

**Report on the
New York State
Department of
Health’s Study of
Healthcare System
Inequities and
Perinatal Access
in Brooklyn, New York**



**Department
of Health**

January 2024

Executive Summary

This report was developed to determine existing health services and opportunities to improve access to health services in Kings County (Brooklyn, New York) and to satisfy Part 55 of Chapter 57 of the Laws of 2022. The New York State Department of Health (Department) used multiple data sources to evaluate inequities in the healthcare system based in Brooklyn, New York, recognizing the impact that these inequities can have in driving [disparities in health outcomes](#). The Department considered a variety of demographic characteristics that were available in the data and developed recommended focus areas, along with concrete actions already underway, designed to continue leading towards the goal of ensuring all New Yorkers—including those living in Kings County, New York—can achieve their very best health.

The report is comprised of two components: first, the following narrative summary of the findings and focus areas, and second, a data profile of summarized analytics that informed the conclusions. These two components should be used together. The Department anticipates that, by providing the information in these two formats, a diversity of stakeholders can use the information to promote health equity in Brooklyn.

Note: There are limitations to the data reviewed. Geographic-level data are used as a proxy to measure access and capacity differentials between groups, but these data cannot capture the unique circumstances and challenges each demographic group and sub-groups faces.

Findings

The findings are organized into three sections:

- Overview and profiles of Brooklyn communities
- Healthcare service inequities
- Perinatal services capacity

This narrative report introduces and summarizes the major findings in each section. Detailed data analyses explaining the findings are found in the accompanying data profile.

Section #1 – Overview and Profiles of Brooklyn Communities

This section provides an overview of the demographics of select Brooklyn neighborhoods, as well as comparative health inequities within the borough. Neighborhoods are analyzed through the following indicators: race and ethnicity, foreign born status, and socioeconomic status.

Note: Foreign-born status is used as a proxy for immigration status due to data limitations related to high margins of error due to small numbers.

- Race, ethnicity, foreign-born status, and socioeconomic status are major determinants of health disparities in NYC communities including Brooklyn.
- There are significant socio-economic disparities across Brooklyn neighborhoods.
- The greatest concentration of low-income communities is in eastern Brooklyn.
- Zip codes with a large proportion of foreign-born individuals are generally less wealthy.
- Communities with a large proportion of Black individuals are generally less wealthy, and they are concentrated in Central and East Brooklyn zip codes. The same is true for communities with a large proportion of Hispanic individuals.
- Communities with a large proportion of White individuals are generally wealthier and are located throughout the borough.

Section #2 – Care Inequities in Brooklyn

With a baseline understanding of the profile of communities in Brooklyn, the next section of this report details availability of two key assets across the borough:

- 1) Capacity: Defined as the number of healthcare providers within the community for primary care and critical specialties, and the number of staffed beds per capita.
- 2) Access: Defined as insurance coverage rates and the number and share of primary care providers who accept Medicaid.

The availability of these assets is presented by categorizing neighborhoods through the following indicators: race and ethnicity, foreign-born status, and socioeconomic status. Understanding the variations in healthcare capacity and access across the borough will help to clarify health inequities in Brooklyn. Key findings in this section include:

- Within Brooklyn, the numbers of providers per 100,000 population and staffed hospital beds are lowest in Communities of Color and high poverty communities.
- Within Brooklyn, the absolute number of healthcare providers who accept Medicaid is lowest in high poverty communities and communities with high Hispanic populations.
- Hospital quality is generally low across Brooklyn and is lowest in communities with a large proportion of Black residents.
- The largest capacity and access gaps are found in zip codes with a large proportion of Hispanic and Black populations in eastern Brooklyn.
- A significant and increasing portion of Brooklyn residents, especially those with commercial insurance, seek care outside of Brooklyn.

Section #3 – Perinatal Health Capacity in Brooklyn

A community's ability to provide access to perinatal services can be an important bellwether of its overall health. This section assesses the availability and quality of existing perinatal service capacity within the borough. Key findings in this section include:

- Brooklyn has 10 hospital perinatal centers and two outpatient birthing facilities.
- Perinatal hospital capacity ranges throughout the State. Except for Manhattan, Brooklyn's perinatal capacity is comparable to other parts of New York State.
- Most labor and delivery beds in Brooklyn are less than 75% occupied.
- Three hospitals make up over 60% of Brooklyn's hospital-based birth volume and bed capacity.
- The majority of hospitals in Brooklyn have poor overall quality scores.
- Overall, Brooklyn's higher volume facilities have shown lower rates of avoidable obstetric complications.

Conclusions

In reviewing the findings, common themes begin to emerge across each of the sections. Three focus areas based on the key findings and data analyses are identified.

Focus Area #1. Ensure access to high quality hospital care. It is critical to ensure high quality of care, particularly at the highest volume institutions in order to improve access to high quality perinatal care in Brooklyn for the most people.

Rationale:

- Of the 12 hospitals in Brooklyn, 10 serve as perinatal centers and the majority have poor quality, safety and patient satisfaction scores (8 of 10).
- Occupancy of labor and delivery beds in these hospitals is on average less than 75%, demonstrating there is sufficient capacity and available beds to support births in Brooklyn.
- In 2022, 65% of hospital births in Brooklyn took place at three Brooklyn hospitals, while the remaining 35% of births are spread across seven different hospitals.
- Of the three highest volume hospitals, two have high quality and safety ratings, and account for 36% of the hospital births.
- The three highest volume hospitals operate at 51%-62% occupancy of labor and delivery beds.
- Overall, Brooklyn's hospitals that have more deliveries have lower rates of avoidable complications.
- Hospitals with lower-volume obstetric services and deliveries have higher risks of mortality and serious morbidity.¹

Actions taken to date:

- 2024 State of the State: Introducing new oversight measures to identify physicians performing higher than typical numbers of Caesarean sections, and providing financial incentives to hospitals to reduce the number of unnecessary Caesarean sections.
- FY25 Executive Budget: If enacted, the proposed Safety Net Transformation Program could be leveraged to support safety net providers in Brooklyn, including quality improvement, through partnerships with other healthcare organizations. The program would use financial resources and regulatory flexibilities to incentivize these partnerships to improve the resilience of safety-net institutions in Brooklyn.
- FY23 Enacted Budget: \$1.6 billion in healthcare capital funding appropriated under Statewide IV.
- FY24 Enacted Budget: \$1 billion in healthcare capital funding appropriated under Statewide V.

¹Kozhimannil KB, Leonard SA, Handley SC, et al. Obstetric Volume and Severe Maternal Morbidity Among Low-Risk and Higher-Risk Patients Giving Birth at Rural and Urban US Hospitals. *JAMA Health Forum.* 2023;4(6):e232110. doi:10.1001/jamahealthforum.2023.2110.

Focus Area #2. Prioritize availability of prenatal and postpartum services across the entire continuum of care (from primary care—including women’s health and pediatric care—to outpatient clinics to hospitals).

Rationale:

- Zip codes in Brooklyn with higher proportions of Black or Hispanic residents have more than 20% fewer healthcare professionals per capita in primary care, women’s health, and pediatric care. There are also fewer of these provider types in these communities than the Brooklyn average.

Actions taken to date:

- FY24 Enacted Budget: Lactation counselors, nutrition assistance, and community health workers in the postnatal period are newly covered Medicaid benefits; Doula services are reimbursed by Medicaid statewide.
- FY25 Executive Budget: Introduced legislation to allow access to doula services without a referral from a physician.
- FY25 Executive Budget: Invests to eliminate cost-sharing for pregnancy and postpartum care in the Essential Plan, align Essential Plan doula benefits with Medicaid, and eliminate non-hospital cost-sharing for pregnancy and postpartum care in Qualified Health Plans.

Focus Area #3. Ensure availability of affordable healthcare, including expanding the availability of affordable health insurance options and access to in network providers.

Rationale:

- The percent of the population that is uninsured is higher in zip codes with higher proportions of residents that are Black or Hispanic, although uninsured rates are generally low across New York.
- The number of individuals covered by Medicaid is significantly higher in zip codes where there are more Hispanic and foreign-born individuals.
- There are fewer primary care providers that accept Medicaid in the communities with larger numbers of individuals covered by Medicaid, as well as zip codes with larger Black populations.

Actions taken to date:

- FY23 Enacted Budget: Introduced legislation authorizing the State to submit a Section 1332 “State Innovation” waiver expanding access to affordable, comprehensive health coverage in the Essential Plan to New Yorkers between 200 to 250 percent of the federal poverty level.
- FY24 Enacted Budget: Invested to increase Medicaid primary care rates by benchmarking these rates to 80% of the Medicare rate, to expand access to care.
- FY25 Executive Budget: Introduced legislation authorizing the State to submit an 1115 waiver amendment adding continuous Medicaid and Child Health Plus eligibility for children ages zero to six.
- FY25 Executive Budget: Introduced legislation to authorize the State to offer subsidies to make coverage more affordable for New Yorkers enrolled in Qualified Health Plans.

Commentary

Ensuring availability of and access to the following are crucial for all communities to achieve optimal health.

- High quality hospital care
- High quality perinatal and postpartum care
- Affordable healthcare

In reviewing the data, Brooklyn—as a community overall, as well as individual neighborhoods within it— is a microcosm of the reality that communities in the state, nation, and world face. Communities with larger shares of people who are White, have higher incomes, and who were born in the United States have better access to high quality healthcare and achieve better health outcomes compared to communities with larger shares of people who are Black, have lower incomes, and were born in a foreign country. These dynamics are seen in Brooklyn and in communities all over the country, impacting the daily lives of those who live in them.

As described in this report, Brooklyn faces a number of common and unique challenges. The actions taken to date form a foundation on which additional community-driven efforts can build, to create future enhancements of the care delivery system in this important community.

Resources for Providers.

Participate in the Perinatal Quality Collaborative (PQC)

- Through the Perinatal Quality Collaborative, the NYS Department of Health works with multidisciplinary care teams in hospitals for 12-18 months to develop and implement quality improvement plans to drive better outcomes in perinatal care.
- Today, 62 hospitals statewide participate in Perinatal Quality Collaboratives specifically for birth equity improvement.
- Additional hospitals are encouraged to participate or expand their existing work.

Support for the Healthcare Safety Net Transformation Program

- In the 2024 State of the State, Governor Hochul announced the Healthcare Safety Net Transformation Program.
- This program would leverage New York’s world-leading clinical and operational expertise to support struggling facilities that are critical to their communities.
- New York would offer financial resources and regulatory flexibilities to encourage partnerships that improve the resilience of safety-net institutions.
- If enacted, this program could be leveraged to increase access to high quality perinatal beds for the most vulnerable.



Health Equity and Perinatal Access in Brooklyn

January 2024



Overview and profiles of Brooklyn communities

Race, ethnicity, foreign-born status, and socioeconomic status are major determinants of health disparities in NYC communities including Brooklyn



Health disparities

Race and Ethnicity

7-year lower life expectancy for Black residents compared to White residents¹

Only 66% of API adults report their general health as good or better compared with 78% of all adult New Yorkers²

Foreign Born status

2x as high rates of self-reported poor health among foreign born New Yorkers³

Half as likely to be receiving treatment for mental health issues compared to US born New Yorkers³

Socioeconomic status

50% of economically disadvantaged people have high health care needs⁴

8x more likely to delay or forgo care because of the cost⁴

Women's health

8x higher maternal mortality for Black mothers compared to White mothers⁵

2x higher maternal mortality for Hispanic mothers compared to White mothers⁶

1. NYC health (comparison to white populations); 2. Health of Asians and Pacific Islanders in New York City; 3. Center for Migration Studies (compared to US born New Yorkers); 4. Robin Hood Foundation; 5. New York State Birth Equity Improvement Project 6. NYC Health Pregnancy associated mortality in NYC;

Communities | There are significant socio-economic disparities across Brooklyn neighborhoods

Communities are defined as the collection of zip codes¹ that share a common characteristic

Community	Definition	Socio-economic profile ²			
		Median household income	Poverty rate	% SNAP recipients	Foreign born
High poverty rate	<i>Top quartile in percent of residents below federal poverty line</i>	\$41k	30%	33%	29%
High foreign-born share	<i>Top quartile in percent of residents who are foreign-born</i>	\$59k	17%	24%	49%
High Black share	<i>Top quartile in percent of residents who are Black</i>	\$55K	19%	26%	37%
High Hispanic share	<i>Top quartile in percent of residents who are Hispanic</i>	\$51K	25%	29%	33%
High White share	<i>Top quartile in percent of residents who are White</i>	\$73K	18%	19%	34%
BK average		\$66K	19%	23%	35%

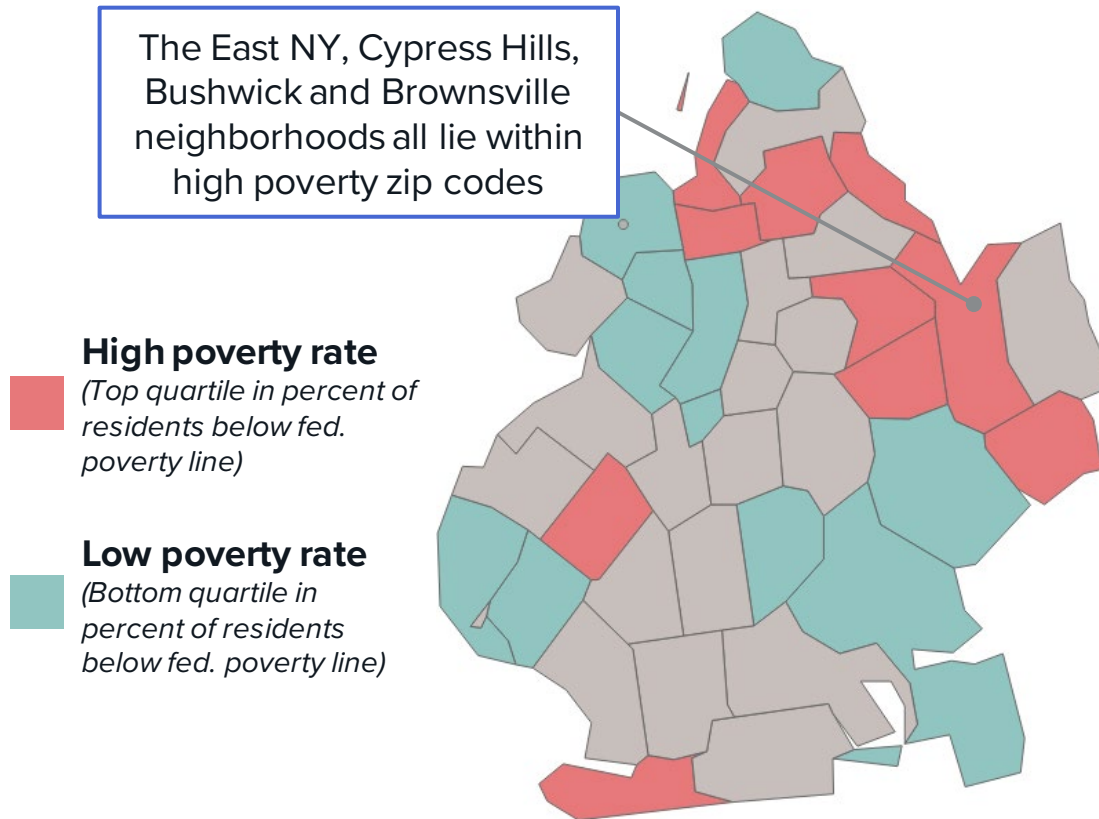
Note: Communities are not mutually exclusive

1. Approximated with Zip Census Tabulation Areas when ZIPS data not available; 2. American Community Survey 2021

Communities | Communities with high rates of poverty are concentrated in east Brooklyn zip codes

High poverty Zips

Zips in the top and bottom quartile of poverty rate



Demographic profile¹

	High poverty rate zips	Low poverty rate zips	Brooklyn average
White	30%	44%	37%
Black	34%	30%	29%
Hispanic	25%	12%	19%
Asian	7%	10%	12%
Born outside US	29%	31%	35%

Socio-economic profile¹

	High poverty rate zips	Low poverty rate zips	Brooklyn average
Med. HH income	\$41K	\$97K	\$66K
Poverty rate	30%	10%	19%
SNAP recipients	33%	12%	23%

1. American Community Survey 2021

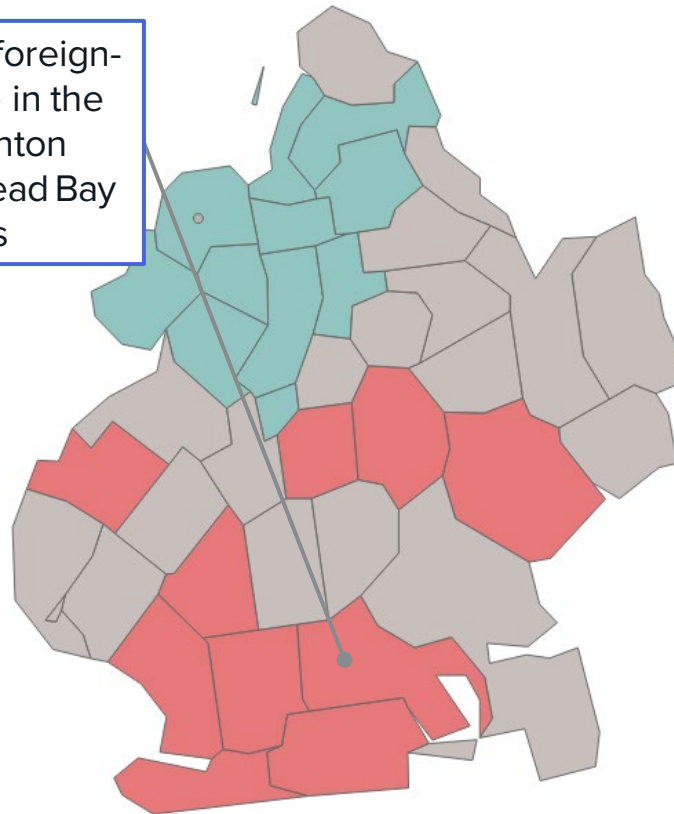
Communities | Zip codes with high foreign-born populations are generally less wealthy

High foreign-born share Zips

Zips in the top and bottom quartile of percentage of residents born outside the US

Zips with the highest foreign-born populations are in the Coney Island, Brighton Beach, and Sheepshead Bay neighborhoods

- **High foreign born share** (Top quartile in percent of residents who are foreign-born)
- **Low foreign born share** (Bottom quartile in percent of residents who are foreign-born)



Demographic profile¹

	High foreign born share zips	Low foreign born share zips	Brooklyn average
White	35%	52%	37%
Black	28%	17%	29%
Hispanic	15%	19%	19%
Asian	19%	7%	12%
Born outside US	49%	20%	35%

Socio-economic profile¹

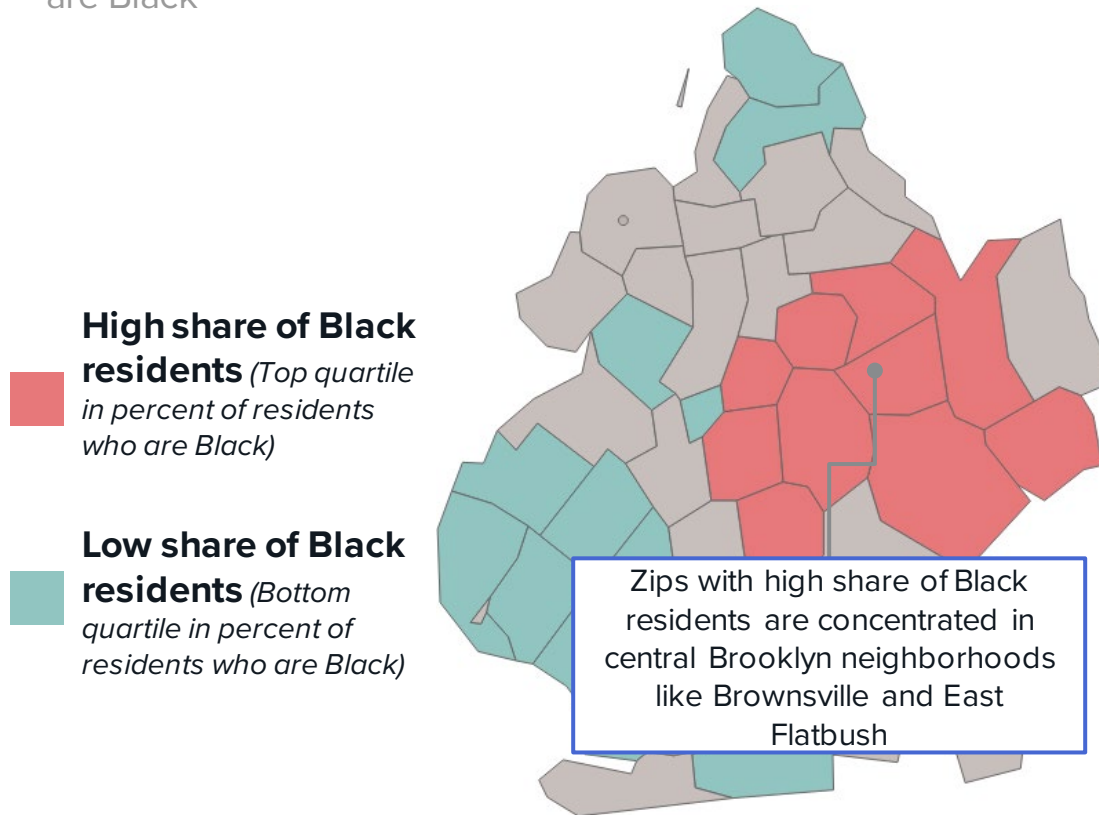
	High foreign born share zips	Low foreign born share zips	Brooklyn average
Med. HH income	\$59K	\$90K	\$66K
Poverty rate	17%	19%	19%
SNAP recipients	24%	17%	23%

1. American Community Survey 2020

Communities | Communities with a high share of Black residents have lower median household income and are generally concentrated in central and east Brooklyn zip codes

Top Black share Zips

Zips in the top and bottom quartile of percentage of residents who are Black



Demographic profile¹

	High share of Black residents zips	Low share of Black residents zips	Brooklyn average
White	12%	53%	37%
Black	67%	2%	29%
Hispanic	15%	18%	19%
Asian	2%	23%	12%
Born outside US	37%	40%	35%

Socio-economic profile¹

	High share of Black residents zips	Low share of Black residents zips	Brooklyn average
Med. HH income	\$55K	\$72K	\$66K
Poverty rate	19%	18%	19%
SNAP recipients	26%	21%	23%

1. American Community Survey 2021

Communities | Communities with a high share of Hispanic residents have lower median household income and are generally concentrated in northern and western Brooklyn zip codes.

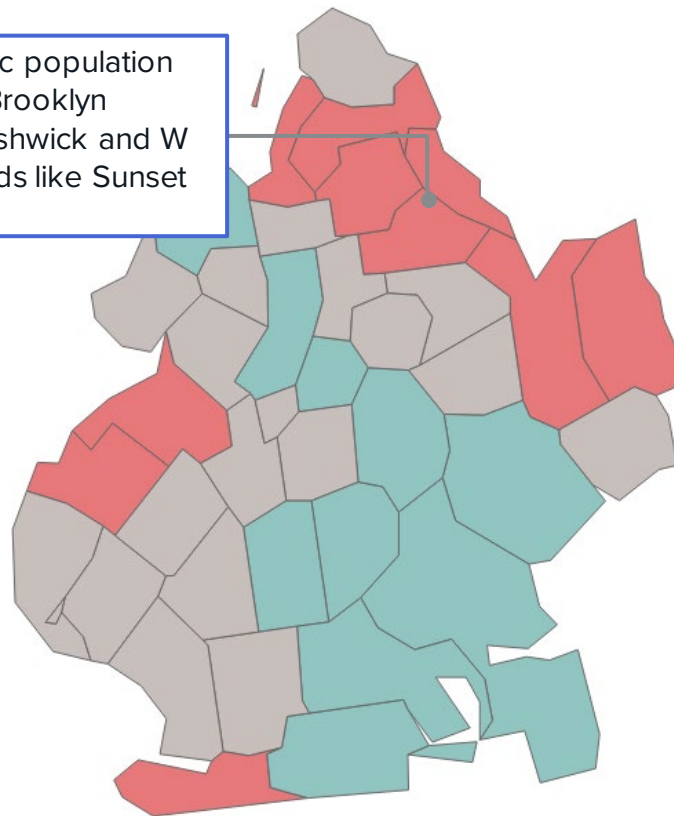
Top Hispanic share Zips

Zips in the top and bottom quartile of percentage of residents who are Hispanic

Zips with high Hispanic population share are in NE Brooklyn neighborhoods like Bushwick and W Brooklyn neighborhoods like Sunset Park

High Hispanic share (Top quartile in percent of residents who are Hispanic)

Low Hispanic share (Bottom quartile in percent of residents who are Hispanic)



Demographic profile¹

	High Hispanic share zips	Low Hispanic share zips	Brooklyn average
White	26%	40%	37%
Black	25%	37%	29%
Hispanic	36%	9%	19%
Asian	11%	9%	12%
Born outside US	33%	41%	35%

Socio-economic profile¹

	High Hispanic share zips	Low Hispanic share zips	Brooklyn average
Med. HH income	\$51K	\$76K	\$66K
Poverty rate	25%	13%	19%
SNAP recipients	29%	17%	23%

1. American Community Survey 2021

Communities | Communities with a high share of White residents are generally wealthier and are located throughout the borough

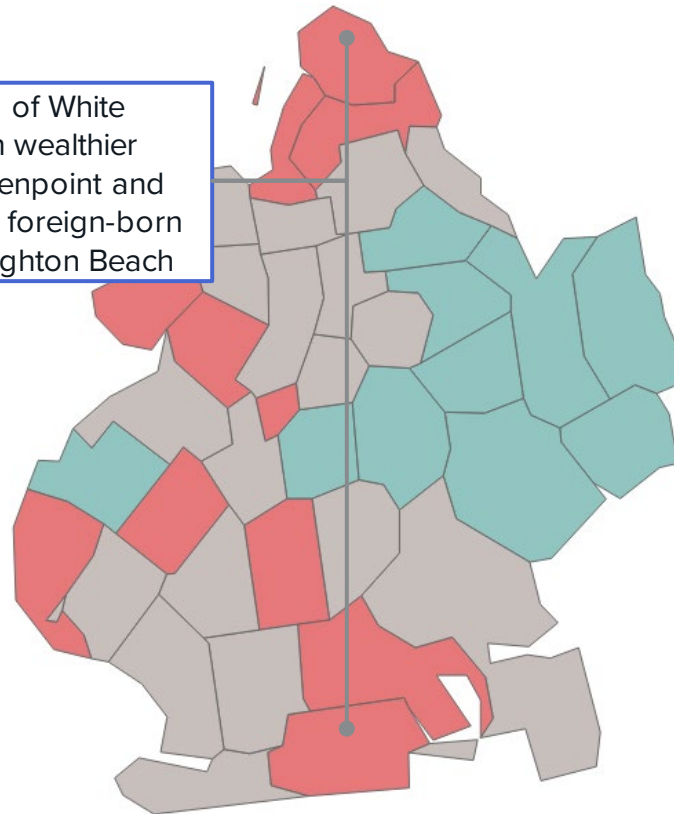
Top White share Zips

ZCTAs in the top and bottom quartile of percentage of residents who are white

Zips with high shares of White residents include both wealthier neighborhoods like Greenpoint and neighborhoods with high foreign-born population share like Brighton Beach

High White share
(Top quartile in percent of residents who are White)

Low White share
(Bottom quartile in percent of residents who are White)



Demographic profile¹

	High White share zips	Low White share zips	Brooklyn average
White	64%	9%	37%
Black	4%	56%	29%
Hispanic	15%	24%	19%
Asian	13%	7%	12%
Born outside US	34%	38%	35%

Socio-economic profile¹

	High White share zips	Low White share zips	Brooklyn average
Med. HH income	\$73K	\$53K	\$66K
Poverty rate	18%	21%	19%
SNAP recipients	19%	28%	23%

1. American Community Survey 2021



Healthcare service inequities in Brooklyn

Understanding community-level variations in access to and use of care is essential to understanding health inequities

Key communities of study

High poverty

High foreign-born share

High Black share

High Hispanic share

High white share
(For comparison)

Areas for comparison



Capacity

- Amount of healthcare providers within the community for primary care and critical specialties
- Staffed beds per capita



Access

- Insurance coverage rates and amount of primary care providers who accept Medicaid

Capacity | Within Brooklyn, the numbers of providers per 100,000 population and staffed hospital beds are lowest in Communities of Color and high poverty communities

		Poverty rate Zips		Foreign born share Zips		Black share Zips		Hispanic share Zips		White share Zips	
		% below fed. poverty line		% foreign-born		% Black		% Hispanic		% White	
ZIP Quartile		High	Low	High	Low	High	Low	High	Low	High	BK avg.
HCP capacity (Healthcare professionals per 100k) ¹	Primary care	199	289	298	259	191	336	188	324	328	235
	Women's health ²	37	61	48	52	30	65	35	59	62	42
	Pediatrics ³	158	244	208	259	165	239	164	241	225	186
	Geriatrics ⁴	42	38	45	40	29	56	24	42	49	37
Staffed bed capacity (Staffed beds per 100k residents)		97	148	72	138	50	153	36	107	80	112

>= 20% or 20 pp gap between High and Low groups

1. HCPs defined as Physicians, NPs, and PAs; 2. HCPs practicing Women's health/100k women; 3. HCPs practicing pediatrics/100k people <18; 4. HCPs practicing geriatrics/100k people 65+
Sources: 2021ACS, NPPES physician database; HERDS

Access | Within Brooklyn, the absolute number of healthcare providers accepting Medicaid is lowest in communities with high rates of poverty, and communities with a high share of Hispanic residents

		Poverty rate Zips		Foreign born share Zips		Black share Zips		Hispanic share Zips		White share Zips	
		% below fed. poverty line		% foreign-born		% Black		% Hispanic		% White	
ZIP quartile		High	Low	High	Low	High	Low	High	Low	High	BK avg.
Health insurance characteristics	Uninsured rate (% of population without health insurance)	6%	5%	8%	4%	7%	7%	8%	6%	5%	7%
	Medicaid rate (% of population covered by Medicaid)	49%	21%	39%	28%	37%	39%	46%	29%	35%	37%
Access to care	Medicaid capacity ¹ (Primary care, Medicaid-enrolled HCPs accepting managed Medicaid per 100k enrollees)	170	701	283	675	200	525	165	447	552	326
	Provider Medicaid acceptance (% of PC Medicaid-enrolled HCPs accepting managed Medicaid)	38%	34%	33%	37%	34%	37%	37%	33%	34%	36%

>= 10% or 10pp gap between High and Low groups

1. Calculated as number of Physicians, NPs, and PAs practicing a primary care specialty per 100k Medicaid enrollees

Source: American Community Survey 2021; PNDS

Note: . Access to care does not account for outmigration/access to providers outside of the Brooklyn boundaries

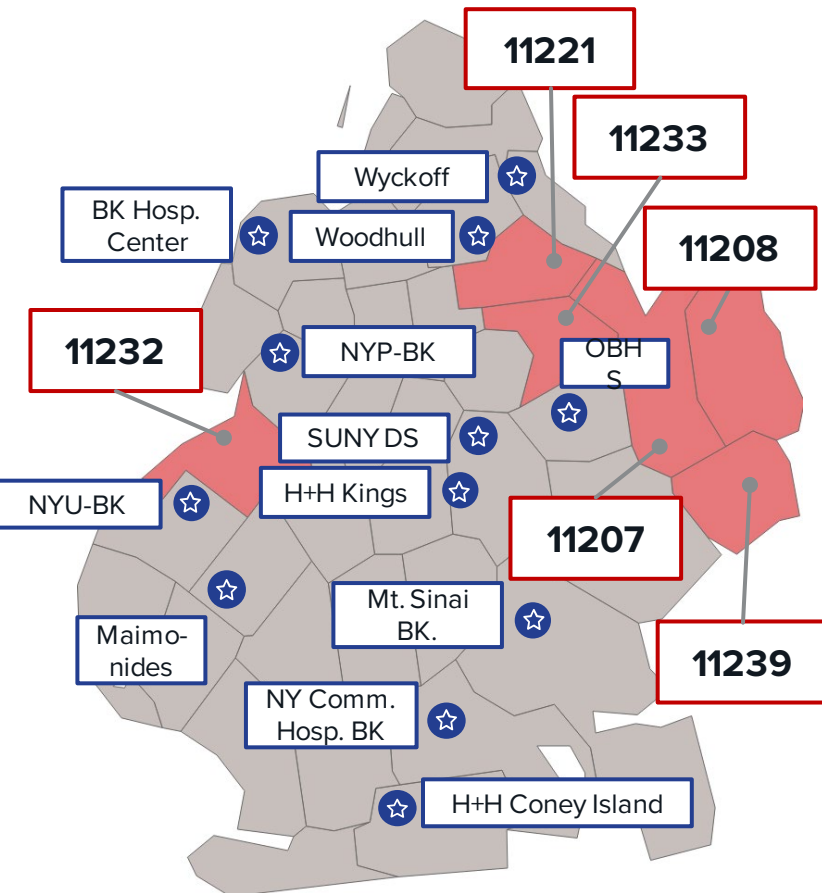
Care quality | Hospital quality is lowest in majority Black communities, but generally low across Brooklyn

	Poverty rate Zips		Foreign born share Zips		Black share Zips		Hispanic Share Zips		White Share Zips	
ZIP Quartile	Top	Bottom	Top	Bottom	Top	Bottom	Top	Bottom	Top	BK avg.
CMS stars ¹	1.7	3.3	2.3	3.2	1.4	2.9	3.2	1.7	2.3	2.3
Leapfrog ²	D+	C	C	C+	D	C	B-	D+	C-	D-

1. CMS stars weighed by staffed beds; 2. Leapfrog group ratings weighed by staffed beds

The largest capacity and access gaps are found in zip codes with higher Hispanic and Black populations in eastern Brooklyn

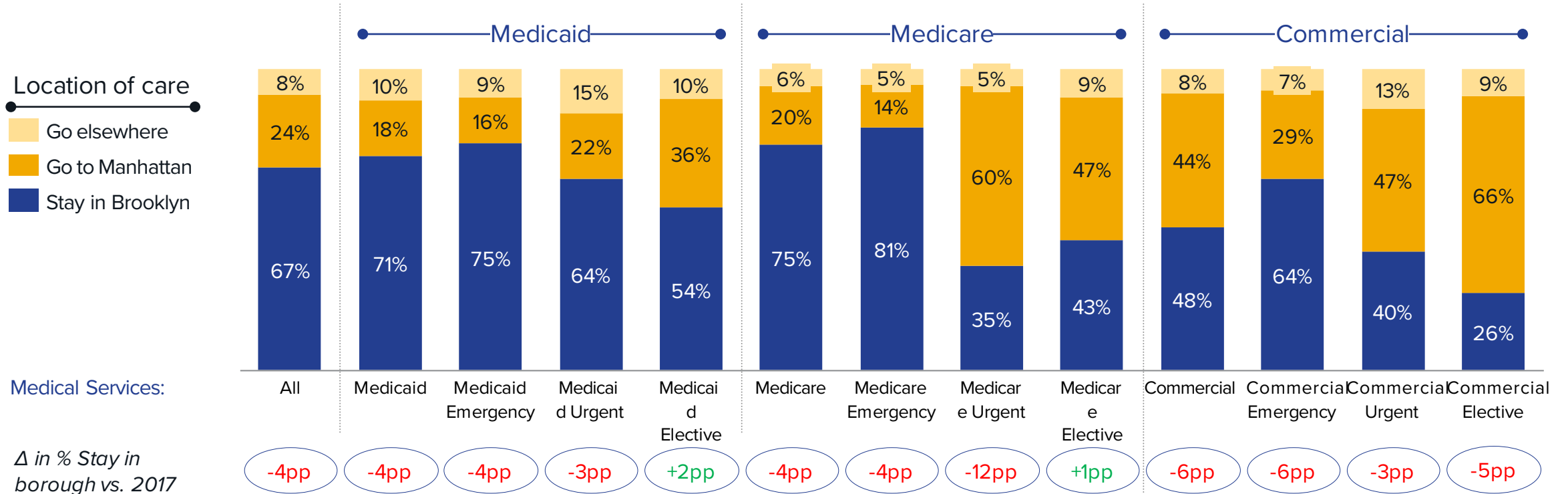
Zip codes with lower levels of capacity and access



		11232	11233	11208	11207	11221	11239
Community profile	Demographics	High Hispanic share	High Black share	High Hispanic share	High Hispanic and Black share	High Hispanic share	High Black share
	Foreign born	38%	24%	38%	30%	24%	31%
	Poverty rate	17%	26%	22%	27%	22%	25%
Metrics in the Bottom quartile	Capacity (out of 5)	5	5	5	4	4	3
	Access (out of 4)	3	3	2	2	2	3
	Total (out of 9)	8	8	7	6	6	6

Revenue | A significant and increasing portion of Brooklyn residents – especially those with commercial insurance – seek care in Manhattan & elsewhere

Where **Brooklyn** residents are going for care: IP discharges by patient residency (% , 2021)



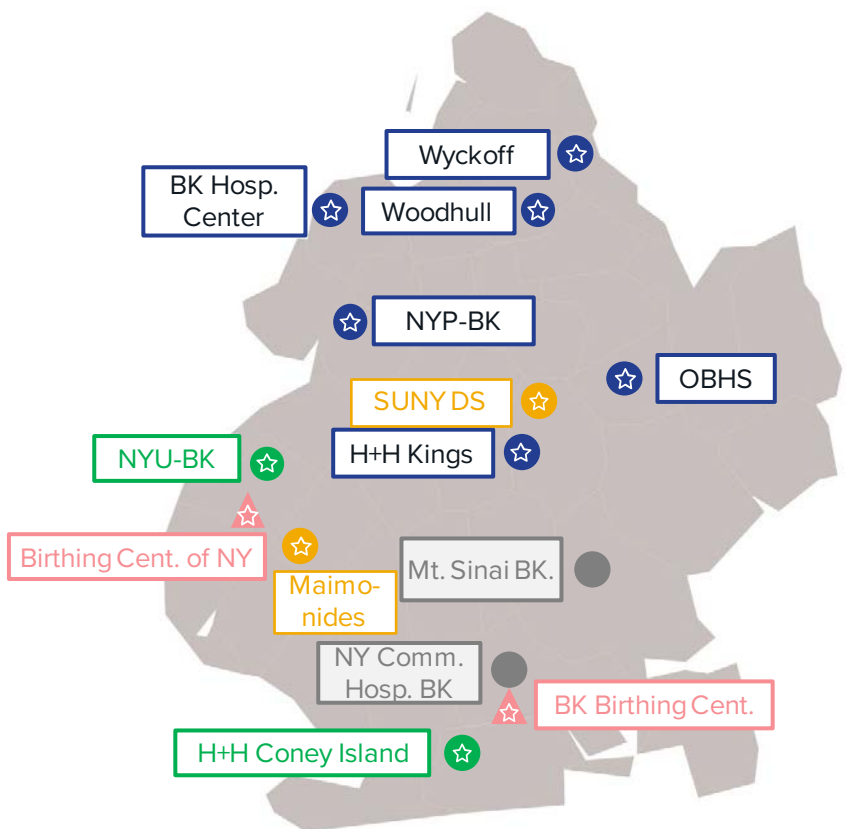
High **urgent care migration** in part driven by **28%** of Bronx, Brooklyn, Queens, and Staten Island residents who **work in Manhattan**¹

1. NYC Gov City Planning; Note: All includes all admission types, which are elective, urgent, emergency, newborn, and trauma care. Elective means that the patient's condition permits adequate time to schedule the admission based on the availability of a suitable accommodation; Urgent means the patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient is admitted to the first available and suitable accommodation; Emergency means the patient requires immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions; Newborn means admission involved a newborn; Trauma means a visit to a trauma center/ hospital as licensed or designated by the appropriate state or local government authority
Source: SPARCs, 2021



Perinatal services capacity

Facilities | Brooklyn has 10 hospital perinatal centers and two outpatient birthing facilities



Hospital Perinatal Centers

2

Level 1-2 perinatal centers providing care to low to moderate-risk pregnant women & newborns

6

Level 3 perinatal centers providing care to high-risk pregnant women & newborns

2

Regional perinatal centers capable of providing increasingly complex care

Freestanding Birthing Centers

2

Outpatient birthing centers providing outpatient care to low-risk pregnant women & newborns

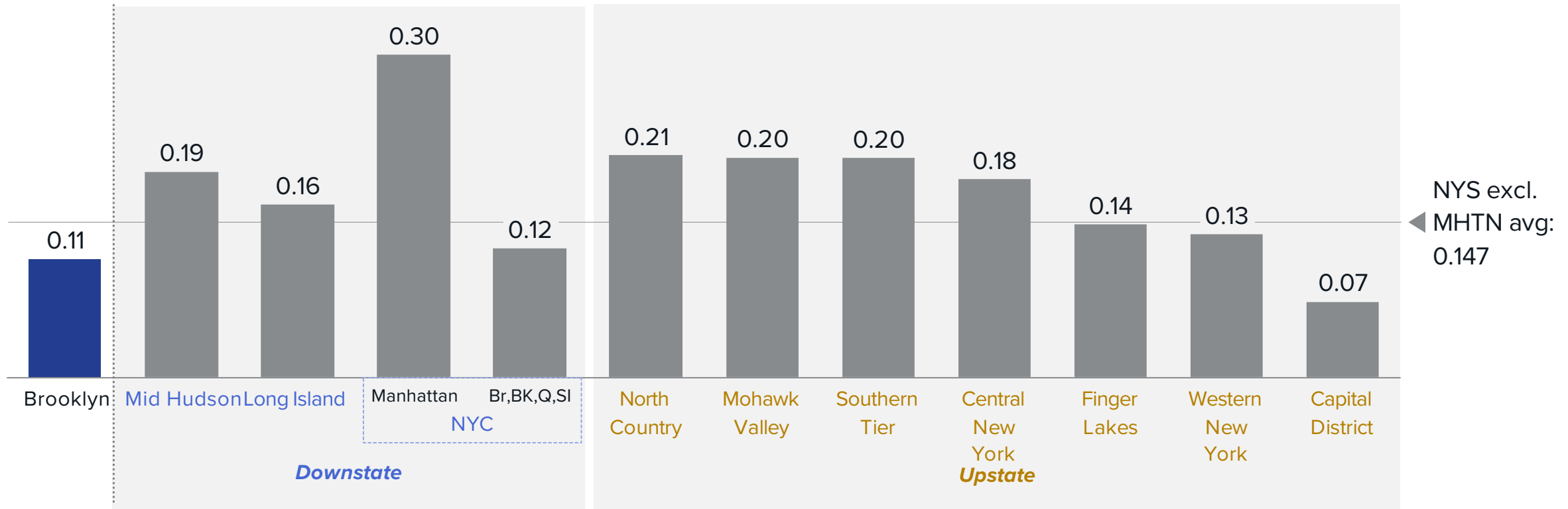
Note: NY Comm. Hosp. BK and Mt. Sinai BK reported no births in 2022. 1. Level 1 Perinatal Centers provide care to normal and low-risk pregnant women and newborns, and they do not operate neonatal intensive care units (NICUs); Level 2 Perinatal Centers provide care to women and newborns at moderate risk and operate NICUs; Level 3 Perinatal Centers provide care for patients requiring increasingly complex care and operate NICUs; Regional Perinatal Centers provide the highest level of care and operate NICUs.

Source: [NYS.gov](https://www.nys.gov)

State capacity | Perinatal hospital capacity ranges throughout the State; except for Manhattan, Brooklyn's capacity is in-line with other NYC CBSAs



Perinatal staffed beds per 1k residents

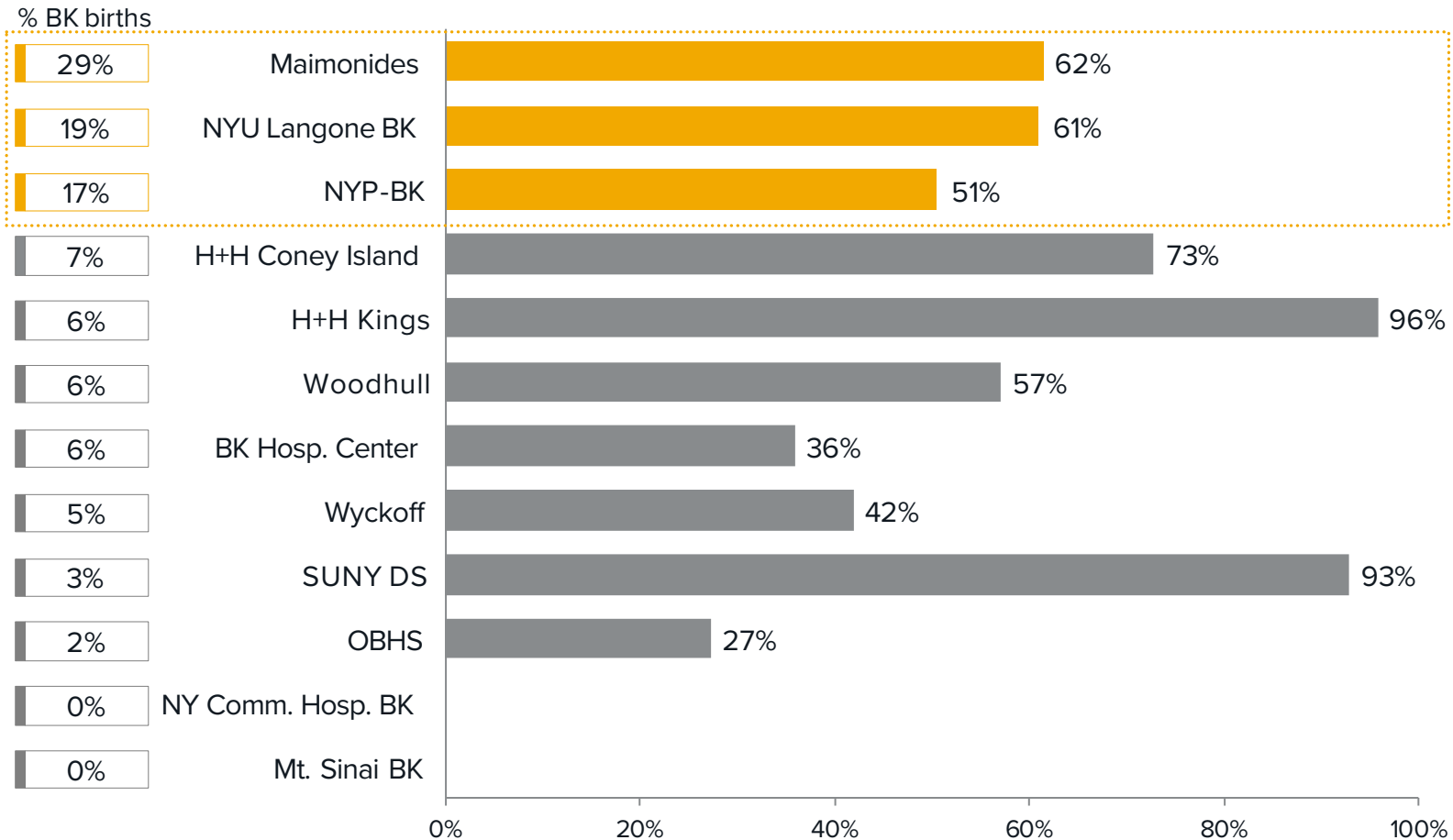


Note: Average staffed beds based on daily surveys spanning Sep 2023 to Jan 2024 Source: HERDS

Occupancy | Most Brooklyn hospitals are operating under 75% occupancy

Most volume in Brooklyn

% Occupancy of L&D beds, ordered from high to low birth volume



Volume & Capacity | 3 hospitals make up >60% of Brooklyn's hospital-based birth volume and bed capacity

Hospital	Brooklyn births ¹		Staffed L&D beds		Productivity
	#	% of total	#	% of total	Births per bed
Maimonides	6.4K	29%	65	22%	98
NYU Langone BK	4.1K	19%	52	18%	79
NYP-BK	3.8K	17%	56	19%	68
H+H Coney Island	1.5K	7%	15	5%	99
H+H Kings	1.4K	6%	13	5%	104
Woodhull	1.4K	6%	14	5%	98
BK Hosp. Center	1.3K	6%	27	9%	47
Wyckoff	1.0K	5%	13	4%	77
SUNY DS	0.7K	3%	12	4%	64
OBHS	0.4K	2%	24	8%	16
NY Comm. Hosp. BK	0	0%	0	0%	--
Mt. Sinai BK	0	0%	0	0%	--




Maimonides, NYU Langone & NYP-BK have:

- ~65% of Brooklyn births
- ~60% of Brooklyn's staffed L&D beds
- Similar or higher levels of productivity relative to lower volume facilities

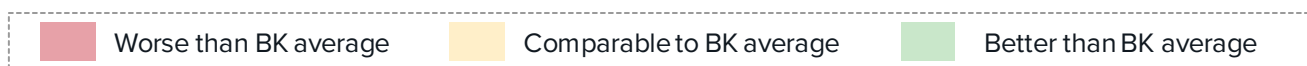


1. Brooklyn saw ~23k births in 2022, ~22k of which took place in hospitals 2. Shading shows relative performance to peer Brooklyn L&D facilities
Source: SPARCS

Quality | The majority of hospitals in Brooklyn have poor overall quality scores

Measure	 CMS Overall Hospital Quality Star Rating	 Leapfrog Safety Score	 HCAHPS Patient Experience Star Rating	
Facilities	Maimo.	2	C	1
	NYU Langone	5 ¹	A	3 ¹
	NY-Pres. BK	4	B	2
	H+H Coney Island	1	D	2
	H+H Kings County	2	C	2
	H+H Woodhull	2	C	2
	BK Hospital Center	2	C	1
	Wyckoff	1	C	1
	SUNY Downstate	1	C	2
	One Brooklyn	1	D	1
	NY Comm. Hosp. of BK*	1	C	2
Mount Sinai BK*	3 ²	C	2 ²	
CBSA & state averages	Brooklyn Average	2.1	C	1.8
	Bronx Average	1.6	D+	1.7
	Queens Average	1.8	C+	2.5
	NYS Average	2.7	C+	2.5

*No labor and delivery beds

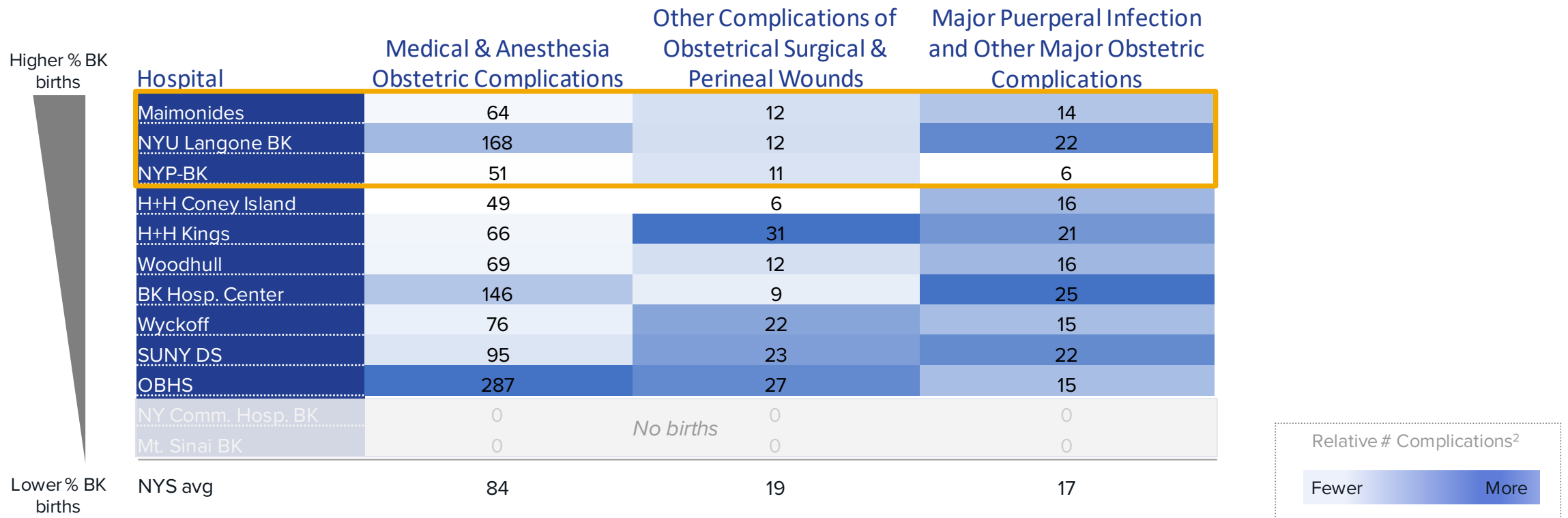


1. Data represents Mount Sinai Brooklyn and Mount Sinai Beth Israel together
 Note: NYS and BK averages include acute care hospitals only, exclude psychiatric & children's facilities
 Sources: [CMS Hospital Quality Measures \(2023\)](#), [Leapfrog Hospital Safety Grade \(2023\)](#), AHA

Quality – L&D specific quality | Overall, Brooklyn's higher volume facilities have shown lower rates of avoidable complications

Most volume in Brooklyn

Avoidable complications¹ - Risk Adjusted Rate per 10,000 At-Risk Discharges



1. 5 year average using 2016-2020; complication categories are defined by NYS DoH as avoidable 2. Shading shows relative performance to peer Brooklyn L&D facilities Source: NYS All Payer Inpatient Potentially Preventable Obstetrics Complications

