



**2025**  
**ANNUAL**  
**REPORT**

Dalio Center for  
Health Justice at  
NewYork-Presbyterian

About the

# DALIO CENTER FOR HEALTH JUSTICE

at NewYork-Presbyterian

This year marks five years since the Dalio Center for Health Justice at NewYork-Presbyterian launched with a bold charge: to confront the root causes of health inequities and advance a future in which every patient has the opportunity to thrive.

In those five years, the Dalio Center has become a catalyst for change, working alongside teams across the enterprise to weave health equity concepts and practices into the fabric of how we deliver care, train clinicians, design programs, and partner with communities.

Grounded in the understanding that health outcomes are shaped not only by health care quality and access but also by social, behavioral, and environmental conditions, the Dalio Center invests in research, education, and community-driven initiatives that meet these broader needs.

Our work spans NewYork-Presbyterian and our affiliated medical schools, Columbia University Vagelos College of Physicians and Surgeons and Weill Cornell Medicine, creating shared frameworks and capacity to identify, measure, and address inequities across the system. Together with the Community Mission and Health Justice Committee of NewYork-Presbyterian Hospital's Board of Trustees, community organizations, and partners across NewYork-Presbyterian, we are shaping a more just, equitable future of health – one built on partnership, evidence, and a deep commitment to the communities we serve.

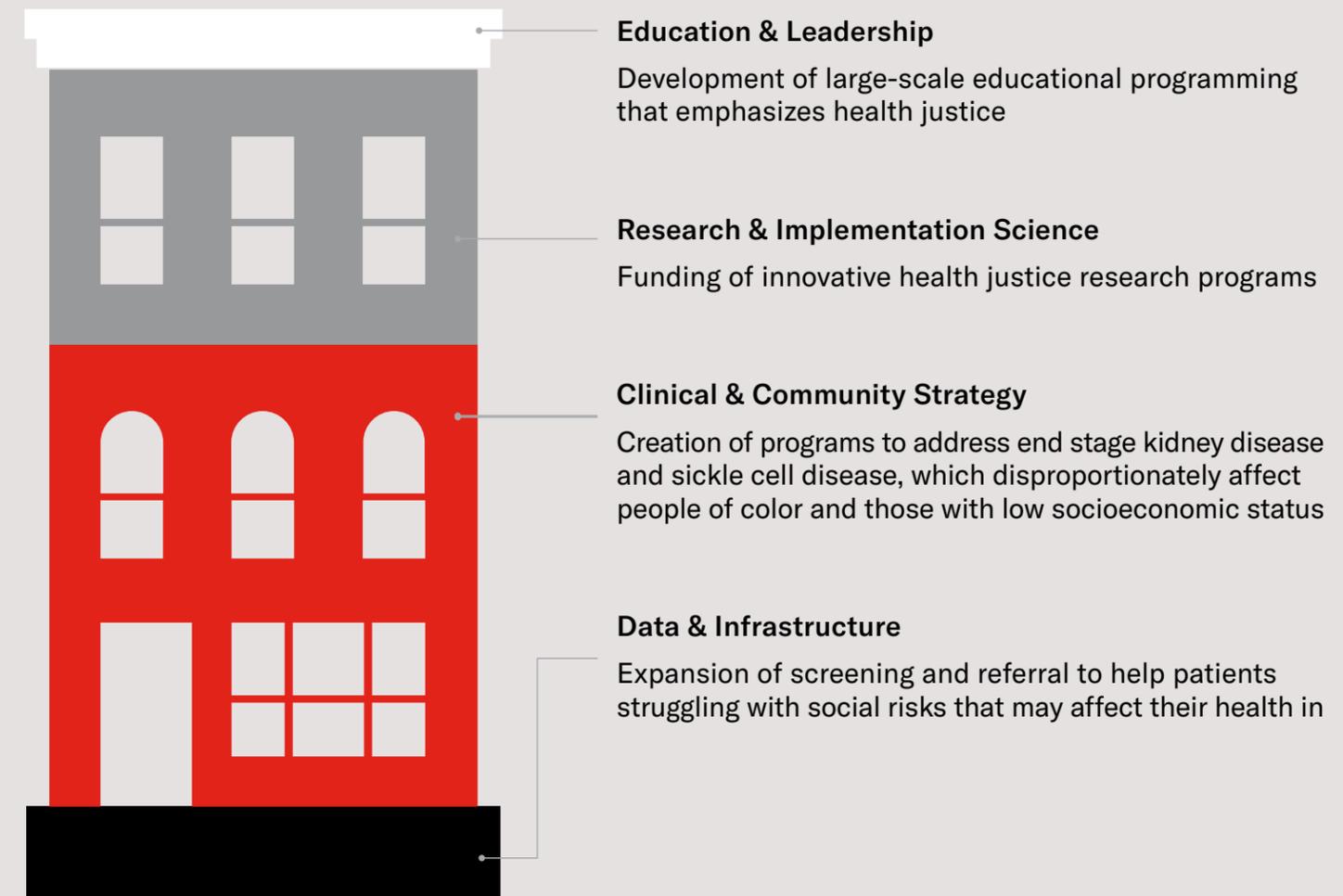
## Contents

- 1 Our Framework
- 2 Governance & Staff
- 4 By the Numbers
- 6 Data & Infrastructure
- 12 Clinical & Community Strategy
- 26 Research & Implementation
- 40 Education & Leadership

About the

# 2025 ANNUAL REPORT

Organized around four strategic areas—Data & Infrastructure, Clinical & Community Strategy, Research & Implementation Science, and Education & Leadership—the Dalio Center's work is depicted in our brownstone framework. This report offers an overview of key accomplishments from 2025 across each of these areas, highlighting the progress we are making toward a more equitable health system.



# GOVERNANCE & STAFF

The Dalio Center for Health Justice is overseen by the Community Mission and Health Justice Committee of NewYork-Presbyterian's Board of Trustees and works closely with NewYork-Presbyterian's affiliated medical schools: Columbia University Vagelos College of Physicians and Surgeons and Weill Cornell Medicine.

The Dalio Center team works closely with key hospital leaders across the system, such as the Division of Community and Population Health, Government and Community Affairs, Department of Quality and Patient Safety, clinical service lines, Information Technology, Talent Acquisition and Development, and Data Analytics.



**Alia Koch, DDS, MD**  
Director, NYP LEAD Academy



**Lauren De La Cruz, MBA**  
Program Manager, LEAD Academy



**Latoya Benjamin, PhD, MS**  
Coordinator, Dalio Center for Health Justice



**Julia Iyasere, MD, MBA**  
Senior Vice President, Health Justice and Equity at NewYork-Presbyterian; Executive Director, Dalio Center for Health Justice



**Amelia Shapiro, MBA**  
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Manager of Clinical and Community Strategy



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**Molly Lawson, MAS, RN**  
Sickle Cell Program Manager,  
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**Jacqueline Tran, MSPH**  
Project Manager,  
Dalio Center for Health Justice



**Alana Eiland, MPH**  
Project Manager,  
Dalio Center for Health Justice



**Brandon Christophe, MHA**  
Senior Data Analyst,  
NewYork-Presbyterian Analytics



**Serena Brown**  
Sickle Cell Transition Coordinator

# 2025 BY THE NUMBERS

## Data & Infrastructure

**330k+**

social screens

**2.7k+**

direct electronic referrals made to CBO partners

## Clinical & Community Strategy

**5M+**

in grant funding for Sickle Cell Disease proposals

**360**

patients enrolled in Comprehensive Advanced Renal Education



**69k+**

total referrals issued to community-based organizations (CBOs)

**70+**

inpatient quality & patient experience measures disaggregated



**\$1.8M**

awarded for Patient-centered Action Network for Data-driven Advancement (PANDA) projects

## Research & Implementation Science



**\$1.85M**

health justice grant funding since inception

**20**

health justice grants awarded since inception

## Education & Leadership



**200+**

attendees to our five year anniversary celebration

**44k+**

team members trained in health equity concepts

# DATA & INFRASTRUCTURE

Developing health equity measurement strategies to support the identification of disparities, target new initiatives, and measure impact



# SOCIAL DETERMINANTS OF HEALTH (SDoH)

**26K+**

SDoH screens monthly

In 2025, NewYork-Presbyterian continued to strengthen its approach to identifying and addressing patients' social needs. We advanced SDoH screening across the system, deepened connections with community-based organizations, improved our Community Resource Directory to streamline referrals, and partnered with New York State's Social Care Networks to enhance access to social services. We also launched a multi-year evaluation with our affiliated medical schools to better understand the impact of these efforts and inform future best practices.

## SDoH Screening

The Dalio Center continues to support Social Work and Care Coordination (SW/CC) teams in inpatient SDoH screening. In 2025, more than 80% of all inpatients were screened for social needs; among patients seen by SW/CC teams, screening rates exceeded 98%. Across all care settings, team members completed more than 330,000 SDoH screenings in 2025.

## Improving Our Community Resource Directory

When a social need is identified, team members use NewYork-Presbyterian's Community Resource Directory, which is embedded within our electronic medical record to:

- » Search for community resources and include them in the patient's take-home instructions.
- » Text or email resource contact information directly to the patient.
- » Document the review of recommended community resources.

In 2025, our IT team completed a significant upgrade to the directory. The enhanced system allows users to better visualize individual programs within each community organization and continues to support direct, electronic referrals. These improvements help care teams coordinate more effectively and ensure that plans to address social needs are clear and actionable.

## Community-Based Organization (CBO) Showcases

To strengthen connections between SW/CC teams and local community resources, we hosted a series of virtual CBO showcases. These campus-specific sessions brought together all SW/CC team members and three-to-five local CBOs per campus. During each session, CBOs presented their missions, the communities they support, and the services they provide. These showcases offered a valuable opportunity for team members to deepen their knowledge of community resources that can provide critical support to patients with identified social needs.

## Connecting with the New York State Social Care Networks

In 2024, the New York State Department of Health launched regional Social Care Networks to help Medicaid members access essential social services. These networks coordinate support such as housing, transportation, nutrition, and care management.

In 2025, the Social Care Networks began accepting referrals and actively navigating patients to services. The Dalio Center team developed and distributed patient education materials about Social Care Networks across teams and embedded key contact information within the electronic medical record to streamline referrals. We also partnered closely with Public Health Solutions, the Social Care Network serving Manhattan, Brooklyn, and Queens, to pilot electronic referrals for patients with identified social needs. This work continues as we strengthen pathways that connect patients with vital community services.

## Evaluation

The Dalio Center is partnering with the RAND Corporation and faculty from Columbia University Irving Medical Center and Weill Cornell Medicine to formally evaluate our SDoH Screening and Referral Programs. Focusing on the Emergency Department screening process, the evaluation will examine the effectiveness of referrals to community organizations addressing social needs.

The study will compare two models:

- 1 A structured referral system with contracted community partners who actively navigate patients to resources.
- 2 A model that provides referrals without formal community contracts.

Researchers will survey patients over time to assess the impact of referrals on health and quality of life. Expected to conclude in 2027, this study will guide NewYork-Presbyterian's development of best practices for connecting patients to social services and highlight the essential role of social supports in improving health outcomes.

# MEASURING HEALTH EQUITY

## 2025 Quality and Patient Safety Goals

Each year, NewYork-Presbyterian selects a set of Quality and Patient Safety (QPS) Goals for the enterprise. In 2025, these goals include measures such as mortality, hospital-acquired pressure injuries (HAPIs), and catheter-associated urinary tract infections (CAUTIs), among others.

This year, NewYork-Presbyterian formally incorporated health equity analysis into every patient-level Quality and Patient Safety Goal. As part of this structured review, each goal was assessed through a standardized process that began with data disaggregation by race/ethnicity, language, and payor. When differences between groups were identified, we collaborated with quality and clinical leaders to explore potential root causes and conducted further analyses, including associative modeling that controlled for age, illness severity, and comorbidities. The results of these analyses were shared with leaders across the enterprise to promote transparency and inform improvement efforts.

When disparities were identified, the Dalio Center partnered with QPS and clinical teams to implement targeted, data-driven interventions. This work has led to the implementation of several initiatives, including a nursing-led training to improve recognition of Stage 1 HAPIs in patients with a range of skin tones and the launch of the Maternal Health Patient-centered Action Network for Data-driven Advancement (PANDA), described in the Clinical Programs section of this report.

The Dalio Center will continue this work in 2026 advancing excellence in quality and patient safety for patients of all backgrounds.

# 70+

inpatient quality & patient experience measures disaggregated

# 30+

system-wide dashboards

# HEALTH EQUITY REPORT

In 2025, NewYork-Presbyterian continued to strengthen its approach to identifying and addressing patients' social needs. We advanced SDoH screening across the system, deepened connections with community-based organizations, improved our Community Resource Directory to streamline referrals, and partnered with New York State's Social Care Networks to enhance access to social services. We also launched a multi-year evaluation with our affiliated medical schools to better understand the impact of these efforts and inform future best practices.

The 2025 NewYork-Presbyterian Health Equity Report assessed the demographic profile of our inpatient discharges, emergency department visits, and outpatient visits and highlighted new health equity initiatives in maternal health, pediatrics, and social determinants of health.



# EMBEDDING HEALTH EQUITY INTO ROOT CAUSE ANALYSES

The Dalio Center partnered with the Quality and Patient Safety (QPS) team to embed health equity considerations into the hospital's process for Root Cause Analyses (RCAs) of serious adverse events. RCAs are an essential patient-safety process used to identify underlying contributors to adverse events, such as communication or process failures. Because factors related to a patient's identity—such as race, ethnicity, language preference, gender identity, housing status, disability, and mental health status—can shape their experience and outcomes, we sought to ensure that these considerations were discussed consistently during reviews.

To inform this work, we analyzed KEEPSAFE (NewYork-Presbyterian's event reporting system) data and past RCA findings, reviewed the literature, consulted peer institutions, and observed RCA meetings across campuses. Drawing on this analysis, we developed a four-part intervention to integrate equity into RCAs:

- 1 Establish core principles for addressing bias and inequity during RCAs.
- 2 Implement standardized, multilevel training for staff involved in event reviews, including quality officers, nurse managers, departmental leaders, and patient services staff.
- 3 Incorporate equity into RCA reviews and documentation using new standardized templates and discussion prompts.
- 4 Provide ongoing support from the Dalio Center to assist leaders and facilitators in identifying and addressing equity-related root causes.

Early feedback from QPS teams has been highly positive, and ongoing data collection and monitoring will help identify emerging patterns and inform future interventions.

Alana Eiland presenting RCA work at the New York Academy of Medicine's Quality in Care Symposium



# CLINICAL & COMMUNITY STRATEGY

Developing and expanding several institutional projects designed to identify and address disparities



## SICKLE CELL DISEASE INVESTMENTS

**\$5M**  
commitment

Sickle Cell Disease (SCD), which affects roughly 100,000 people in the United States, causes red blood cells to form a sickle shape, leading to painful vasoocclusive crises and complications such as stroke, infection, and organ damage. Despite recent medical advances, the median lifespan for individuals with SCD remains just 54 years — far below that of the general population.

In 2025, the Dalio Center conducted a comprehensive assessment of SCD services across NewYorkPresbyterian, engaging multidisciplinary teams at every campus to understand strengths, needs, and gaps in care. This work informed a five-year, \$5 million plan to enhance SCD services, with investments in social workers, nurse practitioners, and patient coordinators to improve access and continuity of care. The plan also includes funding for projects exploring integrative therapies to support pain management and overall wellbeing.

Our commitment to patient experience continued in 2025 with the second annual Sickle Cell Patient Experience Event, held at the National Basketball Players Association headquarters. More than 100 patients, families, and providers joined the celebration, featuring special guests, including NBA legend John Starks and Brooklyn native Taj Gibson.



Taj Gibson, NBA player, dribbling with a patient during the Sickle Cell Patient Experience Day at the NBPA

# \$140k

grant funding

# 8

projects

## CLINICAL HEALTH IMPROVEMENT PROJECTS (CHIPs)

Launched in 2024, the CHIPs program was created to elevate and support the ideas of local clinical and operations teams across NewYork-Presbyterian. Recognizing that staff closest to patients and communities often have the most powerful insights into where inequities arise and how to solve them, the Dalio Center designed CHIPs as a mechanism to support locally-driven health equity solutions. With awards of up to \$20,000, the program enables local teams to test innovative approaches and drive measurable improvements in care.

After a successful inaugural year, the Dalio Center launched the second CHIPs cycle in June 2025, awarding eight proposals totaling nearly \$140,000. Projects began in late 2025 and span a diverse range of equity priorities:

- » **Enhancing Heart Failure Self-Management:** The NewYork-Presbyterian Brooklyn Methodist Hospital heart failure team aims to improve outcomes and reduce readmissions by equipping patients with selfmonitoring tools and ensuring timely follow-up.
- » **Heart Transplant Patient Education Video:** The Transplant Service Line is developing multilingual educational videos to better support patients awaiting heart transplant.
- » **Sensory-friendly Emergency Department:** The NewYork-Presbyterian Lower Manhattan Hospital team is building a sensory-friendly pediatric emergency department by training staff to assess and support patients with autism and sensory processing differences.
- » **Communication Cards:** Adapting a successful model from NYP Lower Manhattan, the NewYork-Presbyterian Queens emergency department is introducing illustrated communication cards to strengthen communication with Chinesespeaking patients.
- » **Nutritional Health Disparities for Patients with Gastric Cancer:** The NYP Queens oncology team is addressing nutritional inequities through community events, support groups, and culturally relevant educational materials.

- » **2026 Maternal Health Equity Symposium:** The Women's Health Service Line will be hosting their 2nd annual Maternal Health Equity Symposium, accessible to all campuses across NYP.
- » **Therapy for Patients with Substance Use Disorders:** The NYP TRANSiT (Therapeutic Resources and Assistance in Navigation to Services while in Transition) clinical team is establishing a structured group therapy program to address gaps in mental health resources for individuals affected by substance use disorder.
- » **Primary Care Training Redesign:** Teams at the Farrell Health Center and NewYork-Presbyterian Allen Hospital are launching a longitudinal training program to strengthen primary care providers' advocacy, community engagement, and leadership skills in service of health justice.

Rebeca Hoey, BSN, RN  
Elizabeth Robinson, NP  
Bryan Smith, MD  
Savannah Pohl, MSW



# \$1.8M

funding

# PATIENT-CENTERED ACTION NETWORK FOR DATA-DRIVEN ADVANCEMENT (PANDA)

Building on the success of the CHIPs initiative, the Dalio Center developed the PANDA as the next evolution of locally driven, equity-focused innovation. Like CHIPs, PANDA is designed to elevate solutions generated by the teams closest to patient care, but with expanded scope, deeper alignment, and enhanced support.

PANDA brings together diverse project teams from across disciplines and campuses to work toward a single, shared outcome measure. At its core, PANDA is a learning network: teams learn from one another, access guidance from the core PANDA leadership team, and benefit from shared tools, resources, and best practices. The goal is to cultivate a community of likeminded teams across NewYork-Presbyterian collectively advancing health equity through datadriven projects.

In 2025, the Dalio Center launched two networks under this model: the **Maternal Health PANDA** and the **Pediatric PANDA**.

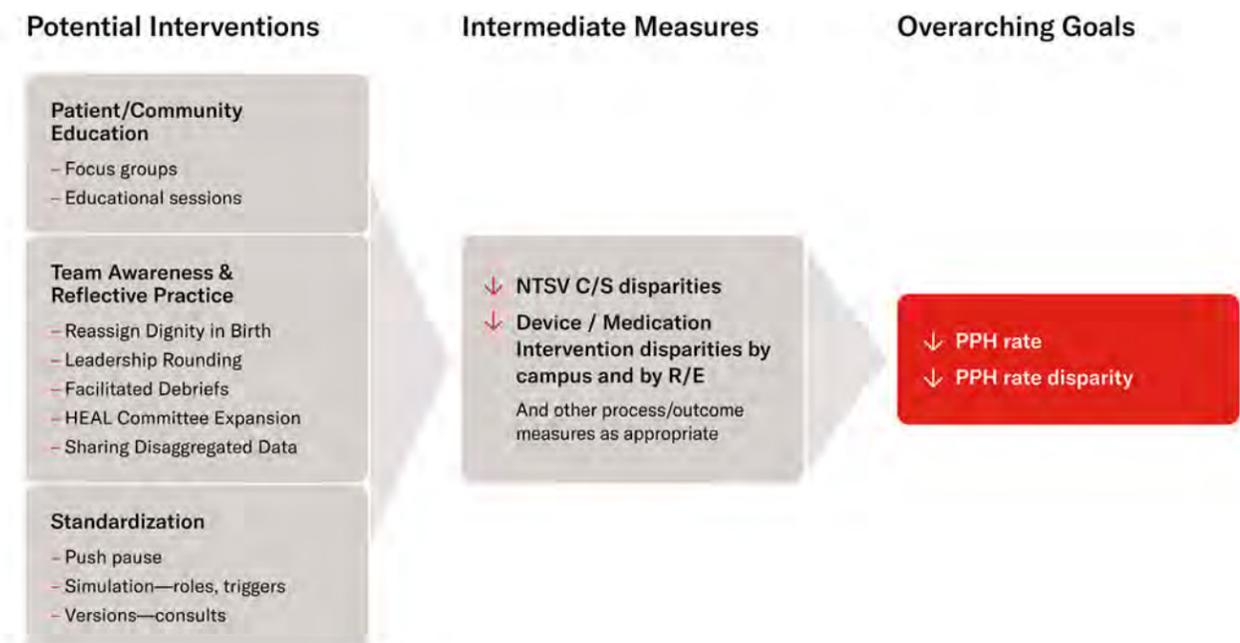
## Maternal Health PANDA

The Dalio Center, in partnership with the Women’s Health Service Line, the Departments of Obstetrics and Gynecology at Weill Cornell Medicine and Columbia University Vagelos College of Physician and Surgeons, and NewYork-Presbyterian’s Department of Quality and Patient Safety launched the Maternal Health PANDA to bring together interventions to reduce disparities in postpartum hemorrhage (PPH). The program awarded \$600k in funding over a one-year funding cycle.

The 11 selected projects for the inaugural Maternal Health PANDA include:

- » **AMPLIFY Community Engagement and Provider Education:** The NYP/ Weill Cornell team is empowering community members and clinicians with education and tools for patientinformed care.
- » **CenteringPregnancy Group Prenatal Care:** NYP Brooklyn Methodist is implementing group prenatal care and peersupport models to strengthen engagement for birthing patients.
- » **Cultural Simulation Series:** Through evidencebased simulations, the NYP Brooklyn Methodist team is standardizing PPH response and enhancing cultural responsiveness in clinical care.
- » **Electronic Fetal Monitoring (EFM) Observer:** NYP/Weill Cornell is piloting a dedicated Electronic Fetal Monitoring (EFM) Observer using PeriGen technology to reduce provider bias and advance proactive maternal safety.
- » **Implicit Bias Training:** The NYP Lower Manhattan team is embedding equity principles into clinical protocols through a series of Courage to Care workshops.

## Maternal Health PANDA Framework



- » **Intrapartum Doulas:** NYP Morgan Stanley is expanding access to intrapartum doulas by supporting trainees toward Medicaid certification, with the goal of reducing complications during childbirth.
- » **Prenatal Iron Screening:** NYP Ambulatory teams are conducting focus groups to better understand patient perceptions of prenatal iron screening and address iron deficiency-related contributors to PPH.
- » **Rapid Response for PPH:** NYP Allen Hospital is standardizing emergency preparedness by deploying fully stocked PPH Rapid Response carts to support timely, coordinated care.
- » **TeamSTEPPS for Maternal Safety:** At NYP Hudson Valley, staff are receiving evidence-based communication and teamwork training to strengthen maternal safety.
- » **Simulation Lab Expansion:** NYP Queens is launching a new simulation series with the MamaAnne manikin to enhance clinical education and reduce disparities.
- » **Spinning Babies Workshops:** Across all NYP campuses, teams are integrating physiologic fetal positioning techniques to increase vaginal birth rates, improving outcomes and reducing PPH disparities.



## Pediatric PANDA

The Dalio Center, in partnership with the Children's Hospital of New York at NewYork-Presbyterian, the Pediatrics Service Line, the Departments of Pediatrics at Weill Cornell Medicine and Columbia University Vagelos College of Physician and Surgeons, and NewYork-Presbyterian's Department of Quality and Patient Safety launched the Pediatric PANDA to focus on the shared goal of 'Healthy Kids at Home'. The program awarded over \$1.2M in funding over a two-year funding cycle.

The 8 selected projects for the inaugural Pediatric PANDA include:

- » **Autism Medical Home:** NYP Westchester Behavioral Health and NYP Queens are developing an Autism Medical Home program in the Theresa Lang primary care clinic to improve care for children with autism.
- » **BOCA SANA (Bridging Oral health and Community Advocacy to Support Access and Navigation Assistance):** The Columbia University College of Dental Medicine will expand support services at the pediatric community dental clinic to address the inequitable burden of untreated dental disease among low-income children in Northern Manhattan.
- » **Care Pathways for Children at Risk of Agitation:** NYP Morgan Stanley is developing and implementing a standardized inpatient agitation pathway to reduce agitation-related adverse events.
- » **Home Ventilation Program for Continued Caregiver Education and Support:** NYP Morgan Stanley is creating a program to educate and support caregivers of children with tracheostomy throughout the procedure and during the follow-up period.
- » **Pediatric Asthma Linkage to Care Program:** NYP Morgan Stanley is implementing universal screening for all pediatric patients in the ED to connect high-utilizing patients with severe asthma to pediatric specialists and community-based organizations.
- » **PICU Telehealth Follow-Up Clinics:** NYP Komansky will expand access to the PICU Follow-Up Clinic by integrating a child life specialist who will identify eligible patients during rounds, educate families, and schedule appointments. Additionally, NYP Morgan Stanley will expand services for post-PICU patients, addressing the complex medical, psychological, and social needs of children after receiving critical care treatment.
- » **Transforming Outcomes Through Social Drivers of Health-Responsive Care:** NYP Komansky will implement a food insecurity intervention, including home food delivery, for recently hospitalized children who receive followup care in the pediatric clinic.
- » **Vaccine Education:** Clinical leads at NYP/Columbia and NYP/Weill Cornell are developing an enterprise-wide initiative to address vaccine hesitancy, including the development of patient-centered educational materials designed to support families in making fully informed decisions.

# 360

patients enrolled  
in 2025

## KIDNEY DISEASE EDUCATION AND ENGAGEMENT

To address disparities in kidney disease, the Dalio Center partnered with the Rogosin Institute in 2022 to launch an education program at NYP/Columbia University Irving Medical Center and NYP Allen Hospital. With support from the Dalio Center, Columbia University continued the program in 2025, engaging family and caregivers, expanding preemptive transplant counseling, and supporting patients pursuing home dialysis.

The program continues to achieve remarkable success, exceeding national and local averages in pre-emptive transplant rates, home dialysis rates, peripheral vascular access placement, and initiation of dialysis without inpatient admission.

### Key Accomplishments in 2025

- » **360** patients enrolled (January–November 2025).
- » **6%** received a preemptive kidney transplant (national average: 2.8%).
- » **10.5%** initiated home dialysis (New York City average: 3.7%).
- » **30%** began dialysis with preferred access (AVG/AVF) (national average: 17%).
- » Honored as a top finalist for the 2024 Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity.

## CARDIOVASCULAR HEALTH

Cardiovascular health is a key focus for the Dalio Center, with 2025 efforts centered on cardiac sarcoidosis, heart failure, and hypertension. These efforts complement cardiovascular projects described elsewhere in the report, such as the CHIPs funded heart failure self-management and heart transplant education initiatives, as well as cardiac amyloidosis research supported through the Health Justice Research grants.

### Cardiac Sarcoidosis

Cardiac sarcoidosis is an inflammatory disease in which granulomas form in the heart, disrupting electrical and mechanical function and increasing the risk of arrhythmia and heart failure. Black and African American patients are 2.5 times more likely to develop sarcoidosis and often experience more severe disease and poorer outcomes.

In 2025, an enterprise-wide workgroup of cardiologists and Dalio Center data analysts created a cardiac sarcoidosis registry within our Epic EMR, a standardized outpatient order set, and new patient education materials. Next steps include operationalizing the registry, building a performance dashboard, and advancing patient-facing educational content.

### Heart Failure

The Dalio Center is supporting the rollout of a new EMR-generated heart failure report that identifies patients across eight acute care hospitals who may benefit from a heart failure consultation. The initial phase focuses on using the report to establish baseline data and highlight priority areas for improvement, with the goal of ensuring that all eligible patients receive timely, appropriate care.

### Hypertension

Work on hypertension began in 2025 through a partnership with the Ambulatory Quality team. Together, we have been reviewing hypertension control quality measures across primary care sites and have identified several opportunities for improvement. In 2026, the teams will build on this foundation by focusing on improving hypertension management and control across our ambulatory practices, working to close identified equity gaps and strengthen long-term cardiovascular outcomes.

# 162

unique clients served  
(as of November 2025)

## THE CENTER FOR HOPE & RESILIENCY (TCHR)

To improve health outcomes in individuals released from incarceration, TCHR provides comprehensive health services, including primary care, mental health, social work, and obstetrics & gynecology care, along with coordinated referrals to subspecialty services such as dental, orthopedics, cardiology, urology, and rehabilitation medicine. The team also connects patients with community partners for employment, education, legal, and housing assistance.

TCHR employs community health workers with lived experience in the carceral-legal system to support outreach and patient navigation; two returning citizens have been hired into these roles. Since launching in January 2024, TCHR has served 162 unique clients across 452 visits and made 179 subspecialty referrals.

In addition to direct clinical care, TCHR is committed to training the next generation of clinical providers. This includes workshops led by Dr. Alwyn Cohall, professor of public health and pediatrics at Columbia University Vagelos College of Physicians and Surgeons and the Mailman School of Public Health, along with formerly incarcerated clients, to enhance medical students' understanding of mass incarceration, social determinants of health, and their impact on health outcomes in vulnerable communities.

Dr Alwyn Cohall speaking at the Dalio Center's Five Year Anniversary Celebration



## EMPOWER: POSTPARTUM HYPERTENSION MONITORING

In May 2024, the Dalio Center funded the launch of the NewYork-Presbyterian Empower program to improve postpartum health outcomes for at-risk individuals, led by Dr. Heather Lipkind, the director of Maternal-Fetal Medicine at Weill Cornell Medicine and a gynecologist-obstetrician at NewYork-Presbyterian/Weill Cornell.

In collaboration with the Department of Obstetrics and Gynecology at Weill Cornell, the NewYork-Presbyterian inpatient obstetrics team and the NewYork-Presbyterian Ambulatory Care Network pharmacy team, this initiative provides high risk patients with blood pressure cuffs and education after delivery and clinical pharmacists follow-up remotely with patients to titrate medications.

Preliminary data demonstrate a decrease in emergency department presentations for hypertensive disorders and reduced hypertension-related readmissions among program participants.

### Key Accomplishments in 2025

- » 237 patients enrolled in 2025 YTD
- » 195 patients graduated (246 since program start)
- » Connected 45 patients to a primary care provider

# 81%

of participants engaged in care as of October 2025



Hanlin Li, PharmD, Amber Bradley, PharmD, Jim Thurston, PharmD



Jim was amazing! He provided me such great information and comfort at a very concerning time. Jim essentially helped me avoid going to the hospital by lowering my blood pressure and adjusting my meds.



My care at Weill Cornell was excellent, and the frequent communication and touchpoints motivated me to keep on top of my health. I felt like everyone I worked with within Weill Cornell really listened to me, cared about my health, and prioritized my wellbeing, which empowered me to manage my own health.



The Weill Cornell team has been excellent before and after my pregnancy. I appreciate the team's genuine care for me and my health during our regular check-ins.



Great team. I love the care and the conversation I was having with the team.



# RESEARCH & IMPLEMENTATION

Supporting clinical and health services research aligned with our mission and vision



# HEALTH JUSTICE RESEARCH GRANTS

In August 2021, the Dalio Center launched its annual Health Justice Research Grant program to support innovative research aimed at reducing health inequities and disparities. Since its inception, the program has funded 20 projects led by researchers at Columbia University Vagelos College of Physicians and Surgeons and Weill Cornell Medicine, driving new insights and solutions to advance equity in health care.

# \$1.85M

health justice grant funding since inception

Erika Abramson, MD, Sri Lekha Tummalapalli, MD, and Srilaxmi Beareilly MD



Research Closeouts

# 2023 HEALTH JUSTICE RESEARCH GRANTS

Four health equity grants were selected in the second cohort of grantees. As their project comes to an end, we are featuring their final progress and interviews here with each research team lead.



Srilaxmi Beareilly, MD, MHS  
CUIMC



Ronald Wapner, MD  
CUIMC



Andrew Laine, DSc  
CUIMC



Liat Shenhav, PhD  
New York University



Matt Hoffman, MD, MPH  
CUIMC

## Improving Maternal Health Equity Utilizing Retinal Imaging and Deep Learning

### Describe your research

Our project, “Improving Maternal Health Equity Utilizing Retinal Imaging and Deep Learning,” uses the eye to learn more about pregnancy. We aim to create a low-cost community screening tool to predict high blood pressure disorders and develop guidelines to identify these conditions before they occur. The eye offers easy access to blood vessels, and retinal imaging can detect changes during pregnancy before clinical diagnosis. This creates an opportunity to predict and potentially treat early.

### What made you interested in this research topic?

I have always been passionate about women’s health, and this project offered a unique opportunity to combine ophthalmology and obstetrics to improve outcomes. Pregnancy is a critical window into future health - it acts like a stress test, revealing risks for conditions such as diabetes, heart disease, and stroke. Early detection can make a profound difference, yet many complications remain preventable. Having worked at NYP and experienced exceptional care as a patient, I want to help make that level of care accessible everywhere, from New York to rural communities and low- and middle-income countries. This research is a step toward that goal.

### How has the Dalio Center facilitated and made your research possible?

The Dalio Center has been instrumental in helping this project grow. With their support, we have expanded recruitment to other hospitals, and now, thanks to the Gates Foundation, we are enrolling women at two sites in India. What makes this work exciting is applying changes we see in the eye to women’s health earlier in the reproductive journey. Creating something new and impactful has been incredibly rewarding, and it would not have been possible without the Dalio Center.

## Developing a Clinical Risk Prediction Tool to Reduce Disparities in Heat-Related Morbidity

### Describe your research

Our goal is to create a risk prediction tool for heat-related morbidity and mortality. Heat is increasingly becoming a problem for New Yorkers, so we want to give healthcare systems a way to identify who’s at risk, what that risk looks like, and how to act on it.

We’re analyzing past heat waves across New York City to see who is most vulnerable. Using that data, we aim to help clinicians estimate a patient’s likelihood of hospitalization during upcoming heat waves and guide targeted advisories and monitoring to keep people safe.

### What made you interested in this research topic?

I’ve worked in the space of extreme weather and climate disasters for years. I started in Australia during the 2009 wildfires, was in New York City as a physician during Hurricane Sandy, and later joined an NYP team that went to Puerto Rico after Hurricane Maria.

As shifting temperatures place increasing strain on cities and healthcare systems, clinicians play a crucial role in recognizing heat as a preventable health risk.

### What does health justice mean to you and why are you passionate about it?

As a physician and social scientist, I see justice through multiple lenses. In the context of climate change and environmental health, justice means addressing historical harm and ensuring equity for future generations. The worsening effects of greenhouse gas emissions will impact our children and grandchildren, so limiting those effects now is critical. Building these tools today will influence the policies of tomorrow and will allow us to seek justice for future generations.



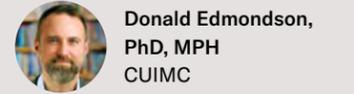
Arnab K Ghosh, MD,  
MSc, MA  
WCM



Cecilia Sorensen, MD  
CUIMC



Fei Wang, PhD  
WCM



Donald Edmondson,  
PhD, MPH  
CUIMC



Anaïs Rameau, MDCM, MPhil, MS, FACS  
WCM



Jerel Ezell, PhD, MPH  
University of California,  
Berkeley School of  
Public Health



Dustin Duncan, ScD  
CUIMC



Asa Radix, MD, PhD  
CUIMC



Mary Pitti, MS  
Ithaca College



Keith Chadwick, MD, MS  
Stony Brook Medicine



Rachel Coleman,  
MS-CCC/SLP  
WCM



Katerina Andreadis,  
PhD Candidate  
New York University



Sara Albert, BA  
WCM



David Bayne, PhD, CCC-SLP  
Ithaca College

## Novel Delivery of Gender-Affirming Voice and Communication Modification Training via a Mobile Application

### Describe your research

Our team has created a mobile application called “Attuned” that provides free, high-quality voice and communication modification training for transgender and gender diverse individuals. This work aims to make this type of training more accessible and to overcome barriers related to income, provider availability, and geographic limitations.

### What made you interested in this research topic?

We created Attuned because I know how closely voice is tied to identity. At the Sean Parker Institute for the Voice [Weill Cornell Medicine], we work with many gender-diverse individuals, and we’ve learned that voice training is not only essential for affirming identity but also for reducing discrimination.

Across the country, people lack access to voice-affirming care due to financial or geographic barriers, so our priority was to make an app that’s available to as many people as possible.

### What was your biggest challenge in this work?

One of our biggest challenges was making sure that we weren’t just making an app for transgender and gender-diverse people, but making it with them. We built a community advisory board to ensure that those voices were fully involved, rather than tokenized.

We met with many individuals and selected those who were truly motivated to collaborate as researchers. They’ve helped with data collection and are co-authors on our manuscripts. The advisory board has been essential to this project and truly one of its highlights.

## The Home-based Asthma Nurse Directed Youth Home Environment and Learning Program (HANDY HELP)

### Describe your research

HANDY HELP is a program where a home asthma specialist, who is a community health worker, visits the homes of our asthma patients. They provide tailored asthma self-management education, facilitate video visits with our clinical care teams, and conduct home environmental assessments and interventions.

Our goal is to improve asthma control for patients with poorly managed asthma while improving the conditions of their homes. This program supports not just the child but the entire family, recognizing how essential the family unit is to effective care.

### What made you interested in this topic?

Asthma is one of the most common chronic childhood diseases in New York City. As a pediatric pulmonologist for over 15 years, I’ve seen firsthand the challenges families face in creating a healthy home environment and coordinating care. This work lets us take a more holistic approach. Instead of seeing patients only in the office, we can step into their homes, understand their daily realities, and use those insights to better support families and improve asthma control.

### What are you most proud of?

We’re proud that this project has helped families overcome barriers like health literacy, language differences, and limited resources by improving home environments and connecting them to care. Most children with asthma come from lower socioeconomic and minority communities, and with support from the Dalio Center, we’ve been able to bring essential services directly to these families and coordinate care they might not otherwise access.



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Maria Gabriella Serrano  
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Research Closeouts

# 2023 HEALTH JUSTICE RESEARCH GRANTS

In 2024, the Dalio Center partnered with the EQUIP Center for Learning Health System Science to create the Learning Health System Health Justice Research and Training Award.

This award supports Weill Cornell Medicine and Columbia University Vagelos College of Physicians and Surgeons faculty conducting system-wide research on topics at the intersection of health equity and quality in health care. The EQUIP team provides guidance, foundational knowledge, and skill-building to advance awardees' careers as clinician-researchers. Two faculty from Weill Cornell Medicine and two faculty from Columbia University Vagelos College of Physicians and Surgeons were chosen from a competitive pool of applicants. Their projects and mid-point progress are described here

## Development and Evaluation of an Informatics-Based Approach to Reducing Disparities in Kidney Transplant Evaluation Completion in a Learning Health System

Most patients with end-stage kidney disease in the U.S. are never waitlisted for transplant, largely due to delayed or incomplete kidney transplant evaluations (KTEs). This project aims to improve KTE completion and optimize pre-transplant resources by developing a machine learning (ML) model to identify patients at high risk for a delayed or incomplete KTE, creating a point-of-care checklist and population-level dashboard to track KTE tasks and milestones, and implementing these tools for highrisk patients.

In Year 1, the team developed several ML models and continued to enhance performance through hyperparameter tuning, integrating clinical note data, and testing alternative algorithms. They also implemented KTE checklists as Epic SmartPhrases, which will inform the design of a real-time population-level dashboard. Pilot implementation of both tools is planned for Year 2.

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-  Harry Reyes Nieva,  
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CUIMC
-  Karthik Natarajan, PhD  
NYP
-  Sumit Mohan, MD,  
MPH, FASN  
CUIMC
-  Miko Yu, MPH  
CUIMC

## Emergency Department Discharge Redesign: A Patient-Centered Design Process, Prioritizing Inclusivity and Equity for Optimized Post-ED Care Transitions

Current emergency department (ED) discharge processes often lead to unplanned revisits and hospitalizations, particularly among non-English language preferring (NELP) patients who face barriers to health care access and health literacy. This project aims to improve safety and equity by redesigning the discharge process to better meet patients' needs.

Since the start of funding, they have completed 29 in-depth interviews with a diverse group of recently discharged patients and are using these insights to inform modifications to the current discharge process to make it more patient-centered. Next, they will present these proposed changes to frontline providers to collaboratively develop a pragmatic, operationally feasible discharge model for pilot implementation and evaluation.

## INtegration of oncology patient-reported Social and financial needs In a learningG Health SysTem (INSIGHT)

This project aims to improve technology-based screening for health-related social needs (HRSNs) among cancer patients and connect them to appropriate interventions. Over the first year of the grant, the team expanded a PowerBI dashboard that now integrates data from the NYP warehouse via Clarity, including oncology clinic visits, social and financial screening responses, demographics, treatments, admissions, and diagnoses. This will serve as a robust database to support future project aims.

Key accomplishments include developing a dashboard in collaboration with the Epic, informatics, and biostatistics teams; submitting secondary analyses to the American Society of Clinical Oncology (ASCO) Quality Care Symposium; and giving multiple presentations to scientific, advocacy, and community audiences. Through these dissemination efforts and community-engaged discussions, the team has refined its qualitative aim to capture multiple perspectives from patients, providers, and administrators.

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-  Melissa Beauchemin, PhD  
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-  Claire Sathe, MD, JD  
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-  Dave DeStephano, MPH  
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-  Rhea Khurana, BS  
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-  Nat Benda, PhD  
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-  Justine Kahn, MD, MPH  
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-  Melissa Accordini, MD, MS  
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-  Dawn Hershman, MD, MS  
CUIMC
-  Shoshana Rosenberg, ScD  
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Cynthia X Pan, MD (PI)  
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Evgenia Litrivis, MD  
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Kerriane P. Page, MD  
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## Goals of Care Communication for Primary Care (GOComm-PC): Empowering Seriously Ill Patients by Teaching Culturally Responsive Communications Skills

In the U.S., hospice care remains underutilized among racial and ethnic minority groups and individuals with limited English proficiency. The GOComm-PC initiative aims to reduce these disparities by engaging communities to develop patient-centered training programs.

Since late 2024, the team has built essential infrastructure, including staff recruitment, data systems, and IRB exemption across campuses. Guided by input from community-engaged research experts and a Community Advisory Council, the team developed the GOComm-PC curriculum, integrating health disparities content and culturally diverse simulations for primary care providers. They also advanced structured clinical examinations, case development, actor recruitment, and stakeholder engagement for clinician training. Training workshops will begin in early 2026 and will be informed by ongoing community feedback.

## Achieving Equity in Stroke Rehabilitation Through Use of a Decision Support Tool

Stroke remains a leading cause of mortality and long-term disability. Post-acute care is a critical component of recovery, with Inpatient Rehabilitation Facilities (IRFs) offering intensive therapy that can significantly improve independence and reduce disability. Yet, IRFs are inconsistently utilized, with substantial variation in practice and disparities in access. The project aims to address this challenge by developing a reliable decision-support tool to guide clinicians in selecting the most appropriate level of post-stroke rehabilitation care. By standardizing recommendations, the tool has the potential to reduce inequities tied to sociodemographic factors.

The team has already produced an initial draft of the tool and engaged a network of over 450 stakeholders to provide feedback. Insights gained from this survey will be used to refine the tool before moving forward with field testing across NYP hospitals.



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CUIMC



Robin Hedeman, OTR/L



Steven Levine, MD  
SUNY Downstate



Zainab Magdon-Ismail, DrPh  
HealthTap



Barry Rodstein, MD, MPH



Alyse Sicklick, MD



Brian Silver, MD



Akinpelumi "Akin" Beckley,  
MD, MBA



Leroy Lindsay, MD



Nasim Chowdhury, MD



Ken Yeung, PhD

New Awardees

# 2024 HEALTH JUSTICE RESEARCH GRANTS



Heidi Hartman, MD, MS  
CUIMC



Pierre Elias, MD  
CUIMC



Mathew S. Maurer, MD  
CUIMC



Weston Hughes, PhD  
CUIMC



Francisco Roedan Oliver, MD  
CUIMC



Fiona Gispen, MD, MS  
WCM



Shashi Kapadia, MD, MS  
WCM



Kristen Marks, MD, MS  
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Harjot Singh, MD  
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Stephanie Rutledge, MD  
WCM

## Artificial Intelligence to Improve the Detection of Transthyretin Cardiac Amyloidosis

Heart failure (HF) affects nearly 7 million people in the U.S. and is a leading cause of illness and death. Significant disparities in diagnosis and treatment by race, ethnicity, sex, age, and socioeconomic status contribute to worse outcomes for minority groups. Transthyretin amyloid cardiomyopathy (ATTR-CM) is recognized as a key cause of HF, particularly among Hispanic and non-Hispanic Black populations, where it carries a poorer prognosis. New therapies that stabilize or silence the transthyretin (TTR) gene can slow disease progression, but are most effective when started early, highlighting the need for better screening.

This study will evaluate a deep learning model that uses electrocardiograms, echocardiograms, and clinical data to improve early detection of ATTR-CM and make screening more accurate and equitable across diverse populations.

## C's the Day: Evaluating an Inpatient to Outpatient Hepatitis C Treatment Team

C's the Day seeks to increase access to curative hepatitis C (HCV) treatment for hospitalized patients at NYP/Weill Cornell and NYP Lower Manhattan Hospital. The inpatient HCV treatment team educates patients, prescribes direct-acting antivirals, and facilitates bedside medication delivery before discharge, with streamlined outpatient follow-up to support adherence. The program specifically targets individuals facing barriers such as drug use or unstable housing. In addition to implementing this care model, they will rigorously evaluate the project by measuring treatment initiation, adherence, and cure rates, and by identifying implementation barriers and facilitators. This review will inform broader efforts to improve HCV care delivery in vulnerable populations.

## Found in Translation: Comparing Human to Machine Translation for Safer Emergency Department Discharge Instructions

Children from families with non-English language preference and limited English proficiency are at higher risk for medication errors and adverse events after ED visits, in part because personalized written discharge instructions are not consistently provided in their preferred language. This project is evaluating the accuracy and safety of AI models in translating personalized, free text discharge instructions to explore how they might complement professional human translation to improve care. By analyzing over 600 real pediatric ED encounters, the team is directly comparing clinically significant translation errors, adequacy, and meaning across human and machine translations. The results will inform whether AI can be reliably implemented in real-time to improve equity, safety, and quality of care for patients and families.

## Assessing and Addressing the Impact of Energy Insecurity on Childhood Asthma

Energy insecurity, defined as the inability to adequately meet household energy needs, is a growing social need linked to respiratory conditions such as asthma. Both energy insecurity and childhood asthma have disparities; however, little is known about their intersection. The team is examining how energy insecurity affects children with asthma in New York City who are at substantial risk for asthma morbidity. Using data from NYP's social needs screening program, longitudinal assessments, and home visits, the study aims to determine whether severe energy insecurity and indoor energy-related coping strategies are associated with high asthma morbidity. Findings will inform strategies to raise awareness and improve access to existing programs that address energy insecurity for patients and families.



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Micah Jordan, MPhil  
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## Old SCHOOL Hip Hop 1-Day Program Implementation

Alzheimer’s disease (AD) is a very common disease in aging populations, disproportionately affecting communities at highest risk of experiencing health inequities. Diagnostic and care delays are unfortunately common and are strongly driven by low AD health literacy. AD care has been transformed by newly available diagnostic tools and disease-modifying therapies. With new treatments, timely AD diagnosis has become even more important.

Old SCHOOL Hip Hop (OSHH) is a fun, educational, school-based multimedia program which teaches fourth to sixth grade children in New York City about AD through Hip Hop music, using “child mediated health communication.” The approach fosters intergenerational family communication that promotes dementia literacy and healthy aging attitudes and ultimately care-seeking behavior. Previously, a large, randomized trial of OSHH in NYC showed significant improvements in knowledge in children and their parents. The next phase of OSHH aims to shorten the program and expand to more communities in need.

## Impact of Five Social Determinants of Health Domains on Accelerated Aging among Diverse Communities: Community Engagement and Co-Design of SDoH Mitigating Intervention

Dr. Taylor’s team will use SDoH data from NYP’s electronic health records to identify which social factors most affect patient health and to collaboratively design a community-based intervention that reduces health disparities and supports healthy aging. This project will establish an EHR-based patient cohort to evaluate links between SDoH, age-related diseases, and biomarkers of biological aging, while also conducting qualitative interviews with patients and community stakeholders to identify feasible, culturally-grounded solutions. In collaboration with community organizations, the project emphasizes co-design and community engagement to ensure long-term sustainability and relevance. The anticipated impact includes generating preliminary data to support future intervention trials and establishing scalable methods for integrating biological aging measures into health equity research.

## Factors Associated with and Patient Perceived Reasons for Delays in Receipt of Neoadjuvant Chemotherapy in Patients with Urothelial Carcinoma

This project aims to investigate the causes, predictors, and consequences of delays in initiating neoadjuvant chemotherapy for patients with muscle-invasive bladder cancer. Using a three-pronged approach, the study will combine retrospective chart reviews at CUIMC, population-level analyses of the National Cancer Database, and direct input from patients through surveys and interviews. The research will assess the incidence and reasons for treatment delays, identify disparities related to age, race, ethnicity, and insurance status, and capture patient perspectives on barriers such as transportation, caregiving responsibilities, and logistical challenges. Together, these methods will provide a comprehensive understanding of the multifactorial causes of delayed care in bladder cancer.



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# JOINT COMMISSION EXCELLENT HEALTH OUTCOMES FOR ALL CERTIFICATION

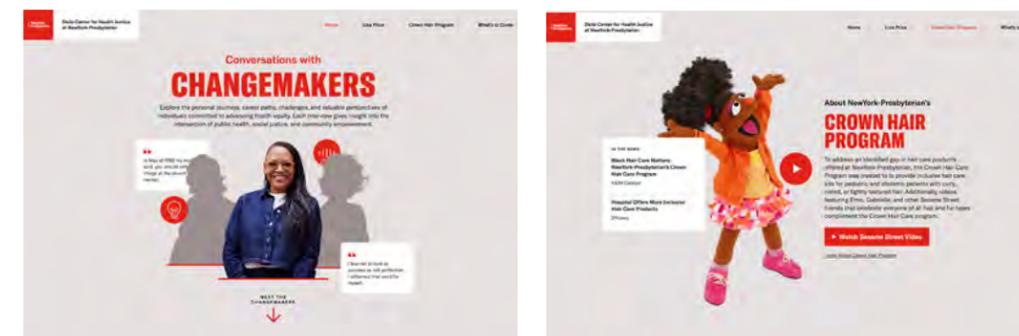
In January 2024, NewYork-Presbyterian became one of the first hospitals in the nation to earn a Health Care Equity Certification by The Joint Commission, recognizing its systemwide commitment to equitable care. The assessment included a comprehensive review of more than 40 standards spanning patient experience, quality and safety, staff training, and community partnerships.

In 2025, the hospital applied to renew the certification, now renamed the Excellent Health Outcomes for All Certification. The Dalio Center played a central role in preparing teams across the system by developing educational materials and leading educational sessions on over 60 hospital units. In collaboration with departments across NYP, the Dalio Center also created 13 onepage health equity resources, now distributed across all campuses and available on the Dalio Center's Infonet site.

Beyond the Joint Commission preparation, the Dalio Center has partnered with the NYP Learning team to expand health equity education opportunities more broadly. Foundational concepts, such as discrimination and bias, the social determinants of health, and other core equity principles, are now embedded in the hospital's mandatory annual training for all NYP team members.

# CONVERSATIONS WITH CHANGEMAKERS

Conversations with Changemakers is an interview series highlighting the journeys, insights, and perspectives of individuals advancing health equity. The inaugural episode features Lisa Price, Founder & President of Carol's Daughter, who reflects on her path as an entrepreneur and her commitment to improving Black maternal health through Love Delivered. The Dalio Center's relationship with Carol's Daughter began in 2022 following a generous donation that supported the Crown Hair Program for pediatric and obstetric inpatients across NYP. The series, along with related project highlights, is available on the Dalio Center website.

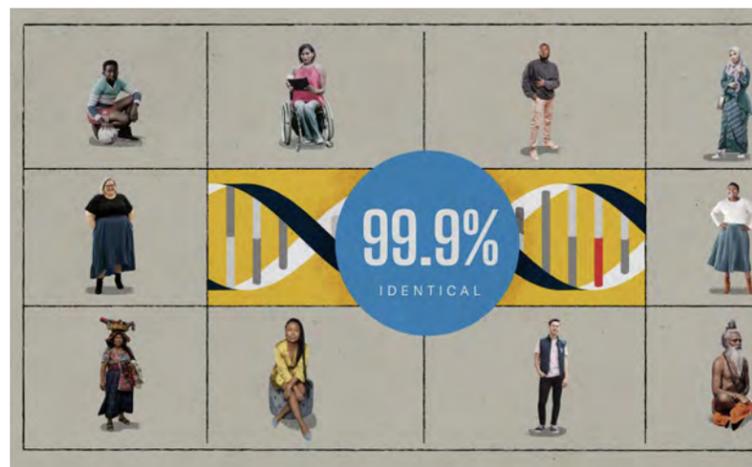
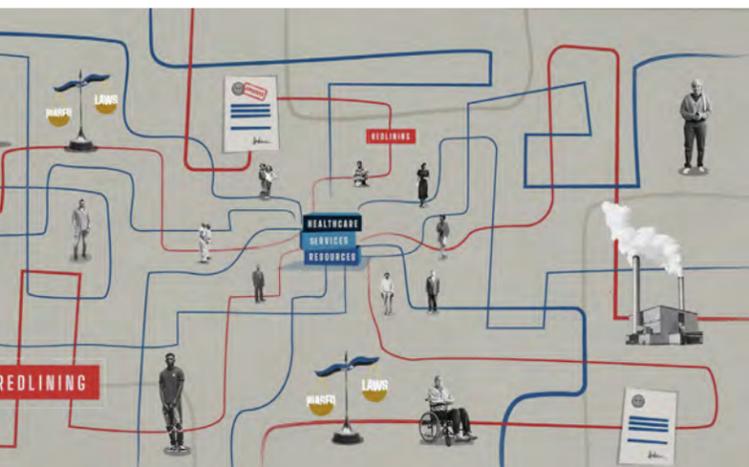
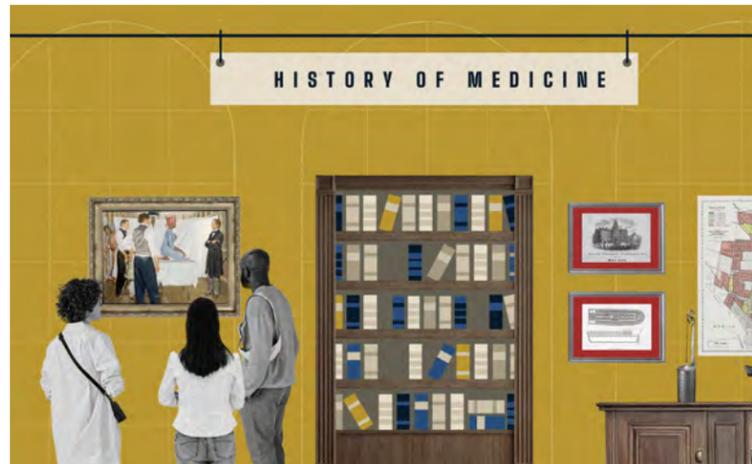
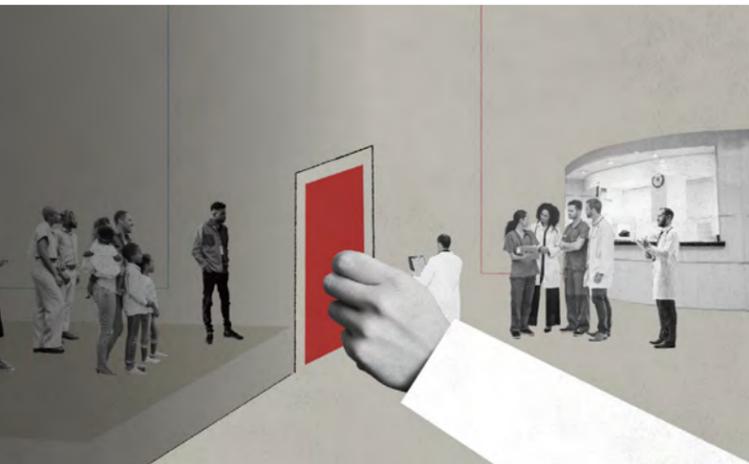


Left to right: Jacqueline Tran, Alana Eiland, Rashidat Soetan, and Amarilis Bien-Aime at Columbia's Patient Experience Skills Fair doing health equity education



# HISTORY OF RACISM IN MEDICINE

In December 2025, the Dalio Center premiered “The History of Racism in Medicine in America.” This 20-minute educational short film explores how racism has shaped the practice of medicine and continues to influence patient care, health outcomes, and trust in the healthcare system. Narrated by New York Times Best Seller, Heather McGhee and animated by Caption Design Studios, the film looks at the rise of race science, the legacy of medical experimentation, and the structural inequities that still affect healthcare today. Created as an educational resource, it provides vital context for understanding this history and suggests solutions towards building a more equitable path forward.



# BOOK CLUB

In 2022, we launched our Dalio Center Book Club with the aim to engage our Dalio Team members and NewYork-Presbyterian colleagues in health justice and anti-racism discourse. We continued this program in 2025:

- » Quarter 1: “The New Jim Crow,” by Michelle Alexander
- » Quarter 2: “Everyone Who is Gone is Here,” by Jonathan Blitzer
- » Quarter 3: “Just Mercy,” by Bryan Stevenson
- » Quarter 4: “Disability Visibility: First-Person Stories from the Twenty-First Century” edited by Alice Wong

# FIVE YEAR ANNIVERSARY CELEBRATION

In December 2025, the Dalio Center celebrated its five year anniversary with a gathering of 200+ NYP team members, Columbia University Irving Medical Center and Weill Cornell Medicine faculty, external collaborators, and senior leadership. The event commemorated the Center’s collaborative achievements and collective impact to date, featuring 14 videos highlighting projects across the Dalio Center’s four strategic pillars, 11 speakers, two panel discussions, and a fireside chat.

We are incredibly grateful to everyone who has supported our mission to advance health equity and look forward to continuing this vital work together in the years ahead.

# 200+

attendees



Dr. Julia Iyasere speaking at the Dalio Center’s Five Year Anniversary Celebration

# THANK YOU

To learn more visit us at [nyp.org/daliocenter](https://nyp.org/daliocenter)

The Dalio Center's work is made possible by Barbara and Ray Dalio and Dalio Philanthropies, with additional support from generous friends Lisa and Mark Schwartz and the Samuel I. Newhouse Foundation, to whom we are enormously grateful. These gifts will enable us to expand innovative work in health justice.