90	51.10
Mortality rate per 100,000	30.60	19.00	26.10
Colon and rectum cancer			
Incidence per 100,000	39.60	33.60	35.00
Mortality rate per 100,000	11.90	10.10	10.80
Oral Cavity and Pharynx Cancer			
Incidence per 100,000	10.00	9.20	10.90
Mortality rate per 100,000	1.50	1.90	2.10
Ovarian Cancer			
Incidence per 100,000	15.30	10.80	10.80
Mortality rate per 100,000	6.20	5.20	5.80
Cervix Uteri Cancer			
Incidence per 100,000	7.00	7.50	6.80
Mortality rate per 100,000	N/A	1.80	1.70
Melanoma			
Incidence per 100,000	N/A	N/A	N/A
Mortality rate per 100,000	1.30	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 22B: Cancer Screening Indicators

Indicator	Data Years	Staten Island	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%	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%	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.[5,6]

[5] 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.

[6] 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 23 presents cancer indicators by race and ethnicity.

Exhibit 23: 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
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 ***Exhibit23*** 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 24 presents cardiovascular disease-related indicators by borough compared to the state.

Exhibit 24: 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
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 24*** 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 25 presents cardiovascular disease and diabetes indicators by race, and ethnicity.

Exhibit 25: 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
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 25*** 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 26.**

Exhibit 26: Obesity-Related Indicators

Indicator	Staten Island	New York City	New York State
Percentage of pregnant women in WIC who were pre-pregnancy overweight or obese (BMI 25 or higher) [2020-2022]	55.3%	51.1%	54.2%
Age-adjusted percentage of adults with obesity (BMI 30 or higher) [2021]	29.8%	25.6%	29.2%
Age-adjusted percentage of adults who participated in leisure time physical activity in the past 30 days [2021]	74.5%	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%	36.6%	34.2%
Age-adjusted percentage of adults with physician diagnosed diabetes [2021]	12.2%	11.4%	10.2%
Age-adjusted percentage of adults with cardiovascular disease (heart attack, coronary heart disease, or stroke) [2021]	7.7%	5.9%	6.4%
Age-adjusted cardiovascular disease mortality rate per 100,000 [2020-2022]	262.2	217.1	213.8
Age-adjusted cerebrovascular disease (stroke) mortality rate per 100,000 [2020-2022]	19.9	21.7	25.3
Age-adjusted diabetes mortality rate per 100,000 [2020-2022]	27.0	18.9	19.5
Age-adjusted cardiovascular disease hospitalization rate per 10,000 [2020-2022]	121.1	110.7	108.0
Age-adjusted cerebrovascular disease (stroke) hospitalization rate per 10,000 [2020-2022]	21.2	20.1	19.8
Age-adjusted diabetes hospitalization rate per 10,000 (primary diagnosis) [2020-2022]	18.0	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 27 presents communicable disease incidence rates for the RUMC community.

Exhibit 27: Communicable Disease Indicators

Indicator	Staten Island	New York City	New York State
Pneumonia/flu hospitalization rate per 10,000 - Aged 65 years and older [2020-2022]	46.6	44.4	53.7
Pertussis incidence per 100,000 [2020-2022]	0.7	1.0	1.2
Mumps incidence per 100,000 [2020-2022]	0.1	0.4	0.3
Meningococcal incidence per 100,000 [2020-2022]	0.1	0.2	0.1
Haemophilus influenza incidence per 100,000 [2020-2022]	1.2	1.0	1.1
Hepatitis A incidence per 100,000 [2020-2022]	0.8	0.7	0.9
Acute hepatitis B incidence per 100,000 [2020-2022]	0.3	0.4	0.2
Chronic Hepatitis C cases per 100,000 [2020-2022]	25.2	32.3	30.9
Tuberculosis incidence per 100,000 [2020-2022]	3.1	5.6	3.2
E. coli Shiga Toxin incidence per 100,000 [2020-2022]	2.7	6.3	5.2
Salmonella incidence per 100,000 [2020-2022]	9.5	13.3	13.1
Shigella incidence per 100,000 [2020-2022]	2.9	9.7	5.5
Lyme disease incidence per 100,000 [2020-2022]	13.2	11.4	46.5
Percentage of adults aged 65 years and older with pneumococcal immunization [2021]	62.6%	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 28 and **29** present prevalence and new diagnosis rates for HIV and AIDS.

Exhibit 28: Living with HIV and AIDS Cases, Prevalence Rate per 100,000, 2023

Cohort	Staten Island	New York City	New York State
Male	379.7	1,380.3	738.2
Female	168.9	436.4	247.0
White	134.1	469.9	190.9
Black	1,255.4	1,845.4	1,479.1
Hispanic	421.3	1,098.0	805.1
Asian	57.3	160.8	137.1
Native American	763.5	547.2	318.5
Total	324.1	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 28***, 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 29***, 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	-	-	-	-
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 30 presents data on chronic lower respiratory disease (CLRD), asthma, and COVID-19 in the RUMC community.

Exhibit 30: Respiratory-Related Indicators

Indicator	Staten Island	New York City	New York State
Chronic lower respiratory disease mortality rate per 100,000 [2020-2022]	32.6	18.3	31.3
Age-adjusted chronic lower respiratory disease mortality rate per 100,000 [2020-2022]	26.4	15.0	23.7
Chronic lower respiratory disease hospitalization rate per 10,000 [2020-2022]	16.0	18.9	16.5
Age-adjusted chronic lower respiratory disease hospitalization rate per 10,000 [2020-2022]	14.3	17.5	14.3
Asthma hospitalization rate per 10,000 [2020-2022]	5.9	9.6	6.3
Age-adjusted asthma hospitalization rate per 10,000 [2020-2022]	6.0	10.1	6.6
Asthma hospitalization rate per 10,000 - Aged 0-4 years [2020-2022]	17.0	34.2	24.9
Asthma hospitalization rate per 10,000 - Aged 5-14 years [2020-2022]	8.5	16.4	10.6
Asthma hospitalization rate per 10,000 - Aged 0-17 years [2020-2022]	10.2	20.1	13.4
Asthma hospitalization rate per 10,000 - Aged 5-64 years [2020-2022]	4.9	7.7	5.2
Asthma hospitalization rate per 10,000 - Aged 15-24 years [2020-2022]	3.7	5.9	3.4
Asthma hospitalization rate per 10,000 - Aged 25-44 years [2020-2022]	3.8	4.5	3.6
Asthma hospitalization rate per 10,000 - Aged 45-64 years [2020-2022]	5.0	8.7	5.2
Asthma hospitalization rate per 10,000 - Aged 65 years or older [2020-2022]	6.4	9.6	5.4
Asthma mortality rate per 100,000 [2020-2022]	1.1	1.9	1.4
Age-adjusted asthma mortality rate per 100,000 [2020-2022]	0.9	1.7	1.2
Age-adjusted percentage of adults with current asthma [2021]	7.1%	9.2%	10.1%
COVID-19 mortality rate per 100,000 [2022]	74.5	54.7	56.8
Age-adjusted covid-19 mortality rate per 100,000 [2022]	60.2	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 31 presents respiratory asthma and CLRD indicators by race and ethnicity.

Exhibit 31: 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%
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 32 through **37** present data related to maternal and infant health. **Exhibit 32** portrays maternal and infant health indicators by borough, New York City, and New York State.

Exhibit 32: Maternal and Infant Health Indicators, 2020-2022

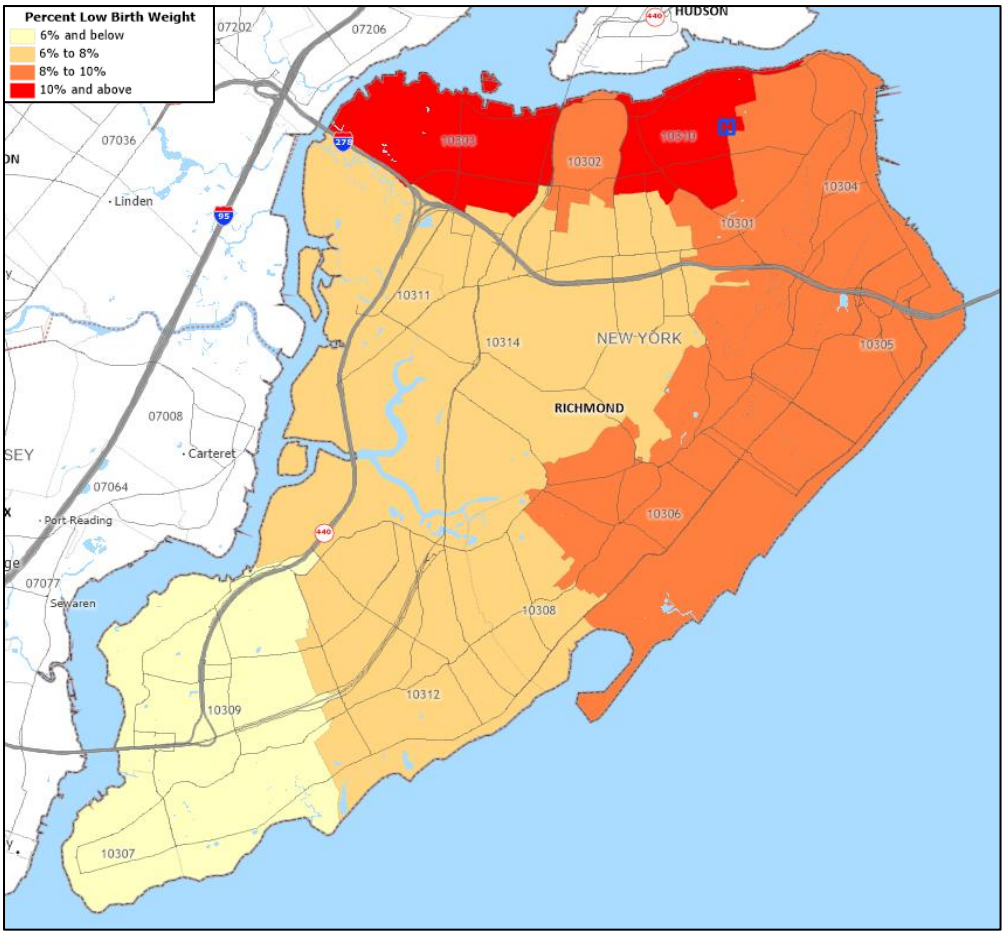
Location	Percentage of births with early (1st trimester) prenatal care	Percentage of births with adequate prenatal care (APNCU)	Percentage of premature births (< 37 weeks gestation - clinical estimate)	Percentage of low birthweight births (< 2.5 kg)	Teen pregnancies per 1,000 females aged under 18 years	Infant mortality per 1,000 live births
Staten Island	85.4%	83.4%	9.6%	8.2%	2.6	4.6
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 33, 34, and **35** illustrate maternal and infant health indicators by ZIP Code. **Exhibit 33** illustrates low birth weight births by ZIP Code.

Exhibit 33: Low Birth Weight Infants by ZIP Code, 2020-2022

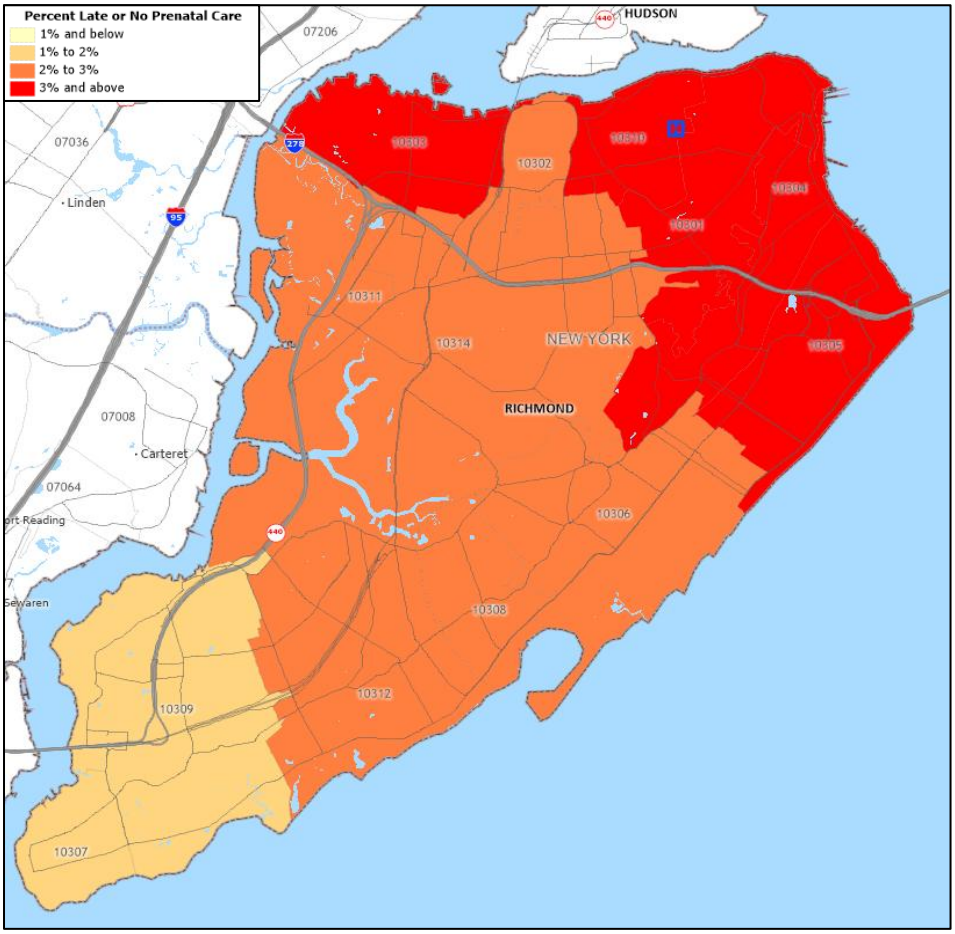


Sources: New York State Department of Health, 2025, and Caliper Maptitude (2023).
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

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 34 illustrates late or no prenatal care by ZIP Code.

Exhibit 34: Mothers with Late or No Prenatal Care by ZIP Code, 2020-2022

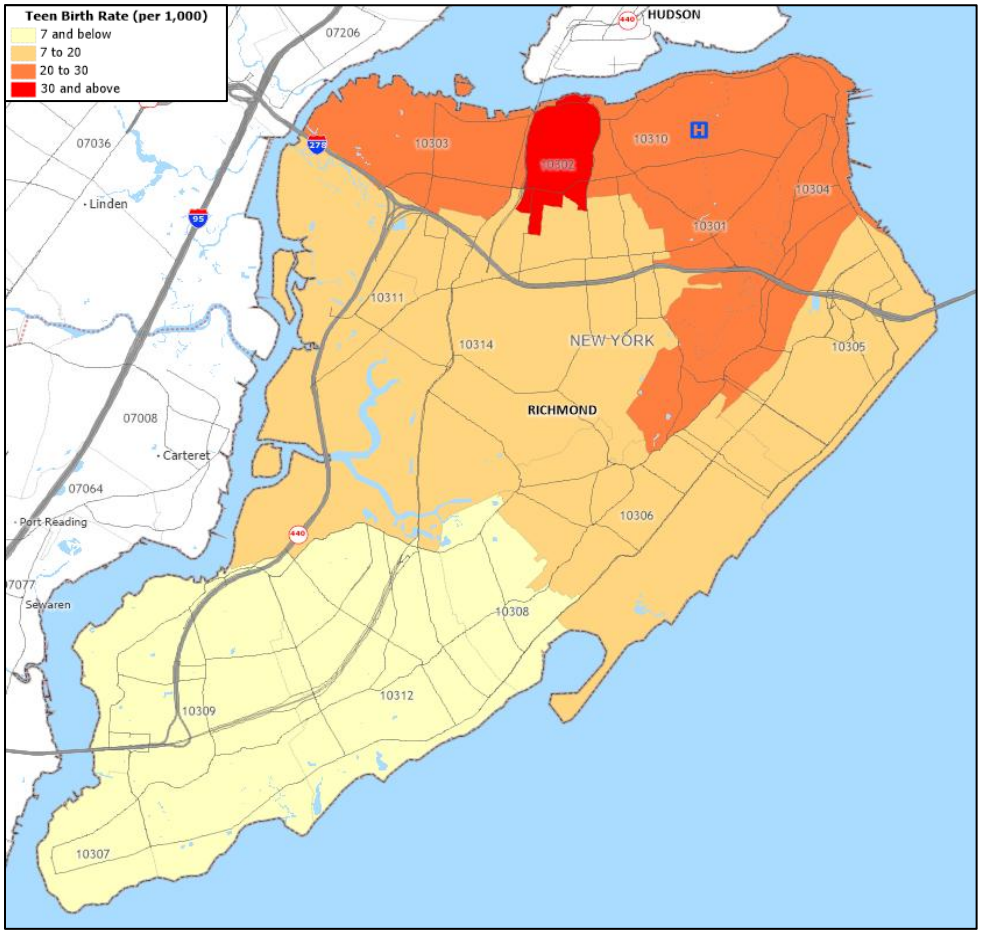


Sources: New York State Department of Health, 2025, and Caliper Maptitude (2023).
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

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 35 illustrates teen pregnancy rates by ZIP Code.

Exhibit 35: 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 36 presents maternal and child health indicators by race and ethnicity.

Exhibit 36: 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
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 37 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 37: 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 38 presents injury and behavioral health indicators by race and ethnicity.

Exhibit 38: 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
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 39** displays the prevalence of various indicators for Staten Island, New York City, New York State, and the U.S.

Exhibit 39: YRBS Indicators and Variation from New York State and the U.S., 2019

Category	Indicator	Staten Island	New York City	New York State	United States
Alcohol or Tobacco Use	Binge Drinking (5 or More Drinks in the Past Month)	9.6%	8.9%	**12.7%**	**13.7%**
	Consumed At Least One Alcoholic Drink in the Past Month	20.6%	20.8%	**26.4%**	**29.2%**
	Smoking in the Past Month	3.9%	3.3%	**4.2%**	**6.0%**
	Vaping in the Past Month	19.9%	15.2%	**22.4%**	**32.7%**
Mental Health	Attempted Suicide One or More Times During the Past 12 Months	10.2%	9.2%	**8.5%**	**8.9%**
	Felt Sad (Every Day for 2 weeks) & Stopped Regular Activities due to Sadness	36.2%	35.9%	**35.1%**	**36.7%**
Physical Activity	Not Physically Active for 60 Minutes Per Day at least once in the Past Week	24.5%	23.8%	**20.0%**	**17.0%**
	Did Not Attend Physician Education (PE) classes on 1 or more days in Average Week	18.6%	15.0%	**10.3%**	**47.8%**
Sexual Behaviors	Ever Had Sexual Intercourse	19.7%	25.5%	**30.3%**	**38.4%**
	Did Not Use a Condom During Last Sexual Intercourse	51.4%	45.3%	**42.2%**	**45.7%**
Substance Abuse	Cocaine Use During Lifetime	7.4%	5.0%	**6.3%**	**3.9%**
	Heroin Use During Lifetime	9.3%	5.5%	**5.8%**	**1.8%**
	Marijuana Use in the Past Month	17.2%	17.7%	**19.1%**	**21.7%**
	Methamphetamines Use During Lifetime	7.5%	4.9%	**4.9%**	**2.1%**
	Ever Used Synthetic Marijuana	13.2%	9.9%	**10.3%**	**7.3%**
	Ever Injected an Illegal Drug	6.3%	4.0%	**3.8%**	**1.6%**
Violence	Physical Fight One or More Times During the Past 12 Months	23.2%	22.5%	**20.8%**	**21.9%**
	Electronically Bullied	17.8%	14.3%	**17.3%**	**15.7%**
	Bullied on School Property	22.4%	17.1%	**21.0%**	**19.5%**
	Did Not Go to School because Felt Unsafe at least Once in the Past 30 days	13.1%	10.4%	**10.9%**	**8.7%**
Weight and Nutrition	Did Not Eat Fruit in Past 7 Days	13.5%	11.7%	**9.4%**	**6.3%**
	One or More Sugary Drinks Consumed in the Past 7 Days	60.0%	64.2%	**64.7%**	**68.3%**
	Overweight or Obese	31.1%	30.9%	**29.7%**	**31.6%**

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

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 40A**, **40B**, **40C**, **40D**, **40E**, and **40F** 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 40A**, **40B**, **40C**, **40D, 40E**, and **40F**) 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 40A: Prevention Agenda 2019-2024 Indicators Compared to Objectives

Prevention Agenda 2019-2024 Priority Areas and Indicators	Data years	Staten Island	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	157.0	177.0	**173.0**
Assault-related hospitalizations, rate per 10,000 population	2020	3.7	5.2	3.6	**3.0**
Assault-related hospitalizations, ratio of rates between Black non-Hispanics and White non-Hispanics	2020	5.8	5.9	6.5	**5.5**
Assault-related hospitalizations, ratio of rates between Hispanics and White non-Hispanics	2020	1.9	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	2.9	**2.7**
Firearm assault-related hospitalizations, rate per 10,000 population	2020	0.3	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	2.6	1.8	**1.3**
Crash-related pedestrian fatalities, rate per 100,000 population	2019	2.3	1.7	1.7	**1.4**
Percentage of population living in a certified Climate Smart Community	2024	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%	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 40B: Prevention Agenda 2019-2024 Indicators Compared to Objectives

Prevention Agenda 2019-2024 Priority Areas and Indicators	Data years	Staten Island	New York City	New York State	NYS Target
Prevent Chronic Diseases					
Percentage of adults who participate in leisure-time physical activity	2021	74.1%	72.1%	74.2%	**77.4%**
Percentage of adults with disabilities who participate in leisure-time physical activity	2021	58.1%	57.8%	58.3%	**61.8%**
Percentage of adults who participate in leisure-time physical activity, aged 65+ years	2021	72.8%	68.3%	68.4%	**75.9%**
Prevalence of cigarette smoking among adults	2021	14.3%	10.5%	12.0%	**11.0%**
Percentage of adults who smoke cigarettes among adults with income less than $25,000	2021	N/A	15.2%	20.4%	**15.3%**
Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines, aged 50-64 years	2018	66.9%	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%	65.6%	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	57.8%	60.3%	**67.4%**
Asthma emergency department visits, rate per 10,000, aged 0-17 years	2022	62.5	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%	62.3%	64.8%	**69.0%**
Percentage of adults with hypertension who are currently taking medicine to manage their high blood pressure	2021	82.6%	78.6%	80.2%	**80.7%**
Percentage of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition	2021	9.1%	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%	13.1%	13.9%	**13.0%**
Percentage of children and adolescents with obesity (New York City)	2019-2020	20.0%	20.9%	#N/A	**19.4%**
Percentage of adults with obesity	2021	30.2%	25.7%	29.1%	**24.2%**
Percentage of adults with an annual household income less than $25,000 with obesity	2021	N/A	32.6%	34.4%	**29.0%**
Percentage of adults with an annual household income less than $25,000 who consume one or more sugary drinks per day	2021	N/A	25.8%	27.5%	**28.5%**
Percentage of adults with an annual household income less than $25,000 with perceived food security	2021	N/A	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 40C: Prevention Agenda 2019-2024 Indicators Compared to Objectives

Prevention Agenda 2019-2024 Priority Areas and Indicators	Data years	Staten Island	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%	72.4%	70.5%	**70.5%**
Percentage of 13-year-old adolescents with a complete HPV vaccine series	2023	20.9%	46.1%	37.2%	**37.4%**
Newly diagnosed HIV cases, rate per 100,000 population	2020-2022	7.4	19.6	11.3	**5.2**
Gonorrhea diagnoses, age-adjusted rate per 100,000 population	2022	117.0	348.0	230.0	**242.0**
Chlamydia diagnoses, age-adjusted rate per 100,000 population	2022	345.0	789.0	553.0	**676.0**
Early syphilis diagnoses, age-adjusted rate per 100,000 population	2022	22.0	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 40D: Prevention Agenda 2019-2024 Indicators Compared to Objectives

Prevention Agenda 2019-2024 Priority Areas and Indicators	Data years	Staten Island	New York City	New York State	NYS Target
Promote Healthy Women, Infants, and Children					
Percentage of women with a preventive medical visit in the past year, aged 18-44 years	2021	74.9%	74.6%	75.9%	**80.6%**
Percentage of women with a preventive medical visit in the past year, aged 45+ years	2021	88.9%	88.2%	87.9%	**85.0%**
Percentage of women who report ever talking with a health care provider about ways to prepare for a healthy pregnancy, aged 18-44 years	2021	N/A	21.7%	28.5%	**38.1%**
Maternal mortality, rate per 100,000 live births	2020-2022	N/A	20.4	21.6	**16.0**
Infant mortality, rate per 1,000 live births	2022	4.7	3.8	4.3	**4.0**
Percentage of births that are preterm	2022	9.6%	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	1.8	6.0	**9.1**
Percentage of infants who are exclusively breastfed in the hospital among all infants	2022	29.0%	40.7%	44.0%	**51.7%**
Percentage of infants who are exclusively breastfed in the hospital among Hispanic infants	2022	25.8%	34.9%	33.8%	**37.4%**
Percentage of infants who are exclusively breastfed in the hospital among Black non-Hispanic infants	2022	25.5%	34.6%	34.5%	**38.4%**
Percentage of infants supplemented with formula in the hospital among breastfed infants	2022	59.7%	55.2%	50.1%	**41.9%**
Percentage of WIC enrolled infants who are breastfed at 6 months	2022	34.5%	N/A	38.0%	**45.5%**
Suicide mortality among youth, rate per 100,000, aged 15-19 years	2020-2022	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%	89.5%	91.7%	**73.9%**
Percentage of residents served by community water systems that have optimally fluoridated water	2023	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 40E: Prevention Agenda 2019-2024 Indicators Compared to Objectives

Prevention Agenda 2019-2024 Priority Areas and Indicators	Data years	Staten Island	New York City	New York State	NYS Target
Promote Well-Being and Prevent Mental and Substance Use Disorders					
Opportunity Index Score	2023	57.2	#N/A	55.6	**59.2**
Frequent mental distress during the past month among adults, age-adjusted percentage	2021	13.1	13.6	13.4	**10.7**
Economy Score	2023	56.0	#N/A	54.2	**52.3**
Community Score	2023	56.2	#N/A	57.0	**61.3**
Binge drinking during the past month among adults, age-adjusted percentage	2021	12.5%	15.8%	16.0%	**16.4%**
Overdose deaths involving any opioids, age-adjusted rate per 100,000 population	2022	27.7	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	177.0	464.0	**415.6**
Opioid analgesic prescription, age-adjusted rate per 1,000 population	2023	230.7	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	73.4	67.1	**53.3**
Percentage of adults who have experienced two or more adverse childhood experiences (ACEs)	2021	32.6%	44.6%	41.9%	**33.8%**
Indicated reports of abuse/maltreatment, rate per 1,000 children, aged 0-17 years	2022	N/A	10.7	12.4	**15.6**
Suicide mortality, age-adjusted rate per 100,000 population	2020-2022	6.5	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 40F: Prevention Agenda 2019-2024 Indicators Compared to Objectives

Prevention Agenda 2019-2024 Priority Areas and Indicators	Data years	Staten Island	New York City	New York State	NYS Target
Improve Health Status and Reduce Health Disparities					
Percentage of deaths that are premature (before age 65 years)	2022	22.3%	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%	20.0%	19.4%	**17.3%**
Premature deaths (before age 65 years), difference in percentages between Hispanics and White non-Hispanics	2022	16.8%	17.1%	17.9%	**16.2%**
Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000	2022	98.2	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	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	53.0	29.5	**23.9**
Percentage of adults with health insurance, aged 18-64 years	2022	93.9%	#N/A	93.2%	**97.0%**
Adults who have a regular health care provider, age-adjusted percentage	2021	81.8%	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.

Health Challenges and Associated Risk Factors

Identify leading community health problems.

Contributing Causes of Health Challenges

Provide a summary of the contributing causes of health challenges in your community, including behavioral risk factors, environmental factors (including the built environment), socioeconomic factors, policies (e.g., smoke-free parks, menu labeling, zoning for walkable communities, taxation, education, transportation, insurance status), injury, maternal and child health issues, infectious and chronic diseases, and unique state characteristics impacting health status.

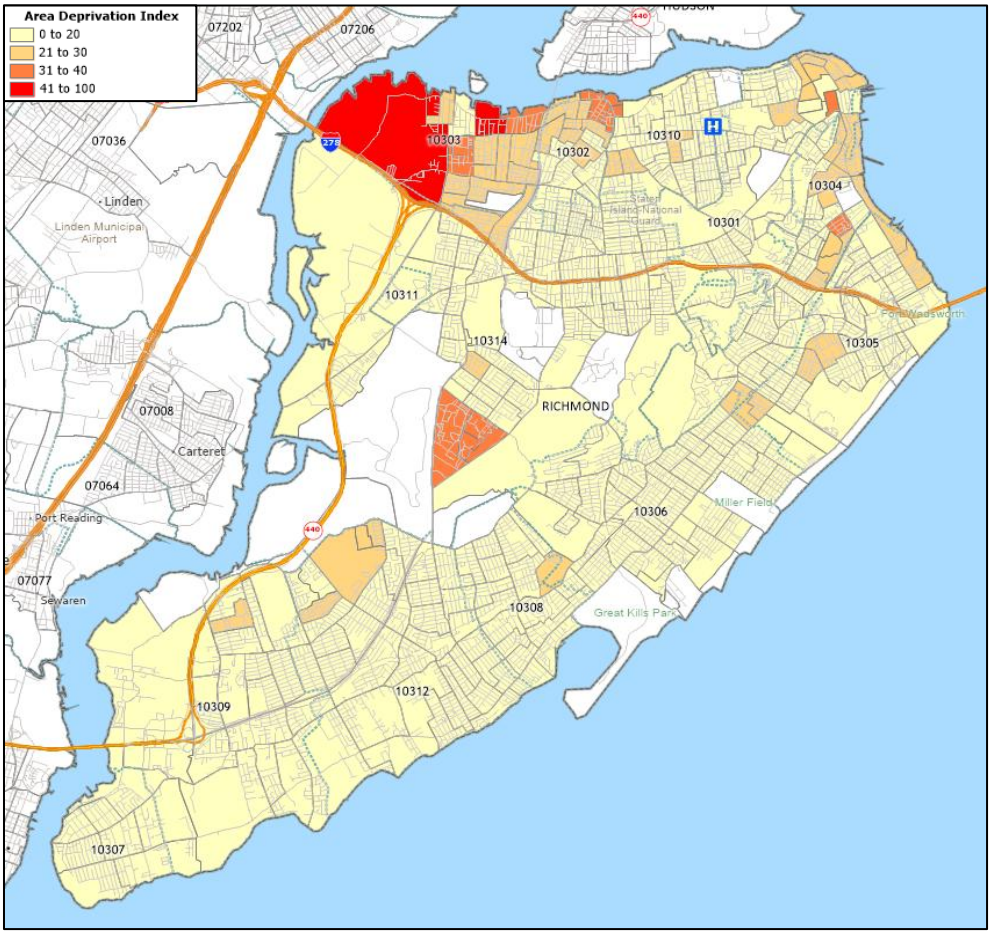
Health Disparities

Identify issues related to health disparities, high-risk populations, and high-need neighborhoods within the service area. Factors that contribute to higher health risks and poorer health outcomes in specific populations must be considered.

Area Deprivation Index

Exhibit 41 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 41 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.

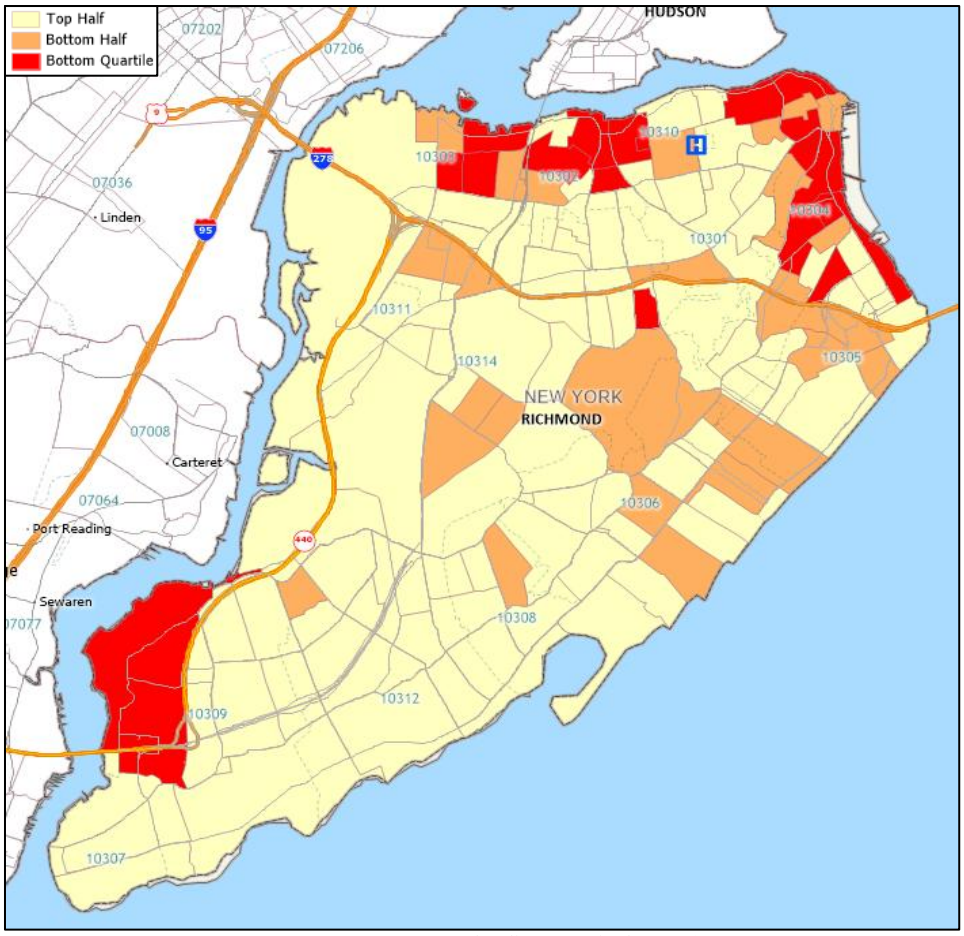
The highest ADIs present in Staten Island were in Port Richmond.

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."[7] 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 42A identifies the top quartile of CDC SVI for socioeconomic vulnerability for census tracts in Staten Island.

Exhibit 42A: Top Quartile Census Tracts for Socioeconomic Vulnerability



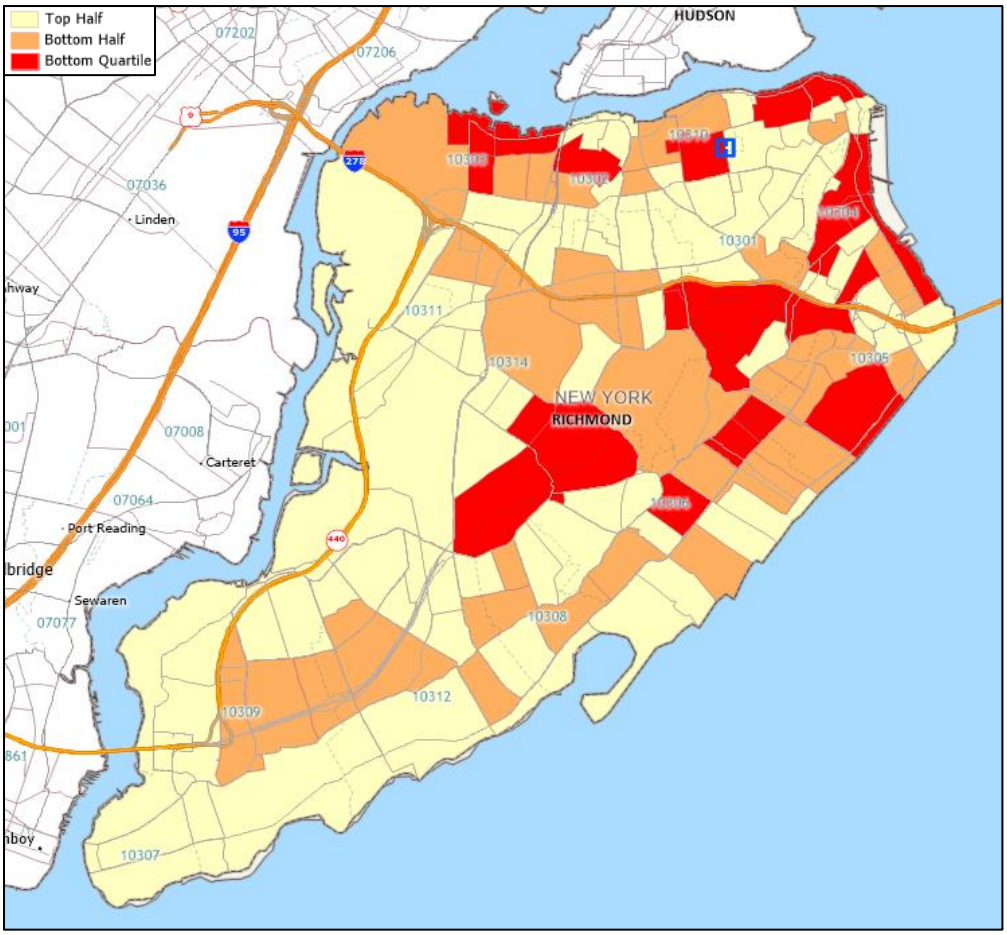
Sources: CDC, 2025, and Caliper Maptitude (2023)

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.

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

Exhibit 42B identifies the top quartile of CDC SVI for household vulnerability for census tracts in Staten Island.

Exhibit 42B: Top Quartile Census Tracts for Household Vulnerability

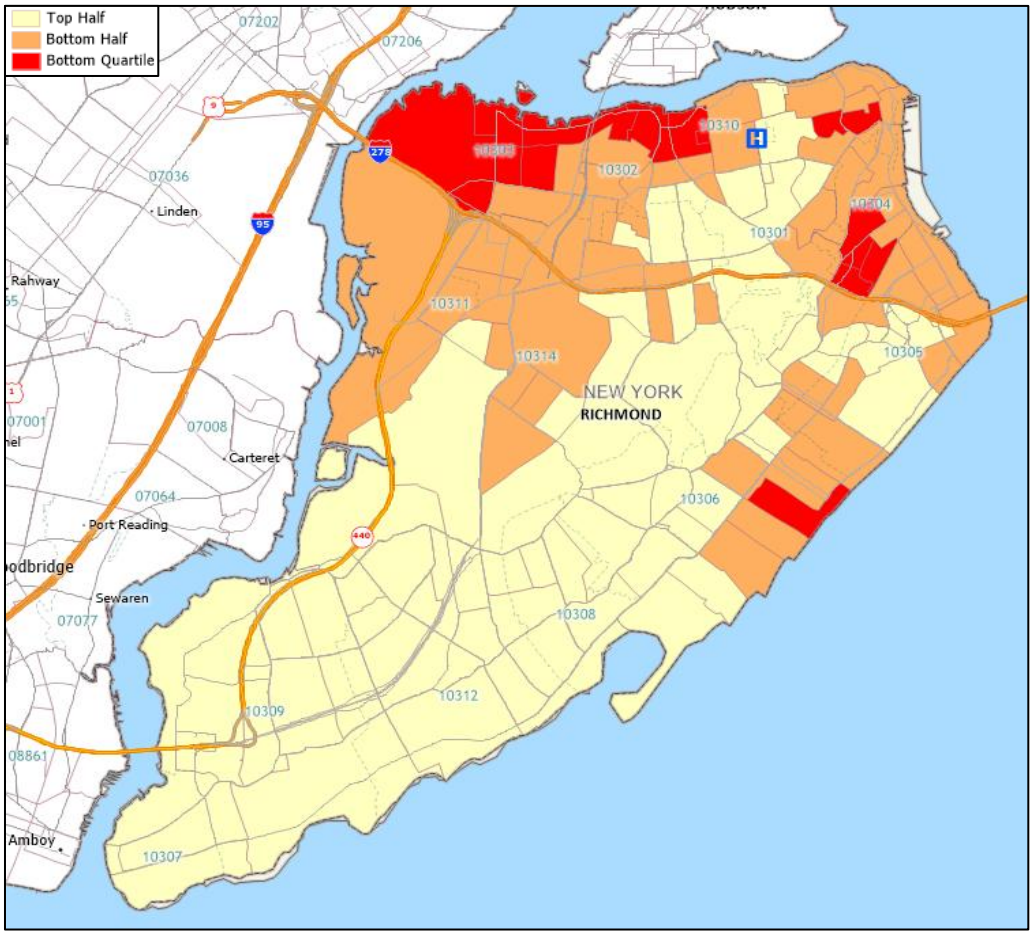


Sources: CDC, 2025, and Caliper Maptitude (2023).

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

Exhibit 42C identifies the top quartile of CDC SVI for minority vulnerability for census tracts in Staten Island.

Exhibit 42C: Top Quartile Census Tracts for Minority Vulnerability

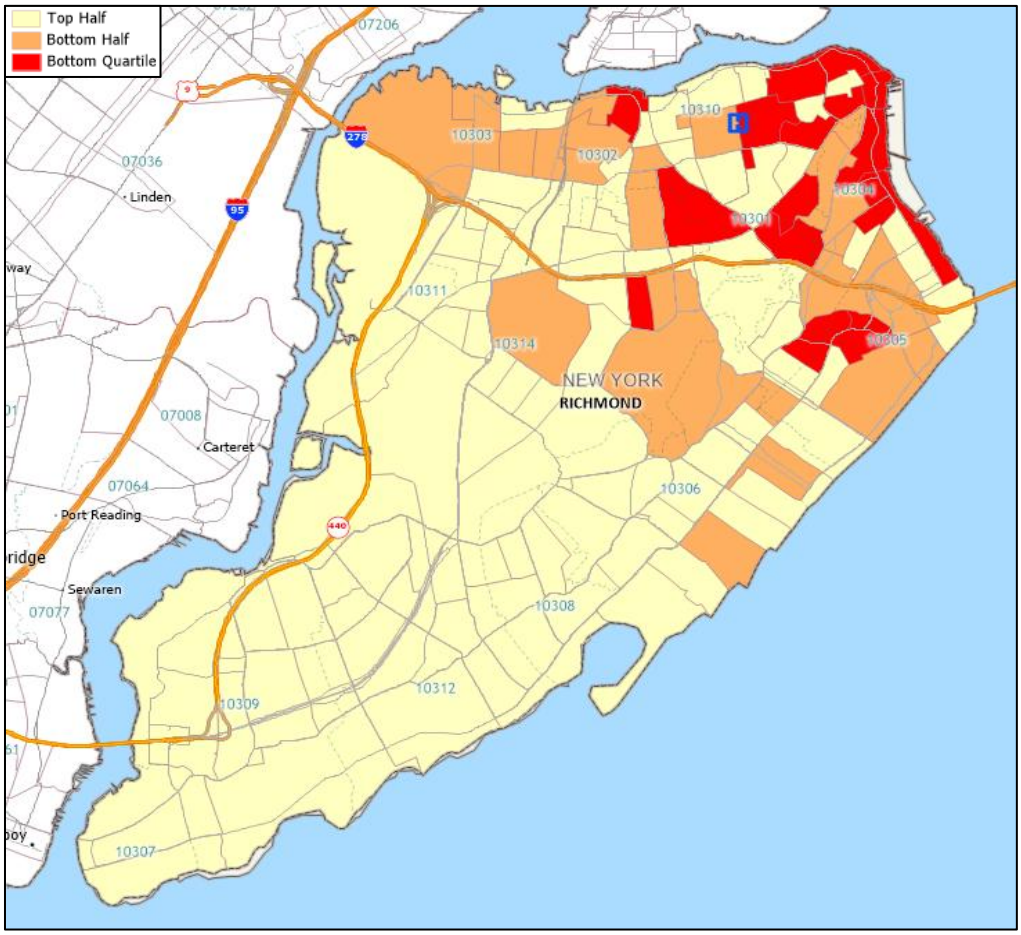


Sources: CDC, 2025, and Caliper Maptitude (2023).

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 42D identifies the top quartile of CDC SVI for housing vulnerability for census tracts in Staten Island.

Exhibit 42D: 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 43A.1 identifies areas that compare unfavorably for health outcomes.

Exhibit 43A.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 --

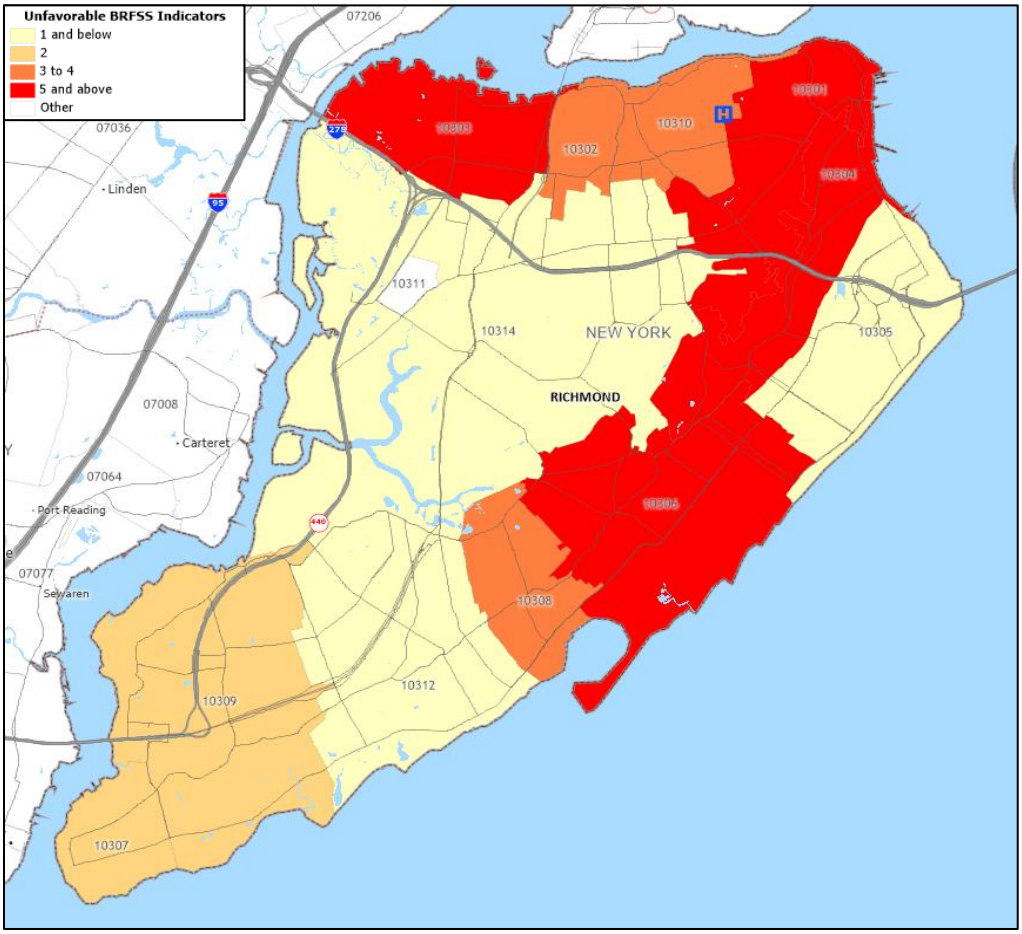
Location	Depression among adults	Diagnosed diabetes among adults	High blood pressure among adults	High cholesterol among adults who have ever been screened	Obesity among adults	Stroke among adults
Port Richmond	17.6%	12.9%	32.3%	32.6%	35.0%	3.3%
10302	17.3%	12.5%	31.6%	32.5%	35.1%	3.1%
10303	17.3%	13.6%	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 43A.2 presents a map of ZIP Codes with a count of unfavorable health outcome indicators, compared to the United States.

Exhibit 43A.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 43B.1 identifies areas that compare unfavorably for prevention indicators.

Exhibit 43B.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.

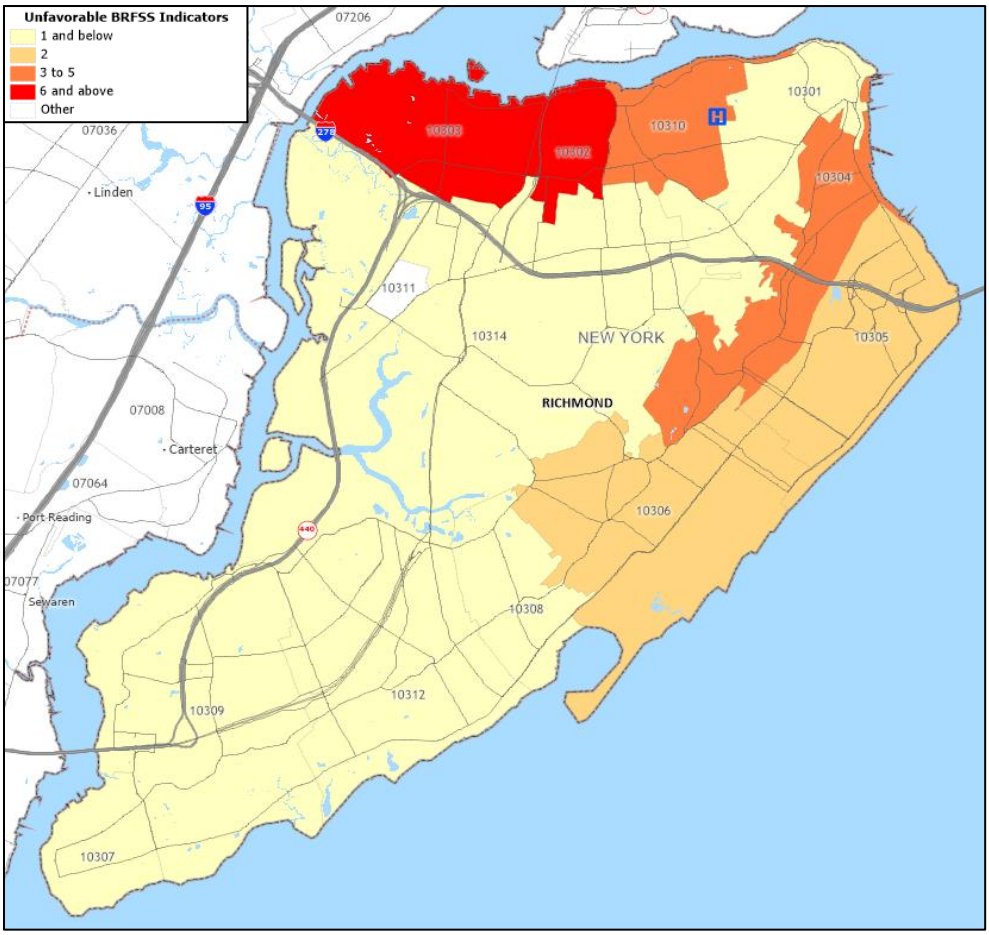
Note: With its 2024 U.S. Preventive Services Task Force (USPSTF) Recommendation Statement, the USPSTF recommends biennial screening mammography for women aged 40 to 74 years.[8,9]

[8] 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.

[9] 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 43B.2 presents a map of ZIP Codes with a count of unfavorable prevention indicators, compared to the United States.

Exhibit 43B.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 43C.1 identifies areas that compare unfavorably for health risk behaviors.

Exhibit 43C.1: CDC Places - Health Risk Behaviors, 2024

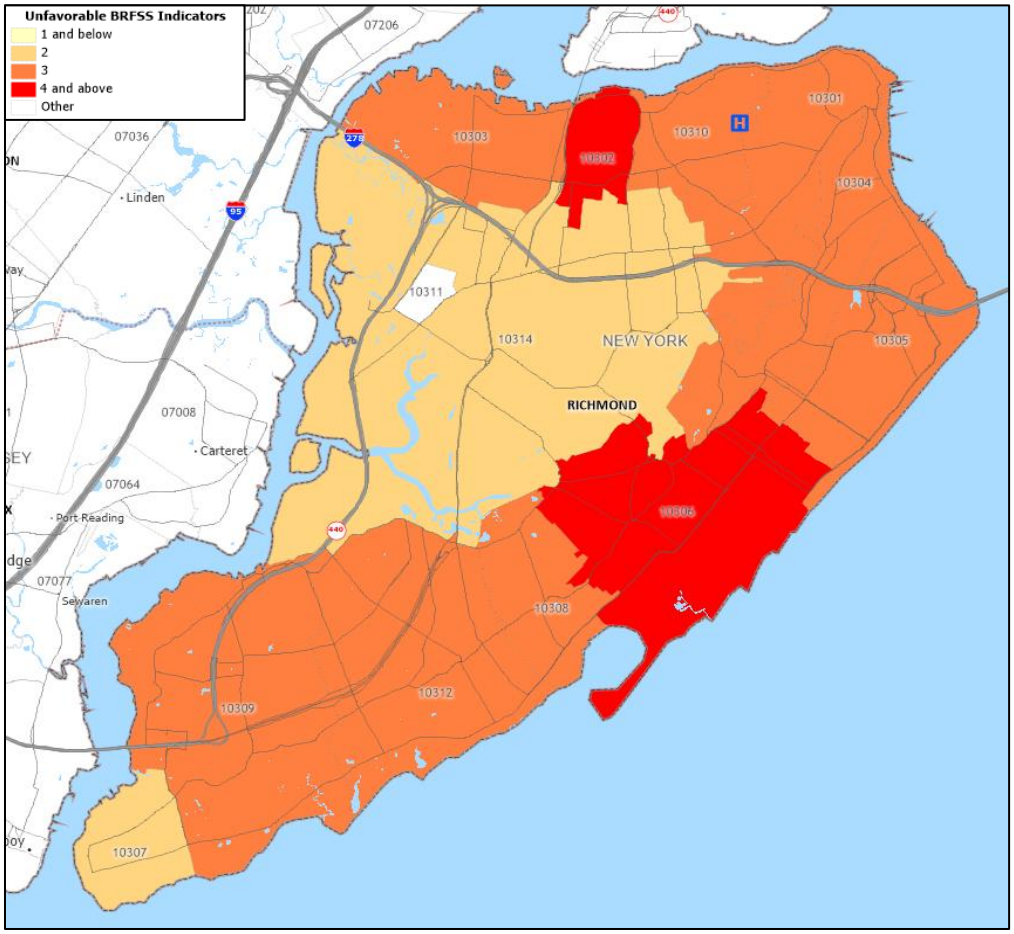
Location	Binge drinking among adults	Current cigarette smoking among adults	No leisure-time physical activity among adults	Short sleep duration among adults
Port Richmond	16.3%	14.6%	33.1%	46.1%
10302	16.9%	13.4%	32.0%	45.3%
10303	15.7%	15.4%	34.7%	48.0%
10310	16.4%	14.7%	32.3%	44.6%
Stapleton - St. 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 43C.2 presents a map of ZIP Codes with a count of unfavorable health risk behavior indicators, compared to the United States.

Exhibit 43C.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 43D.1 identifies areas that compare unfavorably for health status.

Exhibit 43D.1: CDC Places - Health Status, 2024

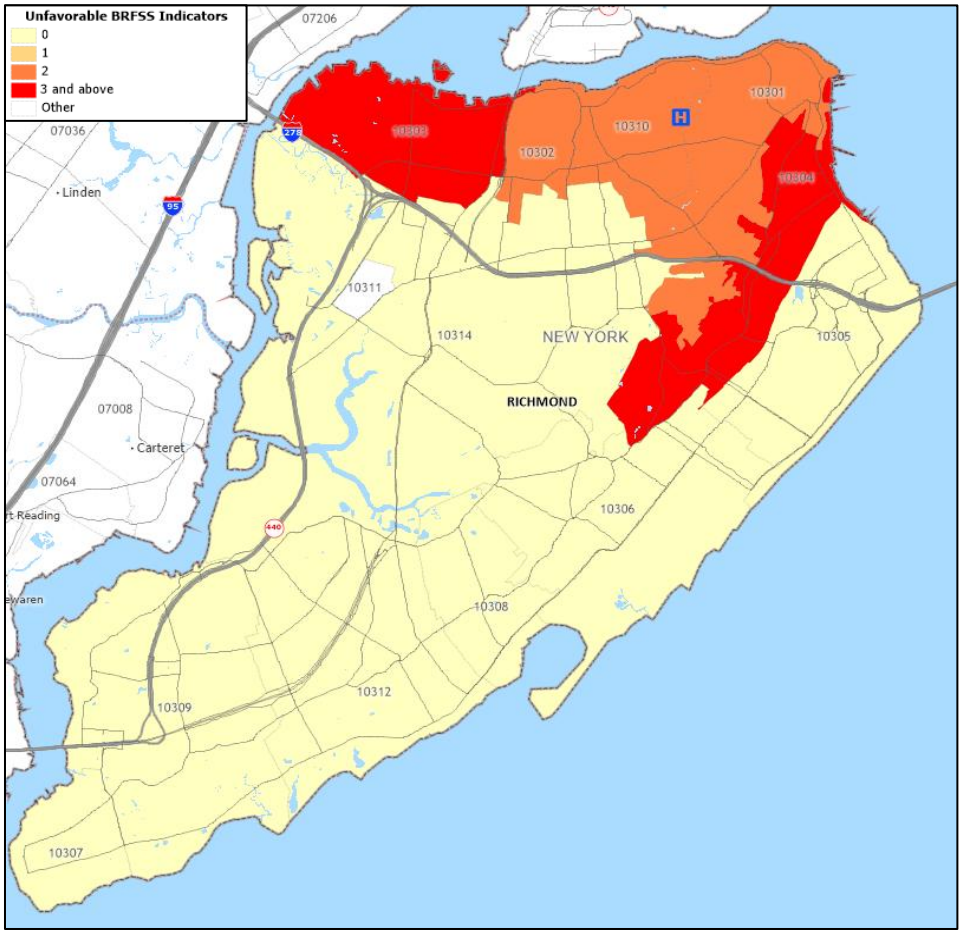
Location	Fair or poor self-rated health status among adults	Frequent mental distress among adults	Frequent physical distress among adults
Port Richmond	20.4%	17.1%	12.7%
10302	19.4%	16.5%	12.2%
10303	21.8%	17.7%	13.1%
10310	19.8%	17.0%	12.7%
Stapleton - St. George	18.7%	15.9%	12.3%
10301	19.1%	16.0%	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 43D.2 presents a map of ZIP Codes with a count of unfavorable health status indicators, compared to New York City.

Exhibit 43D.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 43E.1 identifies areas that compare unfavorably for disability status.

Exhibit 43E.1: CDC Places – Disability Status, 2024

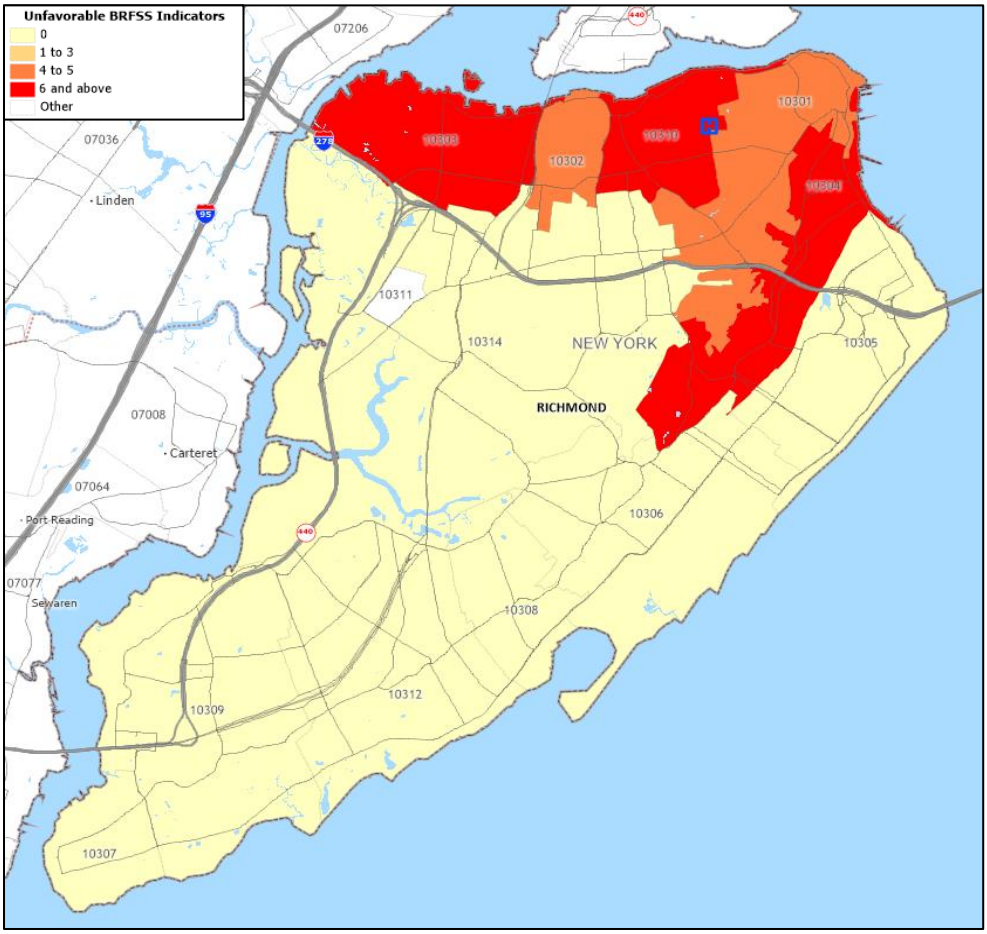
Location	Any disability among adults	Cognitive disability among adults	Hearing disability among adults	Independent living disability among adults	Mobility disability among adults	Self-care disability among adults	Vision disability among adults
Port Richmond	30.6%	14.4%	5.3%	8.8%	14.4%	4.5%	6.9%
10302	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 43E.2 presents a map of ZIP Codes with a count of unfavorable disability status indicators, compared to New York City.

Exhibit 43E.2: CDC Places – Map of Disability Status Indicators, 2024



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

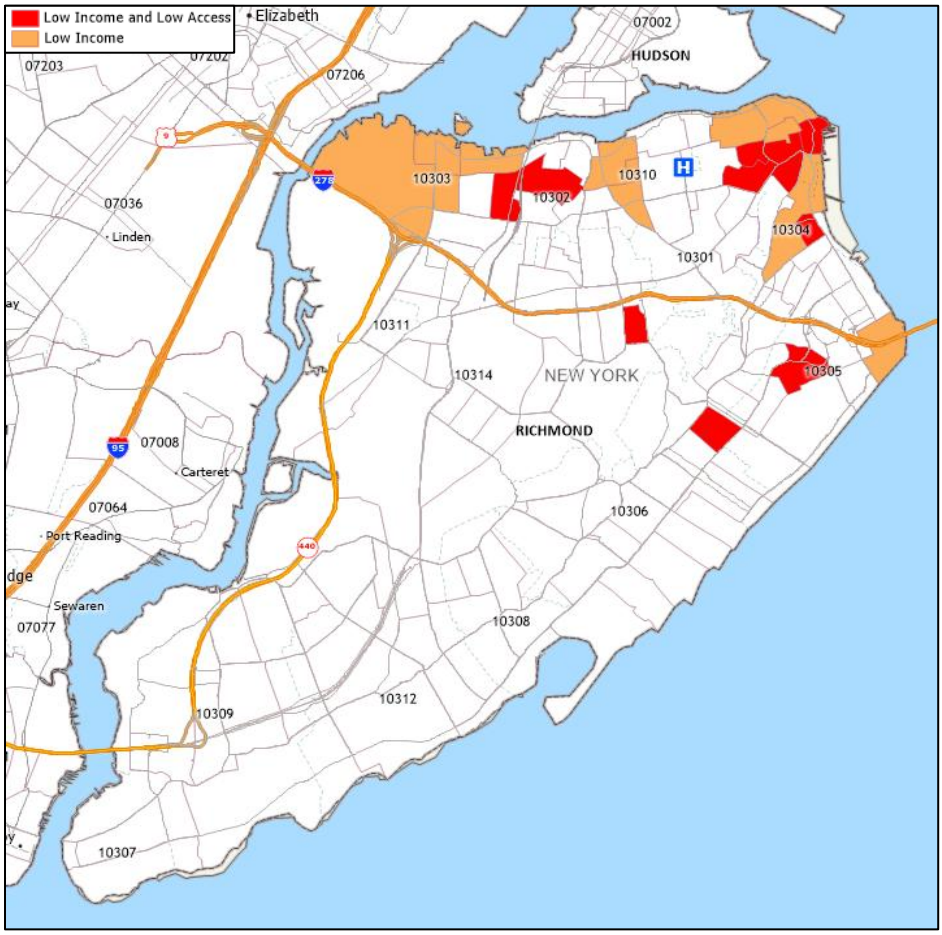
The distribution of unfavorable disability status indicators, compared to the United States overall, were concentrated in Port Richmond and Stapleton - St. George.

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 44 illustrates the location of food deserts in the RUMC community.

Exhibit 44: 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

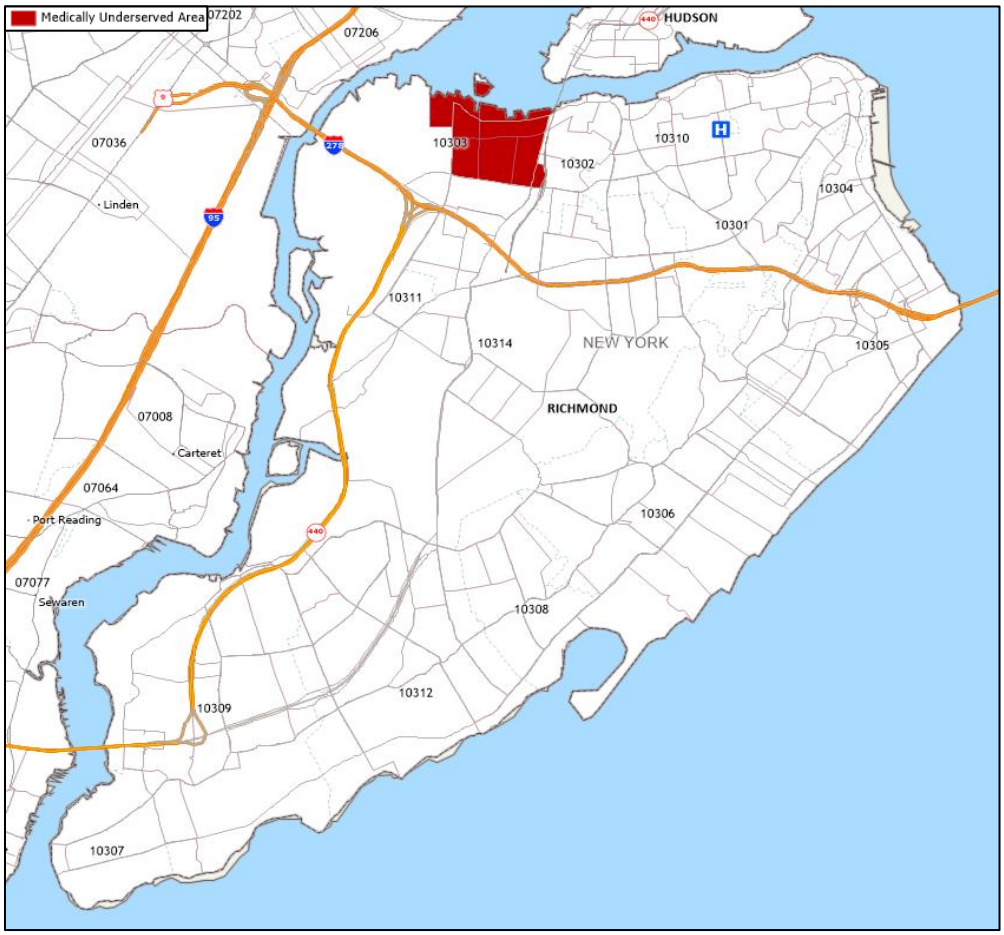
HRSA calculates an Index of Medical Underservice (IMU) score for communities across the U.S. The IMU score calculation includes the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage 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.[10]

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."[11]

Exhibit 45 shows parts of the community designated by HRSA as medically underserved.

[10] 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.
[11] *Ibid.*

Exhibit 45: Location of Federally Designated as Medically Underserved Areas and Medically Underserved Populations, 2025



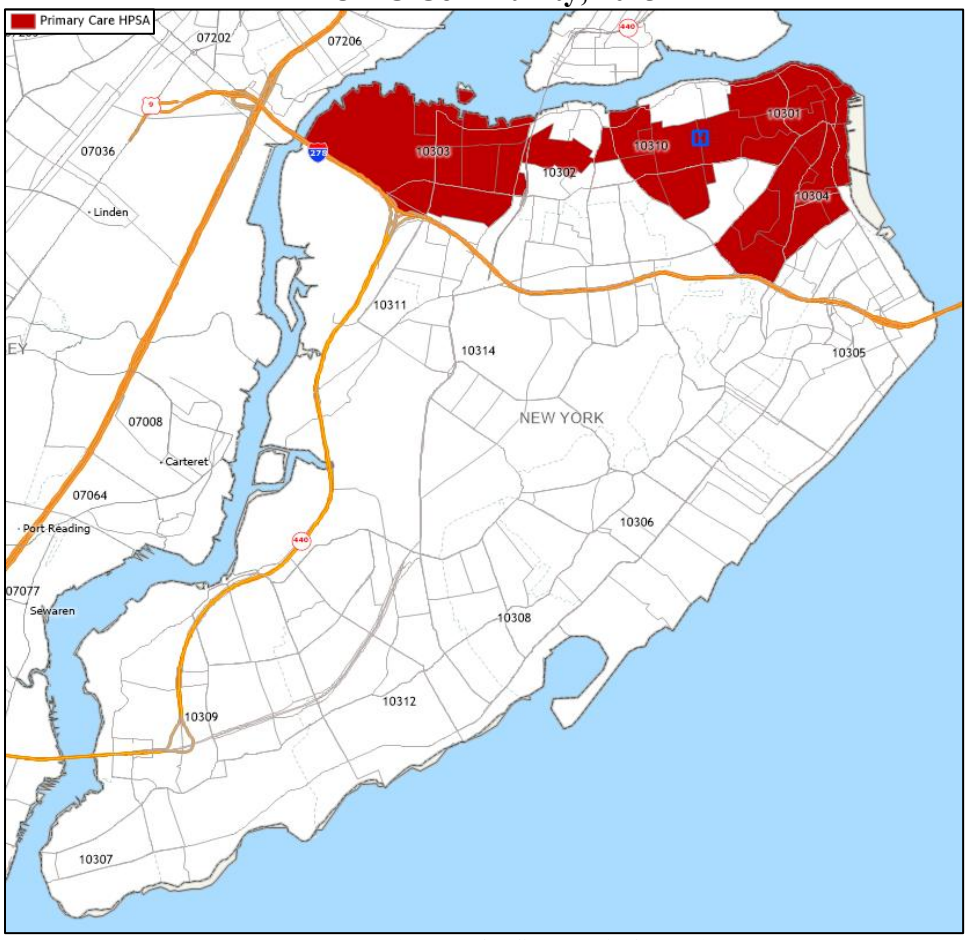
Sources: HRSA (2025) and Caliper Maptitude (2023).

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."[12] Areas and populations in the RUMC community are designated as HPSAs (**Exhibit 46**).

Exhibit 46A: Location of Federally Designated Primary Care HPSA Census Tracts in the RUMC Community, 2025

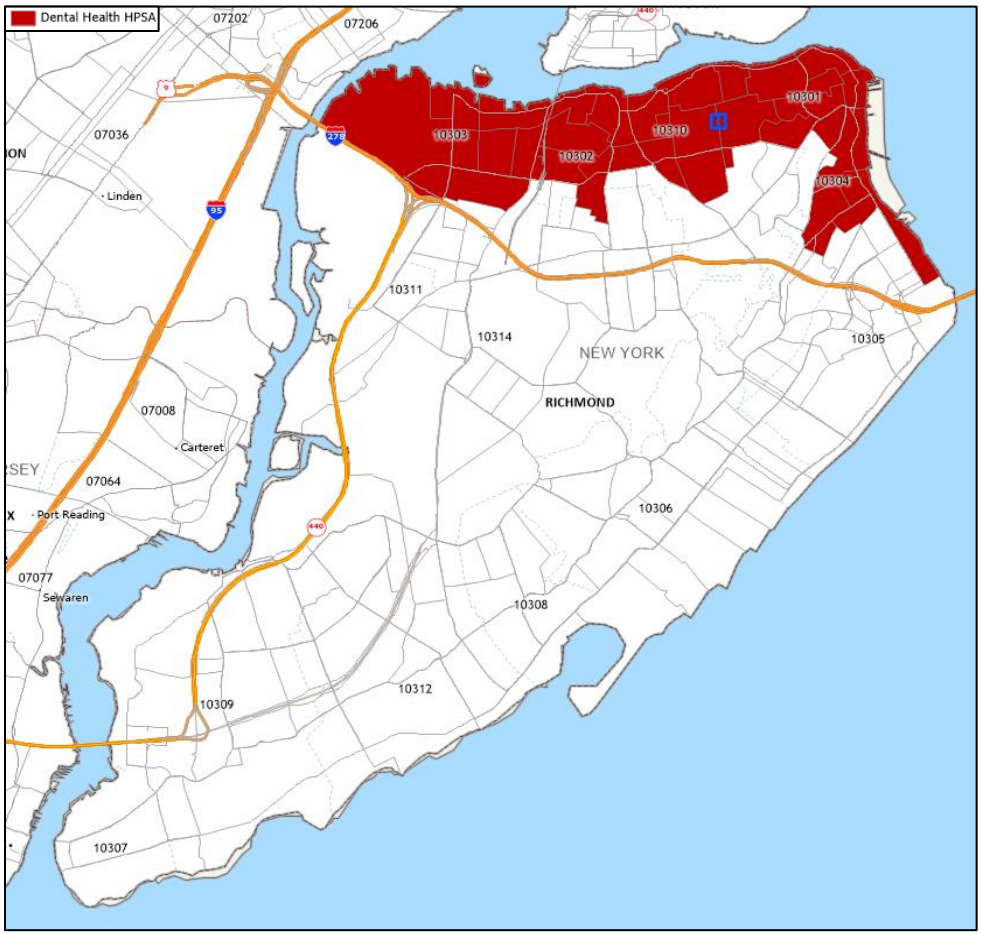


Sources: HRSA (2025) and Caliper Maptitude (2023).

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

[12] 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

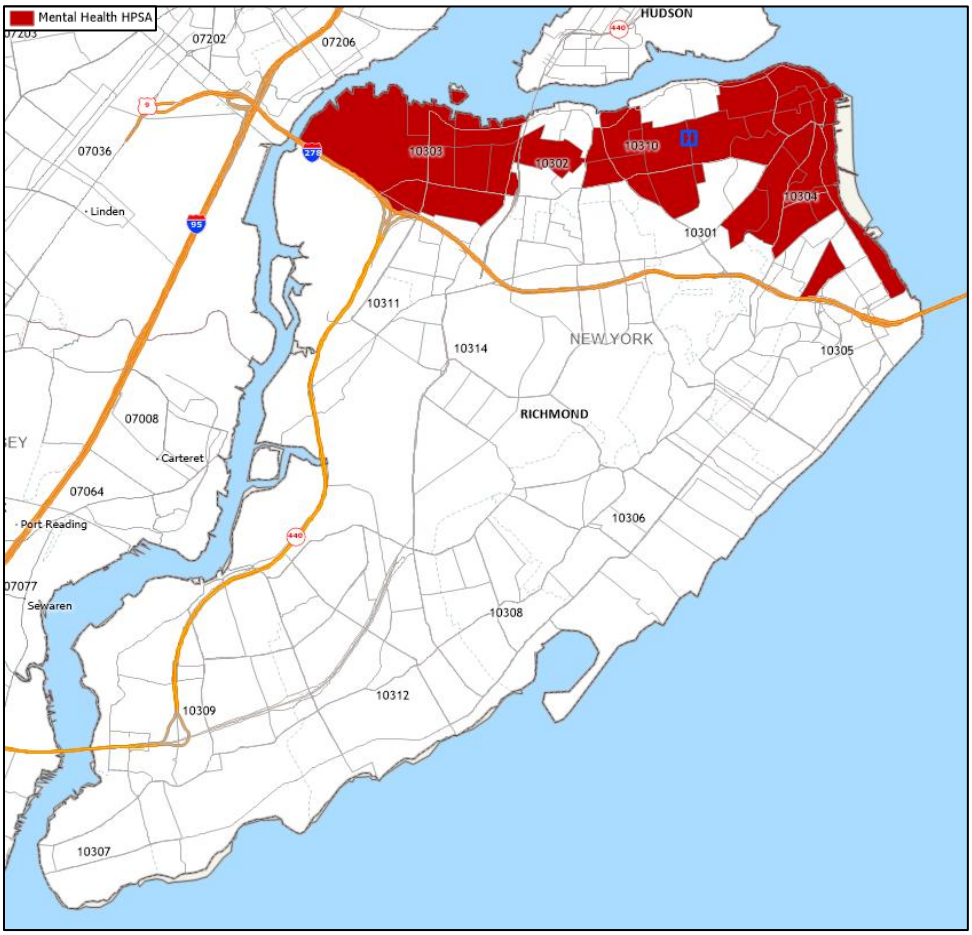
Exhibit 46B: Location of Federally Designated Dental Health HPSA Census Tracts in the RUMC Community, 2025



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

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

Exhibit 46C: 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.

Medically Underserved Areas and Populations

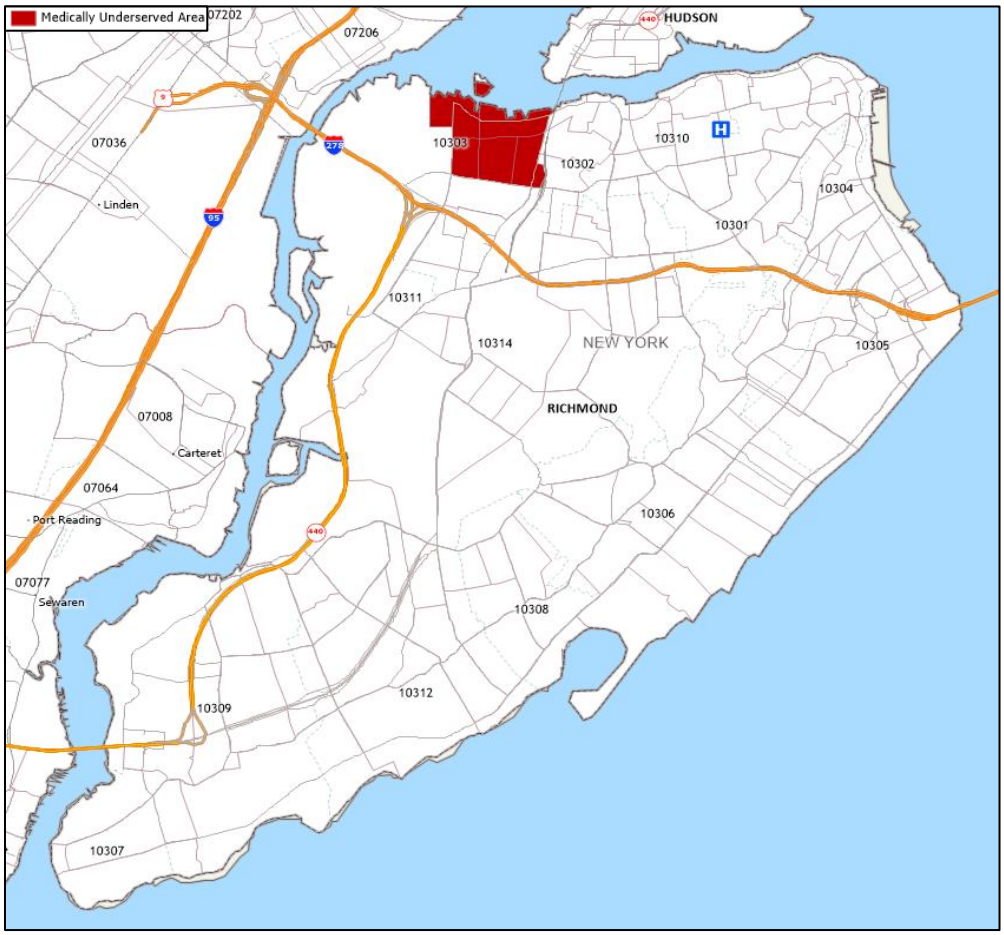
HRSA calculates an Index of Medical Underservice (IMU) score for communities across the U.S. The IMU score calculation includes the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage 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.[13]

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."[14]

Exhibit 47 shows parts of the community designated by HRSA as medically underserved.

[13] 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.
[14] *Ibid.*

Exhibit 47: Location of Federally Designated as Medically Underserved Areas and Medically Underserved Populations, 2025



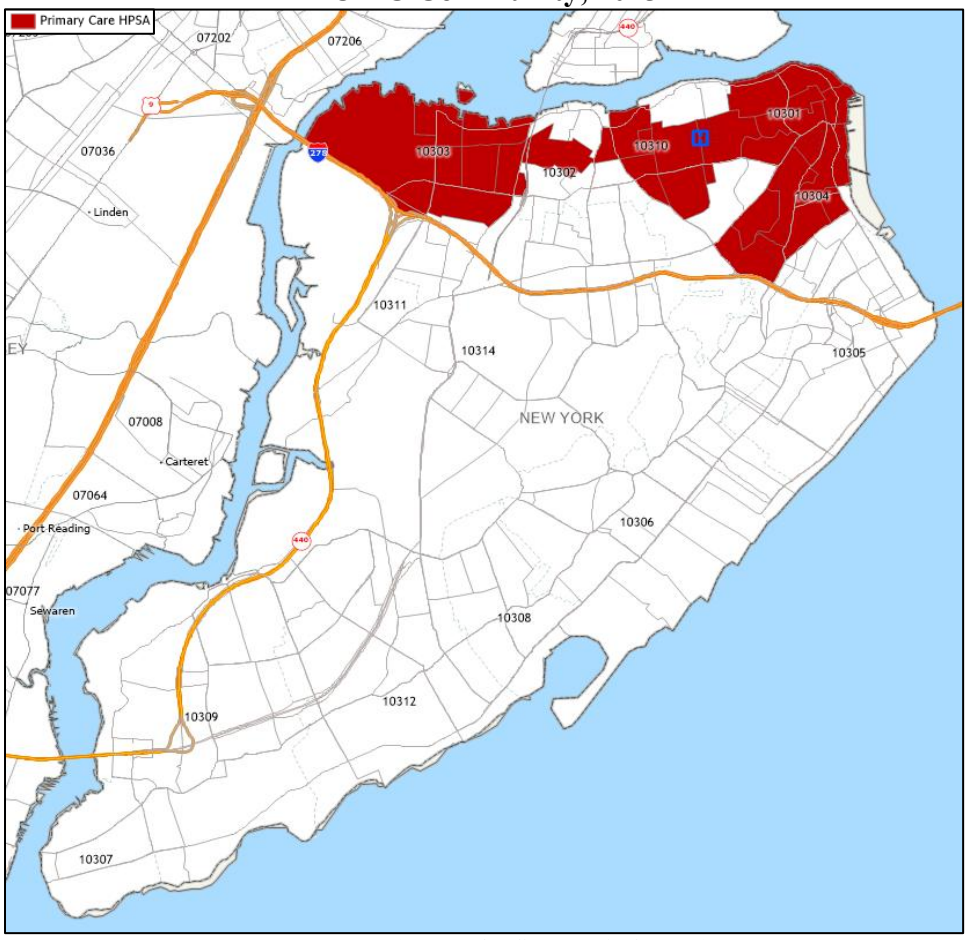
Sources: HRSA (2025) and Caliper Maptitude (2023).

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."[15] Areas and populations in the RUMC community are designated as HPSAs (**Exhibit 48**).

Exhibit 48A: Location of Federally Designated Primary Care HPSA Census Tracts in the RUMC Community, 2025

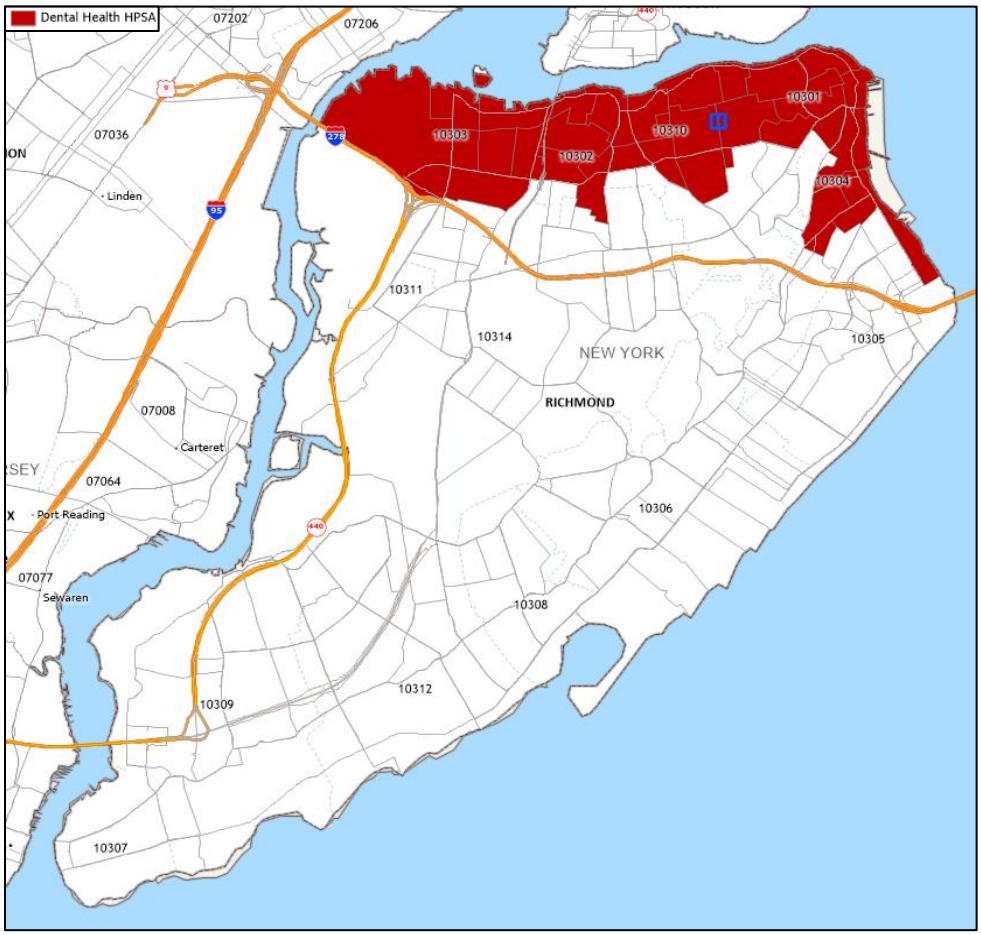


Sources: HRSA (2025) and Caliper Maptitude (2023).

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

[15] 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

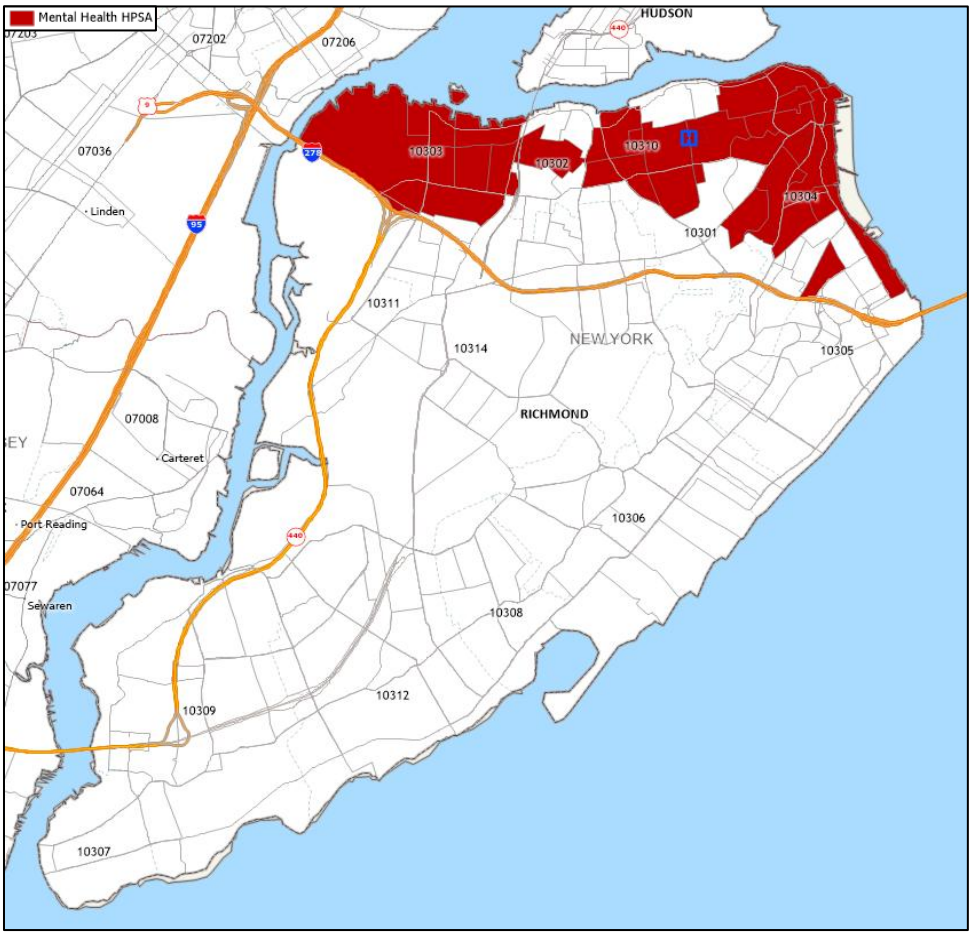
Exhibit 48B: Location of Federally Designated Dental Health HPSA Census Tracts in the RUMC Community, 2025



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

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

Exhibit 48C: 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.

3. Community Assets and Resources

Identify existing and needed community assets or resources to address health challenges. These may include target populations and services provided by LHDs, hospitals, healthcare providers, community-based organizations, businesses, academia, media, and other government sectors. Examples include local parks or recreation centers, farmers' markets, public facilities at schools, and mutual aid groups or support circles.

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.

HPSA Facilities

Multiple facilities in the community are designated as HPSA facilities (**Exhibit 49**).

Exhibit 49: 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.

New York City Hospitals

There are numerous locations for community residents to receive hospital services in New York City. **Exhibit 50** lists 62 hospital locations where community residents can receive services on Staten Island and across all other boroughs in New York City.

Exhibit 50: 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

-- Table continued on next page --

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Exhibit 50 (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.

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.[16]

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. [17]

[16] See https://portal.311.nyc.gov/article/?kanumber=KA-02498. Accessed October 2025.
[17] 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.[18] 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.[19]

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.[20]

Farmers Markets. The NYC Department of Health and Mental Hygiene produced a 2025 Farmers Market Map.[21] That map identified four farmers markets on Staten Island, three in Stapleton - St. George and one in Willowbrook.

[18] See https://www.nycgovparks.org/about.
[19] See https://www.nycgovparks.org/park-features/parks-list?boro=R.
[20] See https://www.schools.nyc.gov/.
[21] 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.

E. Community Health Improvement Plan/Community Service Plan (CHIP/CSP)

1. Major Community Health Needs

Identify major health needs with partners based on the findings of the community health assessment.

Major health needs ("Prioritized Significant Community Health Needs" in the CHNA) are as follows, in alphabetical order:

- 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.

While most, if not all, community members are at risk of being impacted by the major health needs identified above, some community members currently may be impacted more greatly. The table below identified community members that may be most at risk of identified community needs.

Community Need	Population Most at Risk
Access to Mental Health Care and Poor Mental Health Status	Everyone
Access to Primary & Specialty Health Care Services	Everyone
Aging Population	Older Adults and Caregivers
Chronic Diseases and Contributing Lifestyle Factors	Everyone
Environmental Determinants of Health	Everyone
Homelessness	Lower income residents, people with mental health needs, people with substance use disorder
Navigating a Complex Health Care System	Everyone
Poverty, Financial Hardship, and Basic Needs Insecurity	Lower income residents, people with mental health needs, people with substance use disorder
Safe and Affordable Housing	Lower income residents, people with mental health needs, people with substance use disorder
Socio-Economic, Racial, Cultural, Ethnic, and Linguistic Barriers to Care	Lower income residents, racial/ethnic minority residents, people with limited English ability
Substance Use Disorder.	Everyone

2. Prioritization Methods

a. Description of Prioritization Process

Provide a description of the process and criteria that were used to identify priorities.

Secondary data from multiple sources were gathered and assessed. Primary data were gathered from key informant interviews during which fifty individuals participated. Additionally, the New York State Prevention Agenda, New York State Health Assessment, and New York City's HealthyNYC were utilized as guiding sources.

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. HealthyNYC, the New York City Department of Health and Mental Hygiene's "vision for improving life expectancy and creating a healthier city for all," The New York State Health Assessment, 2024, and/or the New York State Prevention Agenda 2025-2030; and
3. Input from the key informants who participated in the interview process.

b. Community Engagement

Provide a description of the community engagement process that was used to select the new priorities.

As noted in the "Primary Data Assessment" section of the CHNA, 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.

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

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

The frequency with which specific issues were mentioned and interviewees' perceptions of the severity (how serious or significant) and scope (how widespread) of each concern were assessed. Along secondary data, the New York State Prevention Agenda, New York State Health

Assessment, and New York City's HealthyNYC, results of the community engagement process were utilized to select significant needs as priorities.

c. Justification for Unaddressed Health Needs

Identify the health needs you do not intend to address and explain why.

The major health needs listed above were identified for RUMC's Community Health Needs Assessment published on December 31, 2025. RUMC is determining which significant needs will be addressed and which, if any, will not be addressed. Federal regulations require that tax-exempt hospital facilities produce an "Implementation Strategy" that does the following:

> (1) Describes how the hospital facility plans to address the health need, or
> (2) Identifies the health need as one the hospital facility does not intend to address and explains why the hospital facility does not intend to address the health need.[22]

These federal requirements also stipulate that the Implementation Strategy be produced:

> on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility completes the final step for the CHNA described …[23]

Given the federal period between completion of the CHNA and development of the Implementation Strategy, consideration of health needs to be addressed is ongoing, Preliminary plans are to identify current and/or future initiatives that address all health needs identified. Should any identified health needs not be addressed, factors for this decision could include the following, as specified by the Internal Revenue Service:

- Resource constraints,
- Relative lack of expertise or competencies to effectively address the need,
- A relatively low priority assigned to the need,
- A lack of identified effective interventions to address the need, and/or
- The fact that the need is being addressed by other facilities or organizations in the community.[24]

[22] 79 FR 78969
[23] 79 FR 79004
[24] 79 FR 78970

3. Developing Objectives, Interventions, and an Action Plan:

a. Alignment with Prevention Agenda

LHDs and hospitals should align their CHIPs/CSPs with … the 2025-2030 Prevention Agenda

RUMC reviewed the Prevention Agenda, guidance provided by the New York State Department of Health regarding Community Service Plans, as well as required documents. RUMC believes that this response is in alignment with the Prevention Agenda.

b. Action Plan

For each health priority that is currently addressed or will be in your CHIP/CSP, include a summary of the following information:

i. *Actions and Impact: Describe the LHD and hospital actions to address the health issue and their anticipated impact.*
ii. *Geographic Focus: whenever possible, specify the geographic location for the intervention.*
iii. *Resource Commitment: Identify the resources the LHD and hospital will commit, including relevant Prevention Agenda activities to address social determinants of health and other priorities, as well as spending reported to the IRS for community health improvement.*
iv. *Participant Roles: Describe roles and resources of other participants, stakeholders, and community-based organizations.*
v. *Health Equity: State whether the actions will address health disparities and explain how.*

Exhibit 51 lists action plans three initiatives RUMC aligned with the Prevention Agenda.

Exhibit 51: List of HPSA Facilities in the RUMC Community

Initiative	Prevention Agenda Priority
1. Psychiatry Residency Program	Anxiety & Stress
2. Participation in Community Health Fairs	Preventative Services for Chronic Disease Prevention and Control
3. OB/GYN Residency Program	Prevention of Infant and Maternal Mortality

CSP-specified details for the three initiatives are below.

Note: CSP-specified details includes item "v. Health Equity" and the instruction to "state whether the actions will address health disparities and explain how." CSP guidance includes the details below on health equity and health disparities which are used in this response.

The Prevention Agenda cites the Healthy People 2030 definition of health equity, below.

> "the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."

The Prevention Agenda also cites the Healthy People 2030 definition of health disparities, below.

> "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; age; mental health; cognitive, sensory, or physical disability; sexual orientation; geographic location; or other characteristics historically linked to discrimination or exclusion.

Exhibit 52 summarizes required details for Initiative 1: Psychiatry Residence Program

Exhibit 52: Action Plan for Prevention Agenda for RUMC Initiative 1. Psychiatry Residency Program

i. Actions and Impacts

Action: Maintain the RUMC Psychiatry Residency Program. RUMC has long been associated with graduate medical education (GME). The unique dimension that teaching brings to community hospital services yields an academic and energetic environment with a culture of learning. The RUMC Psychiatry Residency program offers one of the largest arrays of emergency, inpatient and ambulatory mental health and substance abuse programs in the state of New York.

Impact: Increase the number of clinical psychiatrists. RUMC's GME goal is to develop superior clinical physicians who will work in a climate of collaboration and mutual support. Specifically, RUMC expects to graduate approximately eight psychiatrists per year.

ii. Geographic Focus

The hospital's geographic focus and the geographic community that it serves is Staten Island. The hospital facility is the specific geographic location in which many services of provided; RUMC is located in the Port Richmond neighborhood of Staten Island and is adjacent to the Stapleton - St. George neighborhood.

iii. Resource Commitment

Residency program costs exceed revenues associated with the program, including psychiatry residency program costs and revenues. For all residency programs, net community benefit expense reported on the IRS Form 990 totaled $26,805,546; based on 140 residents the net community benefit expense is $191,468 per resident. Based on 24 residents in the psychiatry program, RUMC's financial resources for the program is approximately $4,595,236.46 per year. Significant contributors to the resource commitment are staff, equipment, and facilities.

iv. Participant Roles

As a residency program sponsor, RUMC provides program direction and coordination, as well as institutional oversight. Clinically, RUMC encourages patients and attending physicians to participate in training encounters.

Project Hospitality, a Staten Island community-based organization, is a key partner with RUMC. Project Hospitality's clients frequently interact with psychiatry residents during intake, treatment, and discharge planning.

v. Health Equity

The RUMC Psychiatry Residency Program will address health disparities by providing services to members of the community facing obstacles to health, notably obstacles based on socioeconomic status, mental health, and geographic location.

Exhibit 53 summarizes required details for Initiative 2: Participation in Health Fairs

Exhibit 53: Action Plan for Prevention Agenda for RUMC Initiative 2. Participation in Health Fairs

i. Actions and Impacts

Action: RUMC participates in health fairs and other events throughout each year. In addition to information dissemination, RUMC offers participants no-cost screenings and referrals for follow-up appointments. Specific information and screening have related to breast cancer, colon cancer, and prostate cancer.

Impact: Participation in community health fairs is expected to increase both awareness of screenings and screenings received. Screenings for colorectal cancer among adults 45 to 54 years are one anticipated impact.

ii. Geographic Focus

The hospital's geographic focus and the geographic community that it serves is Staten Island.

iii. Resource Commitment

Provision of these services is through RUMC commitments of staff, testing kits, equipment, and facility resources. Spending for this activity is reported to the IRS as community benefit under the "Subsidized health services" category, as required by federal regulations.

iv. Participant Roles

RUMC partners with the community based organization(s) or other groups hosting each event. Partners in prior health fairs include religious centers, the Pride Center, Project Hospitality, and the SIEDC.

v. Health Equity

Health Fair Participation will address health disparities by providing services to members of the community facing obstacles to health, including obstacles based on religion and sexual orientation.

Exhibit 54 summarizes required details for Initiative 3: OB/GYN Residence Program

Exhibit 54: Action Plan for Prevention Agenda for RUMC Initiative 3. OB/GYN Residency Program

i. Actions and Impacts

Action: Maintain the Obstetrics & Gynecology (OB/GYN) Psychiatry Residency Program. RUMC has long been associated with graduate medical education (GME). The unique dimension that teaching brings to community hospital services yields an academic and energetic environment with a culture of learning. The RUMC OB/GYN Residency program provides clinical experience, as well as extensive didactics, in a hospital with approximately 3,000 deliveries and 1,700 operative cases per year.

Impact: RUMC's GME goal is to develop superior clinical physicians who will work in a climate of collaboration and mutual support. Specifically, RUMC expects to graduate approximately four OB/GYN physicians per year.

ii. Geographic Focus

The hospital's geographic focus and the geographic community that it serves is Staten Island. The hospital facility is the specific geographic location in which many services of provided; RUMC is located in the Port Richmond neighborhood of Staten Island and is adjacent to the Stapleton - St. George neighborhood.

iii. Resource Commitment

Residency program costs exceed revenues associated with the program, including psychiatry residency program costs and revenues. For all residency programs, net community benefit expense reported on the IRS Form 990 totaled $26,805,546; based on 140 residents the net community benefit expense is $191,468 per resident. Based on 16 residents in the OB/GYN program, RUMC's financial resources for the program is approximately $3,063,491 per year. Significant contributors to the resource commitment are staff, equipment, and facilities.

iv. Participant Roles

As a residency program sponsor, RUMC provides program direction and coordination, as well as institutional oversight. Clinically, RUMC encourages patients and attending physicians to participate in training encounters.

v. Health Equity

The RUMC OB/GYN Residency Program will address health disparities by providing services to members of the community facing obstacles to health, notably obstacles based on socioeconomic status and geographic location.

4. Partner Engagement

Briefly describe the process that will be used to monitor plan progress with community partners during this Prevention Agenda cycle and the process that will be used to make mid-course corrections.

In early 2025, RUMC formed a new Community Advisory Board (CAB) to help facilitate communication between the community and the hospital. RUMC will provide status updates to CAB members during regular meetings and elicit input for initiatives in which mid-course corrections are needed, as recommendations on initiatives for which refinements could improve outcomes.

Additionally, the New York State Department of Health requires hospitals to submit annual CSP progress reports by December each year. RUMC plans to provide CAB members with copies of these progress reports, as well as to members of the Board of Directors.

Further, RUMC will share the progress reports with any community member, upon request.

5. Sharing Findings with Community

Briefly describe plans for disseminating the Executive Summary to the public and how the plan will be made widely available, including the website where it can be found.

RUMC will disseminate the CSP, along with the CHNA, by posting the document on its website. The current website on which the CHNA is https://rumcsi.org/, specifically at https://rumcsi.org/about/community-health-needs-assessment/. There are no current plans to change website names or locations.

The CSP will be shared with the CAB, as well as with the Board of Directors.

Additionally, RUMC plans to send follow-up emails to participants in community engagement sessions during primary data collection activities. These emails will contain links to the CHNA and CSP.