

Blueprint

SPRING 2023

Analyzing the Devastating Impact of Gun Violence

Lately it seems that a week doesn't go by without the horror of gun violence dominating the headlines. But firearm deaths have become so commonplace in the U.S. that many shootings—even those of children—do not even land in the news, going unnoticed except by the victims, their families, and communities. Firearms in fact ranked as the leading cause of death for children in the U.S. in 2020, surpassing vehicle accidents.

United Hospital Fund partnered with Boston Consulting Group to analyze the economic and societal impact of gun violence on people nationwide and in New York. The resulting report, [*The Ripple Effect of Firearms: How Families, Communities, and Society in the U.S. Are Affected by Firearms*](#), underscores the need for research, awareness, and investment from all levels of government to address the issue of gun violence.

A MAJOR PUBLIC HEALTH ISSUE

An estimated 158,216 people in the U.S. were killed or injured by firearms in 2021—48 victims for every 100,000 people, the highest number of people killed since the Centers for Disease Control and Prevention

started tracking firearm deaths in 1981. The researchers estimated that gun violence costs the nation \$2.2 billion per year in direct medical costs, \$47 billion in lifetime income lost, and \$563 billion in quality-adjusted life years lost in 2021.

Particularly disturbing is the toll on children. The researchers estimated that the costs of counteracting the traumatic psychological and social impacts of gun violence on the nation's children will total some \$4 billion over their lifetime.

“The prevalence of gun violence is desensitizing many of us to the tremendous toll it is exacting on our communities and our nation,” said Alexandra Brandes, one of the report's authors and director of UHF's Medicaid Institute. “This report highlights the need to treat gun violence as a public health problem at the national, state, and community levels.”

UHF president and CEO Oxiris Barbot, MD, reiterated the report's call for more research into preventing and mitigating gun violence. A long-time ban on federal funding

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DID YOU KNOW?

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Mother Cabrini Health Foundation Renews Support in 2023

Three innovative United Hospital Fund programs have received renewed support from the Mother Cabrini Health Foundation.

The foundation awarded \$500,000 for a second year of UHF's Addressing Polypharmacy in Nursing Homes initiative and \$500,000 to continue the Pediatrics for an Equitable Developmental Start Learning Network (PEDS Network). It has also renewed support for UHF's "Pediatric Steps to Literacy, One Book at a Time" project, developed last year to help pediatric primary care practices integrate early childhood literacy strategies.

As it did successfully in 2022, the polypharmacy initiative will help nursing homes reduce the prescribing of an inappropriately high number of medications that may increase adverse outcomes in long-term residents. Its second year will add two new nursing facilities to existing participants, expand the list of high-risk medications targeted for intervention, and integrate the innovative [Age-Friendly Health Systems](#) framework.

The statewide PEDS Network manages an online resource center, a quarterly webinar series, and a fellowship program that nurtures the next generation of clinical leaders—all with the goal of improving early childhood development and reducing disparities in pediatric primary care. In 2023 the program will continue to promote opportunities for collaboration, build upon existing interventions, support the development of new approaches, and partner with community-based organizations.

The literacy project's second year includes partnerships with five new facilities serving neighborhoods with high rates of families experiencing homelessness, medically underserved immigrant families, and low or inadequate literacy rates. In 2022, participating practices distributed more than 2,000 books, enrolled families in a Children's Reading Project, set up "literacy kits" to be given to families annually, and held literacy-focused events. ■

UHF Hosts Discussion to Keep New Yorkers Insured

As continuous coverage requirements enacted during the COVID-19 public health emergency come to an end, New York has started the enormous task of renewing eligibility for more than 9 million New Yorkers enrolled in Medicaid, Child Health Plus, and the Essential Plan.

In February, UHF helped kick off this monumental effort—known as the "unwinding"—with a discussion attended by state officials, advocates, health plans, funders, and providers. The roundtable discussion, hosted at UHF offices, was the first of what's expected to be a series of convenings on the complex task. More than 440 people participated virtually, and approximately 50 attended in person.

"I'm so glad UHF could host this timely event," said Oxiris Barbot, MD, UHF's president and CEO. "It was informative

and heartening to learn more about this massive undertaking and about the collective commitment to minimize the number of New Yorkers who lose coverage because of renewal requirements."

At the event, a team of senior state officials laid out their plan to keep enrollees from falling through the cracks, and funders and advocates described a comprehensive outreach effort. The stakes are high: nearly half of all New Yorkers will have to take action during the eligibility review and renewal process. Fortunately, New York has an array of affordability programs that are unmatched in the nation, so some enrollees discontinued in one program may find a soft landing in another. UHF is part of a group of funders supporting a unique, targeted outreach effort to get the word out about recertification requirements. ■

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We Need to Talk About Guns

Our [recent report](#), produced in collaboration with Boston Consulting Group, draws attention to the impact of gun violence and how, to one extent or another, very few of us are spared. Whether through direct or indirect medical costs or indirect costs to society, the ripple effects of gun violence reach into many aspects of our everyday life.

My personal story is no exception. As a pediatrician in training 30 years ago, I vividly remember taking care of an adolescent patient in the intensive care unit who had attempted suicide with a handgun. She was biracial, went to one of the most elite schools in Washington, D.C., and was visited daily by her pastor. She didn't survive, but her memory stays with me still. There were countless other patients who were victims of gun violence whom I helped take care of while a medical student in Newark.

During my training, one of my fellow residents was going through a rough personal time and through the course of our conversation confided in me that she was thinking of hurting herself. Because of my personal history—my father died by suicide with a handgun when I was nine—I asked her if she had a gun. To my tremendous surprise, she said yes. Over the next several days, we spent extra time together and I made her promise to call me first if she felt like she would hurt herself before getting professional help. Thankfully, she was able to get help. That this crisis didn't materialize is an example of the power of asking whether or not someone has access to a gun.

THE POWER OF PRIMARY PREVENTION

The point of my sharing these personal stories is that, though the data speak loudly about who is more likely to be most directly or indirectly affected by gun violence—young Black men and their families and older white men and their families—we can never predict who might be at risk for the ripple effects of gun violence by just looking at them. We need to ask people what's going on with them specifically related to gun violence.

Medical societies that include primary care physicians, such as the [American College of](#)

[Physicians](#), [American Academy of Pediatrics](#), and the [American Academy of Family Physicians](#), have recommended guidelines for their members to gauge risk of firearm-related morbidity and mortality that include an annual assessment of whether their patients have a gun in the home and if it is safely stored.

These two simple questions can help save lives because they can be effective deterrents to the impulsive nature of gun violence, especially inside the home. They are also classic examples of primary prevention—efforts that can be broadly applied to everyone and are low cost and high yield. And they are questions we can and should all be asking, as suggested in [Northwell Health's "ferocious tiger" gun violence prevention ad](#).

INTERRUPTING VIOLENCE

There's an additional question we should be asking that I haven't seen broadly promoted in primary care: "Can you name someone that can help you think of other ways to settle a beef that doesn't involve a firearm?"

In many ways, this is what [violence interrupter programs](#) do in communities with elevated risks of gun violence. As residents of the communities they serve, violence interrupters are in the know when beefs are brewing. They can engage involved parties in finding alternative ways of settling disputes. [Studies of violence interrupter programs](#), while mixed in outcomes, show limited yet promising indications that they can be effective in changing attitudes around the acceptability of using guns to settle disputes. Asking this additional simple question during a primary care visit can help diversify and augment the cadre of messengers delivering gun violence prevention interventions and those they are engaging.

Gun violence is a major public health issue requiring more research, awareness of how it affects so many parts of our lives, and investment from all levels of government and sectors of society. But there are also basic things we can all do to help stem this tragic toll. Often, it can start with a few simple questions. ■



Oxiris Barbot, MD
UHF President and CEO

Do you have a gun in your home? Is it safely stored?

These two simple questions can help save lives because they can be effective deterrents to the impulsive nature of gun violence, especially inside the home.

Analyzing the Devastating Impact of Gun Violence
(Continued from page 1)

As more children and adults are killed, injured, and traumatized by gun violence, we must focus on prevention along with treatment.

for gun violence prevention research was recently lifted, presenting an opportunity to investigate both prevention and treatment. Currently, federal spending on research into gun violence is only \$63 per life lost, compared with median funding of \$4,852 per life lost for all leading causes of death. Disparities in federal funding make gun violence the second most neglected cause of death after falls.

“As more children and adults are killed, injured, and traumatized by gun violence, we must focus on prevention along with treatment,” said Dr. Barbot.

EXAMINING IMPACT IN NEW YORK AND NATIONALLY

The report analyzed the impact of gun violence nationwide, and county-by-county in New York State, broken down by gender, race, and age. The research revealed that southern states had the highest ratio of firearm fatalities, led by Mississippi with 104.9 shooting victims per 100,000 residents. New York State ranked 48th, with 18.1 firearm fatalities per 100,000. Despite New York’s low per capita rate, more than 1,000 New Yorkers died from firearm fatalities in 2021, reflecting the state’s large population.

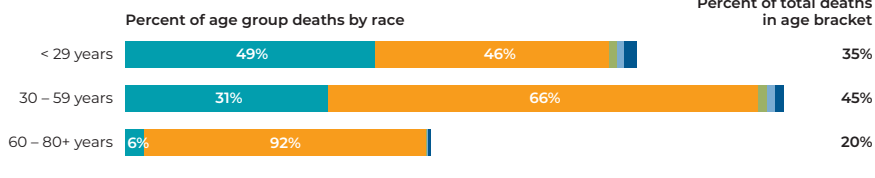
In addition, Black women were nine times as likely to be killed by firearms as white women and 4.5 times as likely as Hispanic women were. When a firearm is involved, domestic violence is five times more likely to result in death.

Although homicides get far more attention, more than half of all firearm deaths are suicides. Having access to a firearm is a key determinant of whether a suicide attempt will result in death—85 percent of suicide attempts by firearm are fatal, compared with less than three percent of attempts by drug overdose. White men over 50 living in rural areas are the most likely to die from suicide by firearms.

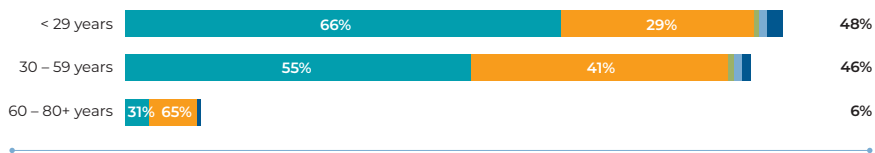
Within New York State, rural Allegany and Delaware counties had the highest per capita rate of firearm deaths, each recording 14.2 people killed by firearms per 100,000 residents. More than 84 percent of firearm deaths in those two counties were the result of suicides.

Brooklyn had the highest number of firearm fatalities in the state—an estimated 444, equal to 4.3 deaths per 100,000. However, only 33 percent of firearm deaths in New York State in 2021 were in New York City, despite its being home to 43 percent of state residents.

Firearm fatalities, including suicides



Firearm fatalities, excluding suicides



Legend: Black or African American (teal), White (orange), Asian (light green), American Indian or Alaska Native (light blue), Native Hawaiian or Other Pacific Islander (dark blue)

Structural racism, race, age, gender, and zip code all play a significant role in how likely a person is to die from firearms. Nationally, 32 percent of firearm homicide victims are Black, though Black people make up only 14 percent of the overall population. Firearm homicide is the leading cause of death for Black men in their early 20s.

HEALTH CARE PROVIDERS’ IMPORTANT ROLE

Dr. Barbot noted that health care providers can play an important role in prevention. “As part of routine preventive care, it’s important for providers to ask questions about whether or not there are firearms in the home and if they are safely stored—the same as they would ask if someone smokes in the house and if there are smoke detectors,” she said.

This report is the fourth produced by UHF in partnership with BCG. The prior three reports examined the ripple effects of the [opioid crisis](#) and the [COVID-19 pandemic](#) on children in New York State, and [food scarcity](#) in New York State. In addition to Alexandra Brandes, the firearms report was co-authored by UHF research analyst Giovanna Braganza and Joan Guzik, director, Quality and Efficiency. It is available for download free from UHF’s website. ■



Every Minute Matters: A Nurse Dramatically Improves Treatment for Heart Attack Patients

For patients in the throes of a serious heart attack, every minute in the emergency room isn't just serious: it's life or death.

Each second it takes a nurse or doctor to diagnose the heart attack using an electrocardiogram (EKG), the blocked heart muscle rapidly loses oxygen and begins to die. This is especially true in cases of a deadly type of attack known as an ST Elevation Myocardial Infarction (STEMI).

"If a STEMI is not recognized immediately, that muscle is lost," said Bernadette Springer, MS, FNP-BC, RN, Nurse Manager at Mount Sinai Queens. "In the worst possible outcome, that patient may die."

These serious consequences rang alarm bells for Ms. Springer. She discovered that, in 2019, only 26 percent of patients at her hospital who were transferred from the ER to the cardiac catheterization lab had undergone an EKG within the recommended 10 minutes upon arrival. The American Heart Association has found that performing an EKG on patients who complain of chest pain within 10 minutes is "critical to achieving the best outcomes."

Then a fellow with United Hospital Fund and Greater New York Hospital Association's Clinical Quality Fellowship Program (CQFP), Ms. Springer decided to make it her mission to ensure that rapid EKGs in the ER became standard practice.

The nursing manager soon discovered that the lag in getting patients a timely EKG was largely because nurses working at the triage station had to wait for a medical laboratory technician to come perform the test. When those technicians weren't immediately available, patients would be moved from the triage station to a bed, only to be followed up with later.

Given those circumstances, Ms. Springer determined that the solution was clear.

"We decided to train our triage nurses to conduct any EKG," said Ms. Springer. "Then, when the med techs aren't available, the nurses can jump in."

Within three months, the compliance rate for EKG timing at the Queens hospital didn't just improve, it became flawless. By April 2020, 100 percent of patients eventually transferred to the hospital's cardiac catheterization lab had received an EKG within 10 minutes of arrival.

"The improvement not only means that an acute heart attack is recognized more quickly, but that patients are treated sooner and moved more efficiently through the ER," Ms. Springer said.

The hospital has kept up its 100-percent compliance rate and even expanded the workflow created in the project to other hospitals within the system.

Springer credits the team model taught by the Clinical Quality Fellowship Program for playing a significant role in helping her complete her project. The program trains mid-career physicians, nurses, and physician assistants to become quality improvement and patient safety leaders within their organizations.

Started in 2009 with Greater New York Hospital Association, the Clinical Quality Fellowship Program has trained nearly 300 clinicians from over 50 health care facilities in the New York metropolitan area. The 15-month program graduates a new class of these changemakers on the front lines of health care each year. ■

Performing an EKG on patients who complain of chest pain

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UHF Honors Quality Improvement Leaders at Annual Tribute

On May 8, United Hospital Fund honored 63 extraordinary quality improvement leaders from 62 health care organizations across the metropolitan region for its fifth annual Tribute to Excellence in Health Care. The honorees were recognized for their efforts to improve quality of care, patient safety, and patient experience. TD Bank was the event's generous lead sponsor.

More than 500 friends and supporters attended the event at Cipriani 42nd Street. The keynote was delivered by Michelle Morse, MD, MPH, chief medical officer and deputy commissioner for the Center for Health Equity and Community Wellness at the NYC Department of Health and Mental Hygiene. ■

HONOREES

BronxCare Health System
Gilda Diaz-Fuentes, MD

The Brooklyn Hospital Center
Anu Iyer, MS, CPHQ, CJCP

Coalition of Asian-American
IPA (CAIPA)
Xiaoxia Zhang, MD

Catholic Health
Chukwuma J. Egbuziem, MS, RN, CPHQ

Community Healthcare Network
Nicholas Martin

Elizabeth Seton Children's Center
Caryn B. Leggio, BSN, RN, CPN

Gurwin Jewish Nursing &
Rehabilitation Center
Maria L. Franco, PharmD, BCGP

Hackensack Meridian Health
Jose M. Azar, MD

Hospital for Special Surgery
Catherine H. MacLean, MD, PhD

Institute for Community Living
Edward Tabasky, MD

Institute for Family Health
Alba C. Pumarol, MD

The Jewish Board of Family and
Children's Services
Laura M. Yacino, RN

Maimonides Health

Maimonides Medical Center
Sameh Samy, MBBCh, MSA, CPHQ, CSSBB

Maimonides Midwood
Community Hospital
Charmaine Rose, MBA-Healthcare, BSN, RN, CPHQ

MediSys Health Network
William Lynch, MPA

Memorial Sloan Kettering
Cancer Center
Tania N. Bubb, PhD, RN, CIC, FAPIC

MJHS

Isabella Center for Rehabilitation
and Nursing Care
Karen Harper, BS, MS Ed, CNA, CTRS, CDP

Menorah Center for
Rehabilitation and Nursing Care
Kendra D. Ray, PhD, MPH, MBA, MT-BC, LCAT

MJHS Homecare
Anna Briskman, MSN, RN, COS-C

Montefiore Health System

Burke Rehabilitation Hospital
Kathleen Dundee, MSN, RN, CWON

The Children's Hospital
at Montefiore
Kevin Fiori, MD, MPH, MSc, FAAP

Montefiore Medical Center,
Einstein Campus
Brenda Pinder, MSN, MBA, RN, NEA-BC, FACHE

Montefiore Medical Center,
Moses Campus
Kristine Torres-Lockhart, MD

Montefiore Medical Center,
Wakefield Campus
Daniel G. Fein, MD

Montefiore Mount Vernon
Hospital
Jill M. Ferson, MA, LCSW-R, ABD

Montefiore New Rochelle
Hospital
Maureen Miller, MSN, FNP-BC, RNC-OB, C-EFM, RN

Montefiore Nyack Hospital
Thomas J. Mattice, CHES, CMIP, T-CHEST

Montefiore St. Luke's Cornwall
Veronica Ferencz, DO, FACOS, MBA

White Plains Hospital
Karen M. Banoff, DNP

Mount Sinai Health System

Mount Sinai Beth Israel
Joy A. McIlwaine, MS, RN, NP-BC, ANP-BC, L.Ac.

Mount Sinai Brooklyn
Karen Brody, MSN, RN, GERO-BC, CIC

The Mount Sinai Hospital
Amanda J. Rhee, MD, MS

Mount Sinai Morningside
Alondra Hernandez, MSN, RN

Mount Sinai Queens
Yendy L. Ozoria

Mount Sinai South Nassau
Lina Hoyos, BA

Mount Sinai West
Danielle Kaufman, PA

New York Eye and Ear Infirmary
of Mount Sinai
Masako Chen, MD

The New Jewish Home

Manhattan Campus
Shiny Mathew, DNP, RN, ANP-BC, CCRN, WCC

Sarah Neuman
(Westchester Campus)
Leeada Durant, BSN, RN

Northwell Health

Center for Equity of Care
Johanna Martinez, MD, MS

Center for Global Health
Eric Cioè-Peña, MD, MPH

Center for Gun Violence
Prevention
Chethan Sathya, MD, MSc, FACS, FRCSC

Center for Maternal Health
Dawnette Lewis, MD, MPH

COVID Related Outpatient Work
Navigators (CROWN) Program
Gita Lisker, MD

Long Island Jewish
Medical Center
Margaret Murphy, DNP, RN, NE-BC

Long Island Jewish Valley Stream
Isabel Lau, RN, MSN, CCRN

Northwell Health At Home
Irina Mitzner, RN, MSN

Plainview and Syosset Hospitals
Marianna Vazquez, MSN, RN, NE-BC

NuHealth/Nassau University
Medical Center
Matthew J. Bruderman

NYC Health + Hospitals/Woodhull
Jillian Diuguid-Gerber, MD

One Brooklyn Health

Brookdale Hospital and
Medical Center
Sandra R. Scott, MD

Interfaith Medical Center
Andrea Schulters, RN and Donna A. Pritchard, MA, BSN, RN, CNOR, NE-BC

Kingsbrook Jewish
Medical Center
Tony Renteria

Parker Jewish Institute for
Health Care and Rehabilitation
Lorraine Breuer

Richmond University
Medical Center
Philip E. Otterbeck, MD, MBA

SBH Health System
Manisha Kulshreshtha, MD

St. John's Episcopal Hospital
Leigha Clarkson, MD

St. Mary's Healthcare System
for Children
Ariana Ruiz

SOMOS Community Care
Henry S. Chen, MD

Stamford Health
Mary A. Laucks, MSHA, BSN, RN, CCM

Summit Health
Ashish D. Parikh, MD

Urban Health Plan
Debbie Lester, LMSW, MS

Dora Mendez

Vice President of Human Resources and Chief Diversity, Equity, and Inclusion Officer, UHF



Dora Mendez, MPA, (she/ella) is UHF's new vice president of human resources and chief diversity, equity, and inclusion (DEI) officer, as well as a member of UHF's senior leadership team.

Before joining UHF in September 2022, Ms. Mendez was director of talent and diversity, equity, and inclusion at Student Leadership Network, a nonprofit organization that works to achieve education equity for underserved students. Prior to this, she held several senior positions at human service organizations. Her early career was spent as an investigator of employment and housing discrimination complaints at the New York State Division of Human Rights – Office of Sexual Harassment issues.

A lifelong New Yorker, Ms. Mendez holds a master's in public administration from City University of New York-John Jay College of Criminal Justice, where she is now an adjunct professor, and a bachelor of arts from Iona University.

Q: Can you start by telling us what attracted you to UHF?

UHF's health equity mission aligns with my personal values. As a cisgendered Afro-Latina mom and native New Yorker, I bring my authentic self to the role, along with my expertise. UHF is an organization I am honored to support. The people, culture, and UHF's work to improve health outcomes for all New Yorkers—all of this will make my children proud.

Q: You bring significant Diversity, Equity, and Inclusion experience to UHF. What are some priorities for UHF's DEI initiative in the year ahead?

UHF has built the infrastructure for a DEI practice, and my priority is sustainability, continuous improvement, and wellness. My touchstone is to support an inclusive and collaborative culture of mutual

respect, accountability, wellness, and joy! For example, we just launched a formal employee recognition initiative to celebrate and commemorate staff milestones. UHF's dedicated team works hard on challenging social problems in public health, which can weigh heavily on our wellness. While this work is rewarding, injecting some joy into the workplace is a best practice for staff engagement, motivation, and our own wellness.

Q: There have been some stories in the news about DEI fatigue. Is that a concern at UHF, and if so, how would you address it?

Of course, the fatigue lies in the trauma of systemic and structural racism. Take, for example, the ripple effect of gun violence. In April, there was yet another shooting of a young Black man, as well as a recent workplace shooting. I hope we don't become desensitized to this public health crisis.

I do not see DEI as a separate practice adding on to our operations nor as a trend cottage industry. DEI is embedded in all our work at UHF, no matter what your role is in the organization. There's a synergy that ensures all our policies, procedures, and problem-solving methods are done through DEI frameworks, tools, and strategies. DEI also supports our inclusive and collaborative style to help us co-create and innovate.

Q: What are you most excited about in your role at UHF? What upcoming projects or initiatives are you most looking forward to?

I'm looking forward to piloting an undergraduate internship program in partnership with City University of New York Career Summer internship. If the partnership works, we will scale up to the organization. Internship programs are an opportunity to gain a fresh perspective for the organization, build relationships with future leaders, and influence the next generation of talent. ■

Blueprint

Published three times a year by United Hospital Fund. We welcome your comments and suggestions.

United Hospital Fund is an independent, nonprofit organization working to build an effective and equitable health care system for every New Yorker.

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This issue of *Blueprint* was produced by UHF's communications department, including editing and project management by Adam Fifield, writing by Catherine Arnst and Anna Quinn, design by Laurie Douglas Graphic Design, dissemination support by James Andrews, and oversight by Sally J. Rogers. Dora Mendez, Jatna Rojas, Laura Foti, Chad Shearer, and Amanda A. Williams provided edits and feedback.



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Blueprint

ON THE CALENDAR



JULY 20, 2023

Medicaid Conference

Bringing together health care policymakers, providers, insurers, community organizations, and policy experts to discuss timely issues of import to New York's Medicaid program.

In person at the New York Academy of Medicine, NYC; virtually via Zoom link

OCTOBER 2, 2023

UHF's Gala

A special event celebrating the work of United Hospital Fund and saluting the outstanding contributions of health care leaders.

Cipriani 42nd Street

PUBLICATIONS *These and other UHF reports are available at www.uhfnyc.org*



Leveling Up: A Role for Health Plans in Improving Health Equity in New York provides numerous examples of interventions insurers are already making in New York and other states, and additional opportunities for plans, policymakers, and regulators to improve health equity in New York and address disparities.

A Devastating Report on Teen Mental Health: Many Causes Require Many Responses is a commentary by UHF senior fellow Carol Levine, highlighting the nation's teen mental health crisis and examining potential responses.

The Ripple Effect of Firearms: How Families, Communities, and Society in the U.S. Are Affected by Firearms highlights the need for research, awareness, and investment from all levels of government to address the issue of gun violence.

Find detailed information on our programs, sign up for email alerts, or make a tax-deductible gift at uhfnyc.org. You can also follow us at:



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