

# A PATH TO HEALTH EQUITY

Community Health Needs Assessment  
Community Health Improvement Plan/ Community Service Plan  
2022 - 2024



**SBH**  
Health System  
BRONX

ENTRANCE

**PARTNERSHIPS**

**SAFE ENVIRONMENT**

**FOOD SECURITY**

**SBH**  
Health System  
BRONX

**SBH HEALTH SYSTEM**  
**NEW YORK STATE PREVENTION AGENDA 2022-2024**  
**COMMUNITY HEALTH NEEDS ASSESSMENT**  
**COMMUNITY HEALTH IMPROVEMENT PLAN/ COMMUNITY SERVICE PLAN**  
**2022 - 2024**  
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## **I. EXECUTIVE SUMMARY**

### **SBH HEALTH SYSTEM MISSION AND VALUES STATEMENT**

*“The future of healthcare and the future of SBH Health System has to be in the outpatient setting and focused on keeping people healthier to mitigate the unnecessary emergency and inpatient admission caused by systemic failures.”*

- *Dr. David Perlstein, President and CEO, SBH Health System*

St. Barnabas Hospital, d/b/a SBH Health System (SBH), is a community-based, patient-centered healthcare system serving individuals and families in the Bronx. SBH Health System is committed to improving the health and wellness of the community and providing the highest quality care in a compassionate, comprehensive, and safe environment where the patient always comes first, regardless of their ability to pay, immigration status, or sexual orientation. SBH strives to be the hospital of choice in the Bronx with its superior services and innovative programs that meet the community's diverse needs.

SBH Health System's mission, vision, and values guide the pursuit of clinical excellence by providing evidence-based, patient-centered care and training the next generation of healthcare professionals. SBH Health System is an essential provider of care that offers high-quality inpatient, outpatient, emergency medical, mental health, and dental services throughout the borough. SBH core values are **Diversity, Respect, Integrity, Vision and Excellence.**

SBH offers primary care, specialty services, and behavioral healthcare at convenient community sites throughout the Bronx. In addition, SBH Health System provides critical local access as a Level II Trauma Center.

### **DEVELOPING THE COMMUNITY SERVICE PLAN**

Every three years, all nonprofit hospitals are required to conduct a Community Health Needs Assessment. After analysis of the data, hospitals must create a Community Health Improvement Plan (CHIP)/Community Service Plan (CSP). A Community Service Plan is based on a community health needs and assets assessment. This includes a review of community data and information from community members about their health needs and priorities. This assessment document shows us what health concerns the communities are experiencing and how SBH can help address these concerns. SBH develops a plan to address these needs that aligns with the New York State Prevention Agenda.

Public participation in assessing community needs and setting priorities has been a continuous process over the past three years. We engaged a range of stakeholders with a particular focus on medically underserved and minority residents to assess community needs; set priorities; develop, design, and implement programs; share progress; and make corrections as identified.

Even with COVID restrictions, significant opportunities were created to hear from the community, assess if the CSP 2019-2021 priorities were relevant, give progress reports and conduct the new Community Health Needs Assessment.

### **DESCRIPTION OF THE COMMUNITY SERVED**

Bronx County is the defined community service area for this assessment. The Bronx population is about 1.47 million (2021) and is home to 17% of New York City's population. It covers 42 square miles and is one of the most densely populated counties in the nation.

The Bronx was New York City's first borough to have a majority of people of color, and it is the only borough with a Latino majority. Ninety percent of Bronx residents are minority residents, higher than any other county. The Bronx is 56.4% Hispanic/Latino of any race, 29.2% Non-Hispanic Black, 9.0% Hispanic White, and 4.6% Non-Hispanic Asian.

More than one-third (35.3%) of Bronx residents were born outside of the United States, according to the 2020 U.S. Census Bureau, and 55.2% of births among Bronx residents were to foreign-born mothers in 2019, according to New York City Vital Statistics data. In addition, in the Bronx, more people speak a language other than English at home (59.4%) than speak "only English" (40.7%); 47.7% speak Spanish at home.

The Bronx is the nation's poorest urban county; 31% of the population lives in poverty (compared to 20.4% citywide), and the median household income is \$40,888 (compared to \$60,231 in Brooklyn, \$68,666 in Queens, \$82,783 in Staten Island and \$86,553 in Manhattan).

In 2021, 72.8% of Bronx residents, ages 25 and older, received their high school diploma or GED; this is substantially lower than citywide (87.3%) and statewide (86.8%) attainment rates.

The Bronx has the highest proportion of single-parent-headed households with children (58.5%) among NYS counties. About 40% of Bronx children live below the poverty threshold, one of the highest proportions for any county in the United States and the highest for any urban county. In addition, the Bronx is among New York State's youngest counties, with a median age of 34.8, trailing only Tompkins and Jefferson counties.

SBH's primary service areas include the following Bronx zip codes: 10457, 10458, 10460, 10456, 10453, 10468, 10459, 10467, 10472, and 10462. Thirty-four percent of SBH patients in 2021 came from 10457 and 10458 - the primary zip codes are primarily in Bronx Community District #6, Belmont/East Tremont.

### **IDENTIFICATION OF HEALTH CHALLENGES**

The Bronx remains a hotspot for excess mortality, diabetes, obesity, asthma, drugs/opioids, and HIV/AIDS in New York City. In addition, the community is negatively affected by social determinants of health (SDOH). The Bronx has the poorest socioeconomic determinants of health in New York City and one of the lowest in the United States.

The challenges faced by marginalized communities, like the community SBH serves, are years in the making and have deep roots. COVID-19 exposed years of neglect by all sectors of society. The barriers that such communities must overcome are numerous. Safety net hospitals, like SBH, are at the forefront of a war to eliminate health disparities and achieve health equity.

According to NYC Vital Statistics, the Bronx has the lowest proportion of infants exclusively breastfed in the hospital. The New York City rate is 43.4%, and the Bronx rate is 28.2%. According to NYC DOHMH's Bureau of Vital Statistics, the percentage of live births receiving late prenatal (after first & second trimesters) or no prenatal care is the highest in the Bronx at 13.1%; Belmont-East Tremont is 15.5%.; NYC's overall rate is 6.8%.

The top inpatient discharges and reasons for treat-and-release ED visits at St. Barnabas Hospital in 2021 are substance abuse (alcohol and opiates), COVID-19, respiratory illnesses (asthma and COPD), behavioral diagnosis, sepsis, and hypertension.

Bronx residents experience higher than average rates of preventable hospitalizations among adults. The Bronx rate is 2,091 per 100,000; the overall NYC rate is 1,033. In addition, according to NYC

Community Health Profiles, the Bronx has the highest rate of premature deaths. The Bronx rate is 229.4 per 100,000 people, and NYC is 169.5 per 100,000.

### **Impact of COVID-19 Pandemic**

SBH Health System is committed to being in the vanguard of healthcare providers adopting innovative programs to serve the community better. At all levels, SBH personnel tested to provide life-saving services during the experience of a lifetime - the COVID-19 pandemic. Before the COVID-19 epidemic, Bronx residents faced extreme health disparities and was considered the unhealthiest county in New York State. The COVID-19 crisis had a devastating impact on Bronx residents.

According to a report prepared by the New York State Comptroller's Office on the impact of COVID-19 in the Bronx, although the Bronx did not have the highest rate of COVID-19 cases among the City's boroughs, outcomes in the Bronx were more severe, with the highest hospitalization and death rates.

Before the COVID-19 pandemic, the Bronx was progressing in many aspects. The growth trajectory was the development of new businesses, improved employment rates, and higher rates of new residents, particularly immigrants, than in any other borough. Unfortunately, the COVID-19 pandemic put a significant dent in that progress.

SBH's performance during the dramatic COVID-19 surge in March and April of 2020 was noteworthy and specifically lauded by FDNY, EMS, leadership, and other community stakeholders. The SBH ED accommodated ambulance volumes without diversion, far exceeding the performance of other Bronx hospitals. As a stand-alone safety net institution, the lean leadership hierarchy enabled quick and effective decision-making at the floor level.

## **DISCUSSION OF THE CONTRIBUTING CAUSES OF THE HEALTH CHALLENGES**

The conditions that shape health, commonly referred to as Social Determinants of Health, such as financial resources, access to healthy foods, and safe and affordable housing, to name a few, result in significant differences in health outcomes, such as disease severity, life expectancy, and infant mortality. Those who experience poor social and economic circumstances — including low income, poor education, insecure employment, food insecurity, and inadequate housing — have worse health from birth and throughout life. Such negative factors are prevalent within the Bronx population.

### **A. Behavioral Risk Factors**

#### **1. Gun Violence Pandemic is a Public Health Crisis:**

According to the CDC, firearms were the leading cause of death in 2020 for children one and older for the first time. New York State and New York City have implemented initiatives to prevent children and young adults from getting involved in crime to stop the problem at its inception.

Fewer than 64 minors were shot in both 2018 and 2019. 2017 to 2019 was the safest period in New York City since 1993. During 2020 and 2021, gun violence in New York City increased significantly from 777 shootings in 2019 to over 1500 in 2021. Across the country, almost every large city saw similar increases.

Experts warn of long-term schooling and health setbacks for students exposed to gun violence. In 2021, in NYC, 138 young people were struck by bullets. In 2021, twenty-one children and teenagers were killed, more than double that number in 2020. In 2022, we are on track to match or exceed this number.

The concentration of gun violence in a few neighborhoods has remained unchanged for decades. Major sections of the Bronx have achieved this dangerous status. The summer of 2020 was the city's most violent summer since 1996. In 2021, the Bronx and Brooklyn had two-thirds of the city's shootings. However, in 2021, shootings in Brooklyn declined by 20% from 2020, while shootings in the Bronx rose by 31%.

According to the County Health Rankings & Roadmaps for violent crime, Bronx County scored at 586, while overall NYC is 379. The Belmont East Tremont community district is a primary service area. Compared with the citywide rate, it has a higher rate of assault-related hospitalizations than the Bronx and NYC. Belmont's rate is 152 per 100,000; Bronx County is 113 per 100,000; NYC is 59 per 100,000. In 2021, Belmont/East Tremont was number seven of the top ten police precincts in gun violence.

## **2. Mental Health & Depression**

According to the 2022 SBH & Bronx County CHNA Survey, for Bronx County, 38% of respondents have reported experiencing anxiety or depression in the last 12 months. Similarly, about 30% have said their overall mental health was poor to fair. For SBH's primary service areas, 40% reported experiencing anxiety or depression in the last 12 months. Similarly, 37% said their overall mental health was poor to fair. Based on survey results, mental health is in the top five of the leading responses for Bronx County.

The pandemic's disruption caused an upheaval that negatively affected children and young people. Medical groups have declared an emergency in child and adolescent mental health, exacerbated by isolation, uncertainty, and grief in areas that need the most attention.

New York City's Community Health Survey in 2017 reported that the Bronx has a higher percentage of current depression than any other New York City borough, with prevalence decreasing as the education level increases. Like all other health issues, mental health worsened due to the COVID-19 pandemic.

The Bronx has a much higher rate of depression than any other borough. The Bronx contains three out of the top five neighborhoods with the highest prevalence of depression (NYC Mayor's Office of Community Mental Health 2022). The neighborhoods with the highest prevalence of current depression are the South Bronx at 16.9%, Kingsbridge – Riverdale at 14.2%, and Fordham – Bronx Park at 14%.

### **B. Environmental Factors**

In the NYC Resident Survey in 2017, Bronx residents consistently scored the quality-of-life issues below the overall rate compared to the other boroughs. The overall average for considering their neighborhood as a place to live in a positive light was 62.6%. Bronx residents scored 42.5%. The overall rate for a positive quality of life was 51.2%. Bronx residents scored it at 40.7%.

According to county health rankings, 39% of Bronx residents experience severe housing problems. Overall, in NYC, 24% of the population experience this. The Bronx has the largest share of renters of any county in New York State; more than 80% of Bronx households rent their apartments. In 2022, almost 60% of Bronx renters faced a higher rent burden than any other county.

High-poverty neighborhoods in the Bronx, like our service area, have the highest rates of asthma-related morbidity persistently compared with the rest of New York City. Some residents live in poorly maintained, substandard housing, subject to several common environmental asthma triggers, including pests, dust, mold, and smoking. These environmental triggers can increase the frequency and severity of asthma symptoms and exacerbations.

With the shift to full-time remote learning and work after the onset of the COVID-19 pandemic, the need for affordable high-speed internet access at home increased sharply in the city. As of 2019, the Bronx had the lowest share of households with cable, fiber optic, or DSL broadband in New York City. SBH's primary service area, Belmont/Crotona Park East/East Tremont, has one of the lowest rates of households (less than 60%) with broadband in the Bronx.

### **C. Socioeconomic Factors**

The Bronx is the poorest county in New York State, with approximately 28% of residents living in poverty. In the Belmont/East Tremont district, SBH's primary service area, the poverty rate is 31%.

The Bronx has significantly higher unemployment rates. In May 2020, due to the COVID-19 pandemic, the unemployment rate for the Bronx peaked at nearly 25%. As a result, fewer Bronx residents could maintain employment by working remotely. That rate is likely to have been topped only once in the last century, during the Great Depression. According to the Bureau of Labor Statistics, the unemployment rate in the Bronx in 2021 was 15%, still the highest in New York State.

Before COVID-19, more than 70% of the Bronx workforce worked in essential or face-to-face industries. In addition, people in the Bronx tend to live in smaller apartments making isolation and social distancing increasingly problematic, which means a higher likelihood of virus transmissions. In addition, they were more likely to travel by public transportation.

Moreover, almost one-third of all residents lived in poverty before the pandemic, and many others live paycheck to paycheck, which is devastating. The Bronx has characteristics that reflect economic and social inequities, such as lower household incomes, higher poverty rates, jobs less conducive to remote work, and a higher share of minority residents, making the Bronx particularly vulnerable to the COVID-19 pandemic.

According to Feeding America, Bronx County has the highest rates of food insecurity. 16.4% of residents in the Bronx live in food-insecure homes. In addition, 25% (1 in 4) of Bronx children live in food-insecure households. In the Bronx, 34.6% of households received Supplemental Nutrition Assistance Program (SNAP) benefits, compared to 18.6% in the rest of NYC (excluding the Bronx). Fifty-six percent of children under 18 years old lived in a household that received some form of public assistance (including Supplemental Security Income [SSI], cash assistance, or SNAP/food stamps), compared to 26.9% statewide and 29.6% in the rest of NYC.

### **D. Policy Environment**

Policies by various levels of government affect whether social determinants of health can contribute to adverse health outcomes. Focus by all levels of government is required to address the severe health disparities faced by Bronx residents.

In July 2021, New York State formally declared gun violence as a public emergency, allowing more flexibility for the state to spend money on gun violence prevention and intervention services immediately.

In January 2022, New York City Mayor Eric Adams issued a policy statement, "BluePrint to End Gun Violence." It stated "*New York City has been tested to its core in the first month of 2022. These weeks have been among the most violent in recent memory, most of it caused by a crisis of gun violence that continues to plague our communities. It has tragically reached our young people working late to support*



*their families, even a child not yet one-year-old. Gun violence is a public health crisis threatening every corner of our City.”*

The Bronx is affected by poor or inconsistent life-saving services. According to the New York City Independent Budget Office, paramedic response times are slowing down in all boroughs for Advanced Life Support (ALS) emergencies. The swiftness of paramedic response times in the Bronx decreased to 47.5% in 2019 and continued to decrease to 35.1% in 2022 (January – June 2022). The Bronx and Queens have consistently had (and still have) among the lowest percentage of ALS-level medical emergencies responded to by a paramedic within 10 minutes.

### **E. Medically Underserved Area and Healthcare Provider Shortage Area Population**

Due to various economic and social determinants, the Bronx has a long history as a medically designated underserved area, i.e., has a shortage of providers. These designations, Medically Underserved Area Population (MUA) and Healthcare Provider Shortage Area (HPSA), originate from the Health Resources and Services Administration (HRSA).

The MUA designation applies to a neighborhood or collection of census tracts based on four factors: the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. The Healthcare Provider Shortage Areas (HPSA) designation is for a collection of census tracts with a shortage of health professionals. There are three categories of HPSAs: primary care (shortage of primary care clinicians), dental (shortage of oral health professionals), and mental health (shortage of mental health professionals). HPSAs are designated using several criteria, including population-to-clinician ratios. This ratio is usually 3,500 to 1 for primary care, 5,000 to 1 for dental health care, and 30,000 to 1 for mental health care (HRSA).

## **DATA COLLECTION**

### **1. Primary Data**

In early 2022, GNYHA offered member hospitals and health systems, which includes SBH Health System, the opportunity to participate in the GNYHA Community Health Needs Assessment (CHNA) Survey Collaborative. The collaborative supported participating members’ primary data collection efforts gathering information on community health needs and engaging with community members. A diverse group of GNYHA member hospitals participated in the 2022 collaborative, including SBH Health System, safety net hospitals, small health systems, and large academic medical centers. GNYHA developed a health needs assessment survey with member input, made the survey available in various languages on paper and online, collected the data and analyzed the results, and created custom reports for each participating hospital.

Following the survey’s close, GNYHA provided SBH with a report summarizing the survey responses and respondent demographics and a spreadsheet with the processed respondent-level data for their service area, allowing participating hospitals to conduct additional analyses.

### **SBH Health System Implementation of the Survey**

The survey was available in both English and Spanish. Half-page handouts were made in English and Spanish and given at community events with a QR code that automatically linked the participants to the online survey. The survey included questions on what community members perceived as the priority

health concerns in their community. SBH asked participants to identify what intervention strategies would benefit their community most. Lastly, participants asked to identify their health priorities.

Based on SBH's prior work in this area, we often see a discontinuity between responses to the "community" and "individual" questions. Therefore, a menu of more than 20 areas/topics were included for each of these questions. These categories were chosen to align with the 2019-2024 New York State Prevention Agenda Focus Areas. Beyond inquiries specifically related to community health concerns, participant demographic and health status data was collected.

Survey participants were sought using various approaches: E-mails were sent to the relevant list with links to the survey; Health fairs and other events staffed by SBH Health System personnel. Paper copies were manually entered into the online survey tool at GNYHA to analyze the data. The following pages will show the survey results in several tables, plus a summary of the outcomes.

The survey captured a reasonable age distribution of Bronx residents, though adults aged 25-34 years are slightly over-represented in the survey. Respondents from 10467, 10456, and 10458 are overrepresented in this survey, making up over 30% of respondents alone. Typical of surveys like this, women are over-represented. Women are more likely to participate in community events and activities and are more likely to complete surveys. The survey captured an increased proportion of more highly educated residents in the Bronx, but the race/ethnicity distribution is comparable.

### **CHNA Community Survey 2022 Results**

Participants were asked, "*How satisfied are you with current services in your neighborhood?*" to identify what actions or activities would be most helpful for their community out of more than twenty options. Responses scaled from one to five, one being "not at all" to five being "extremely."

The **leading responses** to this question for the **SBH Service Area** were COVID-19, Dental Care, Heart Disease, High Blood Pressure, and Diabetes.

The **leading responses** to this question for **Bronx County** were COVID-19, High Blood Pressure, Dental Care, Diabetes, and Heart Disease.

**Responses that ranked lowest in satisfaction for both SBH & Bronx County** were Violence (Including Gun Violence), Smoking/Hookah/E-Cigarettes, Substance Use Disorder/Drug Addiction, Asthma, Obesity in Children and Adults, and Mental Health. Priority areas identified by the community with low satisfaction and high importance need attention. Respondents were clear that these issues are essential and were not satisfied with the services offered at this time.

The **leading responses for the SBH Service Area** were Violence (Including Gun Violence), Smoking/Hookah/E-Cigarettes, Substance Use Disorder/Drug Addiction, Asthma, and Obesity in Children and Adults.

The **leading responses for Bronx County** were Violence (Including Gun Violence), Smoking/Hookah/E-Cigarettes, Substance Use Disorder/Drug Addiction, Obesity in Children and Adults, and Mental Health.

## **2. Secondary Data**

Compared to citywide and national averages, the Bronx has been an epicenter for asthma, HIV/AIDS, drug epidemics, and excess mortality rates from heart disease, stroke, and diabetes. Multiple data sources were used to support the identification and selection of priorities, which were selected and reviewed with partners.

In addition to the review of primary data, SBH evaluated temporal trends, differences between the Bronx and the rest of New York City, disparities by race/ethnicity, socioeconomic status, and sub-county differences, for more than 15 measures. The measures included: poverty, having a primary care provider, having health insurance coverage, obesity (adults and children), diabetes, preterm births, breastfeeding, breast cancer incidence, new HIV diagnoses, preventable hospitalizations, fall-related hospitalizations, assault-related hospitalizations, oral health care, opioid-related mortality, COVID-19, violent crimes, depression, and suicide. The metrics selected represent the continuum of risk factors and health outcomes of interest and are publicly available.

### **SUMMARY OF SBH HEALTH SYSTEM RESOURCES**

As an anchor institution, SBH leadership understands that reinvesting in the community is required. Therefore, in late 2020, SBH opened its newest addition, the SBH Health & Wellness Center, located across the street from the hospital. The center was part of a \$156 million, 450,000 square foot project that also included 314 units of affordable housing. The SBH Health & Wellness Center supports community access to a healthier life, keeps people healthy and out of the hospital and addresses the social determinants of health. The center is a testament to SBH's ongoing transformation from 'illness care' to 'wellness care' and provides comprehensive, community-based, holistic health and wellness support.

It includes:

- A medical fitness center, a culinary education center with a teaching kitchen, a rooftop farm, and beehive
- A food pantry that provides fresh, free produce for those in need, as does the "farmacy" program in the community to whom their providers refer
- A clinical hub with a women's health center, mammography imaging services, pediatrics, SBH's WIC Program, and an urgent care center.

SBH has a significant number of partnerships including colleges and healthcare partners, and operates a volunteer/internships program for high school and college students. These resources augment the clinical services provided for the well-being of the community.

SBH trains more than 300 physicians annually and offers residency programs in various disciplines, including emergency medicine, internal medicine, pediatrics, family practice, general surgery and osteopathic manipulation treatment, podiatry, dermatology, and psychiatry. In addition, SBH operates one of the country's most extensive hospital-based general practice dental programs (with residencies in general dentistry, pediatric dentistry, anesthesia, and orthodontia).

SBH has a robust existing partnership with Union Community Health Center (UCHC), a Federally Qualified Health Center providing health care services from six locations throughout the Bronx since 1909.

SBH is a member of the Montefiore Accountable Care Organization (ACO), which provides Medicare beneficiaries access to enhanced care coordination and programs focused on illness prevention and wellness. SBH is also a founding member of the Bronx Accountable Healthcare Network (BAHN), which integrates and coordinates all primary, acute, behavioral health, and long-term services and supports treating the whole person. In addition, SBH operates a Referral Services Office to build and maintain relationships with community providers and provides expedited access to appointments at SBH, including radiology and dialysis.

## **COMMUNITY ENGAGEMENT**

SBH leadership recognizes that population health management requires increasing leadership engagement, collaborating with community partners, and expanding the scope of services to focus on prevention and wellness programs for the community we serve. SBH is a valued community partner that engages with social service providers and government agencies to invest in and improve the health outcomes and well-being of the communities it serves.

The SBH Community and Government Affairs Department cosponsors local groups, churches and schools, health fairs, and community outreach efforts. SBH staff curates information based on the interests and needs of the potential attendees. SBH clinicians join the outreach staff to provide onsite services. The SBH Communication and Marketing Department has created various means to inform the community. There is a newsletter, messaging thru various social media platforms, and podcasts on key issues.

Public participation in assessing community needs and setting priorities has been a continuous process over the past three years. We engaged a range of stakeholders. Community members were involved in assessing community needs, setting priorities, developing the design, implementing programs, sharing and celebrating the progress and results, and making necessary corrections.

SBH has convened community low-income, minority residents, community-based organizations, providers, and business partners, to review and discuss the data collected and the NYS Prevention Agenda 2019-2024. An additional asset is that SBH personnel are Bronx residents. Regularly, SBH Health System uses forums to solicit their views or concerns regarding the community health needs and priorities for the Bronx.

As part of this ongoing effort to educate, inform and seek guidance from the Bronx community on various health topics as well as to respond to community inquiries on health-related issues, the SBH Wellness Alliance (SBHWA) is a community-level coalition that brings together community partners and SBH clinicians to affect community health improvements significantly. On monthly basis, both SBH clinicians and community representatives make presentations on health issues and discuss resources and services. This group unifies SBH clinicians, community residents, local public schools, community-based organizations, faith-based organizations, childcare facilities, local businesses, relevant health insurance companies, and governmental agencies.

Due to the COVID-19 pandemic, the SBHWA met virtually every month in the comfort of our offices to discuss various relevant topics while adhering to current COVID-19 guidelines. SBHWA also serves as a platform to exchange community bulletins and issue civic alerts. SBHWA met monthly in 2022 to review secondary data and discuss community health needs and possible interventions. Additionally, they participated in the distribution of and participated in the survey conducted.

## **SUMMARY OF NYS PREVENTION AGENDA PRIORITIES 2019 - 2021**

Despite the challenges presented by the COVID-19 pandemic, significant progress was made in completing the objectives of the three priorities selected for the 2019-2021 plan.

In the Community Health Improvement Plan/Community Service Plan developed for 2019-2021, the priority areas selected were the following:

1. **Prevent Chronic Diseases - Increase Food Security**
  - **Decrease the percentage of children with obesity**
    - **Screen for food insecurity, facilitate and actively support referral**

## Screening of Pediatric/Adolescent Patients

**Intervention:** The objective was to improve screening for food insecurity among pediatric/adolescent patients aged 5 to 17 at every well-child visit. All pediatric patients were screened for eligibility for the Women Infants and Children food nutrition program. The initiative began in 2018. The aim was to screen 80% of patients aged 5 to 17 by 6/30/2020. Throughout the project, adjustments were made to improve the results.

In addition to the pediatric screening program, SBH Health System screened adults and began a number of other food security programs. In 2020, the teaching kitchen began its onsite community cooking classes. The rooftop farm, managed by ProjectEATS, which specializes in urban farming, produced fresh fruit, vegetables, and honey (from an on-site beehive). SBH grows fruits and vegetables onsite on the rooftop farm. Every Wednesday, SBH harvests and distributes the produce at the Farm Stand. The SBH Farm Stand accepts the Farmers Market Nutrition Program and distributes NYC Healthy Bucks coupons. Individuals given an RX card providing them with a 50 percent discount on all produce sold at the farm stand. Any unsold food was distributed free through the SBH food pantry. The Teaching Kitchen uses produce harvested from the rooftop farm.

In 2020, SBH launched a Healthy Living Program aimed at improving the health and wellness of patients with obesity. A grant from the Cabrini Foundation funded this program. The program's goal is to reduce the Body Mass Index (BMI) over an eight-week program intervention. The program uses a trauma-informed care approach. The program starts with a care plan and individual fitness assessment. Based on the assessment results, certified fitness trainers collaborate with patients to develop an individualized workout regimen and culinary nutrition education plan. SBH enrolled over a hundred patients into the program. The program demonstrated a statistically significant reduction in BMI for program participants.

2. **Promote a Healthy and Safe Environment - Reduce violence by targeting prevention programs to highest risk population**
  - **Reducing violence in at-risk communities**
    - **Implement multi-sector violence prevention program designed on public health principles**

This Hospital Based Violence Prevention program was selected, after community consultation, as a priority in the SBH Community Service Plan (CSP) 2019. In the 2019 community survey and various forums, violent crime was cited as the number one concern. The rate of felony assaults, violent crimes involving firearms, rate of murder, and non-negligent homicide remains far higher in the Bronx than in the rest of New York City. During 2021, crime significantly increased throughout New York City, and violent crimes were an ongoing health risk in the Bronx, particularly among youth.

In response, in 2019, SBH implemented a hybrid model of the Cure Violence Hospital Responder program, a community-based gun violence prevention program designed on public health principles. It is a collaboration with Bronx Rises Against Gun Violence ("B.R.A.G."), and the New York City Department of Health & Mental Health. B.R.A.G. identifies violently injured youth at risk for retaliatory violence, and works with victims and their families to help prevent future violence and provide linkages to resources and follow-up services.

B.R.A.G. deploys "trusted credible messengers" from the community with similar backgrounds to trauma victims identified as Hospital Responders (HR). After receiving consent from a patient, the HRs are responsible for delivering anti-violence messages and messages of change at the patient's bedside in SBH

emergency department to prevent retaliation and/or repeat episodes of violent injury. B.R.A.G. provides wraparound services to the families.

In 2020, SBH opened the new Health & Wellness Center. A pilot boxing class, a violence prevention activity, was implemented in the SBH Fitness Center that covers both the technical skills of boxing (coaching and sparring) and building confidence and self-esteem. The target is at-risk young males referred by B.R.A.G.

Both the hospital-based initiative and the boxing pilot have been a success recognized by the New York City Department of Health & Mental Hygiene.

### **1. Promote Healthy Women, Infants, and Children- Increase breastfeeding**

- **Increasing breastfeeding practices**
  - **Receive Baby Friendly designation**

In 2020, SBH was officially designated a "Baby-Friendly Hospital." It was determined that SBH implemented all Ten Steps to Successful Breastfeeding and was compliant with the International Code of Marketing of Breastmilk Substitutes. Achievement of the Baby-Friendly Designation was achieved with the support of the entire hospital community.

The SBH Community & Government Affairs Department, SBH WIC, and SBH Labor & Delivery Department worked closely to provide expectant parents access to car seats, cribs, and other necessary items. The SBH Women, Infants, and Children (WIC) Nutrition Program provided culturally competent breastfeeding support and education to its participants throughout their breastfeeding journeys. The SBH Community & Government Affairs completed a long-standing program funded by the New York City Department of Health & Mental Health to provide education and outreach information for expectant parents. It covered topics such as safe sleep, coping skills, and parenting guidance. The program continued to operate during the 2020 shutdown by setting up individual virtual sessions.

## **SUMMARY OF PREVENTION AGENDA PRIORITIES 2022-2024**

SBH Health System is committed to furthering the goals set forth in the New York State Department of Health Prevention Agenda by selecting two priority agenda initiatives consistent with the New York State Department of Health goals. Selection was based on review of secondary and primary data, community engagement, discussion with health experts, and aligned with New York State Prevention Agenda.

The community identified these priority areas in the 2022 survey. They reflect areas of low satisfaction, high importance, and need attention. Respondents were clear that these issues are essential. Additionally, they identified unsatisfactory services offered at this time. The survey results tell what community members think are the most practical issues to address in their community with the most helpful actions.

### **Overall view of the 2022 Community Survey**

The leading responses for the SBH Service Area were Violence (Including Gun Violence), Smoking/Hookah/E-Cigarettes, Substance Use Disorder/Drug Addiction, Asthma, and Obesity in Children and Adults.

The leading responses for Bronx County were Violence (Including Gun Violence), Smoking/Hookah/E-Cigarettes, Substance Use Disorder/Drug Addiction, Obesity in Children and Adults, and Mental Health.

The following two priorities were chosen, keeping in mind available or prospective resources to serve the community. SBH will enhance its focus on Screening for Food Security and Reducing Violence by targeting prevention programs, particularly for the highest-risk population.

**PREVENT CHRONIC DISEASES; SBH WILL EXPAND ITS EFFORTS TO INCLUDE A FOCUS SCREENING FOR FOOD INSECURITY.**

**Focus Area 1: Healthy Eating and Food Security**

**Goal: 1.3: Increase Food Security.**

**Objectives: Increase the percentage of pediatric and adult primary care patients with perceived food insecurity by 10% over 24 months. Baseline Year: 2020.**

**Disparities: Food insecurity is a significant social determinant of health for communities of color.**

**Interventions: 1.0.6 – Screen for food insecurity, facilitate and actively support referral.**

In the 2022 community survey, access to Healthy /Nutritious Foods ranked number five for both SBH primary service areas and Bronx County. Under areas that need attention within the SBH service area, access to healthy/nutritious food ranked number four. The Bronx is New York City’s ‘hungriest borough,’ with one in four residents experiencing food insecurity, with the problem worsening over the last few years. According to Feeding America (2020), the Bronx has a 19.7% food insecurity rate, determined by the relationship between food insecurity and closely linked indicators (i.e., poverty, unemployment, etc.).

Unlike other parts of the country, 100% of food-insecure individuals in the Bronx are eligible for federal anti-hunger programs. By identifying food insecurity, screening for eligibility, and providing guidance on the available nutrition programs, we can improve food security for Bronx residents. The clinicians will screen for food insecurity. The target is screening at well-child visits for patients ages 5 – 17 years old from Medicaid-eligible households. If the family screens positive for food insecurity, a referral for nutritional services is made.

**Planned Interventions: 1.0.6 – Screen for food insecurity, facilitate and actively support referral**

Screen for food insecurity during primary care visits (data source: EMR Food Insecurity Screening Questions)

Facilitate and actively support referrals to SBH Health and Wellness programs onsite: WIC, Farm Stand, Food Pantry, and Teaching Kitchen services.

Effective systems for referral are necessary to help individuals and families access services and benefits for which they are eligible. Screening for food insecurity in clinical settings is recommended by several national organizations, as food insecurity can adversely affect a patient’s health outcomes. Some studies have shown that screening for food insecurity is feasible and adds minimal time to the appointment. Screening can ensure timely referral to public health nutrition programs.

In addition to the food insecurity screening efforts, SBH Health System will continue programming at the Health & Wellness Center: the food pantry, farm stand, cooking classes and customized fitness classes.

**PROMOTE A HEALTHY AND SAFE ENVIRONMENT; SBH WILL ENHANCE ITS EFFORTS TO REDUCE VIOLENCE BY TARGETING PREVENTION PROGRAMS PARTICULARLY TO HIGHEST RISK POPULATIONS.**

**Focus Area 1: Injuries, violence, and occupational health**

**Goal: 1.2: Reduce violence by targeting prevention program particularly to highest risk population.**

**Objectives: 1.2.c: Reduce the rate of ED visits due to assault from 42.3 to 38.1 per 10,000.**

**Disparities: The high crime rate is reflective of the socio-economic indicators of the SBH service area.**

**Interventions: 1.2.1: Implement multi-sector violence prevention program designed on public health principles.**

In the community survey and various forums, violent crime is a number one priority area for the community within SBH primary service area and Bronx County. Under areas that need attention, violence prevention ranked number one.

According to the CDC, firearms were the leading cause of death in 2020 for children one and older for the first time. New York State and New York City have implemented initiatives to prevent children and young adults from getting involved in crime to stop the problem at its inception. The concentration of gun violence in a few neighborhoods has remained unchanged for decades. Major sections of the Bronx have achieved this dangerous status. The summer of 2020 was the city's most violent summer since 1996. In 2021, the Bronx and Brooklyn had two-thirds of the city's shootings. However, in 2021, shootings in Brooklyn declined by 20% from 2020, while shootings in the Bronx rose by 31%.

According to the County Health Rankings & Roadmaps for violent crime, Bronx County scored at 586, while overall NYC is 379. During 2020 and 2021, gun violence in New York City increased significantly from 777 shootings in 2019 to more than 1500 in 2021.

The Belmont East Tremont district is a primary service area. It was number seven of the top ten police precincts in gun violence. Compared with the citywide rate, Belmont/East Tremont has a higher rate of assault-related hospitalizations than the Bronx and NYC. Belmont's rate is 152 per 100,000; Bronx County is 113 per 100,000; NYC is 59 per 100,000. In 2021.

Experts warn of long-term schooling and health setbacks for students exposed to gun violence. In 2021, in NYC, 138 young people were struck by bullets. In 2021, twenty-one children and teenagers were killed, more than double that number in 2020. In 2022, we are on track to match or exceed this number.

Research shows that gun violence is a health issue needing a health approach in response. A health approach focuses on preventing events, treating at-risk populations and changing social expectations.

**Planned Intervention - 1.2.1** Implement multi-sector (e.g., local health departments, criminal justice, hospitals, social services, job training, community-based organizations) violence prevention programs such as SNUG, also known as Cure Violence, in high-risk communities, including those where gangs are prevalent. These programs work best when they include wraparound services to support victims, families, and other community members impacted by crime.

**Planned Intervention - 1.2.5** Increase educational, recreational, and employment opportunities for potentially at-risk youth through after-school and summer work experience programs or youth



apprenticeship initiatives. SBH Health System and B.R.A.G. developed a structured, organized, and coordinated response to victims of interpersonal community violence called BRAG@SBH. In addition to BRAG@SBH, SBH has established an extensive network of community-based organizations to extend the reach of our efforts. We understood that SBH efforts had to go beyond the ER touch points.

SBH Health System has received a contract from the New York City Department of Health & Mayor's Office of Criminal Justice to enhance its current Hospital Responder program and add additional crime prevention measures. The first significant milestone is that the Hospital Based Intervention Program (HVIP) will be upgraded to full status (currently a hybrid). SBH will hire a community coordinator to expand the availability of resources. The additional resources will make it possible for the B.R.A.G. hospital responders to be available 24/7 onsite at the hospital.

The SBH Community Coordinator will expand the partnerships with community-based organizations to recruit youth/young adults to the SBH Health & Wellness Center's violence prevention programming. These activities will be co-sponsored with community-based organizations and local elementary schools.

Proposed Violence Prevention/ Risk Reduction services (sampling):

- Boxing Classes
- Healthy Eating Classes and Food Pantry
- Seasonal Youth Employment
- Mentoring in Healthcare Professions

### **TRACKING & PROCESS MEASURES**

Regular reporting is provided to SBH leadership to determine progress, barriers, and possible revisions to the implementation plan. Each program has a mechanism to track progress. They range from daily to monthly reviews of data inputs.

SBH will continually use data collected through various sources and learn from the experiences of our partners in providing services to shed light on the success or barriers of our proposed interventions to strengthen the programs.

Monthly reports are provided at SBH Wellness Alliance meetings to determine progress, barriers, and possible revisions of the selected priorities. Biannual reports of the Implementation Plan will be provided to Bronx Community District #6. There will be discussions with public health experts from NYC and NYS agencies to ensure up-to-date appraisals of the proposed interventions.

The Cure Violence Program and Food Security Initiatives have ongoing oversight by the New York City Department of Health & Mental Hygiene and the Mayor's Office of Criminal Justice. Due to the contract awarded to SBH, the City agency will review data, conduct site visits, and hold frequent meetings.

Additionally, to enhance expertise, SBH is collaborating with HANYS Advancing Healthcare Excellence & Inclusion Initiative and Greater New York Hospital Association. These partnerships provide extensive guidance and training regarding state-of-the-art initiatives to eliminate health disparities and ensure health equity.

## **OUR MISSION**

SBH Health System is committed to improving the health and wellness of our community and is dedicated to providing the highest quality care in a compassionate, comprehensive and safe environment where the patient always comes first, regardless of their ability to pay.

## **OUR VISION**

To be the healthcare partner of choice in the Bronx providing superior service and transformative programs that meet the diverse needs of our community.

## **OUR VALUES**

Diversity - Respect - Integrity - Vision - Excellence



SBH Health System embodies the **DRIVE** to Person-Centered Excellence

## **II. INTRODUCTION**

### **A. Organizational Background**

St. Barnabas Hospital, d/b/a SBH Health System (SBH), is a community-based, patient-centered healthcare system serving individuals and families in the Bronx. SBH Health System is committed to improving the health and wellness of the community and providing the highest quality care in a compassionate, comprehensive, and safe environment where the patient always comes first, regardless of their ability to pay, immigration status or sexual orientation. SBH Health System strives to be the hospital of choice in the Bronx with its superior services and innovative programs that meet the community's diverse needs.

SBH Health System mission, vision, and values guide the pursuit of clinical excellence by providing evidence-based, patient-centered care and training the next generation of healthcare professionals. SBH Health System is dedicated to providing quality care in a compassionate, comprehensive, and safe environment where the patient always comes first, regardless of their ability to pay. SBH core values are **Diversity, Respect, Integrity, Vision and Excellence.**

SBH Health System is an essential provider of care that provides high-quality inpatient, outpatient, emergency medical, mental health, and dental services throughout the borough. SBH Health System offers primary care, specialty services, and behavioral healthcare at convenient community sites throughout the Bronx. In addition, SBH Health System provides critical local access as a Level II Trauma Center.

SBH Health System is a significant employer of 2,800 people, of which 82% are nonwhite, and 65% are female. Seventy six percent of full-time employees live in the Bronx. These factors represent the diversity of the community SBH Health System serves.

To reinvest in the community as an anchor institution, SBH Health System served as a partner and entered into a \$256 million mixed-use development that included 314 occupied affordable housing units built and managed by L&M Development. In addition, the project consisted of a 50,000-square foot SBH Health and Wellness Center operated by SBH Health System that offers programs focused on prevention and healthy choices for the Bronx community.

#### **SBH Health System has the following entities:**

**St. Barnabas Hospital** is a 422-bed acute care hospital and a safety net community hospital, averaging 85,000 adult and pediatric ER visits, 123,000 specialty clinic visits, 286,000 methadone-maintenance program visits, and 6,000 ambulatory surgeries annually. St. Barnabas Hospital predominantly serves the Medicaid, and uninsured population, with only 7% of its patients being commercially insured. The hospital houses a Level II Trauma Center and Stroke Center. Additional services include medical/surgical, maternity, pediatric, geriatric, behavioral health, emergent care, a center for sleep medicine, and hospice. The hospital had 14,150 inpatient discharges in 2021 and 13,647 discharges in 2020.

**Ambulatory Care Center:** In 2021, SBH provided nearly 300,000 outpatient visits offering a full range of adult, adolescent, and pediatric primary care and specialty care services, including surgical, cardiac, cancer, and high-risk prenatal care. The center is home to Pathways, a state-designated AIDS center, and a Men's Health Center dedicated exclusively to men's health issues. Behavioral health, nutrition, social

work, and care management services are provided, and the center offers on-site laboratory and radiology services.

**Mental Health:** SBH offers 49 inpatient adult mental health beds and comprehensive outpatient mental health services to Bronx residents from two centers and three public schools. Programming includes adult inpatient, consultation-liaison, outpatient behavioral health, community recovery service, and psychotherapy and psychopharmacological services to children, adults, and geriatric patients, with 78,672 visits in 2021.

**Substance Abuse:** SBH offers inpatient and outpatient programs, including inpatient detoxification, behavioral counseling, outpatient Methadone maintenance, and Suboxone treatment. The substitution therapy program supported 23,686 visits during 2021.

**Hemodialysis:** SBH offers inpatient and outpatient hemodialysis support for patients with chronic renal disease. The outpatient dialysis program is among the largest in the Bronx, with 40 stations handling 1,976 visits during 2021. At the SBH Hemodialysis Center, Bronx residents suffering from end-stage kidney disease can receive dialysis treatment in its state-of-the-art facility.

## **B. Developing the Community Service Plan**

Every three years, all nonprofit hospitals are required to conduct a Community Health Needs Assessment. After analysis of the data, hospitals create a Community Health Improvement Plan (CHIP)/ Community Service Plan (CSP). A Community Service Plan is based on a community health needs and assets assessment. This includes a review of community data and information from community members about their health needs and priorities. This needs assessment document informs SBH Health System what health concerns the communities are experiencing and how SBH can help address these concerns. SBH has created a Community Service Plan to address these needs aligned with the New York State Prevention Agenda priorities and evidence-based interventions.

Public participation in assessing community needs and setting priorities has been a continuous process over the past three years (2019-2021). We engaged a range of stakeholders with a particular focus on medically underserved and minority residents to assess community needs; set priorities; develop and implement programs; share progress; and make corrections as identified.

SBH solicited written comments from the public on the Community Service Plan 2019 -2021 both through placement on the SBH website, social media and at public meetings. Although no written comments were received, comments and discussions followed public presentations at community meetings. Even with COVID restrictions, significant opportunities were created to hear from the community, to assess if the Community Service Plan 2019-2021 priorities were relevant, give progress reports and conduct the new 2022 Community Health Needs Assessment.

### **III. COMMUNITY HEALTH ASSESSMENT PROCESS AND METHODS**

#### **A. Description of the Community Being Assessed**

For this 2022 Community Health Needs Assessment, Bronx County is the defined community service area. The Bronx population is about 1.47 million (2021) and is home to 17% of New York City's population. It covers 42 square miles and is one of the most densely populated counties in the nation.

The Bronx was New York City's first borough to have a majority of people of color, and it is the only borough with a Latino majority. Ninety percent of Bronx residents are minority residents, higher than any other county. The Bronx is 56.4% Hispanic/Latino of any race, 29.2% Non-Hispanic Black, 9.0% Hispanic White, and 4.6% Non-Hispanic Asian. Only one county in the eastern United States has a lower proportion of Non-Hispanic Whites (13.6%) and a higher proportion of Latinos (69.1%) (Miami-Dade County).

More than one-third (35.3%) of Bronx residents were born outside of the United States, according to the 2020 U.S. Census Bureau, and 55.2% of births among Bronx residents were to foreign-born mothers in 2019, according to New York City Vital Statistics data. In addition, in the Bronx, more people speak a language other than English at home (59.4%) than speak "only English" (40.7%); 47.7% speak Spanish at home.

There has been a growth in the borough's immigrant population. The share of immigrants grew from 29 percent to 36.4 percent in 2017. Nevertheless, it declined in 2018 and 2019 to 1.42 million. Its foreign-born population comes from several parts of the globe, such as the Dominican Republic, China, Mexico, Jamaica, Guyana, and Ecuador.

To meet the legal obligation to provide language access to this diverse population, SBH secured the services of VOYCE Global to provide translation services, including American Sign Language. Additionally, SBH retains a vendor to translate printed materials and provide large print and braille versions of documents. In 2021, VOYCE provided language services in seventy-three languages, 20,356 hours of audio interpretation, and 31,068 video interpretations.

The Bronx is the nation's poorest urban county; 31% of the population lives in poverty (compared to 20.4% citywide), and the median household income is \$40,888 (compared to \$60,231 in Brooklyn, \$68,666 in Queens, \$82,783 in Staten Island and \$86,553 in Manhattan). According to the Bureau of Labor Statistics, the unemployment rate in the Bronx in 2020 and 2021 was 16.9% and 15%, respectively, the highest in New York State.

However, the New York State Comptroller report cited that "prior to the COVID-19 pandemic, the Bronx was on a trajectory of growth. It attracted new residents, especially immigrants, at a higher rate than any other borough and experienced a solid improvement in employment and new businesses." Despite these trends, most Bronx neighborhoods faced higher risks of adverse health and economic outcomes from the COVID-19 pandemic. Characteristics or indicators that reflect economic and social inequities made the Bronx particularly vulnerable.

In 2021, 72.8% of Bronx residents, ages 25 and older, received their high school diploma or GED; this is substantially lower than citywide (87.3%) and statewide (86.8%) attainment rates. The Bronx has the highest proportion of single-parent-headed households with children (58.5%) among New York State counties. About 40% of Bronx children live below the poverty threshold, one of the highest proportions for any county in the United States and the highest for any urban county. In addition, the Bronx is among

New York State's youngest counties, with a median age of 34.8, trailing only Tompkins and Jefferson counties.

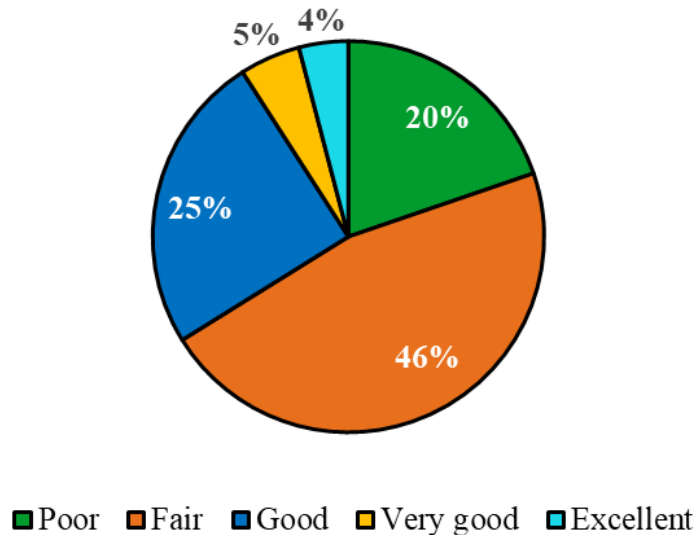
SBH's primary service areas include the following Bronx zip codes: 10457, 10458, 10460, 10456, 10453, 10468, 10459, 10467, 10472, and 10462. Thirty-four percent of SBH patients in 2021 came from 10457 and 10458 - the primary zip codes are primarily in Bronx Community District #6, Belmont/East Tremont. Therefore, special attention is needed to understand their specific healthcare needs and the solutions to address those needs and concerns appropriately. According to the American Community Survey (2019), the poverty rate in Belmont/East Tremont, primary service area, was 40.3% in 2019 compared to 16.0% citywide. According to the 2021 Community Ranking Child Well-Being in New York City Community Districts, Belmont/East Tremont ranks in every category with districts with the highest risk rating for children and youth. A child's physical, mental and emotional health is in the highest risk grouping.

**B. Identification of Health Challenges Facing the Community**

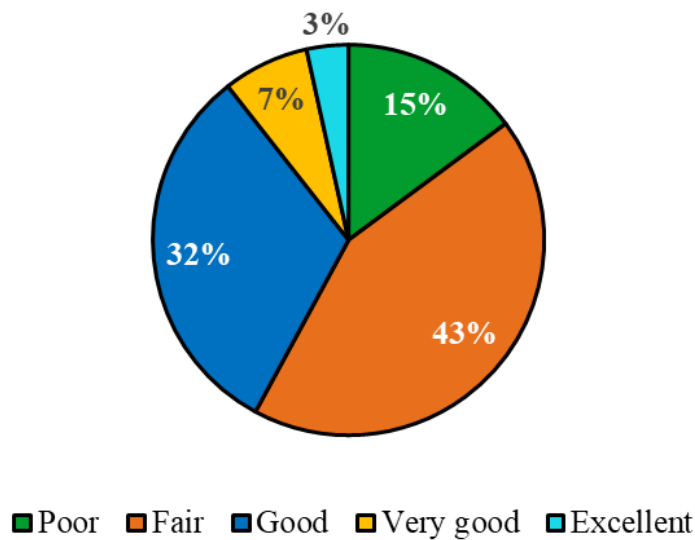
*“The Bronx has the lowest levels of socioeconomic status, health, and education in New York City, along with diminished access to healthy and nutritious foods, thus representing the poorest economic determinants of health, placing it at the highest risk when facing a health crisis such as the COVID-19 pandemic” (SBH Health Crisis Management in Acute Care Hospitals, 2022)*

The Bronx remains a hotspot for excess mortality, diabetes, obesity, asthma, drugs/opioids, and HIV/AIDS in New York City. In addition, the community is negatively affected by social determinants of health (SDOH). The Bronx has the poorest socioeconomic determinants of health in New York City and one of the lowest in the United States.

**Overall Health of the SBH Primary Service**



### Overall Health of the Bronx Community



Data Source: 2022 SBH Community Health Survey, n=329 (blank responses were excluded). 2022 Bronx Community Health Survey, n=1413 (blank responses were excluded). Note: A qualified respondent is age 18+ and living within the service area.

The challenges faced by marginalized communities, like the community SBH serves, are years in the making and have deep roots. COVID-19 exposed years of neglect by all sectors of society. The barriers that such communities must overcome are numerous. Safety net hospitals, like SBH, are at the forefront of a war to eliminate health disparities and achieve health equity.

The community faces multiple, complex, health and social needs. According to the 2022 County Health Rankings & Roadmaps, the Bronx ranks 62 out of 62 counties in New York State regarding health outcomes and factors. In addition, according to 2018 NYC Community Health profiles, the Bronx has the highest rate of unmet medical care in New York City.

About 40% of Bronx children live below the poverty threshold, the eighth highest proportion for any county in the United States and the highest for any urban county.

According to NYC Vital Statistics, the Bronx has the lowest proportion of infants exclusively breastfed in the hospital. The New York City rate is 43.4%, and the Bronx rate is 28.2%. According to NYC DOHMH's Bureau of Vital Statistics, the percentage of live births receiving late prenatal (after first and second trimesters) or no prenatal care is the highest in the Bronx at 13.1%; Belmont-East Tremont is 15.5%; NYC's overall rate is 6.8%.

The top inpatient discharges and reasons for treat-and-release ED visits at St. Barnabas Hospital in 2021 are substance abuse (alcohol and opiates), COVID-19, respiratory illnesses (asthma and COPD), behavioral diagnosis, sepsis, and hypertension (Appendix B).

Bronx residents experience higher than average rates of preventable hospitalizations among adults. The Bronx rate is 2,091 per 100,000; the overall NYC rate is 1,033. In addition, according to New York City Community Health Profiles, the Bronx has the highest rate of premature deaths. The Bronx rate is 229.4 per 100,000 people, and NYC is 169.5 per 100,000.

According to the 2022 SBH & Bronx County CHNA Survey, 35% of respondents reported there were no available appointments or could not get an appointment soon enough to receive in-person medical care in

the last 12 months. In addition, 25% of respondents reported the same exact reason for not being able to receive telehealth services within the previous 12 months.

### **1. Impact of COVID-19 Pandemic**

*“Prior to COVID-19 the life expectancy of a Manhattan resident was 85 compared to 73 in the Bronx, with the Bronx having higher rates of preexisting conditions like asthma, heart disease and obesity - as underlying conditions that increase risk of severe COVID-19 illness” (SBH Health Crisis Management in Acute Care Hospitals, 2022)*

SBH Health System is committed to being in the vanguard of healthcare providers adopting innovative programs to serve the community better. At all levels, SBH personnel were tested to provide life-saving services during the experience of a lifetime - the COVID-19 pandemic. Before COVID-19, the community faced extreme health disparities and was considered the unhealthiest county in New York State. The COVID-19 crisis had a devastating impact on Bronx residents.

As previously stated, before the COVID-19 pandemic, the Bronx was progressing in many aspects. The growth trajectory was triggered by development of new businesses, improved employment rates, and higher rates of new residents, particularly immigrants, than in any other borough. Unfortunately, the COVID-19 pandemic put a significant dent in that progress.

The pandemic exposed long-standing inequities in healthcare. In addition, COVID-19 transmission within at-risk communities increases the likelihood of an overburdened healthcare delivery system. These demographics set the stage for the profound impact of the COVID-19 health crisis on the Bronx population. It was a perfect storm.

The profile of Bronx residents placed them at higher risk for adverse outcomes due to COVID-19. A contributing factor to the Bronx's high COVID -19 mortality rate, it ranks last in NYS regarding health outcomes and factors. For example, Bronx residents have the highest asthma, diabetes, cardiovascular disease, and obesity rates, all considered high-risk factors for not surviving COVID-19.

According to a report prepared by the New York State Comptroller's Office on the impact of COVID-19 in the Bronx, although the Bronx did not have the highest rate of COVID-19 cases among the City's boroughs, outcomes in the Bronx were more severe, with the highest hospitalization and death rates.

The COVID-19 pandemic exacerbated the community's challenges and required extraordinary efforts by personnel to meet the needs of Bronx patients. According to Johns Hopkins University's Coronavirus Resource Center, the Bronx is one of the top 25 counties in the US with confirmed cases and one of the top 10 counties by the number of deaths (as of 11/6/22).

Data on COVID-19 cases, hospitalizations, and deaths for zip codes also illustrate differences between community districts ranked in the highest risk category compared to those in the lowest risk category. For example, in the Bronx, most community districts are ranked the highest for being at risk, with the highest rate of COVID-19-related deaths.

According to New York City Department of Health & Mental Hygiene COVID-19 data, within SBH's home zip code 10457, where most residents are people of color (Latino and Black), one of every three people have been diagnosed with COVID, and 355 residents have died. The data also indicates that the case and death rate is higher in zip code 10457 than the Bronx and New York City. According to the 2022 SBH & Bronx County CHNA Survey, 21% of respondents reported COVID-19 as one of the many reasons they could not get medical care in person within the last 12 months.



SBH Health System performance during the dramatic COVID-19 surge in March and April of 2020 was noteworthy and specifically lauded by FDNY, EMS, leadership, and other community stakeholders. The SBH ED accommodated ambulance volumes without diversion, far exceeding the performance of other Bronx hospitals. As a stand-alone safety net institution, the lean leadership hierarchy enabled quick and effective decision-making at the floor level. These decisions were encouraged by an Emergency Department layout that allowed SBH to 'flip' or re-purpose zones as 'infectious' or 'noninfectious' depending on demand.

“Health Crisis Management in Acute Care Hospitals: *Lessons Learned from COVID-19 and Beyond*,” published in the spring of 2022, is the collaborative effort of dozens of SBH clinicians, administrators, and support staff. It examines the story of SBH Health System in preparing for and managing the rapidly escalating surge of severely ill patients. It contains a wealth of lessons in health crisis preparedness and management at all levels and how it affected the healthcare system during the height of the COVID-19 pandemic. Within three weeks, SBH increased its in-patient capacity by 50%. During the same short time, it expanded its critical care capacity by more than 500%, providing critical care to severely ill patients on ventilators.

This book chronicles the situation step by step and describes how this accomplishment was done. Accounts from the frontline health workers and the clinical and administrative leaders describe essential aspects of crisis management, such as team building, multi-departmental coordination, effective communications, dynamic decision-making in response to rapidly changing situations, maintaining morale and caring for the healthcare workers, and managing the supply chain. The book serves as a “how to” guide for implementing those skills necessary for crisis management.

## 2. Significant Indicators

**Mortality Rates and Causes of Death:** From 1999 through 2019, the age-adjusted mortality rate in the Bronx declined by 31.8% (from 956.8 to 652.8 per 100,000). Despite this improvement, the Bronx has a higher age-adjusted rate of about 20% higher than the rest of New York City. The age-adjusted <sup>^</sup>75y mortality rate (e.g., premature mortality) is 52% in the Bronx and 44% in New York City.

The leading causes of death in the Bronx are heart disease (194.7 per 100,000), cancer (132.9), unintentional injuries (37.5), influenza/pneumonia (25.1), stroke (25.8), diabetes (28.2), and chronic lower respiratory disease (23.8). About 64.2% of unintentional injury deaths are related to drug/alcohol overdoses. The most common causes of cancer death include lung, colorectal, blood cancer, breast cancer and pancreatic cancer.

Compared to the rest of New York City, the Bronx has an excess mortality rate for the following causes: viral hepatitis, anemias, HIV/AIDS, essential hypertension, hypertensive kidney disease, septicemia, influenza and pneumonia, unintentional injuries, assault/homicide and chronic liver disease and cirrhosis.

While the rate of assault related hospitalizations has decreased in the Bronx and across New York City, it remains the highest in the Bronx compared to other boroughs. In the Bronx, the rate of assault related hospitalizations is about two times higher among those who are non-Hispanic Black compared to Hispanic or non-Hispanic White populations.

**Diabetes:** According to the New York City Department of Health & Mental Hygiene – Community Health Survey in 2021, 15% of adults in the Bronx reported being previously diagnosed with diabetes, compared to 11.4% citywide. From 2011-2022, the prevalence of diabetes among Bronx adults has increased. In addition, the prevalence of diabetes is significantly higher among Latino and non-Hispanic

Black residents of the Bronx and those with less education. According to the New York State Department of Health, the average (age-adjusted) rate of hospitalizations for short-term complications of diabetes in the Bronx was 40 per 10,000 in 2019, which is significantly higher than the New York City rate of 22.6 and the statewide rate of 16.5 per 10,000.

**Obesity:** In 2021, based on data from the American Community Survey, the Bronx had the highest prevalence of adult obesity (defined as body mass index  $\geq 30$  kg/m<sup>2</sup>) than in any other borough of NYC; 34% compared to 27.4% citywide. The prevalence of obesity has increased by 21.4% in the Bronx since 2011. Unlike the rest of the city, the upward trend in obesity prevalence in the Bronx has not stabilized. Similar to adult obesity, the Bronx has the highest rates of obesity among children, 16.2% vs. 13.8% in the rest of New York City. The prevalence of obesity among children does not appear to be declining over time. Males and those who are Hispanic or non-Hispanic Black are more likely to be obese.

**Asthma:** According to the New York City Department of Health and Mental Hygiene - Community Health Survey in 2017, 17.0% of Bronx adult residents reported being diagnosed with asthma (13.4% citywide). According to the NYS DOH, the rate of emergency department visits for asthma in the Bronx was 33.6 per 10,000 in 2019. The Bronx rate is more than twice that of NYC overall (15.4 per 10,000) and 5-times the statewide rate (6.6 per 10,000). In addition, asthma ED visits have increased for most of the Bronx except for the 10471, 10464, 10463, 10470, and 10465 zip codes. Rates are exceptionally high in the South Bronx (zip codes: 10454, 10451, and 10455).

**HIV/AIDS:** Based on data from the New York City Department of Health and Mental Hygiene in 2020, the Bronx (21.6 per 100,000) has the highest incidence (new cases) of HIV in New York City. Despite this difference, the trends in HIV incidence in the Bronx are encouraging. The HIV incidence rate in the Bronx has declined approximately 78.7% from 2001 to 2020, from 101.4 per 100,000 to 21.6 per 100,000.

**Drugs & Opioids:** In 2014, the age-adjusted mortality rate of accidental drug overdoses was 12 per 100,000. By 2020, this increased by 245% (41.4 per 100,000), making it a leading cause of death among Bronx residents. The death rate from drug overdoses is now higher than that of diabetes or chronic lower respiratory disease. In 2020, the New York City Department of Health & Mental Hygiene reported that 537 Bronx residents died of drug overdoses – accounting for 26% of all drug fatalities citywide.

In addition, the Bronx has the highest opioid burden (a measure that combines non-fatal and fatal overdoses data) rates in New York State of 510.4 per 100,000 compared to 296.6 per 100,000 in New York City and 261.2 per 100,000 statewide.

**Oral Health:** According to New York State Behavioral Risk Factor Surveillance System (2020) the number of adults who had a dentist visit within the past year is lower in the Bronx than in any other borough. In 2018, the age-adjusted percentage of adults who had a dentist visit within the past year was 61.5%.

According to New York State Medicaid and Child Health Plus (2021), the Bronx also had the lowest percentage of children with at least a single dental visit. In 2019, the rate of children (ages 2-20 years) with at least one dental visit in government sponsored insurance programs was 56.8%.

The Bronx has the highest age-adjusted oral cavity and pharynx cancer mortality rate, 3.3 per 100,000 (NYS Cancer Registry 2020). In the 2022 SBH and Bronx County CHNA Survey, dental care ranked highest based on importance. Respondents reported dental care service in their neighborhood as more than satisfactory.

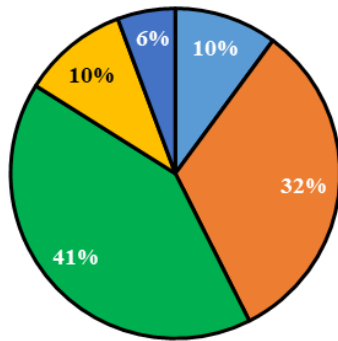
#### IV. DISCUSSION OF THE CONTRIBUTING CAUSES OF THE HEALTH CHALLENGES

*“Of all forms of inequality, injustice in health is the most shocking and inhuman.”*

*- Dr. Martin Luther King Jr.*

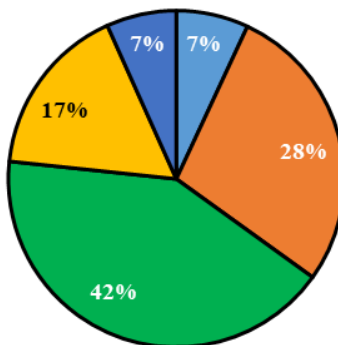
The conditions that shape health, commonly referred to as Social Determinants of Health, such as financial resources, access to healthy foods, and safe and affordable housing, to name a few, result in significant differences in health outcomes, such as disease severity, life expectancy, and infant mortality. Those who experience poor social and economic circumstances — including low income, poor education, insecure employment, food insecurity, and inadequate housing — have worse health from birth and throughout life. Such negative factors are prevalent within the Bronx population.

*Overall Physical Health of the People in the Neighborhood*  
**Overall Physical Health of the SBH Primary Service Areas**



■ Poor ■ Fair ■ Good ■ Very good ■ Excellent

**Overall Physical Health of the Bronx Community**



■ Poor ■ Fair ■ Good ■ Very good ■ Excellent

Data Source: 2022 SBH Community Health Survey, n=329 (blank responses were excluded). 2022 Bronx Community Health Survey, n=1413 (blank responses were excluded). Note: A qualified respondent is age 18+ and living within the service area.

SBH Health System serves a community with multiple, complex health and social needs. The Bronx has enormous health needs that require various partners and resources. According to 2018 NYC Community Health profiles, the Bronx has the highest rate of unmet medical care in New York City.

As the population in the Bronx is exceptionally diverse, improvements in the general population's health must address racial/ethnic and socioeconomic drivers of health disparities. In addition, SBH must address language barriers and cultural factors. SBH recognizes that a community's most significant challenges are complex and often linked with other societal issues that extend beyond health care services.

## **A. Behavioral Risk Factors**

### **1. Gun Violence Pandemic Is a Public Health Crisis**

*“Each and every child in this country is valuable because they are our future as a society. We cannot afford to lose a single child to ill-health, under-education, abuse, addiction, jail, or gun violence. America’s highest goal should be for every child to grow up to be a successful young adult – healthy, educated, free, secure, and a good citizen.” - John F. Kerry*

*We pray for all the victims of violence and their families who are suffering, but we are going to do more than pray — we’re going to turn our pain into purpose.” - New York City Mayor Eric Adams*

According to the CDC, firearms were the leading cause of death in 2020 for children one and older for the first time. New York State and New York City have implemented initiatives to prevent children and young adults from getting involved in crime to stop the problem at its inception.

Fewer than 64 minors were shot in both 2018 and 2019. 2017 to 2019 was the safest period in New York City since 1993. During 2020 and 2021, gun violence in New York City increased significantly from 777 shootings in 2019 to over 1500 in 2021. Across the country, almost every large city saw similar increases.

Experts warn of long-term schooling and health setbacks for students exposed to gun violence. In 2021, in NYC, 138 young people were struck by bullets. In 2021, twenty-one children and teenagers were killed, more than double the number in 2020. In 2022, we are on track to match or exceed this number.

The concentration of gun violence in a few neighborhoods has remained unchanged for decades. Major sections of the Bronx have achieved this dangerous status. The summer of 2020 was the city’s most violent summer since 1996. In 2021, the Bronx and Brooklyn had two-thirds of the city’s shootings. However, in 2021, shootings in Brooklyn declined by 20% from 2020, while shootings in the Bronx rose by 31%.

According to the County Health Rankings & Roadmaps for violent crime, Bronx County scored at 586, while overall, NYC is 379. The Belmont/East Tremont district is a primary service area. Compared with the citywide rate, Belmont/East Tremont has a higher rate of assault-related hospitalizations than the Bronx and NYC. Belmont's rate is 152 per 100,000; Bronx County is 113 per 100,000; NYC is 59 per 100,000. In 2021, Belmont/East Tremont, was number seven of the top ten police precincts in gun violence.

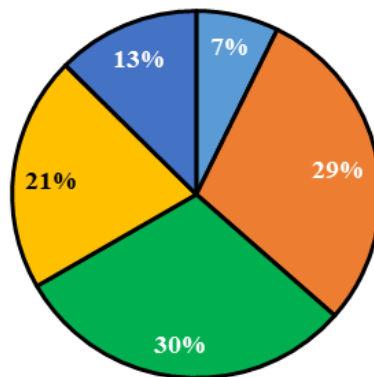
Research increasingly shows that gun violence is a health issue needing a health approach in response. A health approach focuses on preventing events, providing treatment for people at the most risk, and changing social expectations. Reducing violence means safer and healthier communities in response. For example, New York City and New York State have expanded programs that provide violence intervention services at hospitals, where victims of gun crimes are taken following shootings or assaults. SBH operates one of those Hospital-Based Violence Intervention Programs, and it is SBH’s number one priority project.

## 2. Mental Health & Depression

According to the 2022 SBH & Bronx County CHNA Survey, for Bronx County, 38% of respondents have reported experiencing anxiety or depression in the last 12 months. Similarly, about 30% have said their overall mental health was poor to fair. For SBH’s primary service areas, 40% have reported experiencing anxiety or depression in the last 12 months. Similarly, 37% said their overall mental health was poor to fair. Based on survey results, mental health is in the top five of the leading responses for Bronx County for areas that need the most attention.

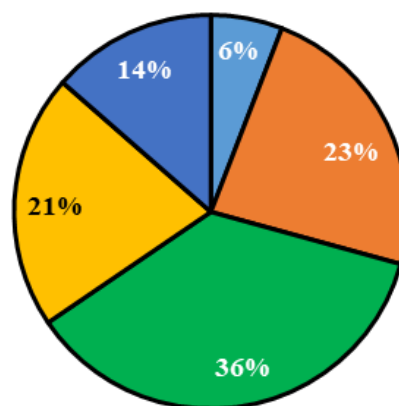
### *Overall Mental Health of the People in the Neighborhood*

#### **Overall Mental Health of the SBH Primary Service Areas**



■ Poor ■ Fair ■ Good ■ Very good ■ Excellent

#### **Overall Mental Health of the Bronx Community**



■ Poor ■ Fair ■ Good ■ Very good ■ Excellent

Data Source: 2022 SBH Community Health Survey, n=329 (blank responses were excluded). 2022 Bronx Community Health Survey, n=1413 (blank responses were excluded). Note: A qualified respondent is age 18+ and living within the service area.

The pandemic's disruption and upheaval have negatively affected young people. Medical groups have declared an emergency in child and adolescent mental health, exacerbated by isolation, uncertainty, and grief.

New York City's Community Health Survey in 2017 reported that the Bronx has a higher percentage of current depression than any other NYC borough, with prevalence decreasing as the education level increases. Like all other health issues, mental health worsened due to the COVID-19 pandemic.

The Bronx continues to have a much higher rate of depression than any other borough. The Bronx contains three out of the top five neighborhoods with the highest prevalence of depression (NYC Mayor's Office of Community Mental Health 2022). The neighborhoods with the highest prevalence of current depression are the South Bronx at 16.9%, Kingsbridge – Riverdale at 14.2%, and Fordham – Bronx Park at 14%.

## **B. Environmental Factors**

In the New York City Resident Survey in 2017, Bronx residents consistently scored the quality-of-life issues below the overall rate compared to the other boroughs. The overall average for considering their neighborhood as a place to live in a positive light was 62.6%. Bronx residents scored 42.5%. The overall rate for a positive quality of life was 51.2%. Bronx residents scored it at 40.7%.

According to county health rankings, 39% of Bronx residents experience severe housing problems. Overall, in NYC, 24% of the population experience this. The Bronx has the largest share of renters of any county in New York State; more than 80% of Bronx households rent their apartments. Nearly 12 percent of all renters in NYS are in the Bronx, despite the county having fewer than 7 percent of the NYS households. In 2022, almost 60% of Bronx renters faced a higher rent burden than any other county.

According to RentHop (a home search website), the Bronx logged the most frequent complaints about heat and hot water in New York City – 659.7 per 10,000 households from October 2021 to January 2022. Reviewing the top 20 neighborhoods with outstanding complaints this year, 17 of them, or 85%, are neighborhoods located in the Bronx.

High-poverty neighborhoods in the Bronx, like our service area, have the highest rates of asthma-related morbidity persistently compared with the rest of New York City. This is because residents often live in poorly maintained, substandard housing, subject to several common environmental asthma triggers, including pests, dust, mold, and smoking. These environmental triggers in turn increase the frequency and severity of asthma symptoms and exacerbations.

In addition to household exposures, other well-documented risk factors of asthma may cause disparities in asthma-related outcomes among low-income communities. For example, environmental injustice, such as inequitable exposure of poor and minority populations to environmental hazards such as air pollution, and neighborhood-level economic and social stressors (i.e., stress, crime, poverty), contribute to high asthma rates and poor health outcomes.

With the shift to full-time remote learning and work after the onset of the COVID-19 pandemic, the need for affordable high-speed internet access at home increased sharply in the city. As of 2019, the Bronx had the lowest share of households with cable, fiber optic, or DSL broadband in New York City. SBH's primary service area, Belmont/Crotona Park East/East Tremont, has one of the lowest rates of households (less than 60%) with broadband in the Bronx.

### **C. Socioeconomic Factors**

The Bronx is the poorest county in New York State, with approximately 28% of residents living in poverty. In the Belmont/East Tremont district, SBH's primary service area, the poverty rate is 31%.

The Bronx has significantly higher unemployment rates. In May 2020, due to the COVID-19 pandemic, the unemployment rate for the Bronx peaked at nearly 25%. That rate is likely to have been topped only once in the last century, during the Great Depression. According to the Bureau of Labor Statistics, the unemployment rate in the Bronx in 2021 was 15%, still the highest in New York State.

Before COVID-19, more than 70% of the Bronx workforce worked in essential or face-to-face industries. As a result, fewer Bronx residents could maintain employment by working remotely. In addition, people in the Bronx tend to live in smaller apartments making isolation and social distancing increasingly problematic, which means a higher likelihood of virus transmissions. In addition, they were more likely to travel by public transportation.

Moreover, almost one-third of all residents lived in poverty before the pandemic, and many others live paycheck to paycheck, which is devastating. The Bronx has characteristics that reflect economic and social inequities, such as lower household incomes, higher poverty rates, jobs less conducive to remote work, and a higher share of minority residents, making the Bronx particularly vulnerable to the COVID-19 pandemic.

In 2021, 72.8% of Bronx residents, ages 25 and older, received their high school diploma or GED; this is substantially lower than citywide (87.3%) and statewide (86.8%) attainment rates.

According to Feeding America, Bronx County has the highest rates of food insecurity. 16.4% of residents in the Bronx live in food-insecure homes. In addition, 25% (1 in 4) of Bronx children live in food-insecure households. In the Bronx, 34.6% of households received Supplemental Nutrition Assistance Program (SNAP, formerly referred to as food stamps) benefits, compared to 10.7% in New York State overall and 18.6% in the rest of NYC (excluding the Bronx). Fifty-six percent of children under 18 years old lived in a household that received some form of public assistance (including Supplemental Security Income [SSI], cash assistance, or SNAP/food stamps), compared to 26.9% statewide and 29.6% in the rest of New York City.

According to The City, a New York nonprofit, nonpartisan, digital new platform, in a report issued on August 2, 2022, found that in 2020, the Bronx was the poorest county in New York State. However, the child poverty rate was 30.6% in 2020 - a nearly six percentage point decline in just one year and the steepest drop in any county in at least two decades. The contributing factors to the decline were federal aid and policies, including an eviction moratorium. Due to the termination of federal funding or policies, this decline is not expected to continue. However, it indicates that increased financial assistance and concurrent policies can lower poverty rates.

### **D. Policy Environment**

Policies by various levels of government affect whether social determinants of health can contribute to adverse health outcomes. Focus by all levels of government is required to address the severe health disparities faced by Bronx residents.

In July 2021, New York State formally declared gun violence as a public emergency, allowing more flexibility for the state to spend money on gun violence prevention and intervention services immediately. In January 2022, New York City Mayor Eric Adams issued a policy statement, "BluePrint to End Gun

Violence.” It stated that “New York City has been tested to its core in the first month of 2022. These weeks have been among the most violent in recent memory, most of it caused by a crisis of gun violence that continues to plague our communities. It has tragically reached our young people working late to support their families, even a child not yet one-year-old. Gun violence is a public health crisis threatening every corner of our city.”

Research increasingly shows that gun violence is a health issue needing a health approach in response. A health approach focuses on preventing events, providing treatment for people at the most risk, and changing social expectations. Reducing violence means safer and healthier communities in response. New York City and New York State have expanded programs that provide violence intervention services at hospitals, where victims of gun crimes are taken following shootings or assaults. SBH operates one of those Hospital-Based Violence Intervention Programs, and it is SBH’s number one priority project.

The New York City Department of Health & Mental Hygiene noted poorer health outcomes in low-income, minority communities where economic stress and discrimination can limit access to quality health care. Analysis of the correspondence between COVID-19 health outcomes in the Bronx and median household income and the share of minority residents found an association with more severe health impacts. Neighborhoods in the City that had a higher share of marginalized residents generally experienced higher COVID-19 cumulative case rates and death rates.

The Bronx is affected by poor or inconsistent life-saving services. According to the New York City Independent Budget Office, paramedic response times are slowing down in all boroughs for Advanced Life Support (ALS) emergencies. The swiftness of paramedic response times in the Bronx decreased to 47.5% in 2019 and continues to decrease to 35.1% in 2022 (January – June 2022). The Bronx and Queens have consistently had (and still have) among the lowest percentage of ALS-level medical emergencies responded to by a paramedic within 10 minutes.

### **E. Medically Underserved Area and Healthcare Provider Shortage Area Population**

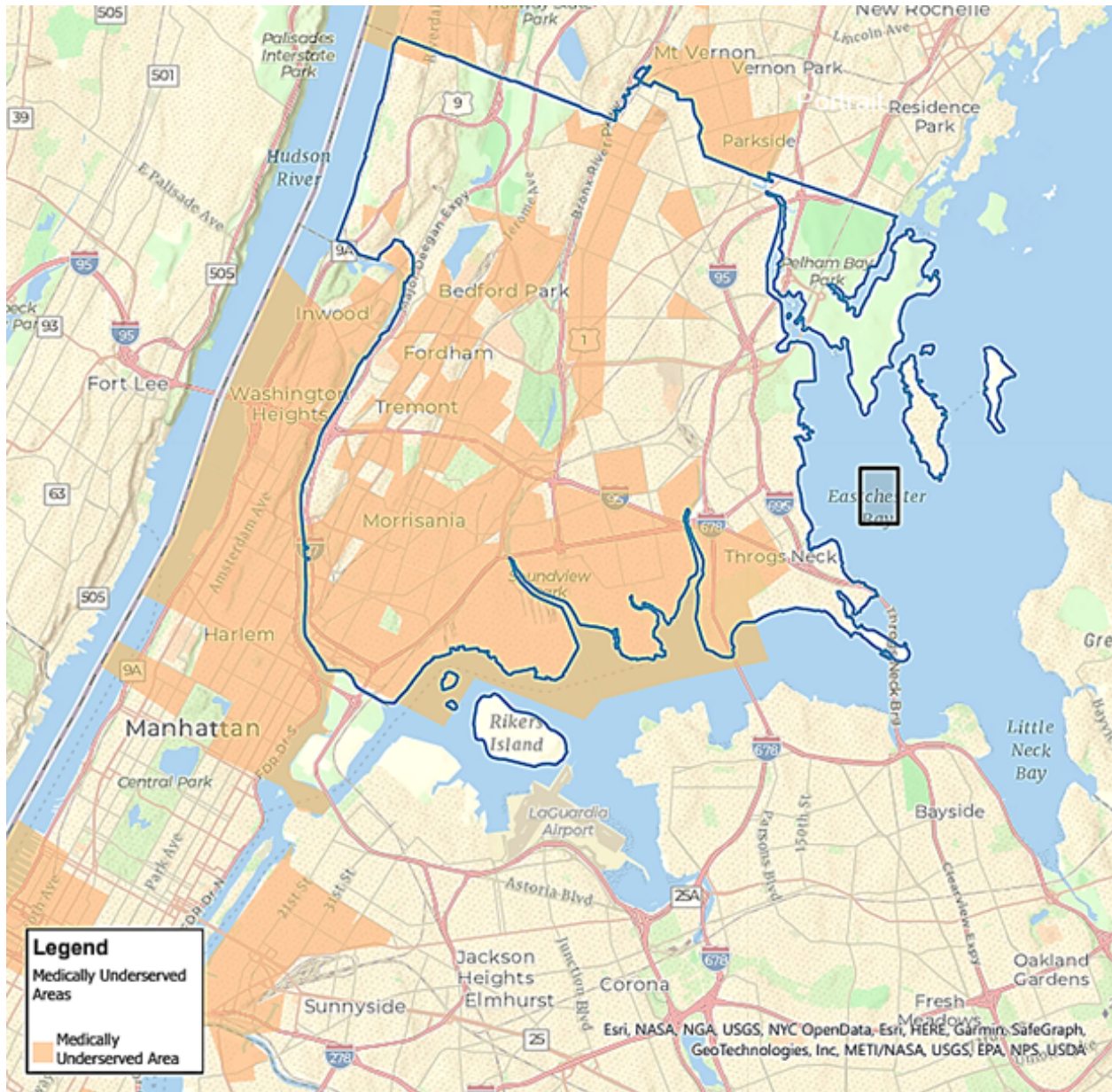
Due to various economic and social determinants, the Bronx has a long history as a medically designated underserved area or has a shortage of providers. These designations, Medically Underserved Area Population (MUA) and Healthcare Provider Shortage Area (HPSA), originate from the Health Resources and Services Administration (HRSA).

The MUA designation applies to a neighborhood or collection of census tracts based on four factors: the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. The Healthcare Provider Shortage Areas (HPSA) designation is for a collection of census tracts with a shortage of health professionals. There are three categories of HPSAs: primary care (shortage of primary care clinicians), dental (shortage of oral health professionals), and mental health (shortage of mental health professionals). HPSAs are designated using several criteria, including population-to-clinician ratios. This ratio is usually 3,500 to 1 for primary care, 5,000 to 1 for dental health care, and 30,000 to 1 for mental health care (HRSA).

The Bronx has 18 MUA neighborhoods, with a population of more than 900,000 or more than 60% of the county population (See Figure 1- page 34). In addition, the Bronx has six Medicaid Primary Care Health Professional Shortages Areas (HPSA) designated neighborhoods (Pelham, Crotona, Northeast Bronx, High Bridge, Fordham, Hunts Point), which cover 93.7% of the county population (See Figure 2- page 35). The Bronx also has six Medicaid-eligible mental health HPSAs (Pelham, Crotona, High Bridge, Fordham, Hunts Point, Riverdale), covering 84.2% of the Bronx population.

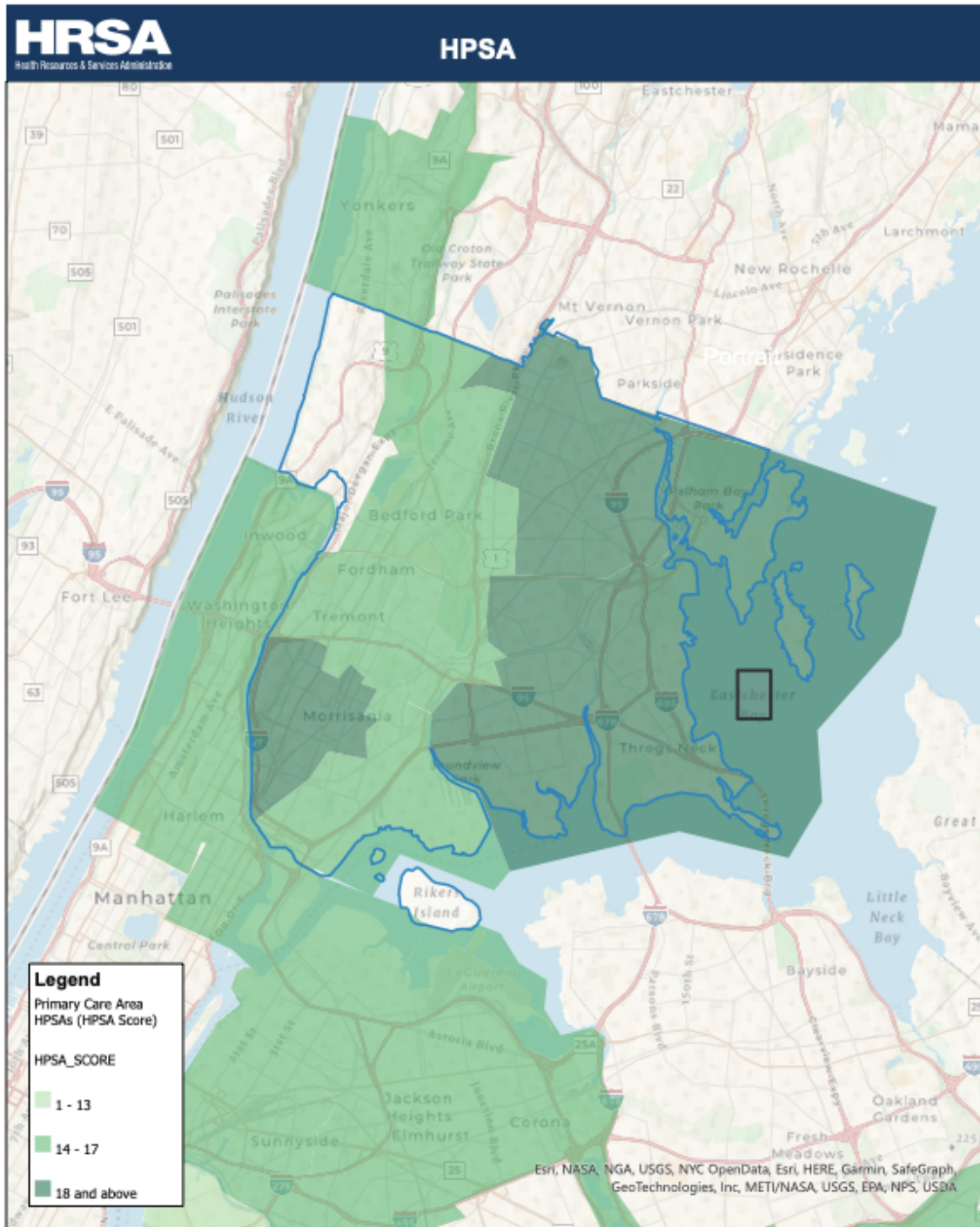


**Figure 1:** Map of Medically Underserved Areas (MUA) in the Bronx, 2022



Data Source: Division of Data and Information Services Office of Information Technology Health Resources and Services Administration, 2022.

**Figure 2: Map of Primary Care Health Professional Shortage Areas (HPSA) in the Bronx, 2022**



[data.HRSA.gov](https://data.HRSA.gov)

Prepared by:  
Division of Data and Information Services  
Office of Information Technology  
Health Resources and Services Administration  
Created on: 7/19/2022

Data Source: Division of Data and Information Services Office of Information Technology Health Resources and Services Administration, 2022

## V. DATA COLLECTION PROCESS

### A. Primary Data Collection

#### **Community Health Needs Assessment (CHNA) Survey Collaborative Overview**

In early 2022, Greater New York Hospital Association (GNYHA) offered member hospitals and health systems, which includes SBH Health System, the opportunity to participate in the GNYHA Community Health Needs Assessment (CHNA) Survey Collaborative. The collaborative supported participating members' primary data collection efforts to meet the requirements of the Federal CHNA and the New York State Community Service Plan (CSP) by gathering information on community health needs and engaging with community members. A diverse group of GNYHA member hospitals participated in the 2022 collaborative, including SBH Health System, community and safety net hospitals, small health systems, and large academic medical centers. GNYHA developed a health needs assessment survey with member input, made the survey available in various languages on paper and online, collected the data and analyzed the results, and created custom reports for each participating hospital. Member hospitals recruited participants from their communities to respond to the survey, and more than 17,600 community members responded.

#### **Collaborative Survey Design**

The CHNA collaborative survey is an abbreviated version of the 2022 GNYHA Model Community Health Needs Assessment Survey. GNYHA members provided input in multiple stages through a collaborative and iterative process. GNYHA developed the survey using best practice approaches in survey design and needs assessment. The survey used validated questions from existing surveys such as the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (CDC BRFSS) and the New York City Department of Health and Mental Hygiene's Community Health Survey (NYC CHS). GNYHA sought to minimize respondent burden by keeping the survey length to a minimum. Community members could complete the survey online in a format compatible with mobile devices.

Before the collaborative survey began, participating hospitals gave GNYHA a list of the counties or zip codes where the hospital would field the survey. GNYHA attributed respondents who lived in a hospital's survey service area to that hospital. Hospitals recruited members of their community to participate in the survey and entered data from paper surveys online. Each hospital received a report with data from respondents who live in that service area.

#### **Collaborative Survey Results**

Approximately 17,600 community members responded to the survey, and about 70% completed the entire survey. Community members qualified for the survey if they were age 18 and above and lived within any of the geographic areas identified by the members as their hospital's service area. During the survey fielding period, GNYHA held member forums in which the members shared best practices and challenges in recruiting community members for the survey. GNYHA produced biweekly geographic and demographic reports summarizing the responses in their service area, which allowed hospitals to adjust their dissemination strategy.

Following the survey's close, GNYHA provided SBH with a report that summarized the survey responses and respondent demographics, and a spreadsheet with the processed respondent-level data for their service area, allowing for participating hospitals to conduct additional analyses. GNYHA also provided

technical assistance to each hospital to interpret their results and identify areas of need, and created custom reports as requested by members.

### **SBH Health System Implementation of the Survey**

The survey was available in both English and Spanish. Half-page handouts were made in English and Spanish and given at community events with a QR code that automatically linked the participants to the online survey. The survey was designed to be completed in less than five minutes. The survey included questions on what community members perceived as the priority health concerns in their community. SBH asked participants to identify what intervention strategies would benefit their community most. Lastly, participants were also asked to identify their health priorities.

Based on SBH prior work in this area, we often see a discontinuity between responses to the “community” and “individual” questions. Therefore, a menu of more than 20 areas/topics were included for each of these questions. These categories were chosen to align with the 2019-2024 New York State Prevention Agenda Focus Areas. Beyond questions specifically related to community health concerns, participant demographic and health status data were collected. Copies of the English and Spanish versions of the paper survey are provided in Appendix A.

Survey participants were sought using various approaches:

- E-mails were sent to the relevant list with links to the survey.
- Health fairs and other events staffed by SBH Health System personnel
- Critical partners strategically disseminated surveys, including the NYC Department of Health & Mental Hygiene and the SBH Health System.

Paper copies were manually entered into the online survey tool at GNYHA to analyze the data. The following pages will show the survey results in several tables, plus a summary of the outcomes.

The survey captured a reasonable age distribution of Bronx residents, though adults ages 25-34 years are slightly overrepresented in the survey. Respondents from 10467, 10456, and 10458 are overrepresented in this survey, as they make up more than 30% of respondents alone. Typical of surveys like this, women are overrepresented. Women are more likely to participate in community events and activities and are more likely to complete surveys. The survey captured an increased proportion of more highly educated residents in the Bronx, but the race/ethnicity distribution is comparable.

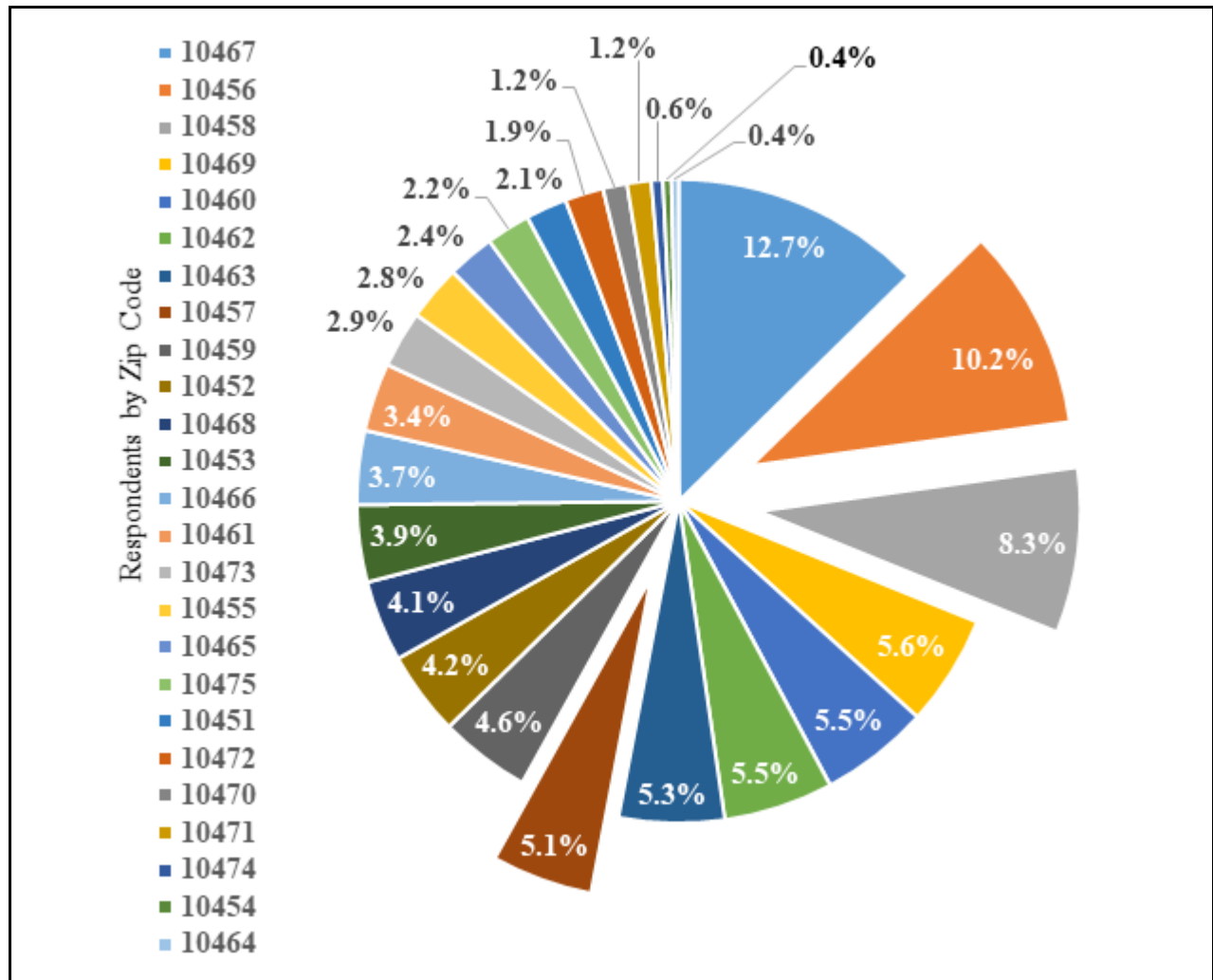
**Table 1.**

*Socio-demographic Comparison of the 2022 SBH Community Health Survey and Bronx Population from the American Community Survey, 2020*

	Percent (%)		
	SBH Community Health Survey (n=329)	Bronx Community Health Survey (n=1413)	American Community Survey, 2020
<b>Age</b>			
18 – 24	2.8	4.3	9.9
25 – 29	4.2	4.8	8.4
30 – 44	22.2	22.3	20.2
45 – 64	50.5	43.9	23.7
65 – 74	15.7	16.3	7.2
75+	4.6	8.4	5.6
<b>Sex</b>			
Male	21.2	19.9	47.1
Female	78.4	79.3	52.9
<b>Education</b>			
<High School	23.0	15.8	26.6
=High School	24.9	18.8	27.7
Some College	20.7	24.0	25.4
College or More	31.3	41.4	20.3
<b>Race/Ethnicity</b>			
Hispanic	61.9	57.5	56.4
Non-Hispanic Black	30.8	26.3	29.2
Non-Hispanic White	2.4	9.6	9.0
Non-Hispanic Asian	2.0	3.4	4.6
Other	2.8	2.7	0.8
<b>Primary Language Spoken at Home</b>			
English	62.5	67.9	40.7
Spanish	36.2	29.6	47.7
Other	1.3	2.5	11.6

Data Source: American Community Survey, 2020. 2022 SBH Community Health Survey, n=329 except for race/ethnicity where n=147 (blank responses were excluded). 2022 Bronx Community Health Survey, n=1413 except for race/ethnicity where n=110 (blank responses were excluded). Note: A qualified respondent is age 18+ and living within the service area. Percentages may not add up to 100% because respondents could choose more than one option.

*Respondents by Zip Code: 2022 SBH & Bronx County Community Health Needs Assessment Survey, 2022*



Data Source: 2022 SBH Community Health Survey, n=329 (blank responses were excluded). 2022 Bronx Community Health Survey, n=1413 (blank responses were excluded). Note: A qualified respondent is age 18+ and living within the service area.

Respondents from 10467, 10456, and 10458 make up over 30% of respondents alone. SBH's Immediate Service Area has the second highest response rate and accounts for almost 25% of the total respondents.

The column of zip codes to the left of the chart is ordered from the most number of respondents (10467) to the least number of respondents (10464).

**Table 2.**  
*Community Priorities Ranked by Importance in the SBH & Bronx County Community Health Needs Assessment Survey, 2022*

Health Priority		
Rank	SBH Primary Service Areas (n=329)	Bronx County (n=1413)
1	Dental Care	Dental Care
2	Violence	Violence
3	Mental Health	Mental Health
4	Asthma/Breathing Problems or Lung Disease	COVID-19
5	Access to Healthy/Nutritious Foods	Access to Healthy/Nutritious Foods
6	COVID-19	High Blood Pressure
7	Heart Disease	Heart Disease
8	Adolescent and Children's Health	Women's and Maternal Health Care
9	Diabetes	Diabetes
10	Obesity in Children and Adults	Asthma/Breathing Problems or Lung Disease
11	High Blood Pressure	Cancer
12	Cancer	Adolescent and Children's Health
13	Women's and Maternal Health Care	Elder Health Care
14	Elder Health Care	Obesity in Children and Adults
15	Substance Use Disorders/Drug Addiction	Substance Use Disorders/Drug Addiction
16	Arthritis/Disease of the Joints	Arthritis/Disease of the Joints
17	Infant Health Care	Infant Health Care
18	Sexually Transmitted Infections (STIs)	Smoking, Hookah, E-Cigarettes, and Vaping
19	Smoking, Hookah, E-Cigarettes, and Vaping	Sexually Transmitted Infections (STIs)
20	Hepatitis C/Liver Disease	HIV/AIDS
21	HIV/AIDS	Hepatitis C/Liver Disease

Data Source: American Community Survey, 2020. 2022 SBH Community Health Survey, n=329. 2022 Bronx Community Health Survey, n=1413. Note: "How important is this issue to you?" Rated on a 5-point scale from 1="Not at all" to 5="Extremely." A qualified respondent is age 18+ and living within the service area.

Participants were asked, "How important is this to you?" to identify the top community health priorities from a list of more than twenty options.

Responses scaled from one to five, one being "not at all" to five being "extremely." This data is critical to healthcare organizations as it tells us what community members think are the priority areas.

In this Survey, the **SBH Primary Service Areas** (10456, 10457, 10458+) ranked Dental Care, Violence (Including Gun Violence), Mental Health, Asthma, access to healthy foods, and COVID-19 as community priorities.

For **Bronx County**, Dental Care, Violence (Including Gun Violence), Mental Health, COVID-19, access to healthy foods, and high blood pressure are community priorities.

Additional responses that received considerable feedback included obesity in children and adults, heart disease, and diabetes.

**Table 3.**  
*Community Priorities Ranked by Satisfaction in the SBH & Bronx County Community Health Needs Assessment Survey, 2022*

Rank	Health Priority	
	SBH Primary Service Areas (n=329)	Bronx County (n=1413)
1	COVID-19	COVID-19
2	Dental Care	High Blood Pressure
3	Heart Disease	Dental Care
4	High Blood Pressure	Diabetes
5	Diabetes	Heart Disease
6	Hepatitis C/Liver Disease	Infant Health Care
7	HIV/AIDS	HIV/AIDS
8	Women's and Maternal Health Care	Access to Healthy/Nutritious Foods
9	Sexually Transmitted Infections (STIs)	Adolescent and Children's Health
10	Infant Health Care	Hepatitis C/Liver Disease
11	Adolescent and Children's Health	Women's and Maternal Health Care
12	Elder Health Care	Cancer
13	Cancer	Arthritis/Disease of the Joints
14	Mental Health	Sexually Transmitted Infections (STIs)
15	Access to Healthy/Nutritious Foods	Elder Health Care
16	Arthritis/Disease of the Joints	Asthma/Breathing Problems or Lung Disease
17	Obesity in Children and Adults	Mental Health
18	Asthma/Breathing Problems or Lung Disease	Obesity in Children and Adults
19	Substance Use Disorders/Drug Addiction	Substance Use Disorders/Drug Addiction
20	Smoking, Hookah, E-Cigarettes, and Vaping	Smoking, Hookah, E-Cigarettes, and Vaping
21	Violence	Violence

Data Source: American Community Survey, 2020. 2022 SBH Community Health Survey, n=329. 2022 Bronx County Health Survey, n=1413. Note: "How satisfied are you with current services in your neighborhood?" Rated on a 5-point scale from 1="Not at all" to 5="Extremely." A qualified respondent is age 18+ and living within the service area.

Participants were asked, "How satisfied are you with current services in your neighborhood?" to identify what actions or activities would be most helpful for their community out of more than twenty options.

Responses scaled from one to five, one being "not at all" to five being "extremely." This data is critical to healthcare organizations as it tells us what community members think are the most practical issues to address in their community.

The leading responses to this question for the **SBH Service Area** were COVID-19, Dental Care, Heart Disease, High Blood Pressure, and Diabetes.

The leading responses to this question for **Bronx County** were COVID-19, High Blood Pressure, Dental Care, Diabetes, and Heart Disease.

Responses that ranked **lowest in satisfaction for both SBH & Bronx County** were Violence (Including Gun Violence), Smoking/Hookah/E-Cigarettes, Substance Use Disorder/Drug Addiction, Asthma, Obesity in Children and Adults, and Mental Health.



**Table 4.**

*Individual Priorities from the 2022 SBH Community Health Survey and the 2022 Bronx Community Health Survey*

Individual Priorities in the CHNA Survey, 2022	Percent (%)	
	SBH Community Health Survey (n=329)	Bronx Community Health Survey (n=1413)
COVID-19		
At-home COVID-19 Testing Kits	42.6	45.0
PPE (Personal Protective Equipment)	34.4	34.5
In-person COVID-19 Testing locations	28.4	28.7
COVID-19 Vaccination	24.8	23.1
COVID-19 Boosters	22.3	26.8
Reliable sources of COVID-19 Information	21.6	27.8
Treatment for COVID-19	14.9	20.7
Unable to Access In-Person Care (≤12 mo.)		
Yes	31.5	27.3
No	68.5	72.7
Unable to Access Telehealth (≤12 mo.)		
Yes	24.1	18.4
No	75.9	81.6
Experienced any of the following (≤12 mo.)		
Anxiety or Depression	39.7	37.6
Increased Household Expenses	34.2	31.8
Difficulty Paying Monthly Bills	18.1	16.8
Difficulty Paying Rent/Mortgage	15.9	15.6
Increased Medical Expenses	14.1	14.4
Hunger/Skipped Meals/Not Enough Money to Buy Food	10.1	9.4
None of the Above	25.3	25.6
Overall Health of People in your Neighborhood		
Poor	19.7	14.8
Fair	46.4	43.1
Good	24.8	31.5
Very Good	5.0	7.1
Excellent	4.1	3.5
Overall Physical Health		
Poor	19.7	7.0
Fair	46.4	28.0
Good	24.8	41.7
Very Good	5.0	16.6
Excellent	4.1	6.7
Overall Mental Health		
Poor	7.2	5.9
Fair	29.2	23.4
Good	30.2	36.2
Very Good	20.8	20.9
Excellent	12.6	13.6

Data Source: 2022 SBH Community Health Survey, n=329. 2022 Bronx Community Health Survey, n=1413.

**Table 5.**  
**2022 SBH & Bronx Community Health Survey Summary**

Rank		
	SBH Health System (n=329)	Bronx County (n=1413)
<b>Priority Area for the Community</b>	<ol style="list-style-type: none"> <li>1. Dental Care</li> <li>2. Violence (Including Gun Violence)</li> <li>3. Mental Health</li> <li>4. Asthma/Lung Disease</li> <li>5. Access to Healthy/Nutritious Foods</li> <li>6. COVID-19</li> <li>7. Heart Disease</li> </ol>	<ol style="list-style-type: none"> <li>1. Dental Care</li> <li>2. Violence (Including Gun Violence)</li> <li>3. Mental Health</li> <li>4. COVID-19</li> <li>5. Access to Healthy/Nutritious Foods</li> <li>6. High Blood Pressure</li> <li>7. Heart Disease</li> </ol>
<b>Areas that Need Attention</b>	<ol style="list-style-type: none"> <li>1. Violence (Including Gun Violence)</li> <li>2. Mental Health</li> <li>3. Asthma/Lung Disease</li> <li>4. Access to Healthy/Nutritious Foods</li> <li>5. Adolescent and Children's Health</li> <li>6. Obesity in Children and Adults</li> </ol>	<ol style="list-style-type: none"> <li>1. Violence (Including Gun Violence)</li> <li>2. Mental Health</li> <li>3. Women's and Maternal Health Care</li> <li>4. Asthma/Lung Disease</li> <li>5. Cancer</li> <li>6. Elder Health Care</li> <li>7. Obesity in Children and Adults</li> </ol>
<b>Individual Priority Areas</b>	<ol style="list-style-type: none"> <li>1. The overall health of the people in their neighborhood</li> <li>2. At-home COVID-19 tests</li> <li>3. Mental Health (Anxiety or Depression)</li> <li>4. Personal Protective Equipment (PPE)</li> <li>5. In-person care</li> <li>6. Telehealth</li> <li>7. Increased household expenses</li> </ol>	<ol style="list-style-type: none"> <li>1. The overall health of the people in their neighborhood</li> <li>2. At-home COVID-19 tests</li> <li>3. In-person care</li> <li>4. Mental Health (Anxiety or Depression)</li> <li>5. Personal Protective Equipment (PPE)</li> <li>6. Telehealth</li> <li>7. Increased household expenses</li> </ol>

Data Source: 2022 SBH Community Health Survey, n=329. 2022 Bronx Community Health Survey, n=1413.

Priority areas identified by the community with low satisfaction and high importance need attention. This data is critical as it tells us what community members think are the most practical issues to address in their community with the most helpful actions. Respondents were clear that these issues are essential and were not satisfied with the services offered at this time.

The leading responses for the **SBH Service Area** were Violence (Including Gun Violence), Smoking/Hookah/E-Cigarettes, Substance Use Disorder/Drug Addiction, Asthma, and Obesity in Children and Adults.

The leading responses for **Bronx County** were Violence (Including Gun Violence), Smoking/Hookah/E-Cigarettes, Substance Use Disorder/Drug Addiction, Obesity in Children and Adults, and Mental Health.

## **B. Secondary Data Collection**

Compared to city-wide and national averages, the Bronx has been an epicenter for asthma, HIV/AIDS, drug epidemics, and excess mortality rates from heart disease, stroke, and diabetes. Multiple data sources were used to support the identification and selection of priorities, which were then selected and reviewed with partners.

In addition to the review of primary data, to capture the most current high-level view of the health status of Bronx residents, we evaluated temporal trends, differences between the Bronx and the rest of New York City, disparities by race/ethnicity, socioeconomic status, and sub-county differences, for more than 15 measures. The measures included: poverty, having a primary care provider, having health insurance coverage, obesity (adults and children), diabetes, preterm births, breastfeeding, breast cancer incidence, new HIV diagnoses, preventable hospitalizations, fall-related hospitalizations, assault-related hospitalizations, oral health care, opioid-related mortality, COVID-19, violent crimes, depression, and suicide. The metrics were selected as they represent the continuum of risk factors and health outcomes of interest and are publicly available.

Data acquisition occurred through multiple population-based datasets, including the Global Burden of Disease Project, American Community Survey, New York City Community Health Profiles, New York City Community Health Survey, New York City Youth Risk Behavior Survey, New York State Statewide Planning and Research Cooperative Systems (SPARCS), National Vital Statistics Surveillance System, New York State Vital Statistics, New York City Vital Statistics, New York City HIV/AIDS Epidemiology Reports, and the New York State Cancer Registry.

Additional data was obtained from the New York City Community Health Profiles and the New York State Prevention Agenda Dashboard. Whenever possible, these measures aligned with those used by the New York State Prevention Agenda Dashboard.

The secondary data is shown on the following pages 45 to 66.

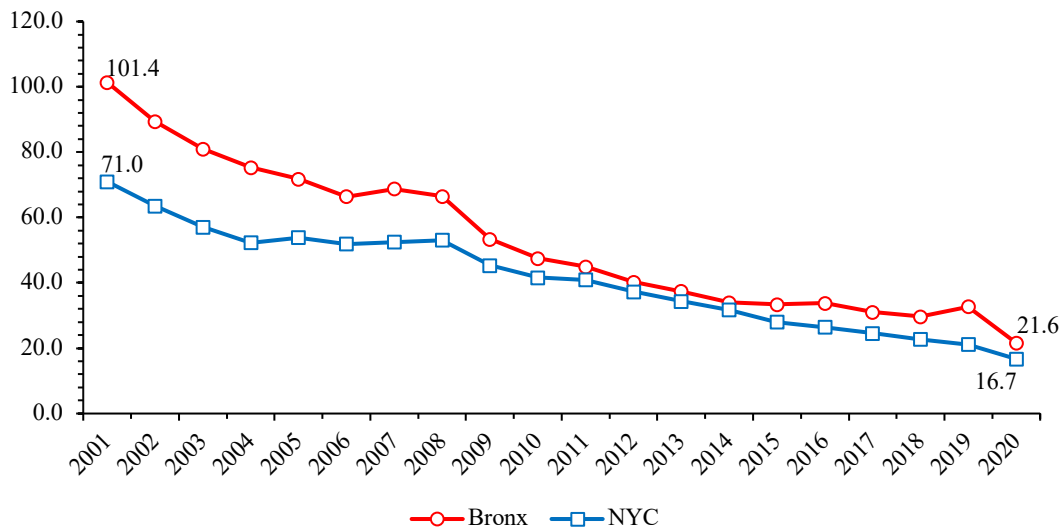
Unless otherwise specified, all data reported on pages 45 to 66 is from the American Community Survey.

The data sources used are summarized in Appendix F.

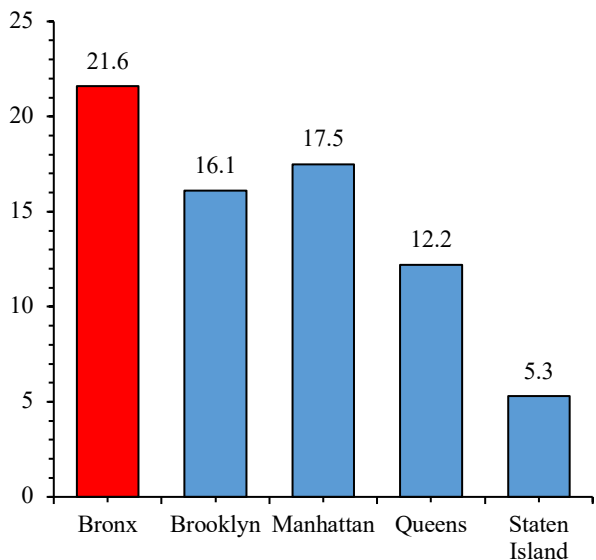
**Presentation of Secondary Data**

**Figure 1**

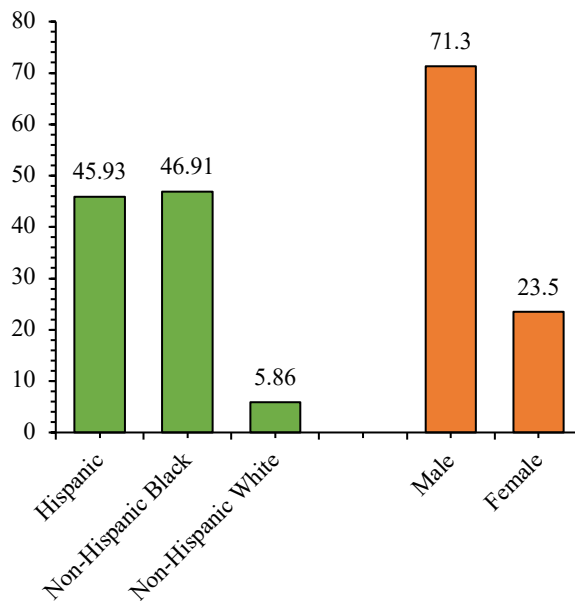
*Rate of HIV Diagnoses per 100,000*



*Comparison to NYC Boroughs (2020)*



*Disparities in the Bronx (2020)*

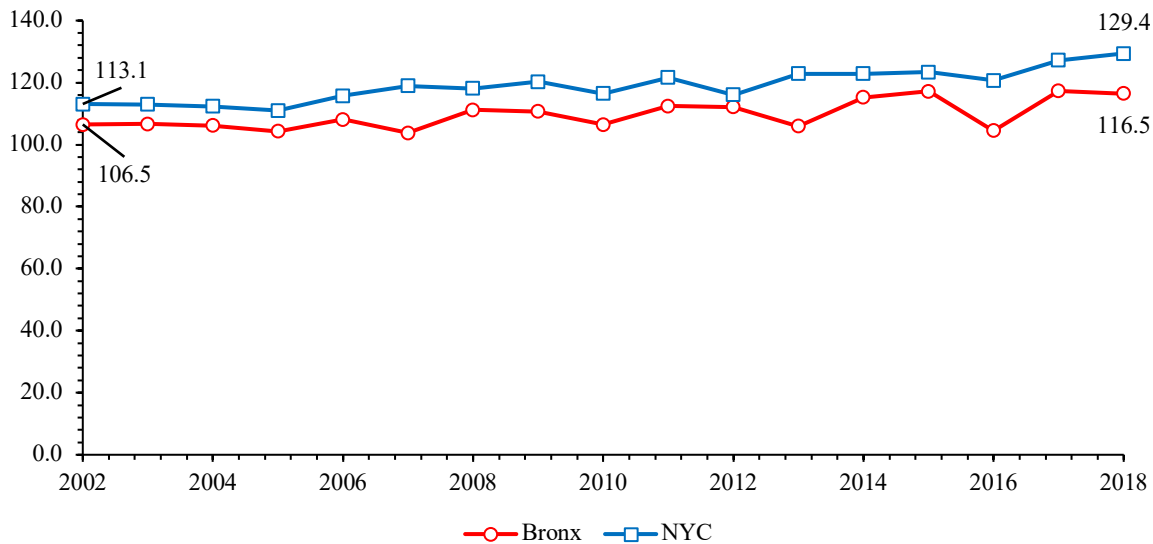


Data Source: NYC HIV/AIDS Annual Surveillance Statistics, 2020.

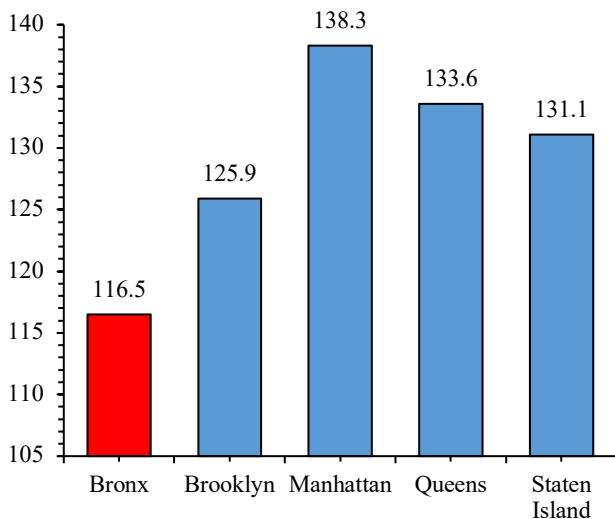
The rate of HIV diagnoses has decreased in the Bronx from 2001 to 2020, but it is still higher than in the other NYC boroughs. In the Bronx, the rate of HIV diagnoses is much higher among males and those who are non-Hispanic Black.

**Figure 2**

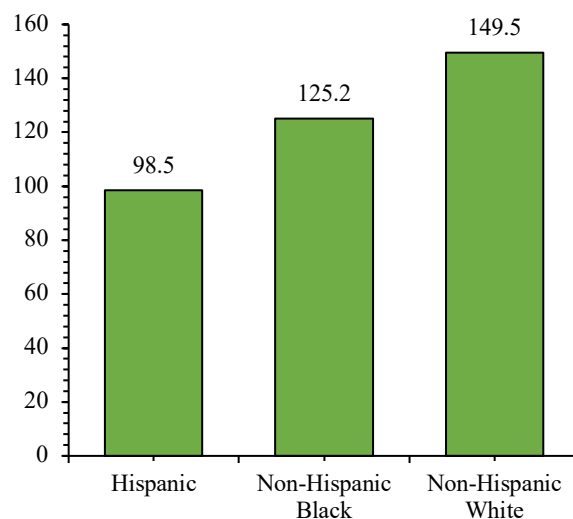
*Breast Cancer Incidence per 100,000 Females*



*Comparison to NYC Boroughs (2018)*



*Disparities in the Bronx (2014-2018)*

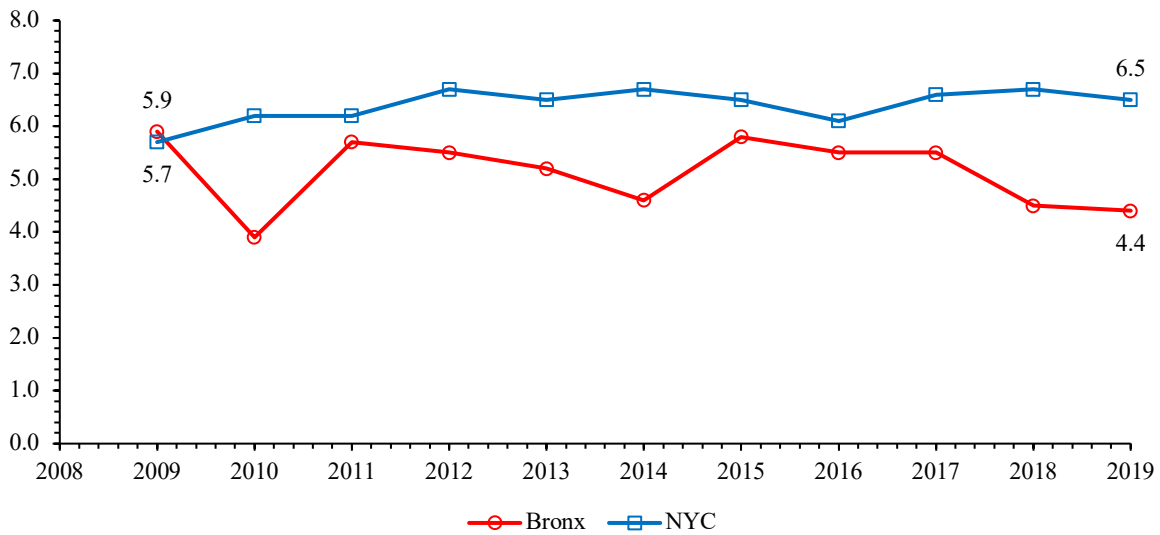


Data Source: New York State Cancer Registry, 2020.

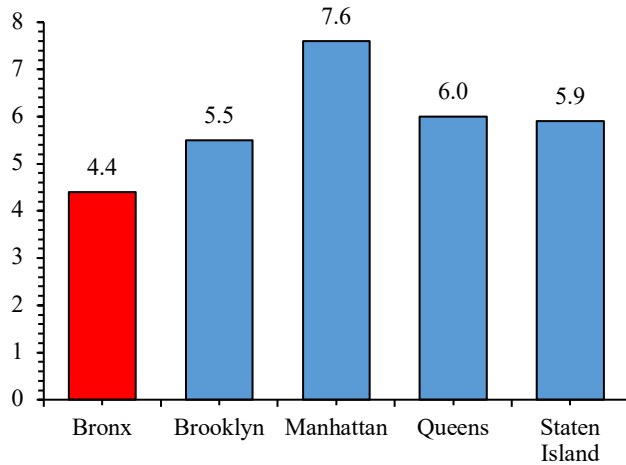
Over the last decade, the incidence of breast cancer has remained relatively unchanged in the Bronx and NYC, with the incidence in the Bronx being lower than in any other borough. In the Bronx, the incidence of breast cancer is lowest among the Hispanic population.

**Figure 3**

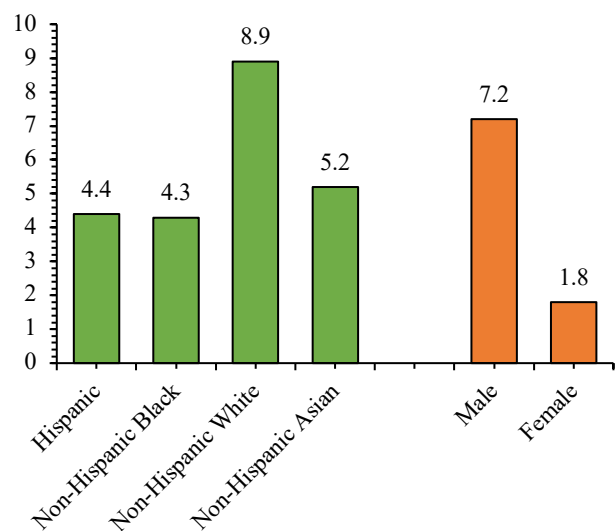
*Suicide Mortality Rate per 100,000*



*Comparison to NYC Boroughs (2019)*



*Disparities in the Bronx (2019)*

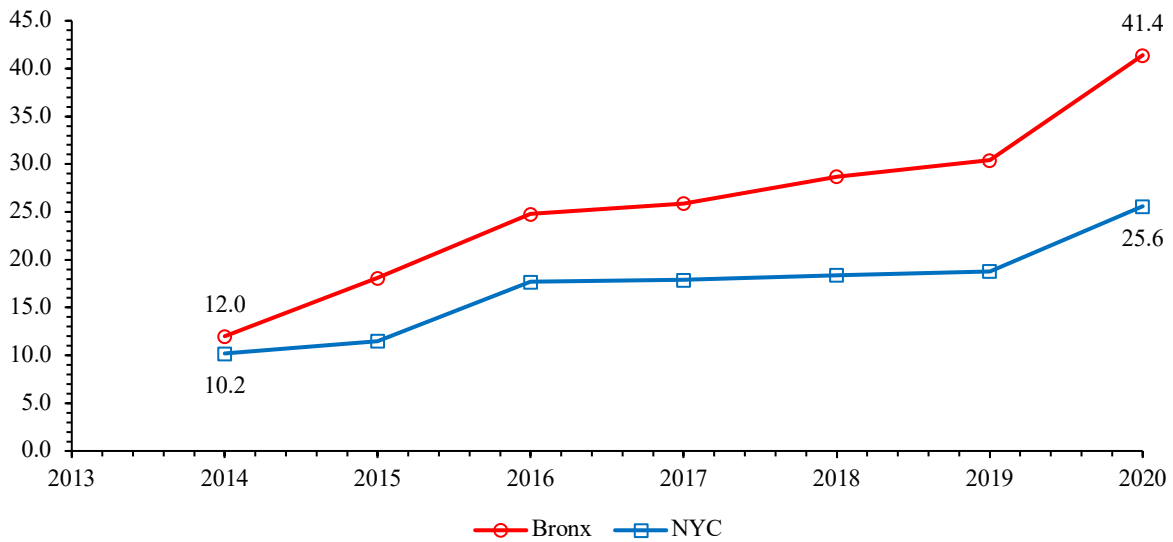


Data Source: National Vital Statistics Surveillance System, 2019.

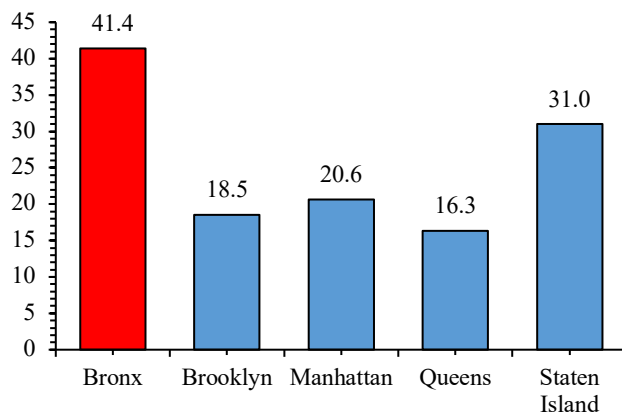
The suicide mortality rate in the Bronx has remained steady from 2009 to 2019. In the Bronx, the suicide mortality rate is highest among males and the Non-Hispanic White population.

**Figure 4**

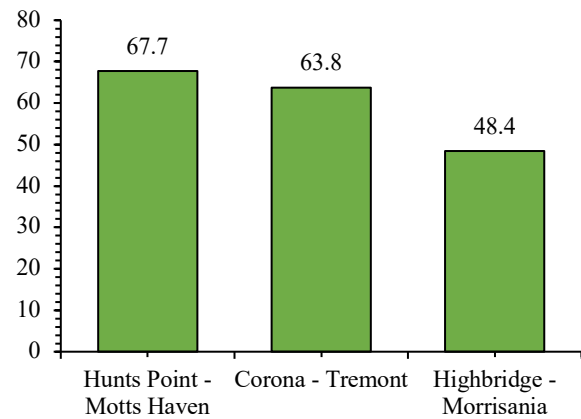
*Opioid-Related Mortality per 100,000*



*Comparison to NYC Boroughs (2020)*



*Disparities in the Bronx (2020)*

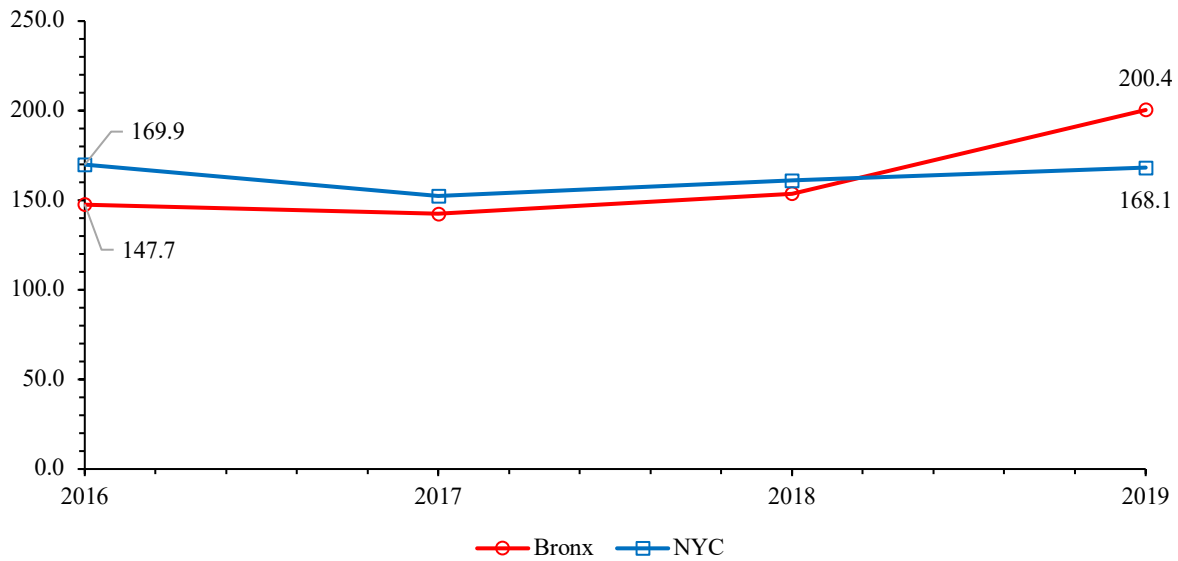


Data Source: NYC DOHMH Bureau of Vital Statistics, 2019. NYC. Office of the Chief Medical Examiner, 2020.  
 Note: 2020 data are provisional and subject to change.

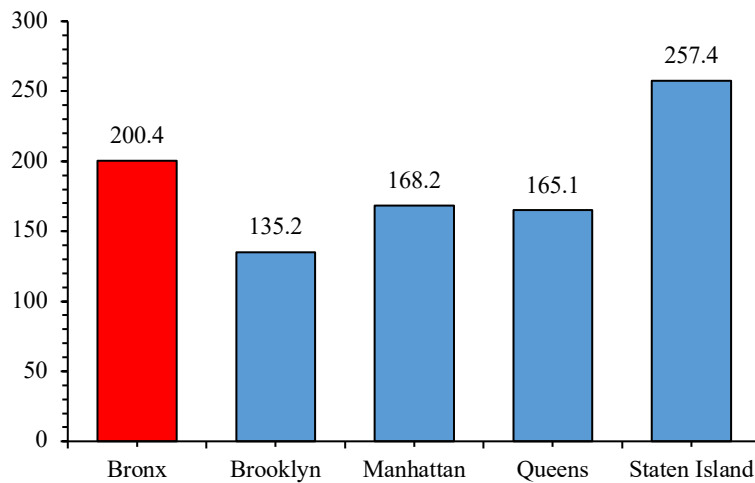
From 2014 to 2020, opioid-related mortality rates increased in the Bronx, with the rates in the Bronx being the highest of all boroughs. In the Bronx, the opioid-related mortality rate is highest in the Hunts Point-Mott Haven community; Crotona-Tremont and Highbridge-Morrisania communities are trailing behind it.

**Figure 5**

*Rate of Hospitalizations Due to Falls per 10,000 Adults Aged 65+*



*Comparison to NYC Boroughs (2019)*



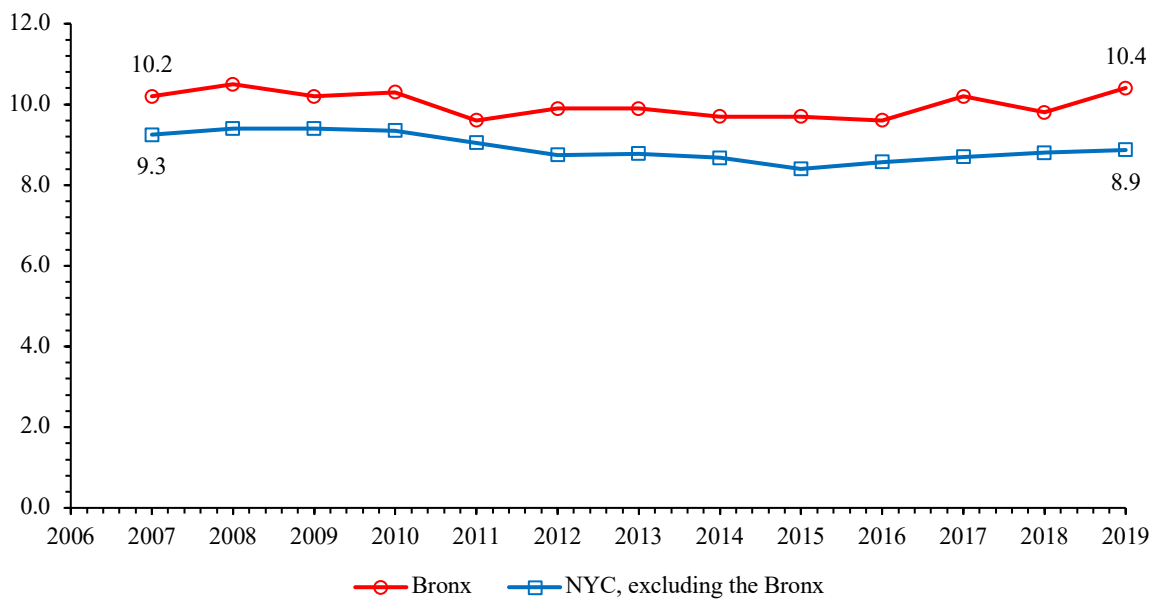
Data Source: Statewide Planning and Research Cooperative System (SPARCS), 2019.

The rate of hospitalizations due to falls has increased in the Bronx from previous years, while the rates have remained relatively unchanged in NYC. In 2019, the Bronx had the second highest rate of hospitalizations due to falls.

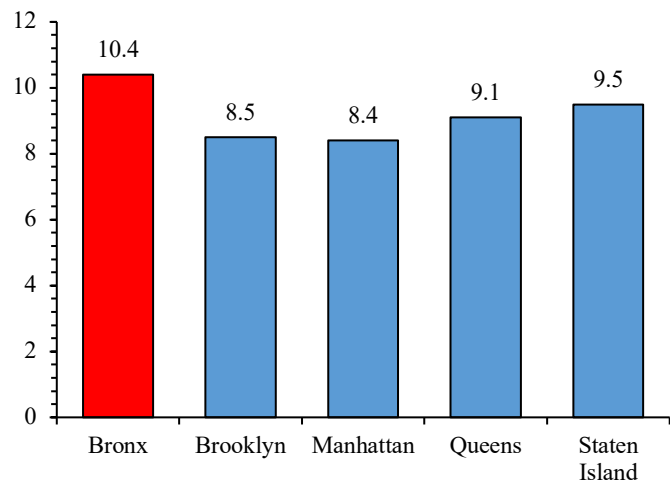


**Figure 6**

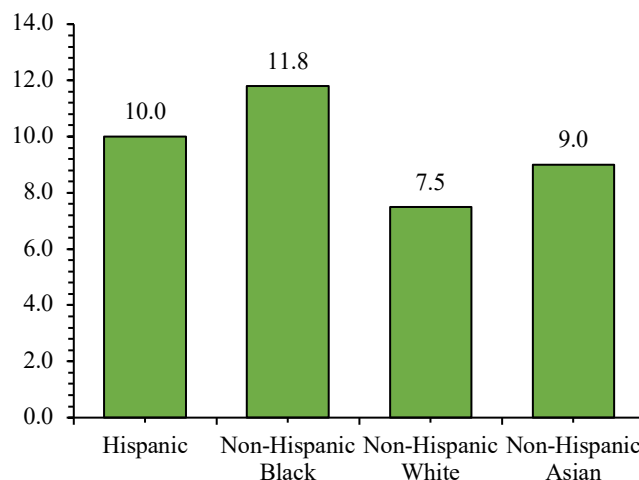
*The Proportion of Preterm Births (<37 weeks)*



*Comparison to NYC Boroughs (2019)*



*Disparities in the Bronx (2018-2020)*

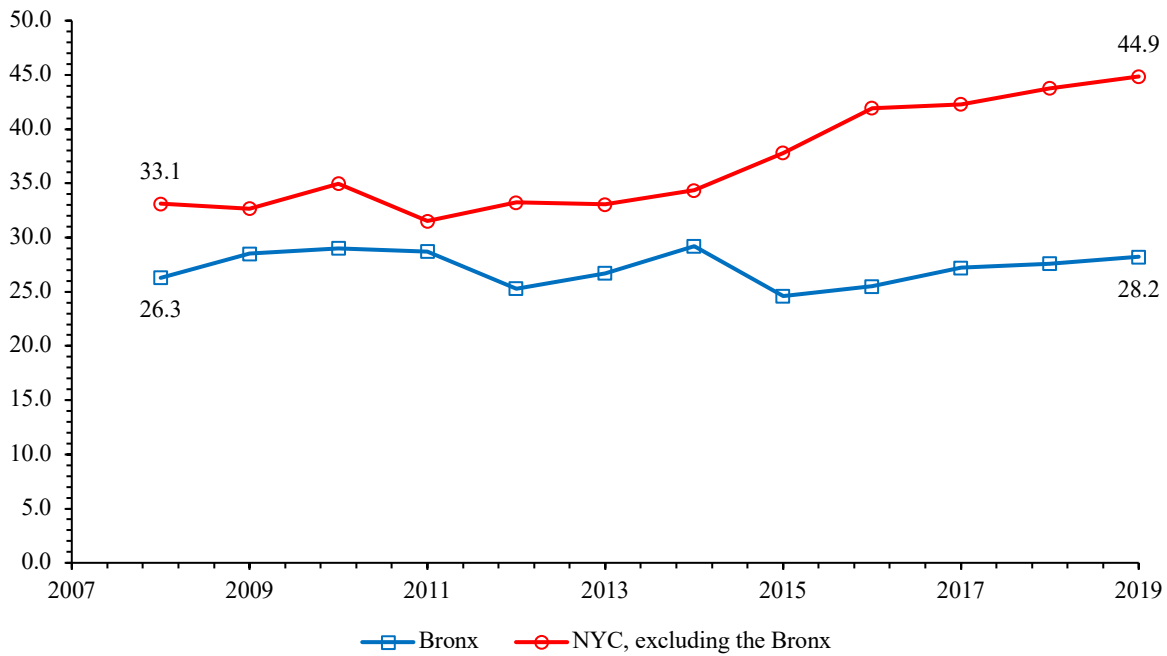


Data Source: NYC DOHMH Bureau of Vital Statistics, 2019. National Center for Health Statistics, 2018-2020.

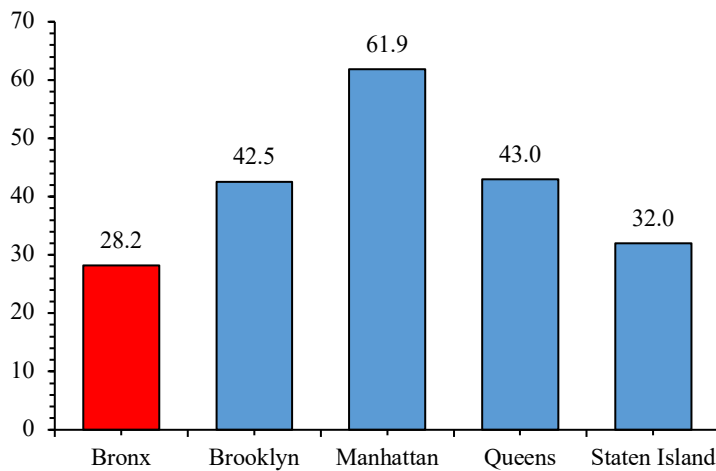
The proportion of preterm births in the Bronx has remained relatively unchanged from 2007 to 2019, although it remains higher than in any other borough. In the Bronx, the proportion of preterm births is highest among the Non-Hispanic Black population.

**Figure 7**

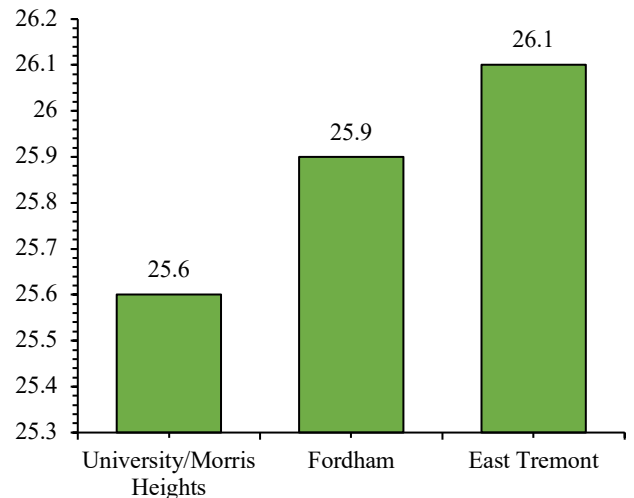
*The Proportion of Infants Exclusively Breastfed in the Hospital*



*Comparison to NYC Boroughs (2019)*



*Disparities in the Bronx (2019)*

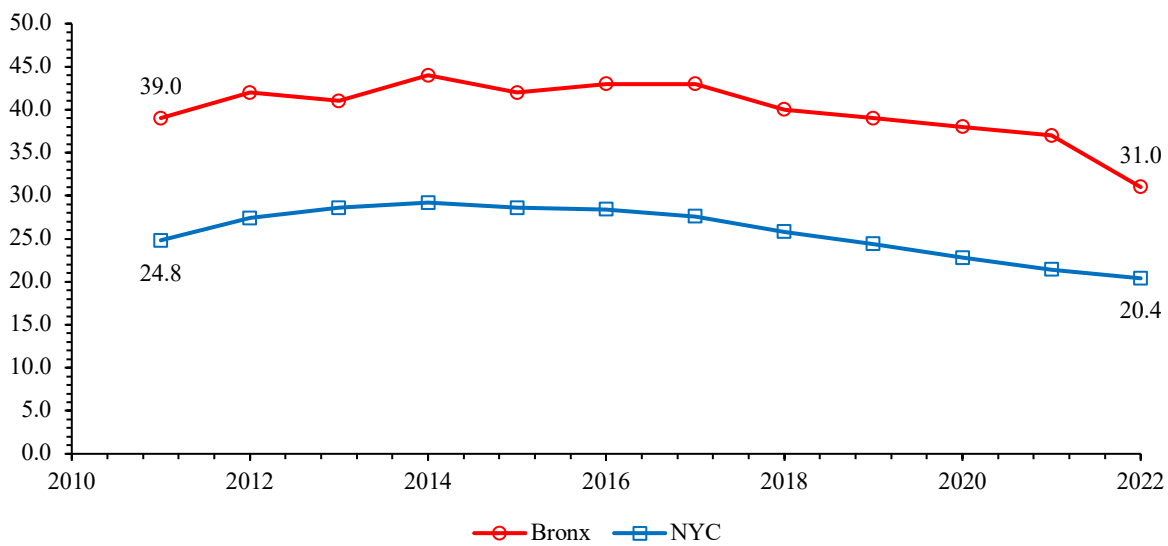


Data Source: NYC DOHMH Bureau of Vital Statistics, 2019.

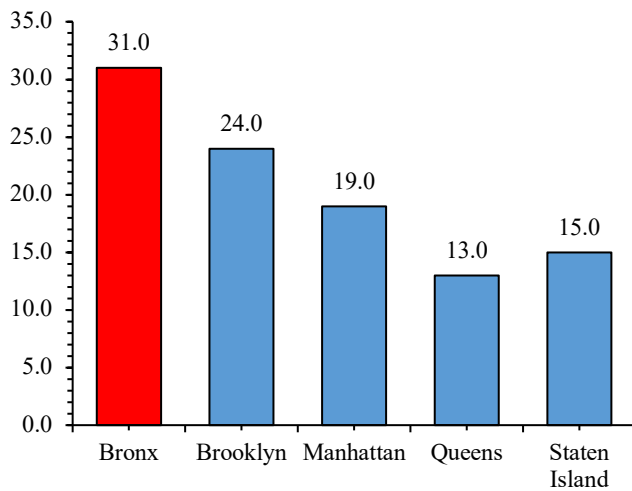
While the proportion of infants exclusively breastfed in the hospital has been increasing in NYC, the proportion breastfed in the Bronx remains lower. The proportion of infants exclusively breastfed in the hospital has improved in NYC from 2008 to 2019, but it still falls below the PA 2024 goal. In the Bronx, the proportion of infants exclusively breastfed in the hospital is lowest among those who reside in University/Morris Heights, Fordham, and East Tremont.

**Figure 8**

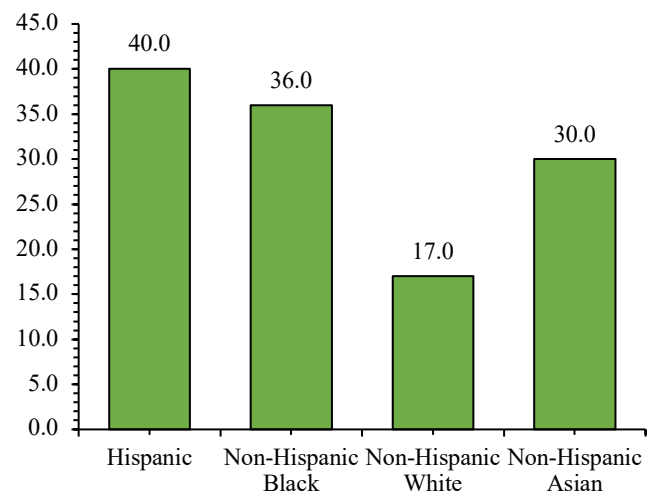
*Percent of Families Living in Poverty*



*Comparison to NYC Boroughs (2022)*



*Disparities in the Bronx (2022)*

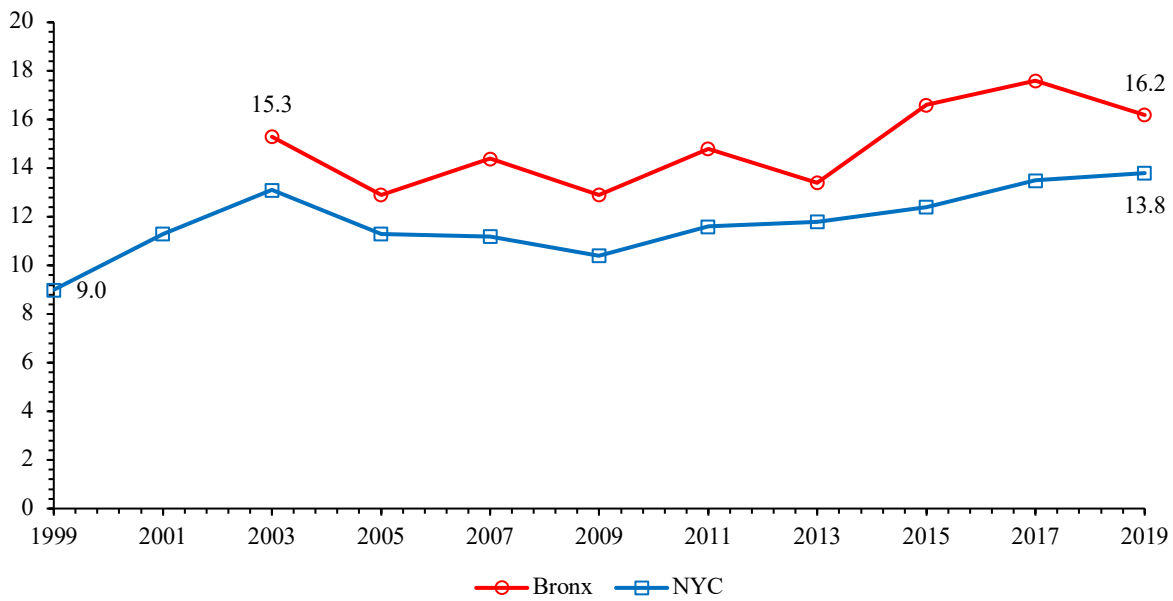


Data Source: United States Census Bureau, 2020. American Community Survey, 2020.

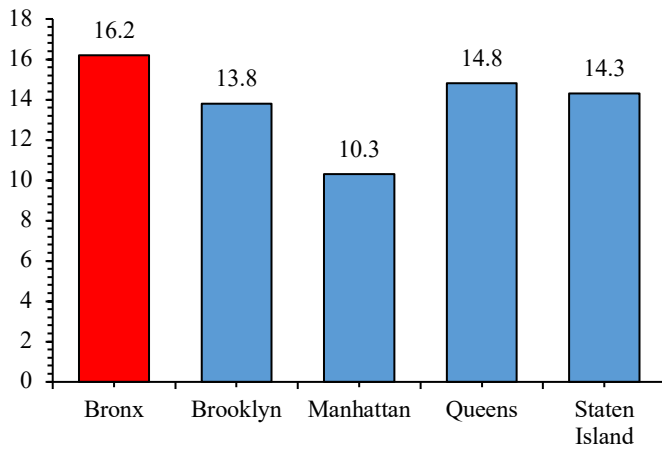
In 2022, about 1/3 of families in the Bronx were living in poverty, the highest out of all NYC boroughs. In the Bronx, the percentage of families living in poverty is highest among the Hispanic and Non-Hispanic Black populations and in the South Bronx.

**Figure 9**

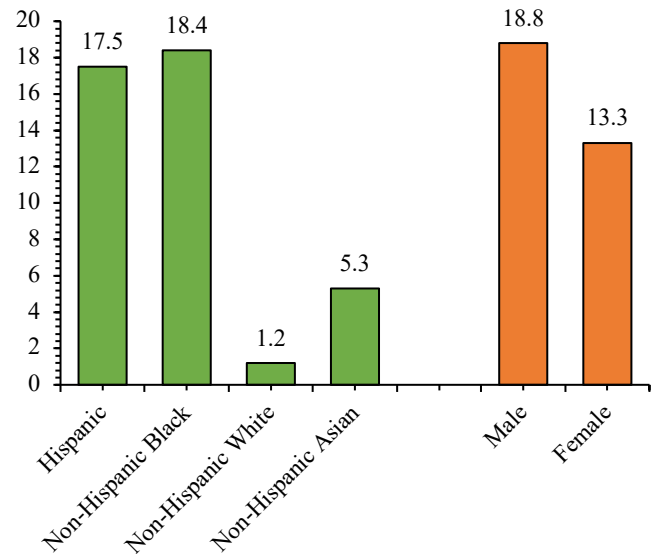
*Percentage of Students who are Obese*



*Comparison to NYC Boroughs (2019)*



*Disparities in the Bronx (2019)*

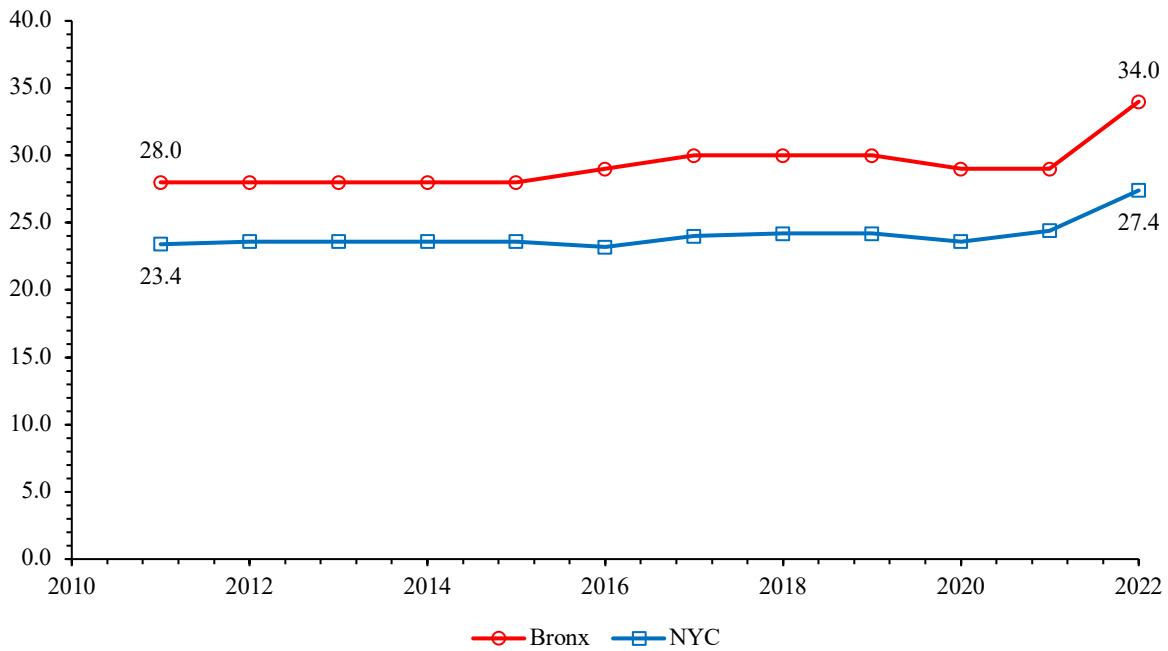


Data Source: NYC Youth Risk Behavior Survey, 2019.

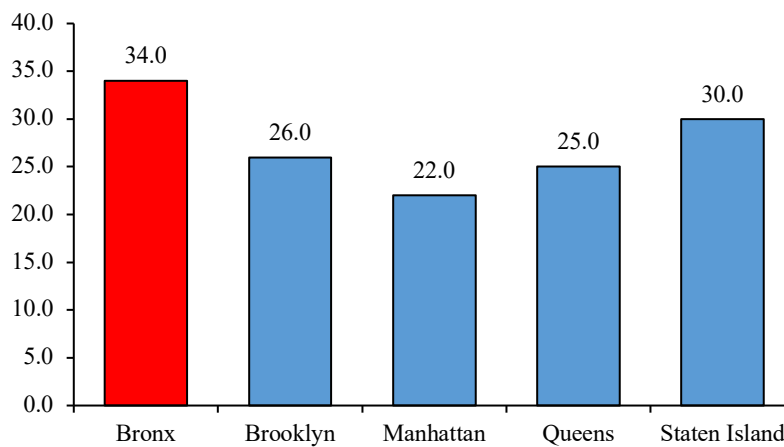
Overall, the percentage of obese students has increased across NYC since 1999, with the Bronx having a higher percentage than the rest of NYC. Males and those who are Non-Hispanic Black and Hispanic are more likely to be obese.

**Figure 10**

*Percent of Adults who are Obese (BMI  $\geq 30\text{kg/m}^2$ )*



*Comparison to NYC Boroughs (2022)*

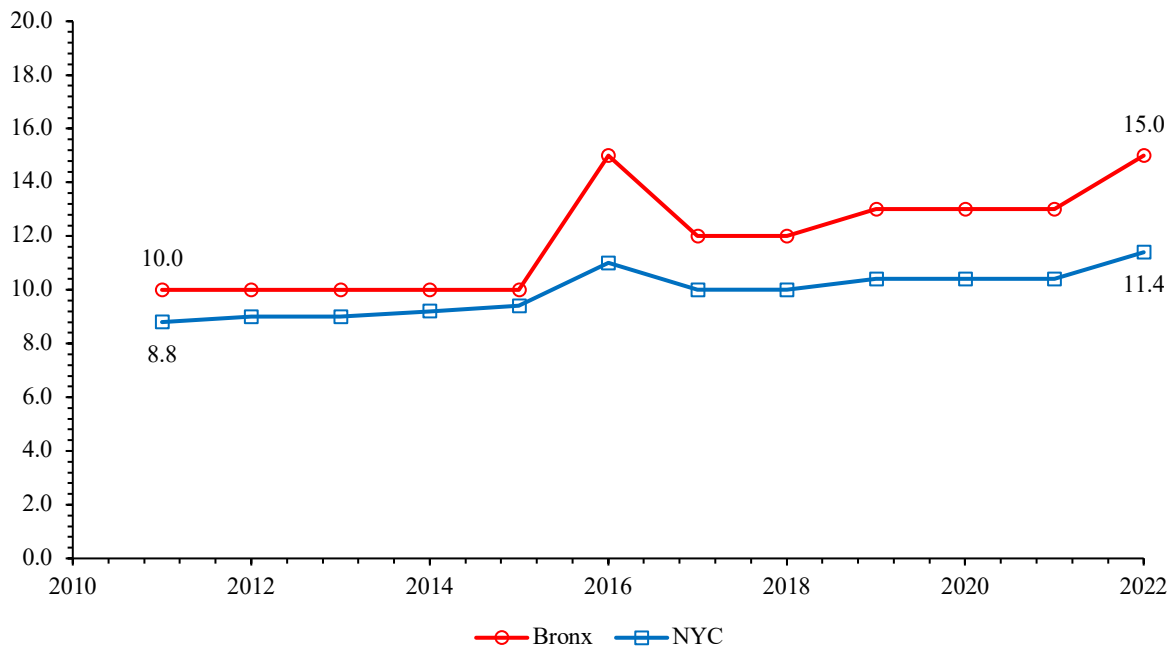


Data Source: American Community Survey, 2021.

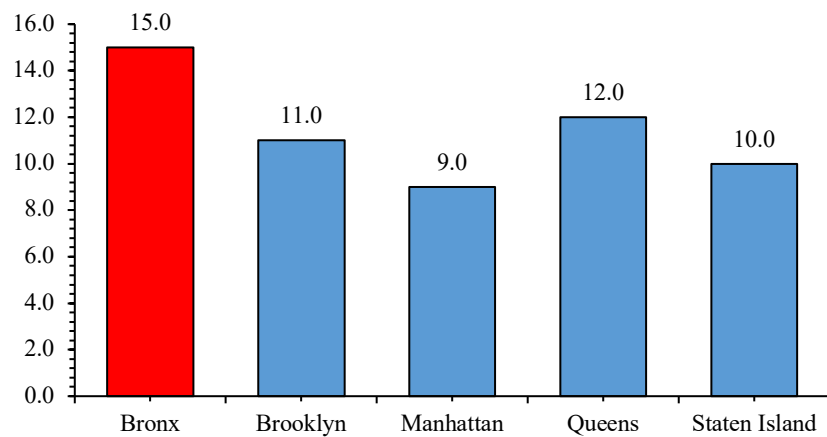
Over the last decade, there has been an increase in the proportion of adults who are obese across NYC, with the Bronx having a higher proportion than other boroughs.

**Figure 11**

*Percent of Adults who have been told they have Diabetes*



*Comparison to NYC Boroughs (2022)*

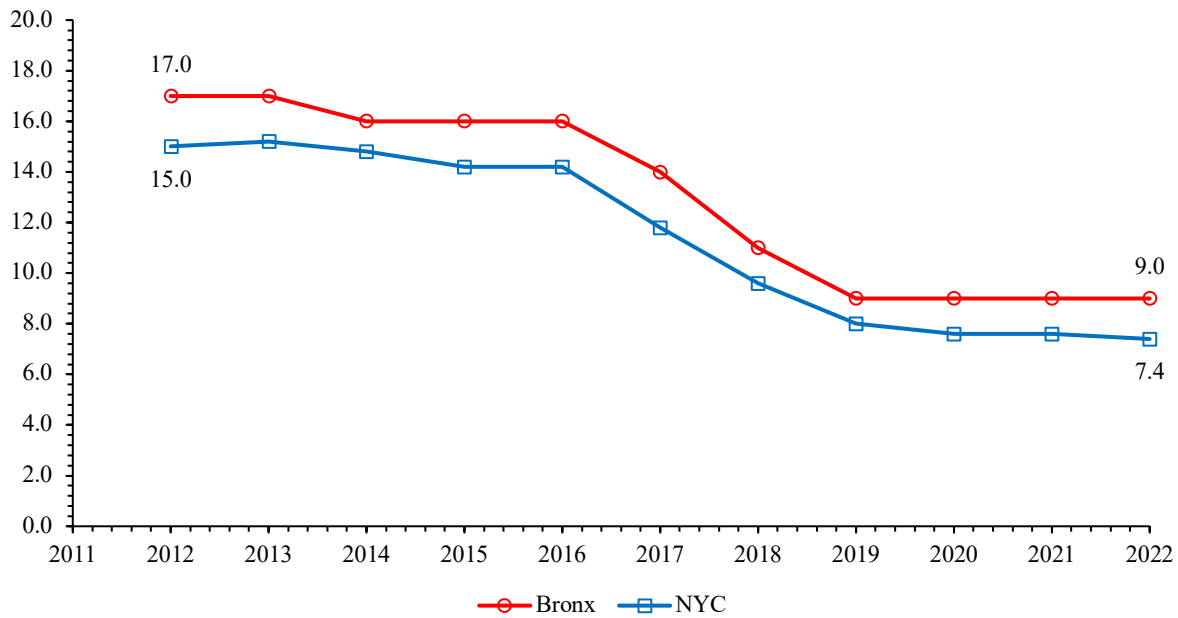


Data Source: County Health Rankings & Roadmaps, 2022.

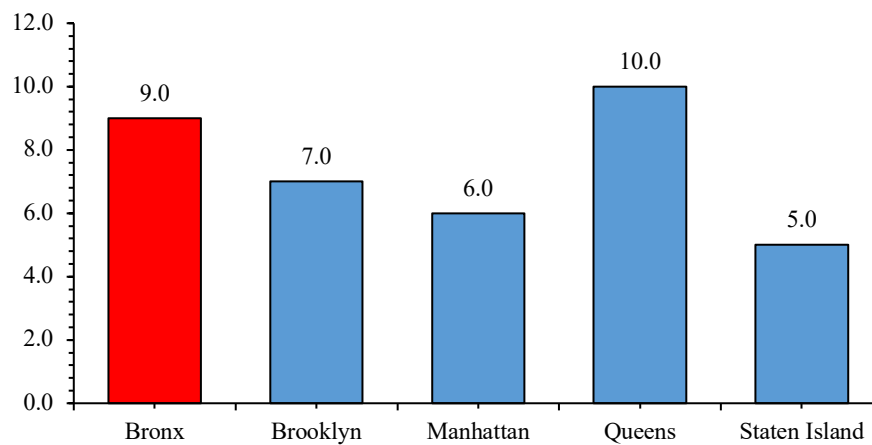
Over the last decade, there has been an increase in the percentage of adults who have diabetes across NYC, with the Bronx having a higher percentage than any other borough.

**Figure 12**

*Percent of Adults (18-64y) who Lack Health Insurance*



*Comparison to NYC Boroughs (2022)*

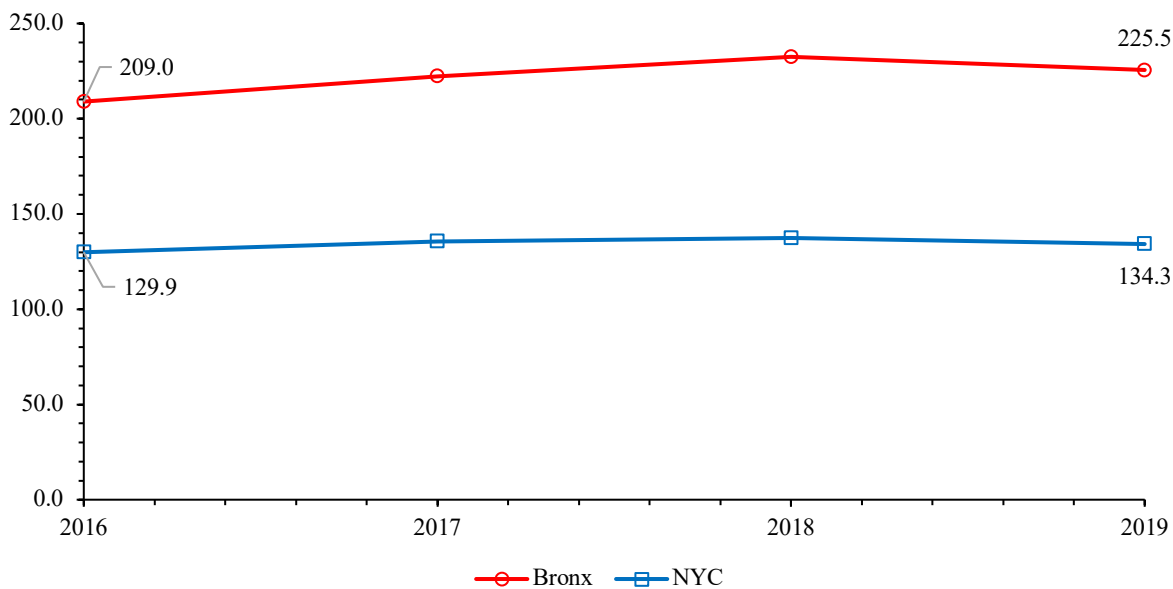


Data Source: United States Census Bureau, 2019. Small Area Health Insurance Estimates (SAHIE).

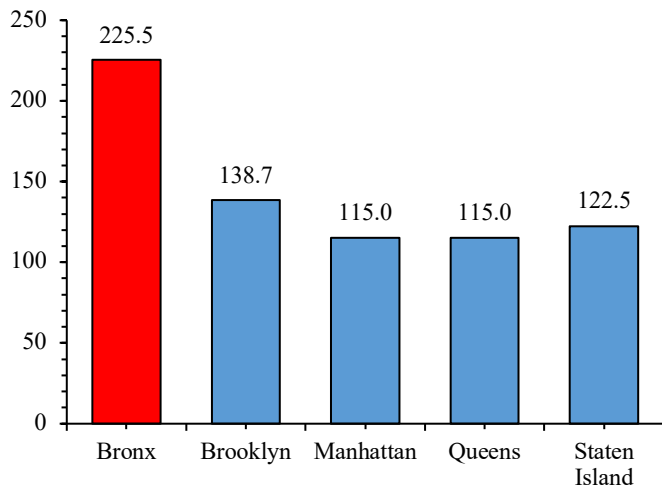
While the percentage of adults who lack health insurance has decreased in NYC over the last decade, the Bronx still maintains a higher rate than the rest of NYC.

**Figure 13**

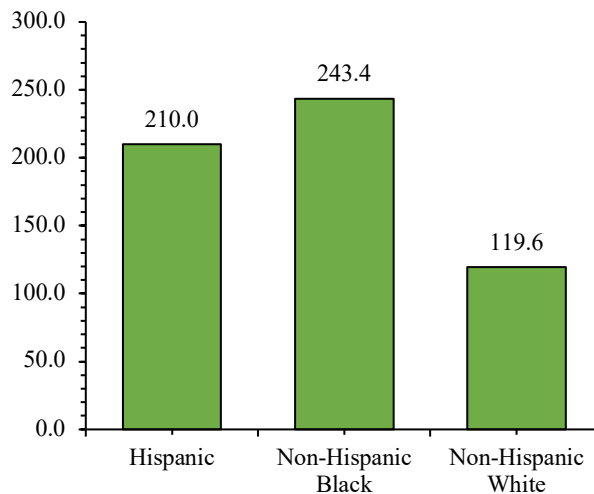
*Preventable Hospitalizations Rate per 10,000 Adults*



*Comparison to NYC Boroughs (2019)*



*Disparities in the Bronx (2019)*



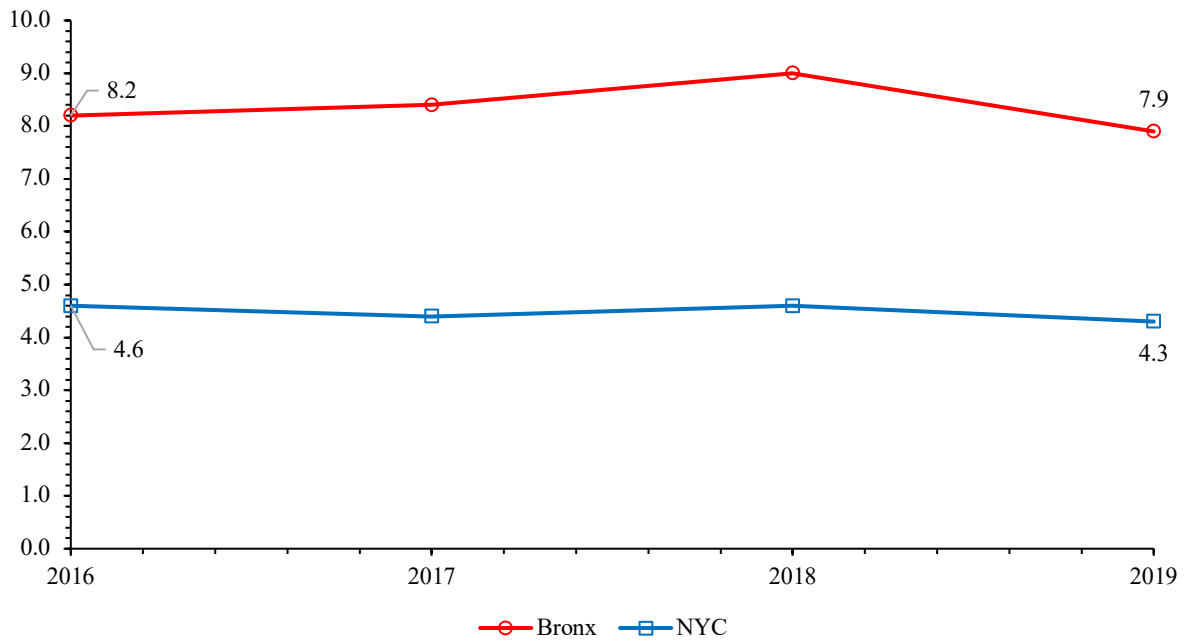
Data Source: Statewide Planning and Research Cooperative System (SPARCS), 2021.

The rate of preventable hospitalizations among adults has decreased in NYC in the last decade, with the rate in the Bronx remaining higher than in any other NYC borough. In the Bronx, the rate of preventable hospitalizations in adults is highest among the Non-Hispanic Black population.

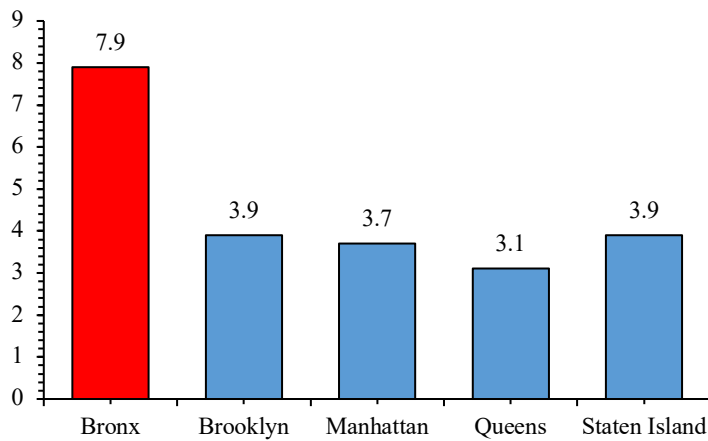


**Figure 14**

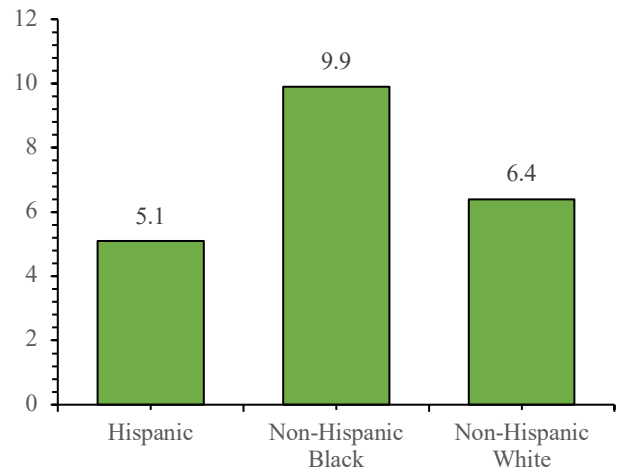
*Assault-Related Hospitalizations Rate per 10,000*



*Comparison to NYC Boroughs (2019)*



*Disparities in the Bronx (2019)*

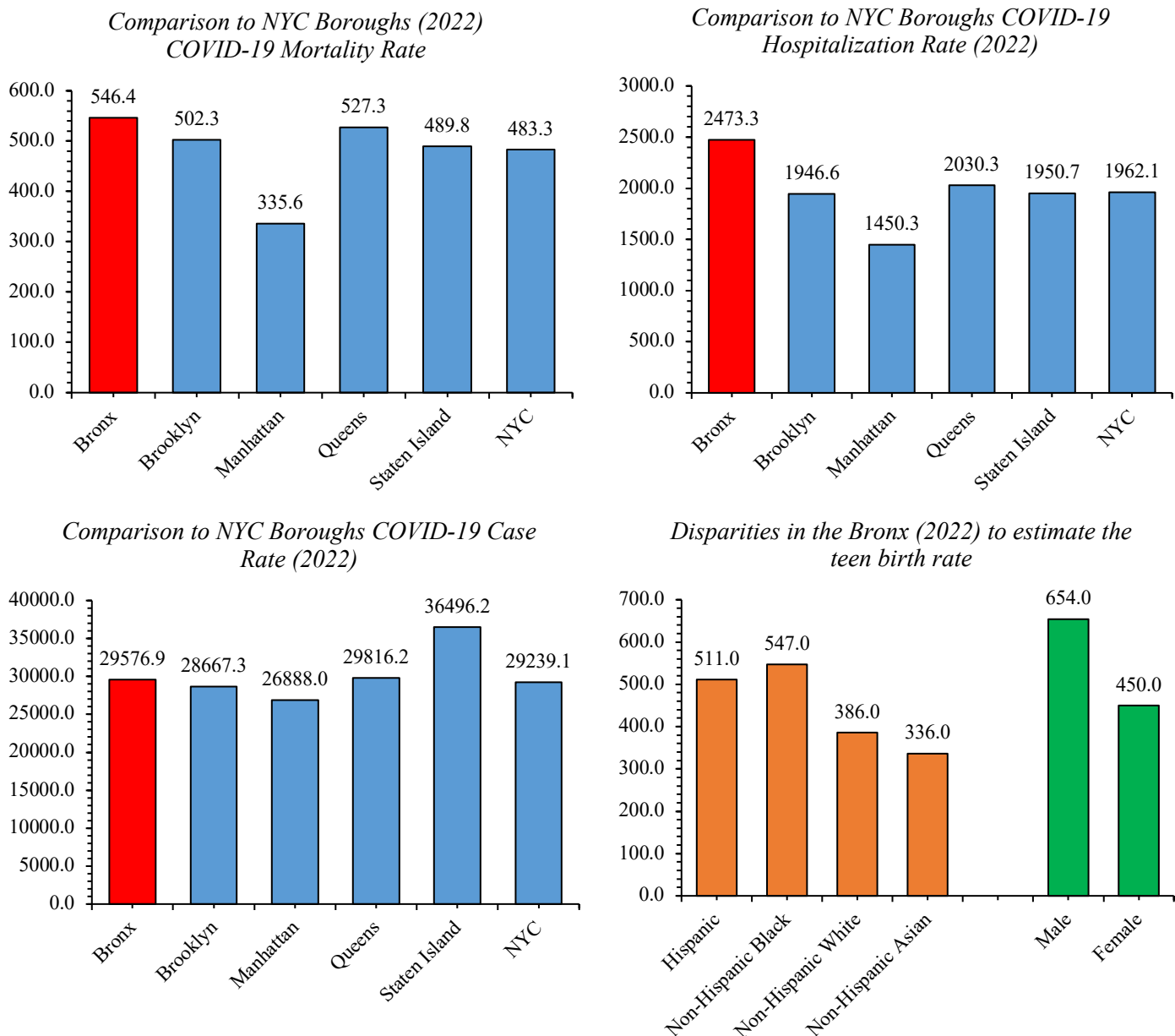


Data Source: Statewide Planning and Research Cooperative System (SPARCS), 2021.

While the rate of assault-related hospitalizations has decreased in the Bronx and across NYC, it remains highest in the Bronx compared to other boroughs. In the Bronx, the rate of assault-related hospitalizations is about two times higher among those who are Non-Hispanic Black compared to the Hispanic or Non-Hispanic White populations.

**Figure 15**

*COVID-19 Rates per 100,000*

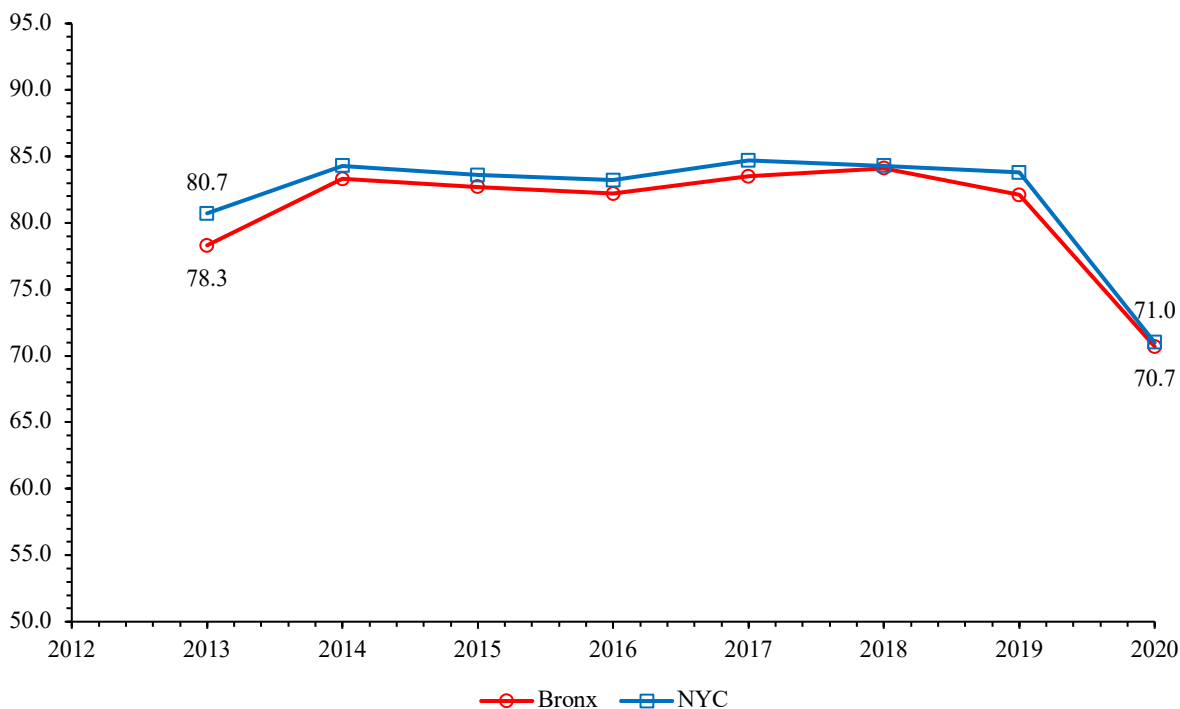


Data Source: NYC Department of Health and Mental Hygiene, 2022.

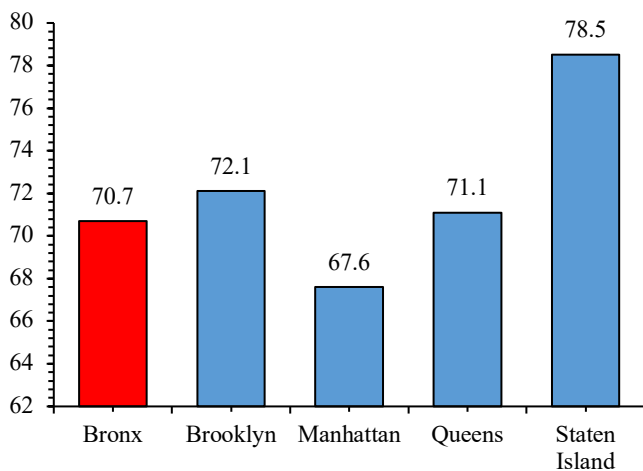
The rate of COVID-19 remains higher in the Bronx than in other NYC boroughs, as well as having the highest rates of death and hospitalizations in NYC. In the Bronx, the rate of COVID-19 is highest amongst males and those among the Non-Hispanic Black and Hispanic population.

**Figure 16**

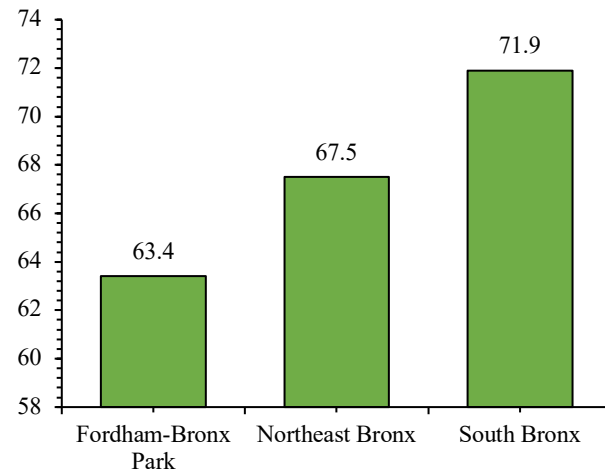
*Percent of Adults who Report having a Primary Care Provider*



*Comparison to NYC Boroughs (2020)*



*Disparities in the Bronx (2020)*

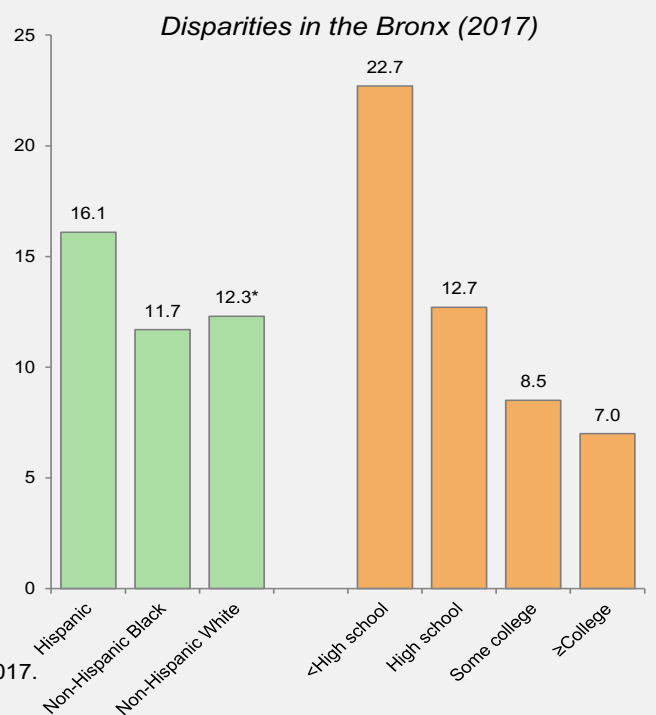
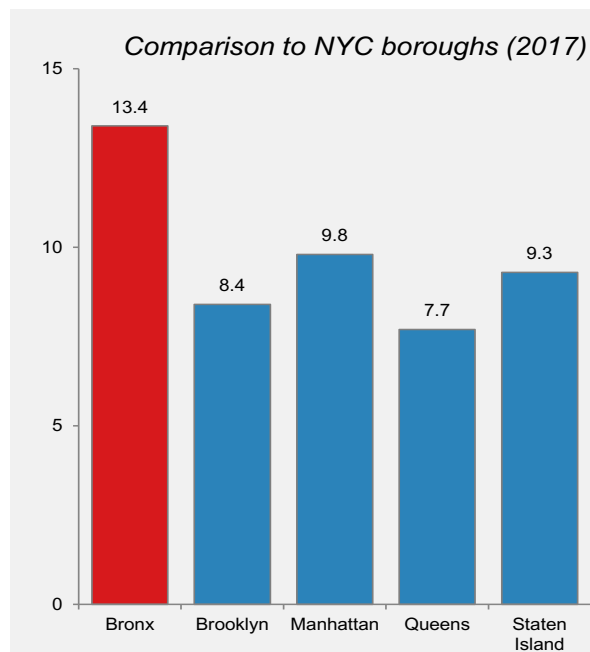
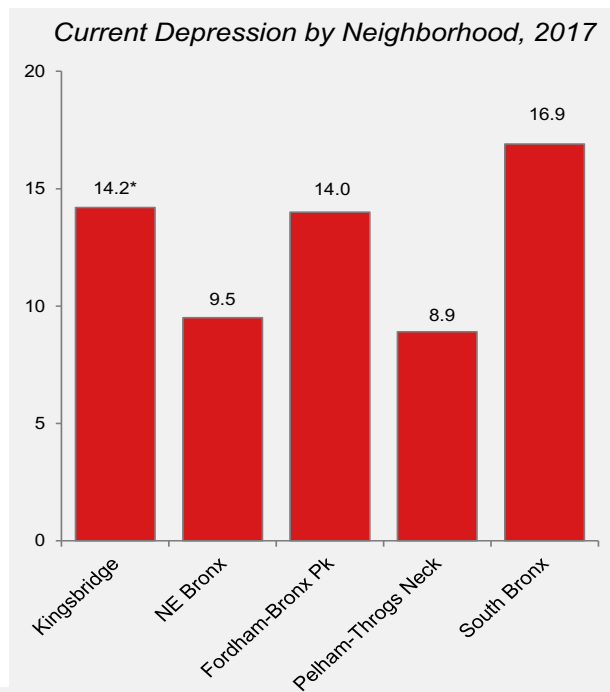
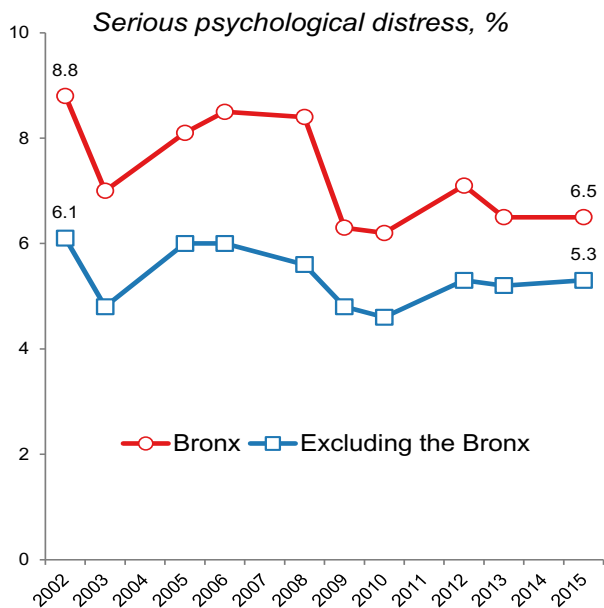


Data Source: NYC Community Health Survey, 2020.

The percentage of adults with a primary care provider has decreased across NYC. The percentage of adults with a PCP is much lower in the Fordham-Bronx Park region than in any other part of the Bronx.

**Figure 17**

*Percentage of Current Depression*

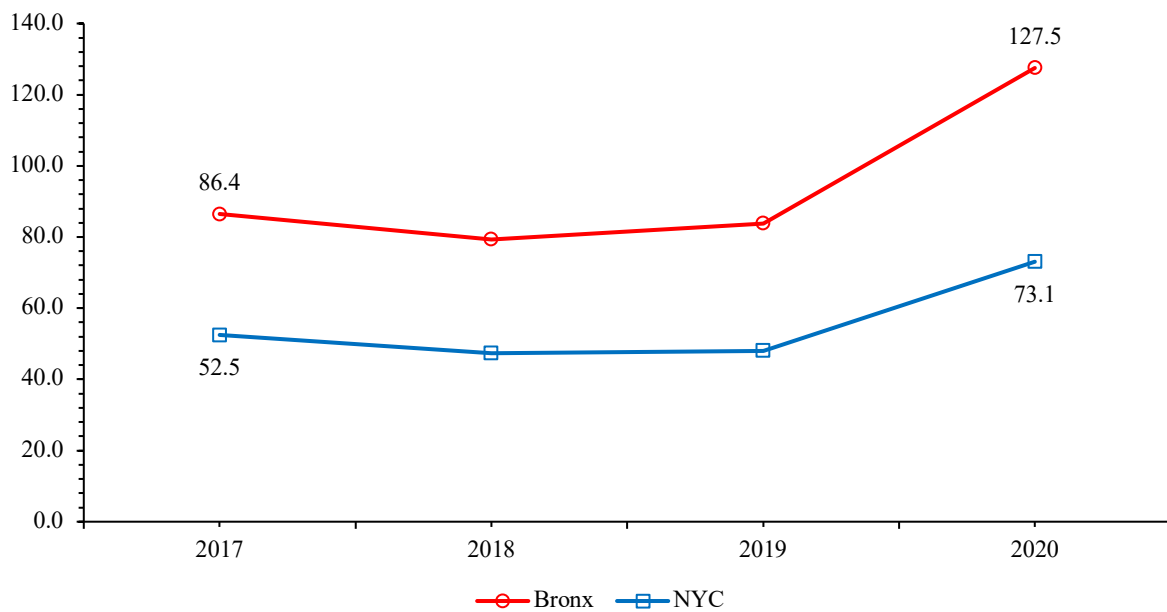


Data source: New York City Community Health Survey 2017.  
 Results are age-adjusted.  
 \*Small sample size; interpret with caution.

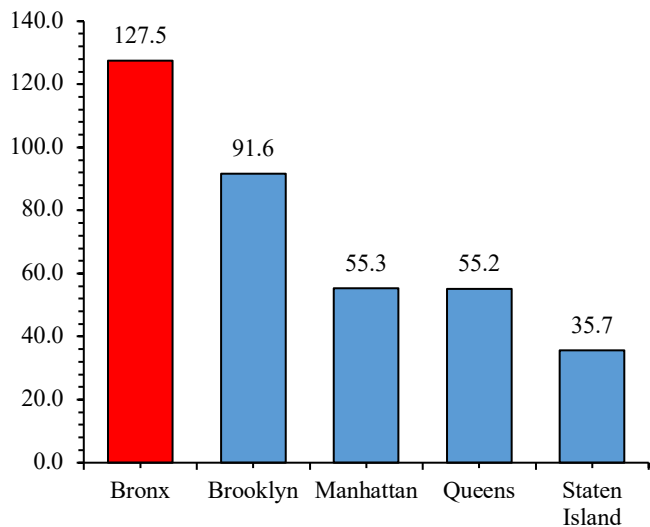
The Bronx has a higher percentage of current depression than any other NYC borough, with prevalence decreasing as education level increases.

**Figure 18**

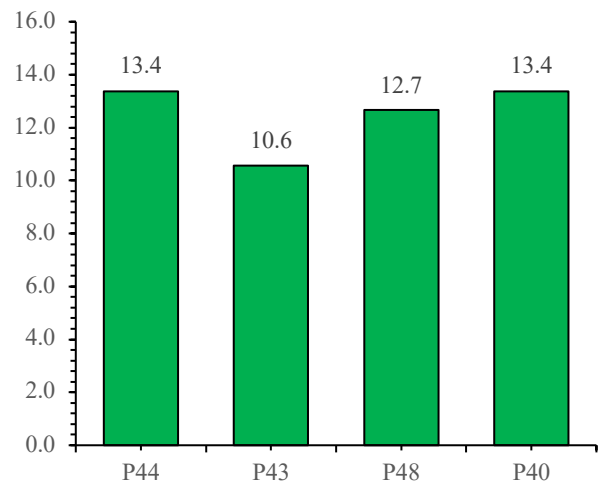
*Violent Crimes Involving Firearms*



*Comparison to NYC Boroughs (2020)*



*Disparities in the Bronx by Precinct (2022)*



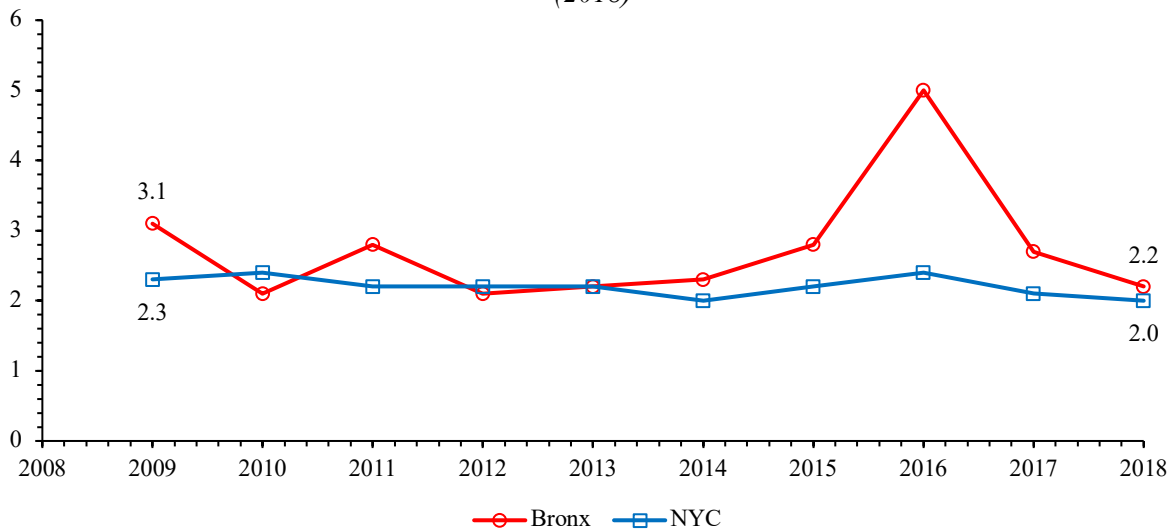
Data Source: NYS Division of Criminal Justice Services, 2020. Disparities data from NYC Police Department CompStat 2.0, 2022. (Disparities data is from January 2022-June 2022)

The rate of violent crimes committed remains higher in the Bronx than in any other NYC borough. The rate of violent crimes committed in the Bronx continues to increase. It is concentrated within a small number of Bronx neighborhoods. Bronx's 44th, 43rd, 48th, and 40th precincts remain at the top for the most reported firearms-related crimes. Over 50% of all violent crimes involving firearms in the Bronx occurred in these communities.

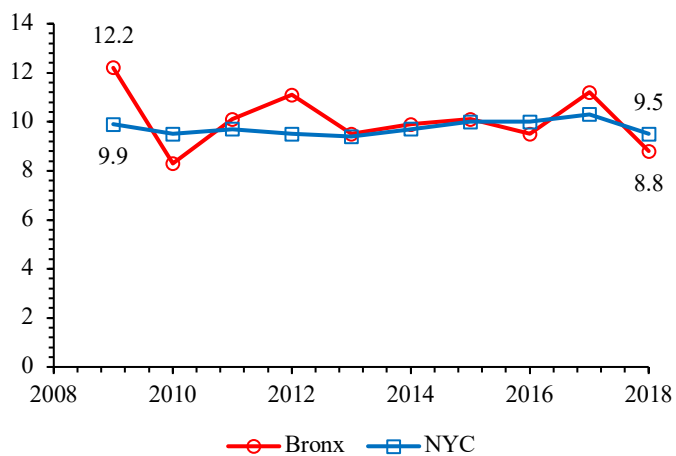
**Figure 19**

*Oral Health Care*

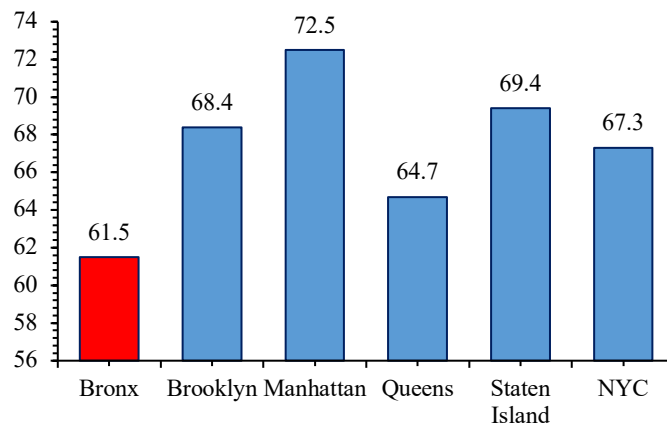
*Age-Adjusted Oral Cavity and Pharynx Cancer Mortality Rate per 100,000 (2018)*



*Age-Adjusted Oral Cavity and Pharynx Cancer Incidence Rate per 100,000 (2018)*



*Comparison to NYC Boroughs - Adult Dental Visit within the Past Year (2018)*

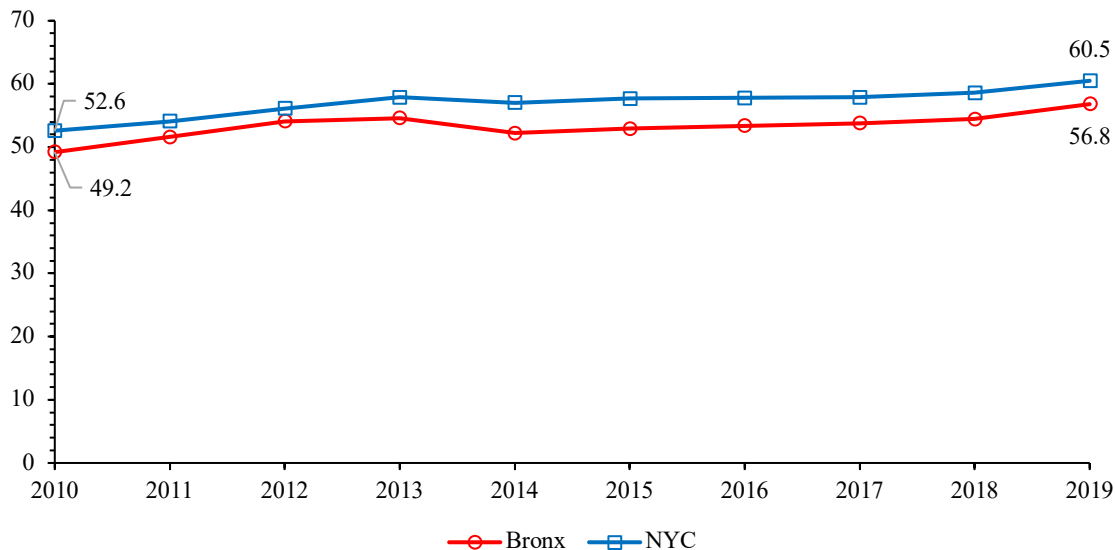


Data Source: New York State Behavioral Risk Factor Surveillance System, 2020. New York State Cancer Registry, 2020.  
 Note: Comparison data are age-adjusted; interpret with caution.

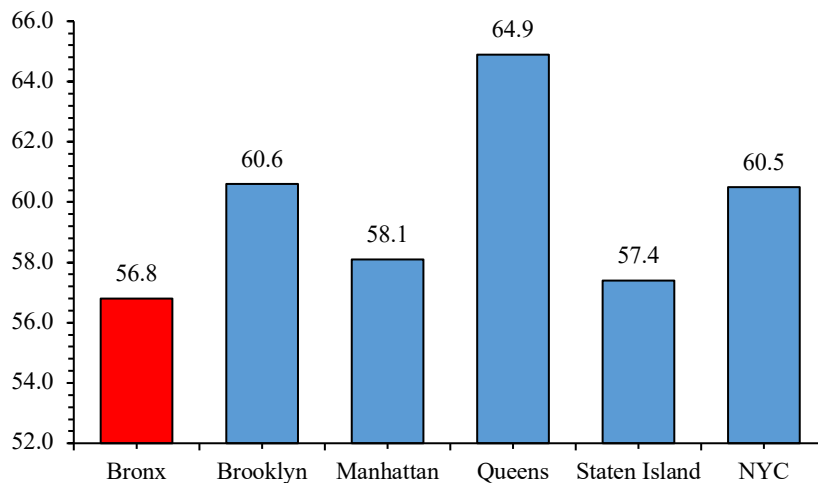
The percentage of adults who had a dentist visit within the past year is lowest in the Bronx than in any other borough. The Bronx has the second highest oral cancer mortality rate of 2.2 per 100,000, trailing behind Staten Islands’ mortality rate of 3.0 per 100,000. However, the Bronx has the second lowest oral cancer incidence rate of 8.8 per 100,000, trailing behind Queens’ rate of 8.7 per 100,000.

**Figure 20**

*Percentage of Children (Aged 2-20 years) with at least one Dental Visit in Government Sponsored Insurance Programs*



*Comparison to NYC Boroughs (2019)*

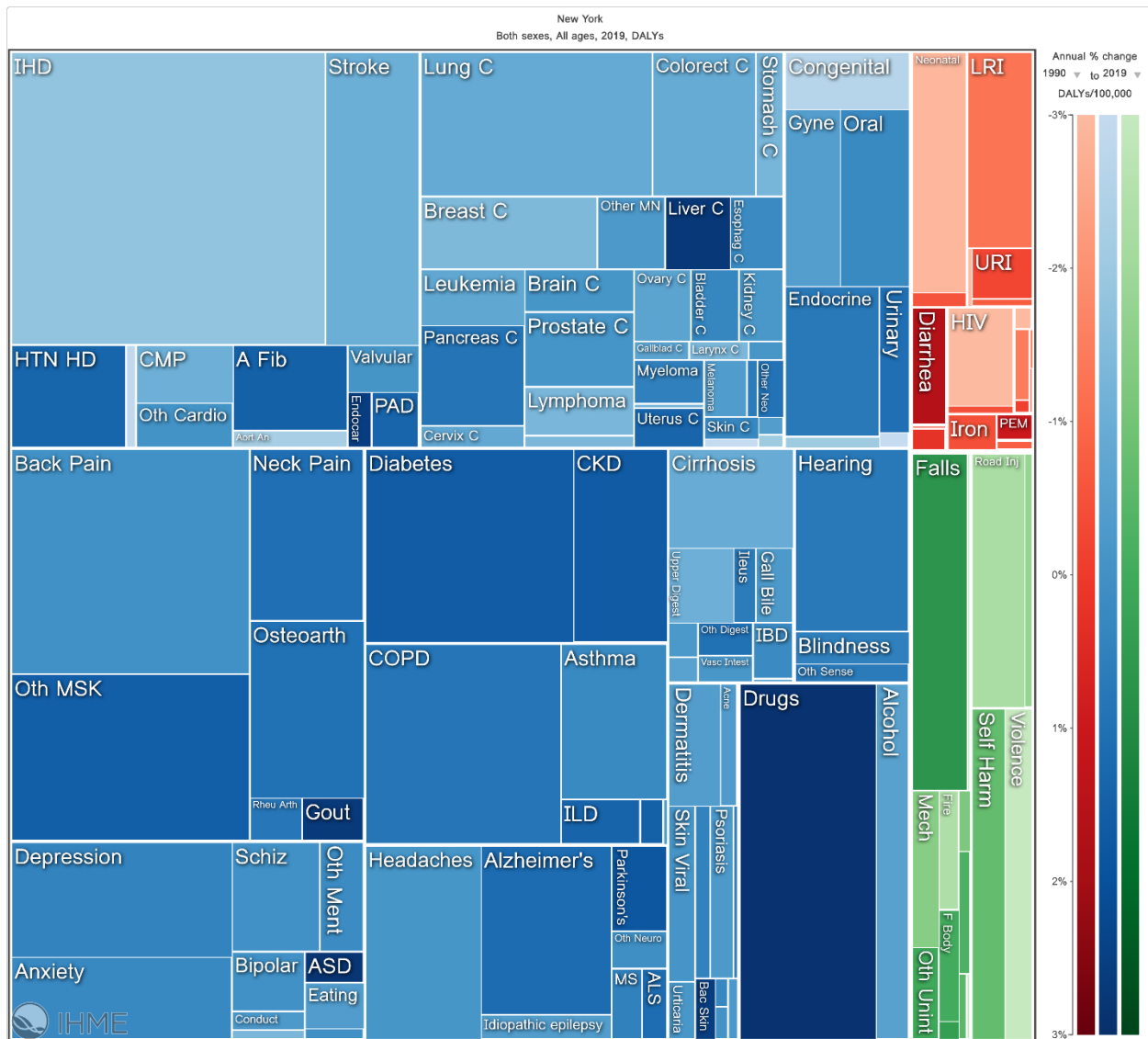


Data Source: New York State Medicaid and Child Health Plus, 2021.

The Bronx has the lowest percentage of children with at least a single dental visit than any other borough. However, only four NYC boroughs reported significantly increasing dental visits in 2019. The Bronx had the highest increase of 2.3%, and Staten Island reported not having seen any significant improvements. Although children's dental visit rates have increased in the Bronx, it is still lower than in any other borough.

**Figure 21.**

*Leading Causes of Disability-Adjusted Life Years in New York State, 2019*



Data Source: 2019 Global Burden of Disease Project.

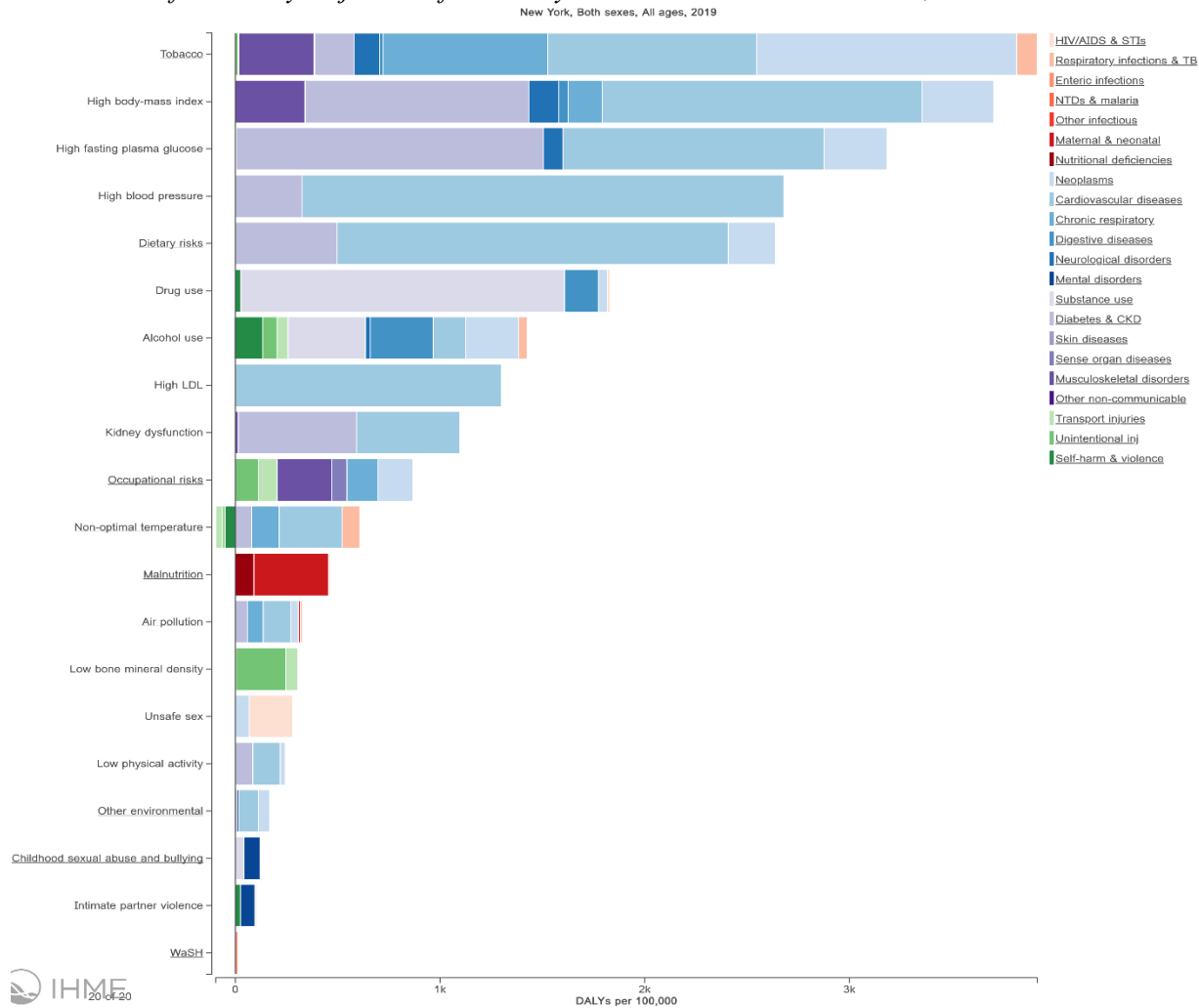
The leading causes of ill health in New York State as measured by disability-adjusted life years are ischemic heart disease (9.16%), low back pain (5.35%), drug use disorders (4.91%), diabetes mellitus (4.04%), other musculoskeletal disorders (3.97%), and chronic obstructive pulmonary disease (3.94%)

The saturation of the graph shows the proportionate change in DALY's from 1990 to 2019. Among leading causes of disability, the largest increases were observed for liver cancer (+2.75%), drug use disorders (+2.91%), bacterial skin disease (+2.57%), and endocarditis (+2.56%). Major declines were observed for HIV/AIDS (-7.03%), meningitis (-4.47%), interpersonal violence (-4.02%), neonatal disorders (-2.91%), rheumatic heart disease (-2.78%), and congenital birth defects (-2.62%).

**Figure 22**



*Distribution of Disability-Adjusted Life Years by Risk Factor in New York State, 2019*



Data Source: 2019 Global Burden of Disease Project.

In New York State, the finest geographic data from the Global Burden of Disease project, Tobacco use is responsible for the highest proportion of disability-adjusted life years (a summary measure combining fatal and non-fatal health status). Tobacco use is responsible for excess ill health via its association with musculoskeletal disorders, chronic respiratory diseases, cardiovascular disease, neoplasms, respiratory infections/tuberculosis, diabetes/kidney disease, neurological disorders, and other health issues.

Dietary risks are the second leading contributor to ill health due to associations with cardiovascular disease, diabetes/kidney disease, and neoplasms. Among dietary risks (data not shown), low whole grains, high red meat, high processed meat, high sodium, low nuts and seeds, and low fruit are the leading causes of ill health. Drug use is the third leading cause of ill health, strongly associated with self-harm and interpersonal violence, substance use disorders, cardiovascular disease, digestive diseases, neoplasms, HIV/AIDS, and sexually transmitted infections. In New York State, in 2019, alcohol use ranks fourth, and malnutrition ranks fifth.

## **VI. SUMMARY OF ASSETS**

### **B. Description of Community Resources**

A wealth of community assets and resources exist in the Bronx, yet its residents experience stark inequities in health. SBH Health System has researched various sources to access reliable and updated community assets. SBH uses this New York City Department of Health & Mental Hygiene, Policy, Planning, and Strategic Data database and other New York City government sources to identify additional community partners throughout Bronx County. The Citizens Commission on Children's website contains a significant database of resources that SBH can easily access. Identifying and documenting resources is ongoing to ensure up-to-date and accurate information.

SBH Health System has reviewed the community needs reports for each community board district in the Bronx. Such reports both state their needs and the community assets available. For example, according to Bronx Community Board #6 - Community District Needs (Fiscal Year 2021), Belmont-East Tremont, SBH's primary service area, has several community assets of public schools (50), public libraries (3), hospitals and clinics (27), and parks (13).

Open space became critically crucial during the pandemic surge. It provided a respite for residents that live in very crowded living settings. The Bronx has the most significant number of parks in all five boroughs. According to this report, 99% of Bronx residents in Bronx Community District #6 live within walking distance of a park or open space, compared with the citywide target of 85%.

One-quarter of the Bronx's land mass is natural forest, making it the "borough of the parks." Nearly one-quarter of the Bronx's total land area is dedicated to parks and open spaces. Pelham Bay Park includes Orchard Beach and a 13-mile saltwater shoreline, the city's largest park. Van Cortlandt Park is home to the nation's first public golf course and the Van Cortlandt House, the borough's oldest house. Wave Hill, a 280-acre public garden and cultural center, provides a view of the Hudson River and the Palisades. The use of the parks for recreation and exercise is available for all ages.

The Bronx is rich in cultural institutions: NY Botanical Garden, Bronx Zoo, Bronx Children's Museum, Bronx Museum of the Arts, Bronx River Art Center, Bronx Historical Society, Bronx Opera Company, Pregones Theater, and many others. Such institutions enhance the well-being and education of all ages.

SBH maintains relationships with the business communities through its partnerships with Belmont and Fordham Business Improvement Districts (BIDs). SBH participates in BID's outreach efforts, including health fairs for all ages.

It is also known as the "Borough of Universities," with more than 15 institutions of higher learning. In addition, there are several significant educational institutions in the Bronx: Fordham University, Albert Einstein College of Medicine, Monroe College, Mercy College, Metropolitan College of New York, College of Mount Saint Vincent, Manhattan College, Boricua College, State University of New York – Maritime College, and the City University of New York which has three campuses: Bronx Community College, Hostos Community College, and Herbert H. Lehman College. SBH has internship agreements with many of the schools.

The nearby shopping district in the service area is Fordham Road. Retail stores, banks, and restaurants are available for residents. Belmont-Arthur Avenue, known as Little Italy of the Bronx, is right behind the SBH Health System campus. Visitors can find an abundance of food, shopping, and Italian restaurants. Both commercial areas are managed by a Business Improvement District (BID).

## B. Summary of SBH Health System Resources

*“The future of healthcare and the future of SBH Health System has to be in the outpatient setting and focused on keeping people healthier in order to mitigate the unnecessary emergency and inpatient admissions caused by systematic failures”.*

*- Dr. David Perlstein, President and CEO, SBH Health System*

SBH Health System delivers an array of continuous services for all ages, from infancy to the end of life, through a community-based healthcare network. It includes comprehensive inpatient, outpatient, emergency medical, mental health, and dental services through multiple resources developed at SBH independently and through partnerships, identification of community-based programs, and resources that augment SBH programs and services.

### **SBH Health & Wellness Center**

As an anchor institution, SBH leadership understands that reinvesting in the community is required. After a delay caused by COVID -19 restrictions, in late 2020, SBH opened its newest addition, the SBH Health & Wellness Center, located across the street from the hospital. The center is part of a \$156 million, 450,000 square feet project that included 314 units of affordable housing and 50,000-square feet for the Center.

The SBH Health & Wellness Center is to support community access to a healthier life, keep people healthy and out of the hospital and address the Social Determinants of Health. The center is a testament to SBH’s ongoing transformation from ‘illness care’ to ‘wellness care’ and provides comprehensive, community-based, holistic health and wellness support. The Health & Wellness Center is supervised by the SBH Ambulatory Department. Therefore, programming is linked to eliminating health disparities, improving health outcomes and achieving health equity. It includes:

- A medical fitness center, a culinary education center with a teaching kitchen, rooftop farm and beehive.
- A food pantry that provides fresh, free produce for those in need, as does the “Farmacy” program in the community to which their providers refer.
- A clinical hub with a women’s health center, mammography imaging services, pediatrics, SBH’s WIC Program, and an urgent care center. In the clinical suite on the first floor, there were nearly 22,000 visits in 2021.

Government and elected officials, and community leaders have been invited to the Health & Wellness Center to discuss the services available and how to develop partnerships and make services known to the community. As a result, a number of joint ventures are being established to reach a larger audience in the community. Several joint ventures are being discussed to address specific health disparity. The Center’s multi use spaces will be available to the community for meetings and events.

### **Partnerships**

#### **1. Medication Education**

SBH Health System serves as the primary clinical affiliate of the CUNY School of Medicine at the City College of New York, the New York College of Osteopathic Medicine, and the Albert Einstein School of Medicine. SBH trains more than 300 physicians annually and offers residency programs in various disciplines, including emergency medicine, internal medicine, pediatrics, family practice, general surgery

and osteopathic manipulation treatment, podiatry, dermatology, and psychiatry. In addition, SBH operates one of the country's most extensive hospital-based general practice dental programs (with residencies in general dentistry, pediatric dentistry, anesthesia, and orthodontia). More than 15% of residents (46 total) are in emergency medicine and psychiatry.

## **2. Healthcare Partners**

SBH Health System has a robust existing partnership with Union Community Health Center (UCHC), a Federally Qualified Health Center providing health care services from six locations throughout the Bronx since 1909. UCHC provides comprehensive healthcare services to over 38,000 unique patients who make nearly 200,000 patient care visits annually. UCHC contracts with SBH to provide administrative services (e.g., contract services, payroll/HR, and credentialing) and professional services (radiology and select specialty clinics). Approximately 50-60% of patients are referred to SBH for inpatient or complex care.

SBH Health System is a member of the Montefiore Accountable Care Organization (ACO), which provides Medicare beneficiaries access to enhanced care coordination and programs focused on illness prevention and wellness. SBH is also a founding member of the Bronx Accountable Healthcare Network (BAHN), which integrates and coordinates all primary, acute, behavioral health, and long-term services and supports treating the whole person. The BAHN serves Medicaid enrollees with two or more chronic conditions and one chronic condition at risk for a second or one severe and persistent mental health condition.

SBH Health System operates a Referral Services Office to build and maintain relationships with community providers and provides expedited access to appointments at SBH, including radiology and dialysis. In 2021, the office received over 19,400 referrals from 233 unique sites (e.g., private practices, FQHCs, behavioral health agencies, and other community-based organizations).

## **3. Volunteer/Internships Programs:**

SBH recognizes the severe diversity in the healthcare workforce, a problem that worsens health disparities for communities like ours. SBH is committed to efforts to increase the diversity of the healthcare workforce. SBH volunteer and internship programs are a way to increase diversity in healthcare professions. SBH operates volunteer/internship programs that can provide a pathway to employment.

Volunteer and internship programs expose students of various ages to the spectrum of opportunities in healthcare. SBH operates an extensive internship program for high school and college students interested in healthcare professions. SBH offers onsite visits for elementary school students. The SBH Emergency Department has developed a mentoring program for elementary school students.

## **Community Engagement**

SBH leadership recognizes that population health management requires collaborating with multi-sector partners and expanding the scope of services to focus on prevention and wellness programs for the community served. SBH is a valued community partner that engages with social service providers and government agencies to invest in and improve the health outcomes and well-being of the communities served. SBH invests in community benefit initiatives and programs. According to the Lowe Hospital Fair Share Report 2022, SBH ranked in the top five hospitals in New York City spending more funds in the community than received in tax breaks.

SBH has developed deep partnerships and collaborations to address the long list of health disparities in the Bronx. SBH Health Systems' commitment to maximizing the health and wellness of Bronx residents demands active collaboration with stakeholders outside of the health field – in education, housing, and other areas – to develop innovative programs that impact the social determinants of health. SBH developed an online, searchable directory of health and social service organizations in the Bronx.

The SBH Community and Government Affairs Department cosponsors local groups, churches and schools, health fairs, and community outreach efforts. SBH staff curates information based on the interests and needs of the potential attendees. SBH clinicians join the outreach staff to provide onsite services. For example, SBH mobile mammography van travels across the Bronx to provide mammograms, clinical breast screening, and breast education. The van conducted over 230 trips in the community and almost one-thousand examinations from 2020 to the end of 2021.

The SBH Communication and Marketing Department has created various means to inform the community. There is a newsletter, messaging thru various social media platforms, and podcasts on key issues.

### **C. Resources Available from Government Agencies and Healthcare Associations**

SBH reviewed listings of selected facilities and programs sites prepared by the New York City Department of City Planning. This information is used to identify additional community partners throughout the county of the Bronx. The Bronx Community Districts #5 and #6 developed community needs assessments that provide detailed information.

SBH consults with numerous public health experts and avails itself of services provided by the New York City Department of Health & Mental Hygiene, New York State Department of Health, CMS and Joint Commission. These agencies support clinicians and the general public with alerts about emerging issues and disease outbreaks, bulletins with practical guidance on current and vital public health topics, training opportunities, action kits, task forces on specific issues and a variety of other resources.

#### **New York City Department of Health & Mental Hygiene Assets Available to Meet the Plan's Objectives (sampling):**

The New York City Department of Health & Mental Hygiene works to give New York City's clinicians the support they need to provide their patients with the best care possible. The New York City Department of Health & Mental Hygiene is an oversight partner in the two initiatives selected for the SBH 2022 Community Service Plan. SBH has developed a strong working relationship with the Bronx Office of New York City Department of Health & Mental Hygiene. Additionally, SBH participates in several New York City Department of Health & Mental Hygiene health equity task forces.

#### **Healthcare Associations:**

SBH Health System is a member of healthcare associations. Such organizations share up to date expertise, regulatory updates and analysis and relevant research.

HANYS (Healthcare Association of NYS) which offers expertise to solve complex healthcare issues and improve the health of New York communities.

GNHYA (Greater NY Hospital Association) - their core mission is to help hospitals deliver the finest patient care in the most cost-effective way.

## **VII. DOCUMENTATION OF STAKEHOLDERS AND PARTNERS THAT PARTICIPATED IN THE PRIORITIZATION PROCESS**

SBH Health System Board of Trustees and Senior Leadership are committed to expanding efforts and maintaining relationships with a spectrum of community-based organizations, local businesses, clergy and government agencies. The SBH Community & Government Department engagement provides a closer alignment between community level goals of SBH and the organizational goals of community organizations. Public Health experts at SBH, community-based organizations, local businesses, relevant health insurance companies, elected officials and government agencies participated at different levels in the discussions of data and prioritization of projects.

### **A. SBH Participants & Partners in the 2022 – 2024 Plan**

<b>1. Public Health Experts at SBH Health System:</b>		
<b>Agency/Department</b>	<b>Name</b>	<b>Title</b>
<b>Community &amp; Government Affairs Marketing &amp; Communications</b>	Ninfa Segarra JD	Senior Vice President Chief Diversity & Inclusion Officer
<b>Community &amp; Government Affairs</b>	Victor Picardo	Vice President
<b>Community &amp; Government Affairs</b>	Isabel Pastor, MBA	Director, Patient & Community Engagement
<b>Community &amp; Government Affairs</b>	Ryan Dudhnath	Researcher
<b>Community &amp; Government Affairs</b>	Melissa Guzman	Community Liaison
<b>Community &amp; Government Affairs Injury Prevention Program</b>	Amanda Martinez	Community Coordinator
<b>SBH Pediatrics</b>	Janine Adjo, MD	Chair of Pediatrics Dept.
<b>SBH Pediatrics</b>	Carine Hedari, MD	
<b>Pharmacy/ Radiology</b>	Ruth Cassidy B.S., PharmD, MBA, FACHE	SVP of Clinical Support Services/ Chief Pharmacy Officer
<b>SBH Supplemental Nutrition Program Women, Infants &amp; Children (WIC)</b>	Bernardo Gil	Director, WIC
<b>SBH Behavioral Health</b>	LaShemah Williams, LCSW	Administrative Director of Behavioral Health
<b>SBH Food &amp; Nutrition Department</b>	Karen Travali	Director

<b>SBH Food &amp; Nutrition Department</b>	Sharon Savary	Clinical Nutrition Manager
<b>SBH Medicine</b>	Daniel Lombardi, DO	SVP & Chief Academic/ Chief Quality Officer
<b>SBH Ambulatory Medicine</b>	Manisha Kulshreshtha, MD	MD, FACP, VP Medical Affairs
<b>SBH Ambulatory Services</b>	Alvin Lin	Vice President
<b>SBH Medicine</b>	Jitendra Barmechea MD	SVP-CIO Information Technology & Clinical Engineering
<b>SBH Trauma Injury Prevention program</b>	Erik Marketan	AHA Training Center Coordinator
<b>SBH Patient Relations</b>	Maureen Eisner	VP Patient Experience
<b>SBH Patient Relations</b>	Patricia Boyce	Director of Patient Relations
<b>SBH Dental</b>	Denize Gary, RDH	Dental Hygienist
<b>SBH Teaching Kitchen</b>	Abbie Gellman	Director of Teaching Kitchen
<b>Healthplex Fitness Center</b>	Albert Jovel	General Manager
<b>SBH Ambulatory Care</b>	Moray Joslyn	Sr. Director of Quality & Performance Improvement
<b>SBH Chaplaincy</b>	Chaplain Ruth Diones	Chaplain
<b>SBH Security</b>	Demetrius Long	Director
<b>SBH Emergency Medicine</b>	Daniel Murphy, MD	Chair of Emergency Medicine
<b>SBH Emergency Medicine</b>	Jakob Bartnik, MD	Vice Chairman of Emergency Medicine
<b>SBH Emergency Medicine</b>	Mina Attaalla, DO	Director of Simulation Education
<b>SBH Emergency Medicine</b>	Sarah Jamison, MD	Attending, Director of Safety

<b>2. Healthcare Experts:</b>		
<b>Agency/Department</b>	<b>Name</b>	<b>Title</b>
<b>NYC Department of Health &amp; Mental Health</b>	Clifford Larochel	Director
<b>Greater NY Hospital Association (GNYHA)</b>	Lloyd Bishop	Senior VP, Community Health Initiatives and Government Affairs

<b>Greater NY Hospital Association (GNYHA)</b>	Paul I. Opawoy	Senior Project Manager, Community Health Engagement
<b>LiveOn NY</b>	liliana Almanzar	Community & Government Affairs Liaison
<b>NYC DOH - Bronx Neighborhood Action Center</b>	Anita Reyes	Assistant Commissioner
<b>NYC DOH - Bronx Neighborhood Action Center</b>	Fernando Tirado	Director of New Initiatives
<b>NYC Public School 67</b>	Andrew Galarza	Parent Coordinator
<b>Eagle Academy</b>	Gilliam Sojourner	Parent Coordinator

<b>3. Health Insurance companies:</b>		
<b>Agency/Department</b>	<b>Name</b>	<b>Title</b>
<b>HealthFirst</b>	Manuel Sepulveda	Community Engagement Specialist
<b>Empire Blue Cross Blue Shield</b>	Esteban Munoz	Community Relations
<b>Fidelis Care</b>	Juan Quezada	Community Relations Specialist

<b>d. Business Groups:</b>		
<b>Agency/Department</b>	<b>Name</b>	<b>Title</b>
<b>Fordham Road Business Improvement District</b>	Wilma Alonso	Executive Director Trustee of SBH
<b>Belmont Business Improvement District</b>	Alyssa Tucker	Executive Director
<b>AT &amp; T</b>	Daariat Brooks	First Net - Bronx County

<b>5. Elected Officials</b>		
<b>Office</b>	<b>Name</b>	<b>Title</b>
<b>Bronx Borough President Vanessa Gibson</b>	Dr. Nancy Kheck	Director, Health and Human Services
<b>NYS Senator Gustavo Rivera</b>	Francisco Ramirez	Chief of Staff
<b>NYS Senator Luis Sepulveda</b>	Vincent Sepulveda	Community Liaison
<b>NYC Council Member Oswald Feliz</b>	Theona Reets	Chief of Staff



<b>Bronx Community Board #5</b>	Kenneth Brown	District Manager
<b>Bronx Community Board #6</b>	Rafael Moure- Punnett	District Manager

<b>6. Community-Based Organizations &amp; Subject Matter Experts:</b>		
<b>Organization</b>	<b>Name</b>	<b>Title</b>
<b>B.R.A.G. Bronx Rises Against Gun Violence</b>	David Caba	Senior Program Director
<b>B.R.A.G. Bronx Rises Against Gun Violence</b>	Brittany Davis	Hospital Responder Coordinator
<b>B.R.A.G. Bronx Rises Against Gun Violence</b>	Michael Rodriguez	Program Director for Northwest
<b>B.R.A.G. Bronx Rises Against Gun Violence</b>	Joel Castillo	Senior Hospital Responder
<b>Comunilife</b>	Rosa Gil, DSW	Founder, President & CEO
<b>Geneva's 50/50</b>	Chef G. Wilson	CEO & Owner
<b>Good Shepherd Services/Monterey Cornerstone Community Center</b>	Luis Fuentes	Director Of Events and Programs
<b>HighBridge Early Childhood Center</b>	Minerva Cotto	Director of Community Engagement
<b>Lehman College</b>	Professor Tammy Christensen	HSA Internship Coordinator
<b>Hostos Community College</b>	Maritza Lewis	Career Education & Experiential Learning Coordinator
<b>Fordham University</b>	Gilda Severiano	Director of Campus Ministry Operations, Budget & Community Engagement
<b>Monroe College</b>	Cathy Carbonelli	Advisor & Internship Coordinator
<b>NY Psychotherapy &amp; Counseling Center</b>	Anthony Otten	Senior Outreach Specialist
<b>PHIPPS Neighborhoods</b>	Gabriel Crespo	Case Manager
<b>RAIN</b>	Kathleen Torres	Executive Director

<b>RAIN Mt. Carmel Neighborhood Senior Center</b>	Joeny Castillo	Program Director
<b>Visiting Nurses Services NY</b>	Ildefonso Oquendo	Director of the Assessment Department
<b>Young Audiences</b>	Jamaal King	Program Director
<b>Morris Heights Health Center</b>	Gary Chin	Assistant Manager of Health Education
<b>C+C Apartment Management, LLC</b>	Antonia Morales	Residential Building Management
<b>CASES</b>	Khadijah Barrow	Community Outreach Specialist
<b>Lantern Community Services</b>	Jacqueline C. Holland	Education Service Director
<b>Lantern Community Services</b>	Chanel Weathers	Director of Employment and Education
<b>NYC Department of Youth &amp; Community Development (DYCD)</b>	Sarah Whitney	Director of Employer Engagement & Partnerships
<b>NYC Poison Control</b>	Dilem Valenzuela	Community Health Educator
<b>Trabajamos Community HeadStart</b>	Lisa Buchanan	Social Service Director
<b>Cardinal McCloskey Community Services</b>	Eileen Cummings, LMSW	Social Worker
<b>Mt. Carmel Church</b>	Father Jose Felix	Pastor
<b>Life Together Fellowship Church</b>	Melissa Torres	Community Events Organizer
<b>NYPD Precinct #48</b>	Carmen Rivera	Precinct Community Council

## **VIII. DEVELOPMENT OF THE COMMUNITY SERVICE PLAN**

### **A. Methodology for Selection Including Groups Consensus Processes**

SBH Health System leadership recognizes that community engagement will enhance the effectiveness of proposed strategies and increase the sustainability of these efforts. Public participation in assessing community needs and setting priorities has been a continuous process over the past four years (2019 to 2022). SBH engaged a range of stakeholders with a particular focus on medically underserved and minority residents to assess community needs.

Even with COVID restrictions, significant opportunities were created to involve the community. We jointly reviewed the CSP 2019-2021 priority projects, gave progress reports and conducted the new 2022 Community Health Needs Assessment. The New York State Prevention agenda and its relationship to the Community Health Needs Assessment were reviewed resulting in the selection of 2022 health needs priorities and select 2022 interventions.

The SBH Community and Government Affairs Department developed a community-level approach to engage and involve all spectrums of the community. One vehicle of engagement is the SBH Wellness Alliance (SBHWA), a community coalition that brings together partners from all sectors of the community and SBH clinicians to impact community health improvements significantly. Presentations, meetings, and discussions on resources and services are held monthly including SBH clinicians and community representatives. Attendees represent the ethnic and socio-economic profile of the community. New members are welcomed and encouraged to stay engaged.

On the 2019 agenda, SBH discussed the Hospital Responder Program, Baby Friendly Initiative, Fall Prevention, Weight Loss Surgical Procedures, Food Security, Hunger in the Bronx, Families for Safe Streets, Heart Healthy, Stop the Bleed Training, Vaping and Naloxone Training.

From 2020 to 2021, even with COVID restrictions, SBH interacted with community partners through the SBH Wellness Alliance. It met virtually every month. At SBHWA meetings, presentations were made on the review of current data and leading health concerns affecting the community.

On the 2020 agenda, SBH discussed Healthy Lifestyles, COVID-19 and Flu Vaccine, Safe Sleep for infants, and Breastfeeding resources.

On the 2021 agenda, SBH discussed High Blood pressure, COVID-19, voting in 2021, Women's Health, Young Men's Health, Wound Care and COVID-19, Mental Health & Depression, Mental Wellness, Celebrated Pride Month, Back to School, Hospital Responder Program, Summer Safety and Self-care. SBH provided up to date COVID information including access to testing and vaccines, updates on visitor policies and ambulatory services. During 2021, SBH staff explained the NYS Prevention Agenda, reviewed secondary data on demographics and health indicators, and discussed potential priorities and interventions.

As soon as COVID-19 restrictions ended, SBH started to hold health fairs in the community, made contact with local schools, and established additional relationships with community-based organizations and government agencies.

To be effective in community engagement, studying the history of the community, as well as past engagement efforts, helps to understand any issue and learn what has worked and what has been less successful. It is necessary to understand the barriers that may prevent community participation. In this

post COVID-19 environment, SBH will examine engagement strategies to ensure a clear purpose of the engagement to ensure meaningful community engagement to address health disparities and achieve health equity.

## **B. Significant Needs Not Addressed**

*“We see ourselves as an anchor institution that wants to leave the community better than we found it – but unfortunately we don't have the resources to accomplish that.”*

*- Dr. David Perlstein, MD*

According to the 2022 County Health Rankings & Roadmaps, the Bronx ranks 62 out of 62 counties in the State of New York in health outcomes and factors. Therefore, Bronx County has enormous health needs that require dire actions from multiple partners and resources.

As previously stated, a wealth of community assets and health care resources exist in Bronx County, yet stark inequities in health are experienced by its residents. Social and environmental determinants of health – such as financial resources, access to healthy food, and safe and affordable housing, to name a few – are not spread equitably, resulting in significant differences in health outcomes, such as disease severity, life expectancy, gun violence impact, and infant mortality. These differences are shaped by long-standing systems and structures that impact the conditions in which Bronx residents live, work, learn and play.

Addressing the complexities of health equity is beyond the scope of one organization. SBH Health System recognizes that it cannot address all the significant health needs identified in this assessment. Resource constraints are significant. In this deliberate assessment, SBH has chosen currently funded and available priorities. It was decided to stay on course with two of the three 2019 priorities. Several other health needs are being addressed through the extensive network of partnerships, collaborations, and government agencies.

The decision to work collaboratively through cross-sector cooperative action can serve to meet those needs. Through working to develop trust and communication, a collective desire emerges to more effectively address health inequities and to align local community health improvement planning efforts with New York State population health efforts, which places a strong emphasis on employing an equity lens.

**IX. COMMUNITY HEALTH IMPROVEMENT PLAN/**  
**COMMUNITY SERVICE PLAN**

**A. SUMMARY OF PREVENTION AGENDA PRIORITIES 2019-2021**

Even with the challenges presented by the COVID-19 pandemic, significant progress was made to complete the objectives of the three priorities selected for the 2019-2021 plan.

In the Community Health Improvement Plan/Community Service Plan developed for 2019-2021, the priority areas selected were the following:

**1. Prevent Chronic Diseases – Increase Food Security**

<b>Focus Area 1: Healthy Eating and Food Security</b>
<b>Goal: 1.3: Increase food security</b>
<b>Objectives: 1.2: Decrease the percentage of children with obesity among public schools in New York City</b>
<b>Disparities:</b>
<b>Intervention: 1.0.6: Screening for food insecurity, facilitate, and actively support referral at well-child visits ages 5-17</b>

**Screening of Pediatric/Adolescent Patients**

**Interventions: 1.0.6:** Screening for food insecurity, facilitate, and actively support referral at well-child visits ages 5-17 identified through questions in the Electronic Medical Record (EMR). SBH Pediatric Clinic will engage in a Food Insecurity pilot to identify and address the issue by:

- Utilizing existing resources to extend the reach of providers
- Linking the community-based services to bridge the gap between clinical and social needs.

**Family of Measures:** To increase the percentage of patients ages 5-17 screened for food insecurity at well child visit and refer to food and nutrition programs. Target population is children from Medicaid eligible households. By December 2021: Target: 70% of children from Medicaid eligible households screened at such visits. Baseline (2018): 24%. Data source: St. Barnabas patient records.

**Program Objectives:** The objective was to improve screening for food insecurity among pediatric/adolescent patients age 5 to 17 at every well child visit using the Hunger Vital Sign tool. The aim was to screen 80% of patients aged 5 to 17 years old by 6/30/2020. Throughout the project, adjustments were made to improve the results. Due to pediatric screening success, adults were also secured for food insecurity. Food insecure pediatric patients were referred to food resources. All pediatric patients were screened for eligibility for the Women Infants and Children food nutrition program. Other resources were SBH food pantry and enrollment in all eligible government benefits.

**Implementation Partner:** New York City Department of Health and Mental Hygiene

**Results:** Screenings: In 2019, 2020 and 2021, all pediatric patients were screened for food insecurity during the annual well child visit. In 2019, 6.8% were found positive for food insecurity; 2020 - 5.0%; 2021 - 2.1%. All families were referred for community resources including SVH pantry and WIC.

In addition to the screening, SBH Health System opened in 2020, delayed by the COVID-19 epidemic, the new Health & Wellness Center. The design of the Center has a focus on healthy living. The inclusion of a medical fitness center, teaching kitchen and rooftop farm centered on providing Bronx residents the tools to healthy living. The program designs were based on evidence-based principles of chronic disease management. They validated patient's lived experiences, moved beyond simplistic approaches, and addressed the root drivers of obesity. People living with obesity were given access to evidence-informed interventions, including medical nutrition therapy, and physical activity.

In 2020, the teaching kitchen began on-site community cooking classes. The rooftop farm, managed by ProjectEATS (community partner), that specializes in urban farming, produced fresh fruit and vegetables and honey (from an on-site beehive). SBH harvested and distributed the produce at the SBH Farm Stand.

Screened patients were enrolled in the SBH Farmacy program. Patients were given an RX card that provides them with a 50 percent discount on all produce sold at the farm stand. Any unsold food was distributed for free to patients and community residents through SBH food pantry. The food pantry bags also included food provided through the US Department of Agriculture's The Emergency Food Assistance Program. A PSDA initiative was developed to ensure the quality and reach of the pantry program.

In June 2020, SBH launched a Healthy Living Program aimed at improving the health and wellness of patients with obesity. The Cabrini Foundation funded the program. Patients were referred by providers in the SBH ambulatory services. The program's goal was to reduce their BMI over an eight-week program intervention. The program used a trauma-informed care approach. The program started with a care plan and individual fitness assessment. Based on the assessment results, certified fitness trainers collaborated with patients to develop an individualized workout regimen and culinary nutrition education plan. SBH enrolled over a hundred patients into the program. The PSDA report indicated, between June 2020 to May 2021, up to 125 participants were enrolled including 23 adolescents, a statistically significant reduction of BMI of 1.18.

## 2. Promote a Healthy and Safe Environment

<b>Focus Area 1: Injuries, violence, and occupational health</b>
<b>Goal: 1.2: Reduce violence by targeting prevention program particularly to highest risk population.</b>
<b>Objective: 1.2.c Reduce the rate of ED visits due to assault from 152 to 151 per 10,000. Data based on The Belmont/East Tremont community, SBH's primary service area, has the highest rate of assault related hospitalizations in NYC.</b>
<b>Disparities: The high crime rate is reflective of the socio-economic indicators of SBH service area.</b>
<b>Interventions: 1.2.1: Implement multi-sector violence prevention program designed on public health principles.</b>

### Hospital Based Violence Intervention Program (HVIP)

**Intervention 1.2.1:** Provide referrals of eligible patients in the emergency room to Bronx Rises against Gun Violence (B.R.A.G.) violence prevention program. The eligibility criteria includes a patient in trauma/ED that has a mechanism of injury:

- Gunshot wound (GSW) or involved in a shooting incident
- Penetrating Injury due to violent incident.

When clinically appropriate, eligible patients will receive an SBH staff introduction to the collaboration and request for verbal consent to receive the brief confidential meeting with the Hospital Responder. The goal is for them to be ‘engaged’ - with a warm handoff to B.R.A.G.

**Program Objectives:** The percentage of assault patients who meet the criteria for referral to B.R.A.G. Monthly reports prepared based on SBH and New York City Department of Health and Mental Hygiene requirements.

By December 2021, increase by 40% the number of eligible patients who meet the criteria approached by SBH staff and referred to B.R.A.G. for engagement:

Target: 40%
Baseline: 0 %
Baseline year: 2019
Data Source: SBH patient records

**Results:** The Hospital Based Violence Intervention Program was selected, after community consultation, as a priority in the SBH Community Service Plan (CSP) 2019. Violent crime, specifically gun violence, was cited as the number one concern by the community. In response, SBH implemented a hybrid model of the Cure Violence Hospital Responder program, a community-based gun violence prevention program designed on public health principles. It is a collaboration with Bronx Rises Against Gun Violence ("B.R.A.G."), and the New York City Department of Health & Mental Hygiene. B.R.A.G. is the community partner. Their goal is to identify violently injured youth at risk for retaliatory violence, work with victims and their families and friends to help prevent future violence and provide linkages to resources and follow-up services.

B.R.A.G. deploys “trusted credible messengers” from the community with similar backgrounds to trauma victims identified as Hospital Responders (HR). An SBH Emergency Department personnel secures consent from a patient. Then the B.R.A.G. Hospital Responder delivers an anti-violence message and explanation of available resources at the patient’s bedside in the emergency room to prevent retaliation and/or repeat episodes of violent injury.

In 2019, SBH trained Emergency Room personnel on program objectives and criteria for patient eligibility. To document, a field(s) was added to the SBH Trauma Registry to track the interventions. The referral process in the emergency room to B.R.A.G and the criteria for eligibility participants was finalized. In 2020, due to COVID restrictions, the program was put on pause for several months. In 2021, the program was fully implemented with a text notification system to the B.R.A.G. hospital responders. The emergency department staff conducted the initial contact to seek permission for a discuss with the B.R.A.G. hospital responder.

In 2020, SBH Health System opened the new Health & Wellness Center. To enhance services to at-risk youth, a pilot youth violence prevention activity was implemented, the boxing class taught in the SBH Fitness Center by professional trainers. It covered both technical skills of boxing (coaching and sparring)

and building confidence and self-esteem. The target was six at-risk young males referred by B.R.A.G. The classes ran twice a week for 12 weeks. Three cohorts successfully completed the program.

The New York City Department of Health & Mental Hygiene monitored the implementation of the HVIP and the boxing pilot.

**Stop the Bleed Program:** Under the 2019-2021 plan, the Stop the Bleed program was an additional avenue to provide violence intervention prevention services to the community. SBH staff trained fellow employees and community members on this grassroots effort that encourages bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives. The program is a bystander intervention recognized in the New York State Prevention Agenda. Individuals can recognize life-threatening bleeding, act quickly and effectively to control it and mitigate a life-or-death difference when a bleeding emergency occurs. In 2020, due to COVID-19 restrictions, the program was shut down to prevent implementation of community classes. In the Spring and Fall 2021, four classes with SBH and B.R.A.G. staff and CUNY medical students were held: 51 learners received STB training and personal CAT tourniquets. A QAPI Performance and Safety report was prepared on the results.

### 3. Promote Healthy Women, Infants, and Children - Increase breastfeeding

<b>Focus Area 2: Perinatal and Infant Health</b>
<b>Goal 2:2: Increase breastfeeding</b>
<b>Objective: 2.2.1.0: Increase the percentage of infants who are exclusively breastfed in the hospital by 10% from 6.16% (2016) to 16.16 % among infants (2021). Baseline is 2016.</b>
<b>Disparities: The Bronx has the lowest rate of exclusively breastfed in hospitals in NYC.</b>
<b>Intervention 2.2.2: Promote &amp; implement maternity care practices consistent with the Baby Friendly Hospital Initiative – NYS DOH Ten Steps to a Breastfeeding Friendly Practice Guide.</b>
<b>Acquire Baby Friendly designation</b>

#### Baby Friendly Designation

In 2020, SBH was officially designated a "Baby-Friendly Hospital." It was determined that we had implemented all Ten Steps to Successful Breastfeeding and were in compliance with the International Code of Marketing of Breastmilk Substitutes. Achievement of the Baby-Friendly Designation was achieved with the support of the entire hospital community.

**Program objectives:** Percentage of infants who are exclusively breast fed were: 2019 – 24.39%; 2020 - 17.11% and 2021 -14.10%.

In addition, in participation with SBH Community & Government Affairs Department, SBH WIC and SBH Labor & Delivery Department, worked closely to provide expectant parents access to car seats, cribs and other necessary items. The SBH Women, Infants and Children (WIC) Nutrition Program provided culturally tailored breastfeeding support and education to its participants throughout their breastfeeding journeys.

The SBH Community & Government Affairs completed a long-standing program funded by New York City Department of Health to provide education and outreach information for expectant parents. It



covered topics such as safe sleep, coping skills, and parenting guidance. The program continued to operate during the 2020 shutdown by setting up individual virtual sessions.

## **B. SUMMARY OF PREVENTION AGENDA PRIORITIES 2022-2024**

SBH Health System is committed to furthering the goals set forth in the New York State Department of Health Prevention Agenda through the selection of two priority agenda initiatives consistent with the New York State Department of Health goals. They were selected after review of secondary and primary data, community engagement and discussion with health experts, and aligned with New York State Prevention Agenda.

SBH Health System reviewed data for 2021 of the top twenty outpatient, inpatient, and emergency discharge diagnoses. The data is consistent with the primary and secondary data gathered. The top diagnoses were alcohol dependence, COVID-19, Schizoaffective disorder, sepsis, opioid dependence, acute upper respiratory infection, chest pain, headache, mild intermittent asthma, and hypertensive heart disease.

All these conditions are being addressed through services provided by SBH health System and a significant number of referral/partner organizations.

### **a. Overall, View of the 2022 SBH Community Survey**

The community identified these priority areas in the 2022 survey. They reflect areas of low satisfaction, high importance and need attention. Respondents are clear which issues are essential. Additionally, they identified unsatisfactory services offered at this time. The survey results tell what community members think are the most practical issues to address with the most helpful actions.

The leading responses for the SBH Service Area were Violence (Including Gun Violence), Smoking/Hookah/E-Cigarettes, Substance Use Disorder/Drug Addiction, Asthma, and Obesity in Children and Adults.

The leading responses for Bronx County were Violence (Including Gun Violence), Smoking/Hookah/E-Cigarettes, Substance Use Disorder/Drug Addiction, Obesity in Children and Adults, and Mental Health.

The following two priorities were chosen keeping in mind available or prospective resources to serve the community. SBH will enhance its focus on Screening for Food Security and Reducing Violence by targeting prevention programs particularly to highest risk populations.

### **b. Identification of Selected Priorities, Goals, Objectives, and Interventions 2022-2024**

In determining the selection of the Community Health Improvement Plan/Community Service Plan for 2022-2024, it was decided to continue the path of the two of the priorities included in the 2019 plan. To maximize the impact of the interventions, a targeted, sustained approach will be implemented. After a review of the 2019 results, improvements were made to the interventions and additional services were added.

The 2022-2024 priority areas selected are the following:

a. **Prevent Chronic Diseases - Increase Food Security**

<b>Focus Area 1: Healthy Eating and Food Security</b>
<b>Goal 1:3: Increase Food Security.</b>
<b>Objective: Decrease the percentage of pediatric and adult primary care patients with perceived food insecurity by 10% over 24 months. Baseline Year: 2020.</b>
<b>Disparities: Food insecurity is a significant social determinant of health for communities of color.</b>
<b>Interventions: 1.0.6 - Screen for food insecurity, facilitate and actively support referral.</b>

**Disparities:** In the 2022 community survey, access to Healthy, Nutritious Foods ranked number five for both the SBH primary service area and Bronx County. Under areas that need attention, within SBH service area, access to healthy, nutritious food ranked number four. The Bronx is New York City's 'hungeriest borough' with one in four residents experiencing food insecurity with the problem worsening over the last few years. There is a strong connection between hunger and reduced learning and productivity, mental health, negative health outcomes, chronic diseases, and overweight status.

According to Feeding America (2020), the Bronx has a 19.7% food insecurity rate, determined by the relationship between food insecurity and closely linked indicators of food insecurity (i.e., poverty, unemployment, etc.).

Unlike other parts of the country, 100% of food insecure individuals in the Bronx are eligible for federal anti-hunger programs. By identifying food insecurity, screening for eligibility, and providing guidance on the available nutrition programs, we can improve food security for Bronx residents. The clinician will screen for food insecurity. The target is screening at well child visits for patients ages 5 - 17 years old, from Medicaid eligible households. If the family screens positive for food insecurity, a referral for nutritional services is made.

**Program Objectives:** The goal of the program is to decrease the percentage of SBH primary care patients who screen positive for food insecurity by 10% over a period of twenty-four months. SBH will use data from 2020 as the baseline year. Our approach will be to screen all primary patients for food insecurity annually. SBH will help patients enroll in eligible city, state, federal program and encourage participation in SBH Health and Wellness Programs like the Teaching Kitchen, Farm Stand and Food Pantry.

**Planned Interventions:** 1.0.6 - Screen for food insecurity, facilitate and actively support referrals to governmental, local and SBH food programs

Effective systems for referral are necessary to help individuals and families access services and benefits for which they are eligible. Screening for food insecurity in clinical settings has been recommended by several national organizations, as food insecurity can adversely impact a patient's health outcomes. Some studies have shown that screening for food insecurity is feasible and adds minimal time to the appointment. Screening can ensure timely referral to public health nutrition programs such as Women Infant Children (WIC), SNAP, Children and Adults (CACFP) and Commodity Supplemental Food Program (CSFP), and local emergency food services.

Screening and referral alone, however, may not be sufficient. Successful case studies have included additional information technology (IT), systems and/or staff resources to facilitate connection, application, and enrollment in the appropriate public health nutrition and/or community program(s).

1. Promote and support screening of pediatric patients by healthcare providers, facilitate referral and support active connection to WIC and/or SNAP.
2. Promote screening of older-adult populations for food insecurity, facilitate referral and support active connection to SNAP.
3. SBH will facilitate and actively support referrals to SBH Health and Wellness programs onsite: WIC, Farm Stand, Food Pantry, and Teaching Kitchen services.

**Implementation partners:** SBH Health System will partner with:

- Community-based organizations (e.g., Project EATS) throughout the Bronx,
- Several departments within SBH health system: Departments of Community Affairs, Marketing, and Food Services,
- City, State and Federal governmental programs like New York City Department of Health and Mental Hygiene (NYCDOHMH) and United States Department of Agriculture (USDA).

**b. Promote a Healthy and Safe Environment - Reducing Violence in At-risk Communities**

<b>Focus Area 1: Injuries, Violence, and Occupational Health</b>
<b>Goal: 1.2: Reduce violence by targeting prevention program particularly to highest risk population</b>
<b>Objectives: 1.2.c: Reduce the rate of ED visits due to assault from 42.3 to 38.1 per 10,000.</b>
<b>Disparities: The high crime rate is reflective of the socio-economic indicators of SBH service area.</b>
<b>Intervention: 1.2.1: Implement multi-sector violence prevention program designed on Cure Violence model in high-risk community where gangs are prevalent.</b>
<b>Intervention: 1.2.5 Increase educational, recreational and employment opportunities for potentially at-risk youth through summer work experience programs and internships initiatives.</b>

**Disparities:** In the community survey and in various forums, violent crime is a number one priority area for the community both within SBH primary service area and Bronx County. Under areas that need attention, violence prevention ranked number one.

The concentration of gun violence in a few neighborhoods has remained unchanged for decades. Major sections of the Bronx have achieved this dangerous status. The summer of 2020 was the city's most violent summer since 1996. In 2021, the Bronx and Brooklyn had two-thirds of the city's shootings. However, in 2021, shootings in Brooklyn declined by 20% from 2020, while shootings in the Bronx rose by 31%. According to the County Health Rankings & Roadmaps for violent crime, Bronx County scored at 586, while overall, NYC is 379.

The Belmont/East Tremont community district is SBH primary service area. It was number seven of the top ten police precincts in gun violence. Compared with the citywide rate, it has a higher rate of assault-

related hospitalizations than the Bronx and NYC. Belmont's rate is 152 per 100,000; Bronx County is 113 per 100,000; NYC is 59 per 100,000.

Experts warn of long-term schooling and health setbacks for students exposed to gun violence. In 2021, in NYC, 138 young people were struck by bullets. In 2021, twenty-one children and teenagers were killed, more than double that number in 2020. In 2022, we are on track to match or exceed this number.

**Program Objectives:** The issue of gun violence is complex and deeply rooted in American culture, which is why a public health approach must be taken to ensure our families and communities are safe. A health approach focuses on preventing events, providing treatment for people at the most risk, and changing social expectations. Therefore, SBH Health System will implement two interventions to address gun violence.

Reducing violence means safer and healthier communities in response. For example, New York City and New York State have expanded programs that provide violence intervention services at hospitals, where victims of gun crimes are taken following shootings or assaults. The proposed intervention is one of those Hospital-Based Violence Intervention Programs, and it is SBH's number one priority project.

**Planned Intervention - 1.2.1** Implement multi-sector (e.g., local health departments, criminal justice, hospitals, social services, job training, community-based organizations) violence intervention program known as Cure Violence, in high-risk communities, including those where gangs are prevalent. This program includes wraparound services provided by B.R.A.G. to support victims, families, and other community members impacted by crime.

**Implementation Partners:** This SBH program is a collaboration with the following organizations:

- Bronx Rises Against Gun Violence (B.R.A.G.) (community partner)
- New York City Department of Health and Mental Hygiene (NYC DOHMH)
- New York City Mayor's Office of Criminal Justice (MOCJ)
- New York City Department of Youth & Community Development (DYCD)
- NYC Police Department (NYPD)

SBH Health System sought the guidance and support of New York City Department of Health and Mental Hygiene (NYC DOHMH) from the beginning of this endeavor. NYC DOHMH facilitates trainings for B.R.A.G. and SBH staff, which includes the confidentiality provisions of HIPAA, provides technical assistance and facilitates partnerships meetings. NYPD determines designated "hot zones" within the borders of SBH trauma level 2 geography.

**Program Model:** SBH Health System and B.R.A.G. developed this hospital based intervention as a structured, organized, and coordinated response to victims of interpersonal community violence. In 2016, the necessary legal agreements were signed by SBH and BRAG. Beginning in 2017, the program implemented a hybrid model of hospital-based intervention program (HVIP). This first step was to train SBH and B.R.A.G. staff and to avoid disruption of the hospital operations. Limited access was given to B.R.A.G. to trauma patients on inpatient floors.

As a trauma center, SBH stands on the front lines of the violence epidemic facing our community. In 2018, the horrific death of Leonardo Guzman Feliz "Junior," a 15-year-old killed by members of a gang in a case of mistaken identity, happened at our doorstep. His mother is an employee at SBH. We could not anticipate the enormous increase in violent crimes the community would later experience. SBH leadership felt an urgency to act. While developing the infrastructure for the hybrid HVIP, SBH made a strategic

effort to invite Bronx youth and young adults to the SBH campus for special events, enrollment into internships, volunteer, and community service opportunities.

In 2019, the program received approval by the SBH Board of Trustees. The hybrid HVIP was expanded to the Department of Emergency Medicine to access ED patients and criteria for eligibility was established.

This stage granted B.R.A.G. more access to eligible patients. B.R.A.G. staff were on call to respond but not stationed at SBH. In 2020, due to COVID-19 no visitors restrictions, access could not be granted to B.R.A.G.

In 2021, SBH health System designated the SBH Emergency Medicine Department as lead on the clinical aspects/ trauma-informed care of the program. Operations were restored in the Emergency Department. All new SBH staff in the Emergency Department were trained on the program model. There was additional coordination with SBH Patient Relations (involvement of SBH Chaplain) and SBH Ambulatory Care Departments (for referral services).

Clinical staff evaluate patients admitted to the hospital trauma service daily for potential referral to the B.R.A.G. Hospital Responders. Clinical staff assess, stabilize, and treat any patient with physical injuries sustained due to violent trauma. They identify cases eligible for HVIP Hospital Responders and provide timely notification to B.R.A.G. for catchment area response to the incident. When clinically appropriate, eligible patients receive an introduction to the collaboration and request verbal consent to receive the brief confidential meeting with the Hospital Responder by SBH staff.

In 2022, New York City Department of Health & Mental Hygiene awarded SBH Health System a contract to expand the program. This provides funds to transition to a full HVIP model. Due to new resources, there will be a 24/7 presence of B.R.A.G. hospital responders onsite in the Emergency Department.

Criteria for identifying high-risk individuals:

- Target age is 16-24.
- Currently focused on gunshot wounds (GSW).
  - A review to expand eligibility to assaults and stab/slash as scale-up from hybrid-HVIP to hospital based HVIP is being considered.
- Active in violent street organization or determined by clinicians to be at-risk.

Exclusion criteria:

- In law enforcement custody.
- Domestic violence.
- Protected classes. Specifically behavioral health; can seek clearance from the Chair of Psychiatry.
- Crime victims not associated with high-risk criteria.

Once consent is secured from the patient/guardian, B.R.A.G. Hospital Responder (HR) delivers anti-violence message at the patient's bedside and offer services. B.R.A.G. HR provides a brief assessment of patient service needs to appropriate hospital staff to support a continuum of care for the patient. B.R.A.G., through its parent organization, Good Shepherd Services, Inc. (GSS), has the resources to provide wrap-around services to participants and their families. B.R.A.G. communicates with the patient, family and

friends to determine the potential consequences of further violence and retaliation. B.R.A.G. works to constructively shadow and de-escalate emotions in and around the hospital campus.

**Stop the Bleed:** Under the 2019- 2022 plan, the Stop the Bleed program is included this program as part of the Violence Prevention efforts. SBH staff will continue to train B.R.A.G. personnel and community members on this grassroots effort that encourages bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives. This program is like bystander intervention recognized in the NYS Prevention Agenda.

This effort complements the HVIP by providing the community with a tool to assist when faced with a violent incident. As a result, they are able to recognize life-threatening bleeding, act quickly and effectively to control it and mitigate a life-or-death difference when a bleeding emergency occurs. In 2020, due to COVID-19 restrictions, the program was shut down to prevent implementation of community classes.

**Planned Intervention 1.2.5** Increase educational, recreational and employment opportunities for potentially at-risk youth through after school and summer work experience programs or youth apprenticeship initiatives.

SBH has developed a structured, organized, and coordinated response to victims of interpersonal community violence called BRAG@SBH. In addition to BRAG@SBH, we established an extensive network of community-based organizations to extend the reach of our efforts. We understood that SBH efforts had to go beyond the ER contacts. The 2022-2024 efforts will be an enhancement to the SBH Health System's existing violence prevention efforts/services.

SBH Health System has received a contract from New York City Department of Health & Mental Hygiene and the New York City Mayor's Office of Criminal Justice to add violence prevention measures. The first major milestone is that the hybrid HVIP program will be upgraded to full status as HVIP. SBH will hire a community coordinator to expand the availability of services and resources. An office within SBH's main building is being established with necessary equipment and additional space needs to expand the program.

The SBH Community Coordinator will expand the partnerships with community-based organizations to recruit youth/young adults to the SBH Health & Wellness Center's violence prevention programming. These activities will be co-sponsored with such community-based organizations and schools. SBH will increase educational and mentoring opportunities for potentially at-risk youth in participation with local elementary schools. SBH will serve as a summer work experience program work site for at risk youth.

Proposed Violence Prevention/ Risk Reduction services (sampling):

- Boxing
- Healthy Eating Classes
- Food Pantry
- Seasonal Youth Employment
- Mentoring in Healthcare Professions.

**Implementation Partners:** SBH partners under the Cure the Violence program model with Bronx Rises Against Gun Violence (B.R.A.G.), and the NYC Department of Health and Mental Health.

### **C. MAINTAINING ENGAGEMENT AND MONITORING PROGRESS**

There will be a focus on eliminating health disparities to achieve health equity in monitoring efforts. These projects are one part of an overall path to health equity. SBH is, and will be, involved in efforts being conducted by government agencies, HANYS and Greater NY Hospital Association to examine and implement means to achieve health equity. SBH Health System will continually use data collected through various sources and learn from the experiences of our partners in providing services to shed light on the success or barriers of our proposed interventions to strengthen the programs.

Discussions will be held with public health experts, from NYC Department of Health and Mental Hygiene, NYS Department of Health, and other relevant governmental agencies to ensure that we have up to date appraisals of the proposed interventions.

There will be ongoing discussions with SBH clinicians to determine the effectiveness of the selected programs. Regular reporting will be provided to SBH leadership to determine progress, barriers, and possible revisions to the implementation plan. An annual report will be provided to the Board of Trustees. Updates will be provided to the New York State Department of Health.

Over the duration of this implementation plan, SBH will coordinate our efforts with community organizations to continue to have a comprehensive and up-to-date understanding of community needs and resources, enabling us to maximize our collective impact to improve the community's health. There will be a robust community discussion of the selected projects. Monthly reports will be provided at SBH Wellness Alliance (SBHWA) meetings to determine progress, barriers, and possible revisions of the selected priorities. Such meetings will include updated research or data that can provide further insights. Biannual reports of the Community Service Plan will be provided to the Bronx Community District #6.

A significant percentage of SBH personnel are Bronx residents. On a regular basis, SBH utilizes several forums to solicit their view or concerns regarding the community health needs and priorities for the Bronx. They will be engaged to monitor the implementation of the initiatives.

#### D. DISSEMINATION STRATEGY

CSP will be prominently posted on the SBH website at this specific address:

<https://www.sbhny.org/community/community-service-plan/>

- A print copy of this document will be made available at the concierge desk by the main entrance.
- Hard copies will be made available by the Office of Government and Community Affairs upon request.
- The Executive Summary will be available in Spanish.
- CSP will be sent electronically to community leaders and elected officials.
- SBH will encourage all its organizational partners to provide an internet link to SBH online CSP.
- Appropriate staff will provide community presentations to discuss the findings of the report, its relationship to community interest and request comments.
- SBH will engage the community through local media including bilingual neighborhood newspapers and partnering organizations.
- The report will be available to employees on the SBH intranet.
- A QR code was created.





**APPENDIX**

## APPENDIX A

### 2022 SBH & Bronx Community Health Needs Assessment Survey

- 2022 SBH Community Health Needs Assessment Survey Outreach
- SBH & Bronx Community Health Needs Assessment Survey in English & Spanish, 2022



**ST. BARNABAS HOSPITAL**

**WANTS TO HEAR FROM YOU!**

**YOUR VOICE COUNTS!**

We are conducting a Community Health Needs Assessment!  
Share your thoughts on the health of your community.

Please visit [gnyhasurveys.org/CHNA2022](https://gnyhasurveys.org/CHNA2022) or scan the QR code below to complete the 2022 Community Health Survey.

The survey is open to all adult Bronx residents.  
All survey responses are confidential.

Thank you for helping us better understand the needs of the community.

**SBH**  
Health System  
BRONX

Scan the QR Code



**ST. BARNABAS HOSPITAL**

**QUIERE ESCUCHAR DE TI!**

**¡TU VOZ CUENTA!**

Estamos conduciendo una encuesta sobre las necesidades de salud de la comunidad.  
Comparte tu opinión sobre la salud de tu comunidad.

Por favor visita [gnyhasurveys.org/CHNA2022](https://gnyhasurveys.org/CHNA2022) o, escanea el código QR abajo para completar la encuesta de salud sobre la comunidad.

La encuesta está abierta para todos los adultos residentes del Bronx.  
Las respuestas son confidenciales.

Gracias por ayudarnos a entender mejor las necesidades de la comunidad.

**SBH**  
Health System  
BRONX

Escanea el código QR



## 2022 Community Health Survey

We want to improve the health services we offer to people who live in your neighborhood. The information you give us will be used to improve health services for people like yourself.

Completing the survey is voluntary. We will keep your answers private. If you are not comfortable answering a question, leave it blank.

We value your input. Thank you very much for your help.

**1. Are you 18 years of age or older?**

- Yes
- No → Thank you very much, but we are only asking this survey of people who are ages 18 and older.

**2. We want people from all different neighborhoods to take part in this survey. Please tell us the zip code where you live so we can identify your neighborhood.**

Zip code: \_\_\_\_\_

IF YOU PROVIDED A ZIP CODE, PLEASE GO TO PAGE 3. YOU DO NOT NEED TO ANSWER THESE QUESTIONS.

**3. Do you live in New York City?**

- Yes
- No → Skip to 5

**4. If you live in New York City, please select the borough where you live:**

- The Bronx → Go on to page 3
- Brooklyn → Go on to page 3
- Manhattan → Go on to page 3
- Queens → Go on to page 3
- Staten Island → Go on to page 3

**5. If you do not live in New York City, please tell us the county where you live:**

- |  |   |   |
|--|---|---|
| <input type="radio"/> Albany County      | <input type="radio"/> Herkimer County   | <input type="radio"/> Schenectady County  |
| <input type="radio"/> Allegany County    | <input type="radio"/> Jefferson County  | <input type="radio"/> Schoharie County    |
| <input type="radio"/> Broome County      | <input type="radio"/> Lewis County      | <input type="radio"/> Schuyler County     |
| <input type="radio"/> Cattaraugus County | <input type="radio"/> Livingston County | <input type="radio"/> Seneca County       |
| <input type="radio"/> Cayuga County      | <input type="radio"/> Madison County    | <input type="radio"/> St. Lawrence County |
| <input type="radio"/> Chautauqua County  | <input type="radio"/> Monroe County     | <input type="radio"/> Steuben County      |
| <input type="radio"/> Chemung County     | <input type="radio"/> Montgomery County | <input type="radio"/> Suffolk County      |
| <input type="radio"/> Chenango County    | <input type="radio"/> Nassau County     | <input type="radio"/> Sullivan County     |
| <input type="radio"/> Clinton County     | <input type="radio"/> Niagara County    | <input type="radio"/> Tioga County        |

- Columbia County
- Cortland County
- Delaware County
- Dutchess County
- Erie County
- Essex County
- Fulton County
- Franklin County
- Genesee County
- Greene County
- Hamilton County
- Oneida County
- Onondaga County
- Ontario County
- Orange County
- Orleans County
- Oswego County
- Otsego County
- Putnam County
- Rensselaer County
- Rockland County
- Saratoga County
- Tompkins County
- Ulster County
- Warren County
- Washington County
- Wayne County
- Westchester County
- Wyoming County
- Yates County
- Other \_\_\_\_\_

**6. In general, how is the overall health of the people of your neighborhood?**

- Poor
- Fair
- Good
- Very good
- Excellent

**7. In general, how is your physical health?**

- Poor
- Fair
- Good
- Very good
- Excellent

**8. In general, how is your mental health?**

- Poor
- Fair
- Good
- Very good
- Excellent



**10. What are your COVID-19 needs? (Select all that apply)**

- At-home COVID-19 tests
- Boosters for COVID-19
- In-person testing for COVID-19 (e.g., doctor's office, pharmacy, mobile van)
- Personal protective equipment (e.g., masks, hand sanitizer, face shields, gloves)
- Treatment for COVID-19
- Reliable source(s) of information on COVID-19
- COVID-19 vaccination

**11. In the last 12 months, was there a time when you needed medical care in-person but did not get it for any reason?**

- Yes
- No → Skip to 13

**12. For which of the following reasons could you not get medical care in-person the last 12 months? (Select all that apply)**

- I could not afford the cost of care (e.g., copay, deductible)
- I did not have health insurance
- There were no available appointments, or I couldn't get an appointment soon enough
- I could not get through on the telephone to make the appointment
- Once I got there the wait was too long to see the doctor
- I did not have transportation  I did not have childcare
- Because of COVID-19
- Other
- None of the above

**13. In the last 12 months, was there a time when you needed medical care by video or phone but could not get it for any reason?**

- Yes
- No → Skip to 15

**14. For which of the following reasons could you not get medical care by video or phone in the last 12 months? (Select all that apply)**

- I could not afford the cost of care (e.g., copay, deductible)
- I did not have health insurance
- There were no available appointments, or I couldn't get an appointment soon enough
- I could not get through on the telephone to make the appointment
- I did not have a computer, phone, or other device to use for the visit
- I did not know how to see the doctor by video or phone
- I did not have internet
- I did not have data or minutes in my phone plan to use for a visit
- I did not have a private place to have my appointment
- Other
- None of the above

**15. In the last 12 months, have you experienced any of the following? (Select all that apply)**

- Anxiety or depression
- Difficulty paying your rent/mortgage
- Difficulty paying utilities or other monthly bills

- Increased household expenses ○ Increased medical expenses
- Hunger or skipped meals because you did not have enough money to buy food
- None of these

**16. What type of health insurance do you use to pay for your doctor or hospital bills? Is it insurance through:**

- A plan purchased through an employer or union (including plans purchased through another person's employer)
- A plan that you or another family member buys on your own
- Medicare
- Medicaid or other state program
- TRICARE (formerly CHAMPUS), VA, or Military
- Alaska Native, Indian Health Service, Tribal Health Services
- Some other source
- I do not have any kind of health insurance coverage

**17. What is your age? \_\_\_\_\_**

**18. Are you...**

- Male
- Female
- Non-binary
- Another gender
- Prefer not to say

**19. Do you describe yourself as...**

- Lesbian or Gay
- Straight, that is not Gay
- Bisexual
- Other
- Prefer not to say

**20. Are you Hispanic or Latino/Latina/Latinx?**

- No
- Yes → Answer 21

**21. Which group best represents your Hispanic or Latino/Latina/Latinx origin or ancestry?**

- |                |                          |
|----------------|--------------------------|
| ○ Puerto Rican | ○ Cuban                  |
| ○ Dominican    | ○ Other Central American |
| ○ Mexican      | ○ Other South American   |
| ○ Ecuadorian   | ○ Other                  |
| ○ Colombian    |                          |

**22. Which one or more of the following would you say is your race? (Select all that apply)**

- White
- Black or Black American → Answer 23

**23. Some people in addition to being Black, have a certain heritage or ancestry. Do you identify with any of these? (Select all that apply)**

- African American
- Caribbean or West Indian
- A recent immigrant or the child of recent immigrants from Africa

- Other
- Asian → Answer 24
- 24. Please tell me which group best represents your Asian heritage or ancestry?**
  - Chinese
  - Asian Indian
  - Filipino
  - Korean
  - Japanese
  - Vietnamese
  - Other
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- American Indian, Native, First Nations, Indigenous Peoples of the Americas, or Alaska Native
- Other

**25. What is the highest grade or year of school that you have completed?**

- Grades 8 (Elementary) or less
- Grades 9 through 11 (Some High School)
- Grade 12 or GED (High School Graduate)
- Some college or technical school
- College graduate or more

**26. Including yourself, how many people usually live or stay in your home or apartment?**

\_\_\_\_\_ person(s)

**27. What is the primary language you speak at home?**

- English
- Spanish
- Mandarin
- Cantonese
- Russian
- Yiddish
- Bengali
- Korean
- Haitian Creole
- Italian
- Arabic
- Other

**28. What is your current employment status? Select the category that best describes you.**

- Employed full-time for wages or salary
- Employed part-time for wages or salary
- Self-employed
- Out of work for 1 year or more
- Out of work for less than 1 year
- A homemaker
- A student
- Retired
- Unable to work

**29. What is your household's annual household income from all sources, before taxes, in the last year?** By household income we mean the combined income from everyone living in the household including even roommates or those on disability income.

- Less than \$20,000
- \$20,000 to \$29,999
- \$30,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more

**This is the end of the survey. Thank you very much for your help.**



## Encuesta de salud de la comunidad 2022

Queremos mejorar los servicios médicos que damos a las personas que viven en su barrio. La información que nos dé se usará para mejorar los servicios médicos para personas como usted.

La decisión de completar la encuesta es voluntaria. Mantendremos sus respuestas privadas. Si no se siente cómodo respondiendo una pregunta, déjela en blanco.

Valoramos su opinión. Muchas gracias por su ayuda.

**1. ¿Es usted mayor de 18 años?**

- Sí
- No → Muchas gracias, pero esta encuesta es solo para mayores de 18 años.

**2. Queremos que personas de todos los diferentes barrios participen en esta encuesta. Díganos el código postal donde vive para que podamos identificar su barrio.**

Código postal: \_\_\_\_\_

SI DIO UN CÓDIGO POSTAL, VAYA A LA PÁGINA 3. NO NECESITA RESPONDER ESTAS PREGUNTAS.

**3. ¿Vive en la ciudad de Nueva York?**

- Sí
- No → Vaya a la pregunta 5

**4. Si vive en la ciudad de Nueva York, seleccione el distrito municipal donde vive:**

- El Bronx → Vaya a la página 3
- Brooklyn → Vaya a la página 3
- Manhattan → Vaya a la página 3
- Queens → Vaya a la página 3
- Staten Island → Vaya a la página 3
- No vivo en la ciudad de Nueva York → Responda la pregunta 5

**5. Si no vive en la ciudad de Nueva York, marque el condado donde vive:**

- |   |  |  |
|---|--|--|
| <input type="radio"/> Condado Albany      | <input type="radio"/> Condado Herkimer   | <input type="radio"/> Condado Schenectady  |
| <input type="radio"/> Condado Allegany    | <input type="radio"/> Condado Jefferson  | <input type="radio"/> Condado Schoharie    |
| <input type="radio"/> Condado Broome      | <input type="radio"/> Condado Lewis      | <input type="radio"/> Condado Schuyler     |
| <input type="radio"/> Condado Cattaraugus | <input type="radio"/> Condado Livingston | <input type="radio"/> Condado Seneca       |
| <input type="radio"/> Condado Cayuga      | <input type="radio"/> Condado Madison    | <input type="radio"/> Condado St. Lawrence |
| <input type="radio"/> Condado Chautauqua  | <input type="radio"/> Condado Monroe     | <input type="radio"/> Condado Steuben      |
| <input type="radio"/> Condado Chemung     | <input type="radio"/> Condado Montgomery | <input type="radio"/> Condado Suffolk      |
| <input type="radio"/> Condado Chenango    | <input type="radio"/> Condado Nassau     | <input type="radio"/> Condado Sullivan     |
| <input type="radio"/> Condado Clinton     | <input type="radio"/> Condado Niagara    | <input type="radio"/> Condado Tioga        |
| <input type="radio"/> Condado Columbia    | <input type="radio"/> Condado Oneida     | <input type="radio"/> Condado Tompkins     |

- Condado Cortland
- Condado Delaware
- Condado Dutchess
- Condado Erie
- Condado Essex
- Condado Fulton
- Condado Franklin
- Condado Genesee
- Condado Greene
- Condado Hamilton
- Condado Onondaga
- Condado Ontario
- Condado Orange
- Condado Orleans
- Condado Oswego
- Condado Otsego
- Condado Putnam
- Condado Rensselaer
- Condado Rockland
- Condado Saratoga
- Condado Ulster
- Condado Warren
- Condado Washington
- Condado Wayne
- Condado Westchester
- Condado Wyoming
- Condado Yates
- Otros \_\_\_\_\_

**6. En general, ¿cómo es la salud general de las personas de su barrio?**

- Mala
- Regular
- Buena
- Muy buena
- Excelente

**7. En general, ¿cómo es su salud física?**

- Mala
- Regular
- Buena
- Muy buena
- Excelente

**8. En general, ¿cómo es su salud mental?**

- Mala
- Regular
- Buena
- Muy buena
- Excelente



**10. ¿Cuáles son sus necesidades relacionadas con el COVID-19? (Seleccione todas las opciones que correspondan)**

- Pruebas de COVID-19 en casa
- Refuerzos de COVID-19
- Pruebas de COVID-19 en persona (por ejemplo, consultorio médico, farmacia, unidad móvil)
- Equipo de protección personal (por ejemplo, mascarillas, desinfectante de manos, protectores faciales, guantes)
- Tratamiento para el COVID-19
- Fuentes confiables de información sobre el COVID-19
- Vacunas contra COVID-19

**11. En los últimos 12 meses, ¿hubo algún momento en que necesitó atención médica en persona, pero no la recibió por algún motivo?**

- Sí
- No → Vaya a la pregunta 13

**12. ¿Por cuál de estos motivos no pudo recibir atención médica en persona en los últimos 12 meses? (Seleccione todas las opciones que correspondan)**

- No pude pagar el costo de la atención médica (por ejemplo, copago, deducible)
- No tenía seguro médico
- No había citas disponibles o no pude conseguir una cita suficientemente rápido
- No pude comunicarme por teléfono para hacer la cita
- Una vez que llegué el tiempo de espera era demasiado largo para pasar a consulta con el médico
- No tenía transporte
- No tenía cuidado infantil
- Debido al COVID-19
- Otros
- Ninguno de los anteriores

**13. En los últimos 12 meses, ¿hubo algún momento en que necesitó atención médica por video o teléfono, pero no pudo recibirla por algún motivo?**

- Sí
- No → Vaya a la pregunta 15

**14. ¿Por cuál de estos motivos no pudo recibir atención médica por video o teléfono en los últimos 12 meses? (Seleccione todas las opciones que correspondan)**

- No pude pagar el costo de la atención médica (por ejemplo, copago, deducible)
- No tenía seguro médico
- No había citas disponibles o no pude conseguir una cita suficientemente rápido
- No pude comunicarme por teléfono para hacer la cita
- No tenía una computadora, teléfono u otro dispositivo para usar durante la consulta
- No sabía cómo tener una consulta con un médico por video o teléfono.
- No tenía Internet
- No tenía datos ni minutos en mi plan de teléfono para tener una consulta médica
- No tenía un lugar privado para tener mi cita
- Otros
- Ninguno de los anteriores

**15. En los últimos 12 meses, ¿ha tenido alguno de los siguientes? (Seleccione todas las opciones que correspondan)**

- Ansiedad
- depresión
- Dificultad para pagar su alquiler/hipoteca
- Dificultad para pagar los servicios públicos u otras facturas mensuales
- Aumento de los gastos en el grupo familiar
- Aumento de los gastos médicos
- Hambre o falta de comida porque no tenía suficiente dinero para comprarla
- Ninguno de estos

**16. ¿Qué tipo de seguro médico usa para pagar las facturas de su médico o del hospital? Es un seguro por medio de:**

- Un plan comprado por medio de un empleador o sindicato (incluyendo los planes comprados por medio del empleador de otra persona)
- Un plan que usted o un familiar compra por su cuenta
- Medicare
- Medicaid u otro programa del estado
- TRICARE (antes CHAMPUS), VA
- Militar
- Para nativos de Alaska, de Indian Health Service, de Servicios médicos tribales
- Alguna otra fuente
- No tengo ningún tipo de cobertura de seguro medico

**17. ¿Qué edad tiene?**

\_\_\_\_\_

**18. Usted es...**

- Hombre      ○ Mujer      ○ No binario      ○ Otro género      ○ Prefiere no decir

**19. Se identifica como...**

- Lesbiana o gay      ○ Heterosexual, que no es homosexual      ○ Bisexual      ○ Otros
- Prefiere no decir

**20. ¿Es hispano o latino/latina/latinx?**

- No
- Sí → Responda la pregunta 21

**21. ¿Qué grupo representa mejor su origen o ascendencia hispana o latino/latina/latinx?**

- Puertorriqueño
- Dominicano
- Mexicano
- Ecuatoriano
- Colombiano
- Cubano
- Otro centroamericano
- Otro sudamericano
- Otros

**22. ¿Cuál de las siguientes diría que es su raza? (Seleccione todas las opciones que correspondan)**

- Blanco       Negro o negro americano → Responda la pregunta 23

**23. Algunas personas además de ser negras, tienen cierta herencia o ascendencia. ¿Se identifica con alguna de estas? (Seleccione todas las opciones que correspondan)**

- Negro o afroamericano
- Indio del Caribe o Indio del oeste
- Un inmigrante reciente o hijo de inmigrantes recientes de África
- Otros
- Asiático → Responda la pregunta 24

**24. Dígame, ¿qué grupo representa mejor su herencia o ascendencia asiática?**

- Chino
- Indio asiático
- Filipino
- Coreano
- Japonés
- Vietnamita
- Otros
- Oriente Medio o África del Norte
- Nativo hawaiano o de otras islas del Pacífico
- Indio americano, nativo, Naciones Indígenas, pueblos indígenas de las Américas o nativo de Alaska
- Otros

**25. ¿Cuál es el grado o año escolar más alto que ha completado?**

- 8 grado (primaria) o menos
- De 9 a 11 grado (algunos grados de la escuela secundaria)
- 12 grado o GED (graduado de la escuela secundaria)
- Algunos años de universidad o escuela técnica
- Graduado de la universidad o más

**26. Incluyéndose usted, ¿generalmente, cuántas personas viven o se quedan en su casa o apartamento?**

\_\_\_\_\_ personas

**27. ¿Cuál es el idioma principal que habla en casa?**

- Inglés
- Español
- Mandarín
- Cantonés
- Ruso
- Yiddish
- Bengalí
- Coreano
- Criollo haitiano
- Italiano
- Árabe
- Otros

**28. ¿Cuál es su situación laboral actual? Seleccione la categoría que mejor lo describa.**

- Empleado a tiempo completo por sueldo o salario
- Empleado a tiempo parcial por sueldo o salario

- Empleado autónomo
- Sin trabajo por 1 año o más
- Sin trabajo por menos de 1 año
- Ama de casa
- Estudiante
- Jubilado
- Incapacitado para trabajar

**29. ¿Cuál fue el ingreso familiar anual de su grupo familiar de todas las fuentes, antes de impuestos, en el último año?** Con ingresos del grupo familiar nos referimos a los ingresos combinados de todas las personas que viven en la casa, incluyendo los compañeros de cuarto o aquellos con ingresos por discapacidad.

- Menos de \$20,000
- \$20,000 a \$29,999
- \$30,000 a \$49,999
- \$50,000 a \$59,999
- \$60,000 a \$74,999
- \$75,000 a \$99,999
- \$100,000 o más

**Este es el final de la encuesta. Muchas gracias por su ayuda.**

## **APPENDIX B**

### **Top 20 Inpatient Discharges and Treat and Release ED Visits**

*Top 20 inpatient Discharges at St. Barnabas Hospital, 2021*

ICD-10 Code	Label	Discharges
F10.239	Alcohol dependence with withdrawal, unspecified	1105
U07.1	COVID-19	497
F25.9	Schizoaffective disorder, unspecified	425
Z38.00	Single liveborn infant delivered vaginally	414
A41.9	Sepsis, unspecified organism	362
F11.23	Opioid dependence with withdrawal	299
F20.9	Schizophrenia, unspecified	295
Z38.01	Single liveborn infant, delivered by cesarean	218
I11.0	Hypertensive heart disease with heart failure	193
R55	Syncope and collapse	186
F10.20	Alcohol dependence, uncomplicated	179
J18.9	Pneumonia, unspecified organism	166
R07.89	Other chest pain	162
N17.9	Acute kidney failure, unspecified	160
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	156
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	148
O34.211	Matern care for low transverse scar from prev cesarean del	148
N39.0	Urinary tract infection, site not specified	136
A41.89	Other specified sepsis	134
F31.9	Bipolar disorder, unspecified	100

Data Source: Internal St. Barnabas Hospital Data, 2021



*Top 20 Reasons for Treat and Release ED Visits at St. Barnabas Hospital, 2021*

ICD-10 Code	Label	Visits
Z53.8	Procedure and treatment not carried out for other reasons	4152
R10.9	Unspecified abdominal pain	1325
J06.9	Acute upper respiratory infection, unspecified	1234
R07.9	Chest pain, unspecified	1210
R51.9	Headache, unspecified	1075
J45.21	Mild intermittent asthma with (acute) exacerbation	1073
F10.129	Alcohol abuse with intoxication, unspecified	923
U07.1	COVID-19	871
R07.89	Other chest pain	865
F19.10	Other psychoactive substance abuse, uncomplicated	822
F10.120	Alcohol abuse with intoxication, uncomplicated	778
F10.10	Alcohol abuse, uncomplicated	762
M54.9	Dorsalgia, unspecified	725
S01.81XA	Laceration w/o foreign body of oth part of head, init encntr	648
Z13.9	Encounter for screening, unspecified	616
R42	Dizziness and giddiness	614
B34.9	Viral infection, unspecified	588
M54.5	Low back pain	562
M54.2	Cervicalgia	550
K29.70	Gastritis, unspecified, without bleeding	546

Data Source: Internal St. Barnabas Hospital Data, 2021

**APPENDIX C**

**Board of Trustees Resolution**

RESOLUTION TO BE ADOPTED BY THE  
BOARD OF TRUSTEES OF  
ST. BARNABAS HOSPITAL

WHEREAS, St. Barnabas Hospital, Inc. (“SBH”) is a member of St. Barnabas Housing Development Fund Company, Inc. (the “Corporation”), a New York State Not-for-Profit Corporation incorporated pursuant to the Private Housing Finance Law and the Not-for-Profit Corporation Law of the State of New York, and

WHEREAS, SBH has the authority to appoint members of the Board of Directors of the Corporation; and

WHEREAS, there exists one vacancy on the Board of Directors of the Corporation; and

NOW, THEREFORE, it is:

IT IS RESOLVED, that the Board of Trustees of SBH hereby appoints Ninfa Segarra to be a Director of the Corporation.

Dated: November 28, 2022



Elizabeth Sanchez, Secretary, Board of Trustees

**APPENDIX D**

**SBH Board of Trustees**

**Victor R. Wright**, Chairman

**David Harris**, Vice Chairman

**Elizabeth Juárez Sánchez**, LCSW, Secretary

**Mildred Allen**, Ph.D (retired).

**Wilma Alonso**

**Afua Atta-Mensah**, Esq.

**Hon. John A. Barone** (retired)

**Nancy Busch Rossnagel**, Ph.D.

**William T. Colona**

**Adam Cotumaccio**

**Mrs. Helen Foster** (retired)

**Laura A. Guerra**

**Amarilis Jacobo**, DDS

**Mr. Artie Johnson**

**Mr. Richard G. Ketchum**

**David Maurrasse**, Ph.D.

**Charles Moerdler**, Esq.

**Denisse Olivarez**

**Karen Parrish**

**Mr. Todd Reinglass**

**Mrs. Wendy Rodriguez** (retired)

**Derek Tice-Brown**, PhD, MSW

**Mr. Barry A. Wintner**, CFA

## **APPENDIX E**

### **SBH Senior Leadership Team**

**David Perlstein, MD**

President – Chief Executive Officer

**Eric Appelbaum, DO**

Senior Executive Vice President – Chief Operating Officer

**Mary Grochowski**

Executive Vice President – Chief Financial Officer

**Keith Wolf, Esq.**

Executive Vice President – Chief Administrative Officer and General Counsel

**Jitendra Barmecha, MD, MPH, FACP**

Senior Vice President – Chief Information and Digital Strategy Officer

**Ruth Cassidy, BS, PharmD, FACHE**

Senior Vice President – Clinical Support Services and Chief Pharmacy Officer

**Robert Church, RN, MS, MBA**

Senior Vice President – Patient Care Services

**John DiGirolomo, CHFM**

Senior Vice President – Facilities Management

**Manisha Kulshreshtha, MD**

Senior Vice President – Chief Clinical and Strategy Officer

**Daniel Lombardi, DO**

Senior Vice President – Chief Medical Officer

**Ninfa Segarra, JD**

Senior Vice President – Communications & External, Community & Government Affairs  
Chief Diversity & Inclusion Officer

**Alfredo Alvarado**

Vice President – Operations

**Cassandra Andrews Jackson**

Vice President – Chief Compliance & HIPAA Privacy Officer

**Mary Bolbrock**

Vice President – Quality & Risk Management

**Sam Cooks**

Vice President – Information Technology & CISO

**Bill DiBitetto**

Vice President – Finance & Budget

**Jeeny M Job, DO**  
Chief Medical Informatics Officer

**Karen R. Johnson**  
Vice President – Human Resources

**Alvin C Lin**  
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**Jacqueline A Witter**  
Vice President – Nursing

## APPENDIX F

### DATA SOURCES

#### DATA SETS, SOURCES & PUBLICATIONS

New York City Vital Statistics Data: The New York City Department of Health and Mental Hygiene's yearly report of births and deaths in New York City is compiled by the agency's Bureau of Vital Statistics. Its tables, graphs, and figures present health statistics according to an ethnic group, gender, age, health district, community district, and borough of residence. The data and trends in this report depict the state of public health in New York City before the COVID-19 pandemic. For the current report, vital statistics data were used to examine the percentages of live births that are preterm, infants exclusively breastfed in the hospital, the teen pregnancy rate, COVID-19, and opioid related mortality. For more information, please visit: <https://www1.nyc.gov/site/doh/about/press/pr2021/dohreleases-2019-vital-stats.page>.

RentHop: RentHop is an AI-powered and human-centered home search website. This site tracks historical rental prices and trends for most metropolitan areas in the United States. RentHop's HopScore AI, built atop 15+ years of rental data and millions of transactions, ranks apartment listings by quality and accuracy. For the current report, environmental factors data such as frequent complaints about heat and hot water were used to examine the Bronx amongst other boroughs of New York City. For more information, please visit: <https://www.renthop.com/studies/nyc/nyc-heat-complaints-2022>.

US Centers for Disease Control and Prevention's (CDC) Interactive Atlas of Heart Disease and Stroke: The Atlas is CDC's online *mapping tool* of county-level heart disease and stroke hospitalization, health care costs, and social and economic data—all of which can be stratified by race and ethnicity, gender, and age group. Although the latest data is from 2019, the information is another source of validation to support proposed chronic disease prevention community interventions. For more information, please visit: <https://nccd.cdc.gov/DHDSAtlas/>.

New York State Cancer Registry: Through the New York State Cancer Registry, the Department of Health collects, processes, and reports information about New Yorkers diagnosed with cancer and classifies the cancers using current criteria. For the current report, NYS Cancer Registry data were used to summarize data on new cases of breast cancer, prostate cancer, lung cancer, and colorectal cancer. For more information, please visit: <https://www.health.ny.gov/statistics/cancer/registry/>.

2022 County Health Rankings & Roadmaps: The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute's *County Health Rankings and Roadmaps* is an online tool that provides a snapshot of a county's health status. The 2022 Key Findings Report focuses on the importance of pursuing economic security for everyone and all communities, the COVID-19 pandemic, the layered crises of racism and economic exclusion, and how we can work to assure that individuals, households, and communities can meet their essential needs with dignity and pursue opportunities for health. For more information, please visit: <https://www.countyhealthrankings.org/app/newyork/2022/rankings/bronx/county/outcomes/overall/snapshot>.

American Community Survey: The American Community Survey (ACS) replaced the Decennial Census as an ongoing survey of the United States population available at different geographic scales

(e.g., national, state, county, census tract, or census block group). ACS is a continuous survey addressing demographics, employment, housing, socioeconomic status, and health insurance issues. In the current report, data from ACS was used to evaluate the percentage of families living in poverty, the percentage of households limited to speaking English, and the percentage of adults or children with health insurance. For more information, please visit: <http://www.census.gov/programs-surveys/acs/about.html>.

New York City Youth Behavior Risk Survey: The New York City Department of Health & Mental Hygiene, the Department of Education, and the National Centers for Disease Control and Prevention conduct the New York City Youth Behavior Risk Survey (YRBS) every two years. The self-administered survey asks a representative sample of New York City high school students (grades 9-12) about their health status and behaviors. The current report uses data on childhood obesity obtained from NYC YRBS. For more information, please visit: <https://www1.nyc.gov/site/doh/data/data-sets/nyc-youth-risk-behavior-survey.page>.

New York City HIV/AIDS Annual Surveillance Statistics: The HIV Epidemiology and Field Services Program (HEFSP) within the New York City Department of Health and Mental Hygiene collects and manages all data on HIV infection and AIDS diagnoses in NYC. This data source was used to estimate HIV diagnosis rates. For more information, please visit: <https://www1.nyc.gov/site/doh/data/data-sets/hiv-aids-annual-surveillance-statistics.page>.

New York State Statewide Planning and Research Cooperative Systems (SPARCS): SPARCS is the primary data source on E.D. visits and inpatient hospitalizations at New York State hospitals. All inpatient admissions and E.D. visits at NYS hospitals are sent to SPARCS and compiled into a master database. SPARCS data was used to estimate the rates of avoidable hospitalizations, fall-related hospitalizations, and assault-related hospitalizations. For more information, please visit: <http://www.health.ny.gov/statistics/sparcs/>.

National Vital Statistics Surveillance System: The National Center for Health Statistics collects and disseminates vital national statistics, including births and deaths from state/local jurisdictions (e.g., state health departments). This data source was used to estimate the proportion of preterm births, opioid-related mortality, and suicide mortality rates. For more information, please visit: <https://www.cdc.gov/nchs/nvss/index.htm>.

New York City Community Health Survey: The New York City Community Health Survey (CHS) is an annual telephone survey of approximately 10,000 NYC adults, of which about 15-20% live in the Bronx. The complex survey is conducted in English, Spanish, Russian, and Chinese (Mandarin and Cantonese) and provides a representative sample of NYC adult residents. While the CHS addresses a wide range of topics in the current report, data were used to estimate the percentage of adults with a primary care provider and the percentage of adults who are obese. For more information, please visit: <https://www1.nyc.gov/site/doh/data/data-sets/community-healthsurvey.page>.

New York State Division of Criminal Justice Services: The Division of Criminal Justice Services (DCJS) collects crime reports from more than 500 New York State police and sheriff's departments. DCJS compiles these reports as New York's official crime statistics and submits them to the FBI under the National Uniform Crime Reporting (UCR) Program. Data are presented as follows: *Statewide*: All 62 counties, *Regions*: New York City (the five boroughs of Bronx, Kings, New York, Queens, and Richmond) and Non-New York City (57 counties outside of the five boroughs), and

*Borough:* Each borough or county. For more information, please visit: <https://www.criminaljustice.ny.gov/crimnet/ojsa/stats.htm>.

NYC Mayor's Office of Criminal Justice: Regularly updated data showing statistical details and trends at every point in the City's criminal justice system. Includes key monthly totals with a highlight on shooting incidents, complaints involving crime by borough, and significant crime data going back to 1993. For more information, please visit: <https://criminaljustice.cityofnewyork.us/>.

NYC Mayor's Office of Community Mental Health: Formally established in 2021 by Executive Order 68 and Local Law 155, and building on the ThriveNYC initiative, this office continues to work on tackling critical gaps in our mental healthcare system and activating every part of the City government to promote mental health. Data on mental health in New York City was used. For more information, please visit: <https://mentalhealth.cityofnewyork.us/>.

NYC Police Department: Borough and Precinct Crime Statistics: The NYPD provides statistics categorized by police borough and precinct. These reports are updated weekly. For more information, please visit: <https://www1.nyc.gov/site/nypd/stats/crime-statistics/borough-and-precinct-crime-stats.page>.

New York City Community Health Profiles: The Community Health Profiles are produced by the New York City Department of Health & Mental Hygiene and summarize several contextual, behavioral, and health indicators by the community district. The Community Health Profiles are not a database but a collection of data from diverse databases, including the American Community Survey, the NYC Community Health Survey, and SPARCS. For more information, please visit: <https://www1.nyc.gov/site/doh/data/data-publications/profiles.page>.

Health Crisis Management in Acute Care Hospitals: Lessons Learned from COVID-19 and Beyond: A first edition publication by Dr. Ridwan Shabsigh, MD, FACS, et al. (2022) serves as a "how to" guide for implementing skills necessary for crisis management. This publication examines the story of SBH preparing for and managing the rapidly escalating surge of severely ill patients in a health crisis and the involvement of leadership at all levels. For more information, please visit: <https://doi.org/10.1007/978-3-030-95806-0>.

The United States Census Bureau: The Census Bureau's mission is to serve as the nation's leading provider of quality data about its people and economy. Data involving socioeconomic status, population size, language, race, and ethnicity are used. For more information, please visit: <https://www.census.gov/en.html>.

Johns Hopkins Coronavirus Resource Center: The Johns Hopkins Coronavirus Resource Center (CRC) is a continuously updated source of COVID-19 data and expert guidance. Data on cases, deaths, tests, hospitalizations, and vaccines are available. For more information, please visit: <https://coronavirus.jhu.edu/>.

Vital City: Vital City seeks to offer actionable strategies to build a thriving city. Vital City prepares policy journals, special reports, data analyses, and more that provide actionable strategies. Data and reports about gun violence in New York City were used. For more information, please visit: <https://www.vitalcitynyc.org/>.



The Community Assessment to Inform Rapid Response (CAIRR): A Novel Qualitative Data Collection and Analytic Process to Facilitate Hyperlocal COVID-19 Emergency Response Operations in New York City: This publication by Ray M., Dannefer R., Pierre J., et al. describes the development of the CAIRR and its contribution to the NYC DOHMH's hyperlocal response to guide other jurisdictions seeking to employ a hyperlocal approach in future disaster responses. Data and information about racial/ethnic disparities and COVID-19 were used. For more information, please visit: <https://doi.org/10.1017/dmp.2022.135>.

## DATA TOOLS/REPORTS

New York State Prevention Agenda Dashboard: An additional resource for data was the New York State Prevention Agenda Dashboard, which was produced by the New York State Department of Health and systematically collects data for the entire state and for each county for dozens of health indicators that align with the New York State Prevention Agenda. Like the Community Health Profiles, the Prevention Agenda Dashboard is not a single database but a compilation of diverse databases. For more information, please visit: [https://www.health.ny.gov/prevention/prevention\\_agenda/2019-2024/](https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/).

Vital Statistics of New York State: The State Vital Statistics includes data from the official records of live births, deaths, fetal deaths, induced terminations of pregnancy/abortions, marriages, and divorces/marriage dissolutions. For the current report, annual vital statistic reports were used to examine and cross-reference current rates across multiple health indicators. For more information, please visit: <https://health.data.ny.gov/>.

Community Risk Ranking: Ranking Risks and Understanding COVID-19 Impacts Across 59 Community Districts: The Citizen's Committee for Children (CCC) looks at several indicators across six domains to determine where risks concentrate in New York City. For more information, please visit: <https://cccnewyork.org/data-publications/childfamily-well-being-in-new-york-city-2021/>.

New York State Opioid Dashboard: The New York State Department of Health Opioid Data Dashboard is an interactive visual presentation of indicators tracking opioid data at state and county levels. It is a crucial resource for monitoring fatal and non-fatal opioid overdoses, opioid prescribing, opioid use disorder treatment, and the overall opioid overdose burden. The state dashboard displays a quick view of the most current data for 98 opioid-related indicators and compares them with data from previous periods to assess performance. For more information, please visit: <https://www.health.ny.gov/statistics/opioid/>.

City Health Dashboard National Data Base: Sponsored by NYU Langone Health and Robert Wood Johnson Foundation, City Health Dashboard is an online national database that includes community health status data for 500 of the largest U.S. cities. For more information, please visit: <https://www.cityhealthdashboard.com/ny/new%20york/city-overview>.

Global Burden of Disease: The Global Burden of Disease (GBD) project from the Institute of Health Metrics and Evaluation at the University of Washington uses a comprehensive risk-assessment framework to summarize the collective impact of risk factors and health outcomes on adverse health. Specifically, GBD combines many datasets to estimate disability-adjusted life years (DALYs) associated with numerous outcomes and risk factors. DALYs are a summary measure of population health that combines information on fatal health events and non-fatal health states. This advantage over vital statistics that do not capture the critical health impact of non-fatal health states (e.g., back

pain, moderate depression, or alcohol use). GBD also allows for estimating DALYs attributed to specific risk factors, including body mass index, smoking, dietary risks, occupational risks, and air pollution. Data from the GBD is available at the global, national, and state levels; local estimates are not available. Despite this limitation, this information can be used to understand the most critical areas of intervention to improve population health. For more information, please visit: <https://vizhub.healthdata.org/gbd-compare/>.

New York City Department of Health & Mental Hygiene Community Health Profiles 2018: Profile of Bronx Community District #6. The Community Health Profiles summarize several contextual, behavioral, and health indicators by Community District. A collection of data from diverse databases, including the American Community Survey, the NYC Community Health Survey, and SPARCS. For more information, please visit: <https://www1.nyc.gov/assets/doh/downloads/pdf/data/2018chp-bx6.pdf>.

New York City Community Health Profiles 2018 Map Atlas: The Community Health Profiles are produced by the New York City Department of Health & Mental Hygiene and summarize several contextual, behavioral, and health indicators by community district. A collection of data from diverse databases, including the American Community Survey, the NYC Community Health Survey, and SPARCS. For more information, please visit: <https://www1.nyc.gov/assets/doh/downloads/pdf/data/2018-chp-atlas.pdf>.

Community District Profiles: Maps and statistics illustrate each district's built environment, socioeconomic, and demographic characteristics. For more information, please visit: <https://communityprofiles.planning.nyc.gov/>.

USDA Food Environment Atlas: The United States Department of Agriculture's (USDA) *Food Environment Atlas* is an online mapping tool that reviews food environment factors by county. Issued by the USDA's Economic Research Service division, the Atlas includes more than 270 food environment indicators: *Food choice*, including store proximity and number of grocery stores; food prices; and other indicators for community access to healthy, affordable food. *Health and well-being indicators*, including food insecurity, diabetes, obesity rates, and physical activity levels. *Community characteristics* that influence food environment—including demographic composition, income, and poverty—and access to recreation. For more information, please visit: <https://www.ers.usda.gov/dataproducts/food-environment-atlas/>.

New York State Department of Agriculture and Markets List of Farmers' Markets: Online map available to help locate local farmer's markets, farm stands, and mobile markets throughout New York State. For more information, please visit: <https://agriculture.ny.gov/farmersmarkets>.

Feeding America: A national organization focused on domestic hunger relief. Feeding America conducted the annual Map the Meal Gap study for the eleventh consecutive year. The *Map the Meal Gap* online tool details—by state, county, and Congressional district—food insecurity trends, including food cost and estimated eligibility rates for nutritional assistance programs. The map also includes food bank locations. In addition, map the Meal Gap's Child Food Insecurity *mapping tool* forecasts children at risk for hunger. Food insecurity policy reports are also available on the site. Data is from 2019. For more information, please visit: <https://map.feedingamerica.org/>.

ImageNYC – Interactive Map of Aging: This mapping tool—developed by the New York Academy of Medicine (the Academy) and the City University of New York's (CUNY) Graduate Center's

Mapping Service Center for Urban Research— contains neighborhood demographics, available resources, and health status-related data, including reasons for hospital admissions, for those 65 years and older. ImageNYC uses data provided by several New York City agencies—the Department for the Aging, DOHMH, the New York City Department of Planning, and the Department of Transportation—and can be used to determine the current and projected needs of New York City's aging population. The Academy and CUNY developed the tool as part of New York City's Age-Friendly initiative, a 10-year partnership between the Academy, the New York City Mayor's Office, and the New York City Council. The initiative was also designed to be consistent with the New York State Prevention Agenda's focus on healthy aging. For more information, please visit: <http://imagenyc.nyam.org/>.

Office of the New York State Comptroller Neighborhood Profile: Recent Trends and Impacts of COVID-19 in the Bronx: The Office of the New York State Comptroller published a report on the COVID-19 pandemic and the effects endured by the Bronx. Examination of population changes, race and ethnicity, household incomes and poverty rates, employment, community risk factors, COVID-19 hospitalization and death rates, vaccination rates, eviction rates, food insecurity rates, education, etc. For more information, please visit: <https://www.osc.state.ny.us/reports/osdc/recent-trends-and-impact-covid-19-bronx>.

New York City Independent Budget Office: *Has the City's Paramedic Response Time to the Most Serious Medical Emergencies Slowed In Recent Years? Is the Response Slowest Outside Manhattan?*: IBO's primary responsibility is to provide nonpartisan information about the city budget and tax revenues. This can range from reviewing a particular agency's spending to more in-depth considerations of program costs, historical trends, tax burdens, debt, or capital finances. Paramedic response time is used. For more information, please visit: <https://ibo.nyc.ny.us/iboreports/has-the-citys-paramedic-response-time-to-the-most-serious-medical-emergencies-slowed-in-recent-year-is-the-response-time-slowest-outside-manhattan-nycbtn-july-2022.html>.

Transportation Alternatives: Transportation Alternatives (T.A.) is a nonprofit advocacy organization in New York City. T.A. advocates for innovative transportation policies, traffic safety improvements, and increased street access for people biking, walking, and riding public transit. For more information, please visit: <https://www.transalt.org/>.

Vital City: *Gun Violence in New York City*: Vital City prepared a 2022 report comparing crime rates across New York City boroughs. Demographic and crime data were used. For more information, please visit: [https://www.vitalcitynyc.org/vital\\_signs/gun-violence-in-new-york-city-the-data](https://www.vitalcitynyc.org/vital_signs/gun-violence-in-new-york-city-the-data).

NYC Office of the Mayor: *The Blueprint to End Gun Violence*: A crime reduction strategy produced by the Mayor's office, which aims to end gun violence in the City by immediately ramping up law enforcement and deploying more officers in the streets and subways. For more information, please visit: <https://www1.nyc.gov/office-of-themayor/news/045-22/mayor-adams-releases-blueprint-end-gun-violence-new-york-city#/0>.

Behavioral Health Workforce Tracker: *Fitzhugh Mullan Institute for Health Workforce Equity* – The George Washington University: The Behavioral Health Workforce Tracker is a customizable interactive map that allows you to visualize the geographic distribution of the behavioral health workforce by provider type and by Medicaid acceptance status. The map uses novel data sources: IQVIA Xponent, to identify prescribers of behavioral health medications (psychiatrists, addiction medicine specialists, primary care physicians, advanced practice providers, and other physicians);

and state licensure data, to identify psychologists, licensed clinical social workers, licensed professional counselors, and licensed marriage and family therapists. The Behavioral Health Workforce Tracker can help us see the variation in the strength of the behavioral workforce by state, drill down to the Bronx County level, and identify the extent of the workforce treating serious mental illness. For more information, please visit: <https://www.gwhwi.org/behavioralhealth-workforce-tracker.html>.

## **APPENDIX G**

### **SBH HEALTH SYSTEM FINANCIAL STATEMENT**

#### **FINANCIAL SERVICES**

SBH Health System is committed to providing financial assistance to patients who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay. Consistent with our mission to deliver compassionate, high-quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, we strive to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care.

Financial Assistance is not a substitute for personal responsibility. Patients are expected to cooperate with our procedures for obtaining charity or other forms of payment or financial assistance and to contribute to the cost of their care based on their ability to pay. Financial needs will be determined in accordance with specific procedures that we follow.

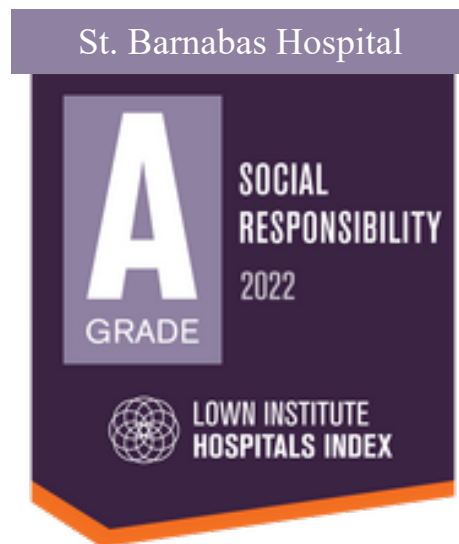
Completed applications will be reviewed by the Credit and Patient Financial Services Department for final approval. Patients will be provided with a financial counselor who can provide assistance, in their language, or via qualified telephonic interpreters, through every phase of the charity care application process.

For more information, please visit: <https://www.sbhny.org/financial-services/>.

SBH Health System received an “A” grade from the Lown Institute Hospital Index for Social Responsibility. This organization recognizes hospitals and healthcare systems across the country for their commitment to health equity, inclusivity, and social responsibility.

SBH continues to focus on the importance of inclusivity and meeting patients’ needs at every opportunity, and we are proud that we received this recognition from this important organization.

[Check our ranking from the Lown Institute](#)







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