

Q1 Please provide your contact information below.

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Q2 Please describe your company or organizations overall goals and mission.

Maimonides Medical Center (Brooklyn, NY) leads a network of health and social service organizations known as Community Care of Brooklyn as part of NYS's Delivery System Reform Incentive Payment program—working together to improve population health and reduce avoidable hospital use.

Q3 Please indicate which category your organization falls under. **Health Care Provider**

Q4 Innovation Executive Summary. Please describe the innovation, and how it addresses the social determinants of health. Please identify how the innovation addresses the 6 innovation criteria (i.e. ROI, scalability, feasibility, evidence based support for innovation, relevance to the Medicaid population and speed to market).

Chronic disparities in health care have contributed to systemic poverty in Central Brooklyn. Because top-down, needs-based development approaches cannot always address complex social, economic, and environmental problems facing communities, Community Care of Brooklyn (CCB), Medgar Evers College, and NextShift Collaborative partnered to initiate a community-driven research process called Participatory Action Research (PAR) and strategize ways to improve health in Brooklyn communities with large gaps in care and poor health outcomes. The first PAR ("PAR 1"), in the summer of 2016, sought to discover ways that Brownsville and East New York residents could be mobilized to address inequalities affecting their health. In the summer of 2017, CCB, Interfaith Medical Center, Kingsbrook Jewish Medical Center, New York Community Trust, Medgar Evers College, and the NextShift Collaborative partnered to better understand the social determinants of health affecting residents of these communities and challenges faced by those seeking to address them in Bedford Stuyvesant, Crown Heights, and East Flatbush ("PAR 2").

In total, 86 young adults from high schools, colleges, youth programs, and urban planning graduate programs conducted background research on community leadership and organizations, local politics and policy, the local healthcare system, and efforts among these parties to intervene to address social determinants of health over the two years. They then developed and conducted a survey of more than 1500 Central Brooklyn residents and held focus groups and stakeholder interviews to explore physical, mental, social, environmental, and financial dimensions of health.

PAR 1 identified food justice/nutrition and physical activity as the community's greatest concerns. Upon the study's completion, CCB published a report documenting the communities' priorities and ideas, including developing hydroponic farming curriculum for students, exposing students to gardening and food projects, and the eventual construction of a food-producing skyponic farm. As a result, CCB established a Food Justice Workgroup, partnered with NYC's Director of Food Policy to distribute discount cards for produce at a Brownsville FQHC, is providing support for to develop hydroponic farms, and is working with public schools to expand nutrition and physical education classes. PAR 2 identified stressors related to gentrification, housing affordability, neighborhood changes, building a sustainable civic infrastructure, and a redesigned health system as the greatest threats to health. Upon the study's completion, project sponsors published a report documenting the communities' priorities and ideas. Leadership from these institutions established a committee dedicated to considering ways to connect resources and drive civic engagement. They also plan to share findings with the community to establish common goals and maximize opportunities for collaboration among Federal, State, and local partners, with particular attention to better addressing the needs of the Medicaid population.

PAR can be easily scaled as a method to study and engage different neighborhoods and populations. Unlike conventional research, PAR uses inquiry to prompt social change through action. Including local residents in research processes that will determine and drive changes in their lives shifts power balances in their favor and changes who determines needs and solutions. In low-income urban communities of color, PAR is an opportunity to model grassroots approaches to creating positive social change. We anticipate this investment in the social determinants of health will produce better health outcomes, lower costs, and improve overall economic well-being.

Q5 Was your innovation implemented? If so, please explain when, the number of people impacted, and the results.

Yes (please specify when and the estimated number of people impacted):

The first PAR took place during the summer of 2016 and the second in the summer of 2017. In total, 86 young adults from high schools, colleges, youth programs, and urban planning graduate programs conducted background research on community leadership and organizations, local politics and policy, the local healthcare system, and efforts among these parties to intervene to address social determinants of health over the two years. They then developed and conducted a survey of more than 1500 Central Brooklyn residents and held focus groups and stakeholder interviews to explore physical, mental, social, environmental, and financial dimensions of health. The benefits of recommendations generated through this process will benefit these communities at large.

Q6 Please identify the SDH Domain that your innovation addresses. (Select all that apply.)

Education,
Social and Community Context ,
Health and Health Care ,
Neighborhood and Environment ,
Economic Stability

Q7 I give the Department of Health the right to share the information submitted in this application publicly (for example: on the DOH website). I understand that there is no monetary reward/reimbursement for my submission or for attending the summit should my innovation be selected.

I consent to have my innovation shared

