

BronxCare Health System

Community Health Needs Assessment and Community Service Plan

2025-2027

This Community Health Needs Assessment and Community Service Plan was prepared by BronxCare Health System and covers select neighborhoods in Bronx County.

Copies of this document can be downloaded from the BronxCare Health System website at BronxCare.org.

Organization contact: Errol Schneer, Vice President, Planning, Marketing, and Public Relations at (718) 901-8595.

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Attachment 1: Workplan

Introduction

BronxCare is the largest not-for-profit health and teaching hospital system serving the South and Central Bronx, with 859 beds and more than 4,500 employees. Its two main hospital divisions, comprehensive psychiatric and chemical dependency programs, long-term care facility, and extensive outpatient network are delivering the highest quality and accessible services to the community. BronxCare is among the largest providers of outpatient services in New York City, with close to 750,000 visits annually and its Emergency Room is one of the largest in the nation, with 127,000 visits.

At BronxCare, we are proud of our successful efforts to meet the needs of our community. BronxCare's many Centers of Excellence, as well as an expert and experienced team, are delivering the highest quality of comprehensive and accessible services by leading the way in Caring for the Bronx..

Mission Vision Values

Mission

BronxCare Health System's Mission is to deliver the highest quality accessible care in responding to the needs of the community, while assuring an environment where patient safety and satisfaction are a priority. This mission embraces a safety culture that is reporting, learning, fair and just, as well as building a health care network that is continuously striving for health equity and excellence in care.

At BronxCare, we anticipate and respond to changes in order to reinforce our essential leadership role in the provision of quality, comprehensive and equitable care.

Vision

BronxCare Health System's Vision is to continually reinforce our leadership role in achieving health care excellence and equity for the Bronx. We are and will continue to be an economic anchor, innovator, and engine for positive change. In looking to the future, BronxCare will fulfill its community service mission and vision of caring for the Bronx by maintaining strong partnerships with community organizations, labor unions, governmental agencies, and health care providers, among numerous other groups. Ongoing participation and input from BronxCare's Board of Trustees, leadership team, medical and nursing staff, employees, and community boards are also essential in achieving successful outcomes.

Values

BronxCare Health System's Values involve providing high quality, comprehensive, accessible, compassionate, and equitable care, as well as achieving optimal patient safety and satisfaction levels. The emphasis is on learning and improving the quality of care we deliver, with health equity a continuing priority. Our values are enhanced by systematically designing, measuring, analyzing, and refining BronxCare Health System's operations to keep pace with medical and technological advances, as well as the needs of the community.

C. Executive Summary

BronxCare Health System is the largest voluntary not-for-profit health system and teaching hospital serving the South and Central Bronx, with 859 beds and more than 4,500 employees. Its two main hospital divisions, comprehensive psychiatric and chemical dependency programs, long-term care facility, and extensive outpatient network are delivering the wide range of quality and accessible services needed by the community. BronxCare is among the largest providers of outpatient services in New York City, with close to 750,000 visits annually. Its Emergency Room is one of the largest in the nation, with 127,000 visits annually.

BronxCare is fully accredited by the Joint Commission, the leading accrediting authority for hospitals in the nation. Its medical school affiliation with the Icahn School of Medicine at Mount Sinai and clinical collaboration with the Mount Sinai Health System, as well as 16 accredited residency and fellowship programs, are strong indicators of excellence. BronxCare's outpatient practices are also certified as a Level Three Patient-Centered Medical Home (the highest designation) by the National Committee for Quality Assurance (NCQA).

As an engine for positive change, BronxCare has infused more than \$400 million into the Bronx economy, including a Pediatric Specialty Center, Ophthalmology Practice, and a new Outpatient Practice, among numerous other capital projects.

Prevention Agenda Priorities & Disparities Being Addressed

Through its 2025 Community Health Needs Assessment (CHNA), BronxCare identified the persistent and emerging challenges associated with the long-standing health and social disparities of its service area. These findings led to BronxCare's selection of the following priorities from the New York State Prevention Agenda 2025 – 2030.

Health Care Access and Quality

Access to Care

- Preventive Services for Chronic Disease Prevention and Control - Asthma, Diabetes, Cardiovascular Disease, Cancer, HIV/AIDS
- Prevention of Infant and Maternal Mortality

Social and Community Context

Mental Wellbeing and Substance Use

- Depression
- Drug Misuse and Overdose including Primary Prevention
- Suicide

These priorities reflect the prevalent and pervasive health disparities impacting BronxCare's service area as confirmed by internal and external data review, and community engagement. The disparities include:

- Barriers to primary, specialty, and behavioral health care
- Disproportionate maternal and infant mortality
- Unmet behavioral health needs
- Environmental risks including high asthma triggers

- High rates of poverty, unemployment, and housing instability
- Food insecurity and limited access to healthy, affordable food
- Longstanding inequities impacting Black, Latino, immigrant, and low-income communities

Disparities are especially pronounced in asthma hospitalizations, diabetes prevalence and control, heart disease mortality, cancer screening participation, HIV/AIDS incidence, and rates of Cesarean Sections, as well as behavioral health conditions, substance use, and suicide risk.

Data Review

BronxCare conducted a multi-faceted data review using federal, state, local and other publicly available sources including:

- U.S. Census American Community Survey (2019–2023)
- NYC Department of Health and Mental Hygiene (Community Health Profiles, EpiQuery, Vital Statistics)
- NYS Department of Health (Prevention Agenda Dashboards, SPARCS data, Vital Statistics AIDS/HIV Surveillance Updates)
- Health Resources and Services Administration (HPSA and MUA designations)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Robert Wood Johnson County Health Rankings (2025)
- CDC Wonder, NIH, OASAS, NYC HIV Surveillance
- BronxCare’s internal utilization, screening, and clinical quality data

Data were also collected through a Community Health Survey developed by BronxCare, as well as from stakeholder interviews, and ongoing partner engagement.

Partners and Roles

BronxCare maintains a strong partnership network in and beyond its service area, including:

- SOMOS Community Care – Screenings for Health-Related Social Needs (more than 105,000 screenings as of October 2025) as well as linkages to food, housing, transportation, safety, and utilities supports
- New York City Department of Health – collaboration for the reduction of Cesarean Section rate among other areas
- New York City Department of Mental Health and New York State Office of Mental Health – Behavioral health planning, expansion of psychiatric beds, system coordination
- Mount Sinai Health System – Cancer care collaboration, tertiary care access, specialty integration
- Urban Health Plan & Morris Heights Health Center – Integrated asthma, diabetes, and specialty services
- Community-Based Organizations (R.A.I.N., CommuniLife, God’s Love We Deliver, Harvest Home Farmers Market, Community Boards 3 and 4, local churches, merchants, schools, housing complexes)

- Educational Institutions - Icahn School of Medicine, Lehman College, SUNY programs, Bronx Community College, Hostos
- Hospital Associations – Statistical and resource information, as well as updates and analysis of health policy issues and trends
- Labor partners (1199SEIU) – Workforce development and apprenticeship training

BronxCare engages the community through surveys, health fairs, screenings, educational programs, and ongoing communication through bilingual media, newsletters, digital platforms, website, and other initiatives.

Interventions and Strategies

BronxCare selected evidence-based, population-specific interventions that directly respond to identified needs, documented disparities, and clinical data.

Chronic Diseases (Asthma, Diabetes, Cardiovascular Disease, Cancer, HIV)

- Increased medical surgical bed capacity
- Multidisciplinary asthma control programs with environmental trigger assessments
- Diabetes management, HbA1c and microalbumin expansion, and Tele-Ophthalmology retinal screening
- Remote blood pressure and weight monitoring
- Cancer Care Program with Mount Sinai Medical Center, including prostate, breast, and colorectal screening expansion
- Expanded HIV testing, PrEP/PEP access, NIH clinical trials, and enhanced prevention website

Infant and Maternal Mortality

- Physician/staff training in collaboration with New York City Department of Health
- Establishment of pre-Cesarean Section checklist
- Patient Experience Surveys

Depression

- Increased psychiatric bed capacity
- Collaborative Care behavioral health integration across primary care sites
- Consultation- Psychiatric Liaison teams in ER and medical units
- Expanded outpatient therapy, medication management, and care transitions

Drug Misuse and Overdose including Primary Prevention

- Universal screening for opioid use disorders
- Medication-Assisted Treatment (Methadone, Buprenorphine, extended-release injectables)
- Inpatient–outpatient transition support
- Distribution of naloxone kits (Narcan) and community education

Suicide Prevention

- Universal suicide risk screening in inpatient, outpatient, and emergency psychiatry settings
- Safety planning and structured follow-up contact post-discharge
- Specialized training for physicians, nurses, social workers, integrative therapists, and peer specialists
- Ongoing monitoring of high-risk individuals, particularly those with depression and substance use disorders
- Multidisciplinary stabilization and linkage to Intensive Care Management (ICM)

These strategies are supported by evidence-based models and were selected based on organizational capacity, community need, and demonstrated effectiveness in improving outcomes in high-disparity and other situations.

Progress and Evaluation

BronxCare uses measurable process indicators and monitors progress through dashboards, electronic medical records-based registries, internal quality improvement systems, and Prevention Agenda reporting metrics.

Examples include:

- Asthma: ER visits, hospitalizations, outpatient visits
- Diabetes: HbA1c control, microalbumin tests, retinal screenings and weight reduction programs
- Cardiovascular Disease: Remote blood pressure and weight monitoring compliance, and adherence, screening rates, and increased telehealth utilization
- Cancer: Screening rates for breast, colon, and prostate cancers; visits to BronxCare–Mount Sinai Cancer Center
- HIV/AIDS: Testing volume, PrEP/PEP utilization
- Cesarean Sections: Physician and staff training volume, and patient experience surveys, as well as monitoring and evaluation of Cesarean Sections
- Depression: Collaborative Care and Consultation Liaison services volume
- Substance Use: Medication-Assistance Treatment engagement, substance use screenings, Life Recovery transitions, and naloxone distribution
- Suicide Prevention: Completion of risk screenings, safety plans, and follow-up contacts

BronxCare's senior management team and Board of Trustees monitor the progress of interventions, strategies and action plans in the Community Service Plan to ensure that health disparities are addressed and projected outcomes are achieved. The review process also includes ongoing communication with BronxCare's community partners.

Community Health Needs Assessment

D. Community Health Assessment

1. Community Description

Bronx County

The Bronx is bordered by the borough of Manhattan to the south and Westchester County to the north. It is the third most densely populated county in the United States with almost 35,000 people per square mile.

The Bronx is characterized by its diversity. According to the most recent five-year (2019-2023) U.S. Census data, 92.2 percent of Bronx County's 1.42 million residents are people of color, and of these, 54.9 percent are Hispanic/Latino; 29.1 percent are Black, 8.8 percent are White; and 7.2 percent are Asian or Native American/Other.

More than one in three people living in the Bronx - almost 490,000 (34.2 percent) is foreign born, with the majority (74.3 percent) from Latin America and the Caribbean. In addition, the largest concentration of New York's African immigrants, more than 59,000, reside in the Bronx. The neighborhoods served by BronxCare are also home to a significant proportion of the borough's African immigrants.¹

BronxCare Primary Service Area

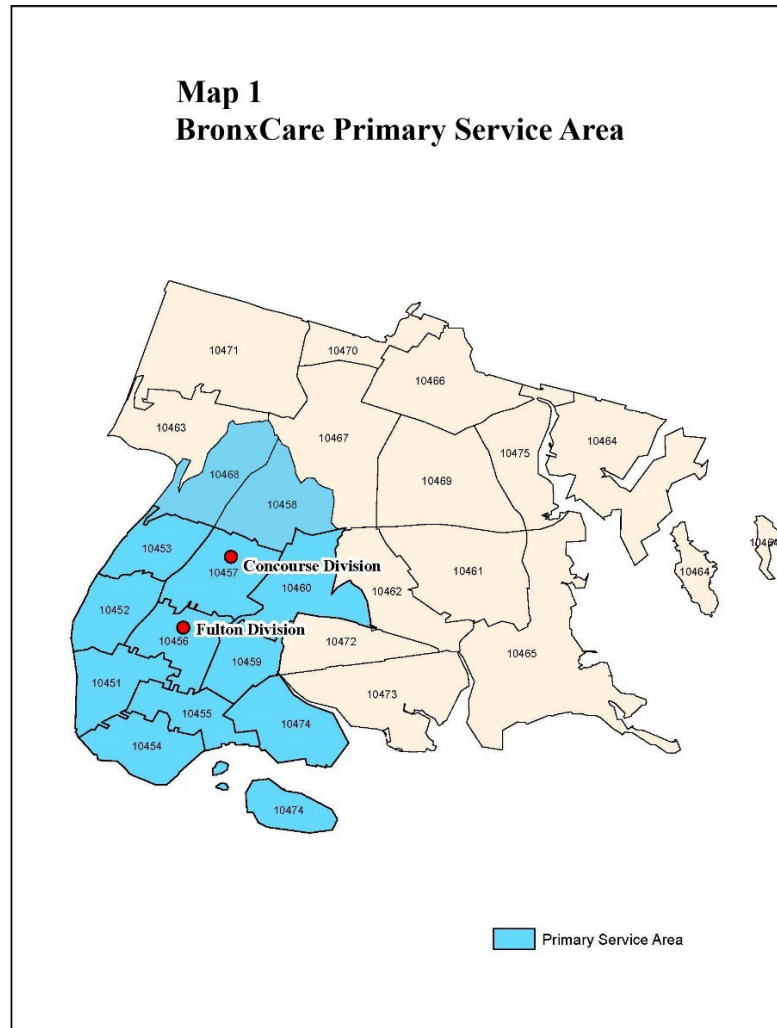
The primary service area (PSA) includes the South and Central regions of the Bronx. It consists of the following zip codes:

- Highbridge-Morrisania (Zip Codes 10451, 10452, and 10456)
- Hunts Point-Mott Haven (Zip Codes 10454, 10455, 10459, and 10474)
- Crotona-Tremont (Zip Codes 10453, 10457, and 10460)
- Parts of Fordham-Bronx Park (Zip Codes 10458 and 10468)

The zip codes comprising BronxCare's primary service area are among the poorest in the nation¹, and characterized by low socioeconomic status, large minority and immigrant populations, high disease incidence rates, and restricted access to care.

¹ Food Research and Action Center from 2017-2019 American Community Survey and Congressman Ritchie Torres website.

**Map 1
BronxCare Primary Service Area**



As of 2025, BronxCare’s service area has 19 geographic units or populations that are designated by the Health Resources and Service Administration, as Health Professional Shortage Areas (HPSA) or Medically Underserved Areas (MUA) for primary care, dental health, or mental health care. These areas include:

- Crotona-Medicaid-Eligible Primary Care HPSA
- Fordham Medicaid-Eligible Primary Care HPSA
- Highbridge Medicaid-Eligible Primary Care HPSA
- Hunts Point Medicaid -Eligible Primary Care HPSA
- Crotona Medicaid- Eligible Dental Health HPSA
- Fordham Medicaid Eligible Dental Health HPSA
- Highbridge Medicaid-Eligible Dental Health HPSA
- Hunts Point Medicaid-Eligible Dental Health HPSA
- Crotona Mental Health HPSA
- Fordham Mental Health HPSA
- Highbridge Mental Health HPSA
- Hunts Point Mental Health HPSA
- Soundview Mental Health HPSA

- Fordham Mental Health HPSA
- Crotona MUA
- Highbridge Service Area MUA
- Morrisania Service Area MUA
- Hunts Point Service Area-MUA
- Mott Haven Service Area MUA

BronxCare is a “safety-net” provider, serving a large number of individuals on public insurance programs or uninsured. In 2024, based on an analysis of the most recent Institutional Cost Report data, *57 percent* of BronxCare’s discharges were Medicaid and *6 percent* were Uninsured.

Demographics of BronxCare Service Area

BronxCare’s service area population faces a variety of economic barriers, social issues, and special needs. The majority of the service area population are ethnic/racial minorities with a young (0-19) population. Based on U.S. Census American Community Survey (2019-2023), 30.5 percent of its service area residents are under 20 years of age.² The service area is characterized by high rates of poverty, unemployment, and homelessness, with significant unmet health needs and health disparities.

It is noteworthy that there are significant barriers to accessing primary medical services, including economic (low-income or Medicaid eligible), cultural, and linguistic. These issues are also compounded by environmental factors including insufficient housing and food insecurity. Among the service area population, premature deaths are associated with cancer, heart disease, diabetes, asthma, chronic lung disease, HIV/AIDS, drug-related conditions, renal failure, chronic liver disease, suicide, and homicide, many associated with poor health behaviors.

According to the American Community Survey (2019-2023), almost 265,000 immigrants reside in BronxCare’s service area, constituting more than one-half of the borough’s total foreign-born population of 493,000. This section of the Bronx has a multicultural mix of immigrants, with substantial representation from Latin America and the Caribbean (Dominican Republic, Ecuador, Mexico, Guatemala, Guyana, Jamaica, and Trinidad and Tobago).

Population Data

Data from the United States Census³ provides population estimates and profiles the service area through 2023, based on Census information and detailed demographics relevant to health care needs and socioeconomic levels.

² U.S. Census of the Population, Quick Facts (July 2021)

³ American Community Survey (2019-2023)

Age

BronxCare's service area has a population of 731,000 (U.S. Census, American Community Survey 2019-2023), an increase from the previous 5-year Census period.

The service area is characterized by the following:

- Sizable younger population, with 26 percent under age 18, compared to 20 percent for New York City.
- Lower proportions of elderly, with 11 percent aged 65 and over, compared to 16 percent for New York City.

Ethnicity

The service area is more than 90 percent non-white compared to 27 percent for New York City. 28 percent of the population are African American compared to 14 percent in New York City and 70 percent are Hispanic (any race) compared to 20 percent in New York City. 33 percent of the population (over age 5) in the service area are not proficient in English compared to 23 percent in New York City.

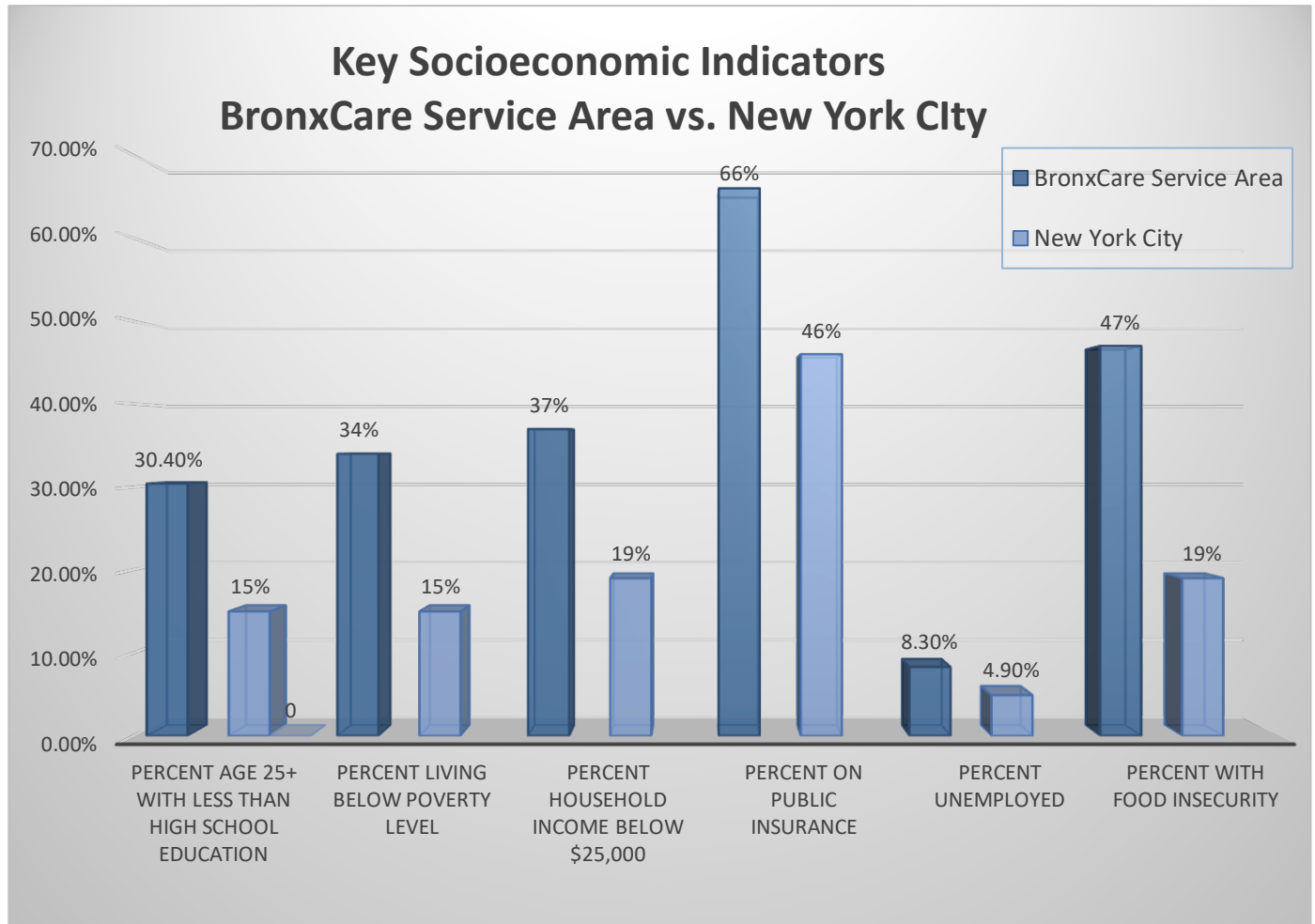
Socioeconomic Status

The service area has a significant number of individuals facing high unemployment, low income/high poverty levels, and low educational attainment, all of which contribute to health disparities.

- **Education**
 - 30.4 percent of BronxCare's service area population over the age of 25 have less than a high school education, with some sectors within the service area as high as 40 percent (from DP02 2025). This compares to 25 percent of Bronx residents and 15 percent of New York City.
- **Income/Poverty**
 - Median household income in the BronxCare service area is \$38,000, well under the County level of \$47,000 and the Citywide level of \$79,000.
 - The proportion of service area households with incomes below \$25,000 is 37 percent, compared to 19 percent in New York City.
 - In BronxCare's service area, 34 percent of the population is living in poverty, compared to 27 percent in Bronx County and 17 percent in New York City.
- **Public Assistance/Lack of Health Insurance**
 - BronxCare's service area has high rates of individuals on public assistance, including those on Medicaid.
 - According to the U.S. Census American Community Survey (2019-2023), 59 percent of BronxCare's service area population are characterized as low income (below 200 percent of the Federal Poverty Level), compared with 49 percent in the Bronx and 47 percent for New York City.
 - 66 percent of BronxCare's service area population are public insurance beneficiaries compared to 59 percent in the Bronx and 46 percent in New York City.
 - The 5-year (2019-2023) American Community Survey demonstrates that 8 percent of BronxCare's service area population are without health insurance, compared to 7 percent in the Bronx and 5 percent in New York City.

- **Employment**

- Based on 2019-2023 Census data, BronxCare’s service area rate of unemployment is the highest at 8.3 percent compared to Bronx County at 7.2 percent and New York City at 4.9 percent.⁴



○

Other Comparative Statistics⁵

In BronxCare’s service area, one in three adults consider themselves to be in fair or poor health. Social determinants of health, economic factors impacting health status, and physical environment also place this service area as among the most challenged in New York City. Additionally, the health status of BronxCare’s service area demonstrates a greater mortality and morbidity rate, as well as a higher rate of poor health outcomes than

⁴ Table DP03 – Selected Economic Characteristics, American Community Survey 2019-2023

⁵ Data from this section, unless otherwise noted, is from the New York City Department of Health and Mental Hygiene (NYCDOHMH) “Community Health Profiles”, 2018 (with select updates through 2023) and U.S. Census American Community Survey (2009-2023). Data is also drawn from United Hospital Fund of New York- New York Health Homes Collaborative, December 2021 and Snapshot of the South Bronx Office of the New York State Comptroller, June 2023 and CDC Wonder. AIDS Public Use Data 2025

most areas within New York City. According to a report issued in 2023 by the Office of the State Comptroller, BronxCare's service area, at 47 percent, has a higher level of food insecurity compared to 36 percent in the Bronx and 19 percent in New York City.

2. Health Status

Data Sources

Data was collected from a wide range of sources to develop a demographic and health profile of the Bronx and, specifically, BronxCare's primary service area. This service area is defined by zip code and encompasses the United Hospital Fund's defined neighborhoods of Crotona-Tremont, Highbridge-Morrisania, Hunts Point-Mott Haven, and Fordham-Bronx Park.

Sources include:

- Robert Wood Johnson Foundation County Health Rankings and Roadmaps 2025
- US Census Bureau's American Community Survey 2019-2023 and Census QuickFacts- 2022 and 2023
- U.S. Census Bureau 2019-2023. The Census Reporter. Various Reports
- United Hospital Fund of New York Various Publications, 2019-2024
- New York City Department of Health and Mental Hygiene. Community Health Profiles, 2018 (with select updates through 2023/2024)
- New York City Department of Health and Mental Hygiene. EpiQuery, and Environmental Health Data Portal, 2018-2025
- Health Resources and Services Administration. Data on Medically Underserved and Health Professional Shortage Areas, 2025
- New York City Department of Health and Mental Hygiene. Vital Statistics Summary 2022
- New York State Department of Health. Prevention Agenda and Dashboards, 2025-2030, and Healthy People 2030
- New York State Department of Health. County Health Indicators by Race/Ethnicity (CHIRE), 2024/2025
- New York State Department of Health. SPARCS Data System, 2020-2025
- New York City HIV/AIDS Annual Surveillance Statistics, 2023-2024
- New York State Department of Health. Opioid Annual Report 2023/2024
- Office of Addiction Services and Supports .Addiction Data Bulletins 2021-2024
- New York State Index Crimes, 2024 Division of Criminal Justice Services, 2025
- New York State Behavioral Risk Factor Surveillance System(BRFSS). Various Reports, 2023-2025
- Office of the New York State Comptroller. The South Bronx: An Economic Snapshot November 2023
- The New York City Census Council. Emergency Food in NYC-Poverty and Food Insecurity in NYC, 2024
- City University of New York-CUNY Academic Works. Socioeconomic inequalities between the Bronx and other counties in New York City, 2024.

Data Collection Methods

A. Primary Data Collection

BronxCare has engaged in a multi-faceted data collection effort designed to identify community health needs and emerging issues in its service area. A targeted Community Health Survey was developed by BronxCare to capture input on the healthcare needs of the community related to chronic diseases, infant and maternal health, behavioral health, and access to care, among other issues.

BronxCare collected input from internal and external stakeholders to utilize and integrate the responses received into the Community Health Needs Assessment (CHNA) and Community Service Plan (CSP). Stakeholders surveyed included BronxCare patients at the inpatient and outpatient levels, community-based physician practices, community boards, religious organizations, and local businesses, among other groups. The data collected helped BronxCare identify service gaps, barriers to care including housing instability, food insecurity, and behavioral health access. In addition, BronxCare's clinical and administrative leaders provided important feedback and information regarding patient needs and experiences, utilization of services, and access to care.

In summary, the survey results provided an important dimension regarding the experiences of the service area population. It reinforces BronxCare's selection of the five health priorities **Preventive Services for Chronic Disease Prevention and Control; Prevention of Infant and Maternal Mortality; Depression; Drug Misuse and Overdose including Primary Prevention; and Suicide.**

B. Secondary Data Collection

BronxCare conducted an extensive review of publicly available health, demographic, and socioeconomic data from reputable sources. Service area, borough-wide and New York City data were analyzed to identify disparities and guide strategic priorities.

The following data sources were utilized:

- New York State Department of Health – Prevention Agenda Dashboard, Vital Statistics, and SPARCS Data
- New York City Department of Health & Mental Hygiene – Community Health Profiles, EpiQuery, and HIV Surveillance Reports
- U.S. Census Bureau – American Community Survey and Small Area Health Insurance Estimates
- Centers for Disease Control and Prevention- Behavioral Risk Factor Surveillance System (BRFSS) and National Vital Statistics System
- New York State Cancer Registry and the National Center for Health Statistics
- Global Burden of Disease Project and County Health Rankings

For a complete listing of data sources see *Section 2 Health Status pages 13 and 14* for Data Sources.

BronxCare examined trends on an ongoing basis and assessed differences among service area neighborhoods, the borough itself, and citywide averages. Metrics analyzed included

age, income, race/ethnicity, employment, education, poverty, and health insurance, as well as disease incidence rates.

Evaluation of service area data confirmed that Bronx residents experience disproportionately high rates of chronic disease, mental health conditions, and social determinants of health compared to New York City. Persistent disparities were observed in health outcomes linked to socioeconomic factors, housing conditions, and access to care. This data, together with qualitative insights from BronxCare's leadership, as well as input from local physician groups and community organizations contributed to the selection of the priority areas for the 2025–2027 Community Service Plan.

Community Engagement

The importance of fulfilling BronxCare's essential community role is evident throughout the Bronx. BronxCare continues to move forward in addressing the health care and related social needs of the Bronx Community. Its partnerships with community organizations, government agencies, labor unions, educational institutions, and the service area population have proven to be most important and have resulted in an outstanding record of accomplishments. As a major teaching hospital system and safety-net provider, BronxCare has consistently implemented numerous initiatives that have benefited both its patients and the community.

BronxCare is continuing its efforts to improve access to care, and promote wellness. It has reinforced and expanded preventive and educational programs in collaboration with community partners. As an engine for positive change, BronxCare has infused more than \$400 million into the Bronx economy and is taking a leadership role in reducing health disparities and improving quality of life.

BronxCare prioritizes initiatives that promote early prevention and screening, as well as expanding access in the treatment of chronic diseases, infant and maternal health, and mental health disorders.

It is noteworthy that BronxCare is one of the hospital participants and the leading performer in SOMOS Community Care (New York State Social Care Network lead for the Bronx - SOMOS), along with Montefiore, St. Barnabas, and Lincoln Medical Center. BronxCare has screened more than 105,000 patients (Medicare, Medicaid, Non-insured) for Health-Related Social Needs (HRSN) during the ten months (January – October) of 2025. These patients are assessed for food insecurity, housing/transportation, safety, utilities, employment, and physical ability.

In summary, BronxCare's current and future initiatives are consistent with New York State's priorities for the 2025-2030 planning cycle.

Outreach, Screening, and Preventive Services

BronxCare staff regularly provide free checkups, health screenings, and nutritional counseling within the hospital, at community-based sites, and through mobile outreach, including local colleges and housing complexes, community events, senior centers, and

neighborhood organizations. These outreach efforts are designed to bring health care directly to its service area's population. BronxCare has also implemented screening initiatives focused on ensuring that all patients achieve the best possible outcomes. A Collaborative Care Program addresses the mental health-related issues of stress and depression in patients through provision of counseling and intervention to promote good health, well-being and a positive patient experience. Additionally, its website and social media platforms are reinforcing the outreach efforts.

Included among screening activities are diabetes, cholesterol, blood pressure, HIV/AIDS/Sexually Transmitted Diseases, Hepatitis B/C, prostate, breast, and colorectal cancers. The Ophthalmology Residency Program conducts free ocular disease screening events every two to three months, serving numerous patients per event. These events identify individuals at risk for vision impairment and connects them with specialty follow-up care. BronxCare's Division of Infectious Disease is a leader in the treatment and prevention of HIV/AIDS, drug-resistant bacteria, COVID-19, tuberculosis, hepatitis, influenza, and Legionella. The Division regularly conducts community-based outreach and education to provide a better understanding of prevention and treatment modalities. Mobile health units, community health events, and an HIV/AIDS website enable BronxCare to enhance health education efforts aimed at reducing barriers to care and addressing disparities throughout high-need neighborhoods.

Community Health Workers and Youth Access Programs

BronxCare's Community Health Workers (CHWs) are helping to bridge the gap between clinical care and community well-being. Community Health Workers conduct social needs screenings, provide health education and assist in facilitating access to such essential services as food, housing, and behavioral health support.

BronxCare's innovative Apprenticeship Program, a collaborative effort with the 1199 SEIU Labor Union and other key organizations is widely recognized for its success in training health care workers.

Community Partnerships and Collaborations

BronxCare continues to maintain strong partnerships with local organizations, health care providers, government authorities, labor unions, religious organizations and educational institutions, among other groups, to address health disparities and provide programs that are responsive to the needs of the community. These partnerships ensure that BronxCare's community benefit activities are aligned with neighborhood priorities. Ongoing and regularly scheduled meetings with community partners are an essential part of the Community Health Needs Assessment and Community Service Plan development process. These meetings are attended by BronxCare's administrative, medical, and nursing leadership. In addition, BronxCare's Division of Development and External Affairs continually strengthens and reinforces relationships with community organizations including churches, planning boards, and local merchants.

Communication and Public Awareness

BronxCare utilizes newsletters, social media, and community announcements to raise awareness about available services, upcoming health fairs, and preventive care programs. A bilingual website (English and Spanish), with enhanced video features, is reinforcing communication. These platforms are proving to be highly effective in providing health education, sharing important information on nutrition, physical activity, disease prevention, and emotional wellness. BronxCare's engagement through its partnerships reflects its ongoing commitment to delivering quality and accessible health services. By combining outreach, education, workforce development, and collaborative planning, BronxCare continues to support healthier lives and stronger communities.

BronxCare also shares the findings of its Community Health Needs Assessment and Community Service Plan with community stakeholders, partners and residents through its website and outreach efforts.

Relevant Health Indicators -Bronx County

According to the Robert Wood Johnson County Health Rankings (2025), in 2024, Bronx County was ranked *the least healthy* in New York for the 16th consecutive year. Bronx County demonstrates the following characteristics, which compare *unfavorably* with measures in New York City. Additionally, BronxCare's service area is characterized by poor health outcomes, low socioeconomic and healthcare access statistics that translates into a community with higher disparities than Bronx County and New York City.

- Out of 62 counties in New York State, the Bronx ranks **lowest** or near bottom for:
 - Health Behaviors
 - Health Outcomes and Health Factors
 - Clinical Care
 - Social and Economic Factors
 - Physical Environment
- 28 percent of the population is in poor or fair health, compared to 16 percent statewide.
- 10 percent of births are low birth weight vs. 8 percent in New York State.
- Premature death (years of potential life lost before age 75) was significantly higher in the Bronx.
- 16 percent of adults are smokers compared to 12 percent in New York State.
- 37 percent of Bronx County adults are obese compared to 30 percent in New York State.
- 36 percent of adults reported participating in no physical activity compared to 25 percent statewide.
- Bronx County's flu vaccination rate (for Medicare recipients) of 39 percent is well below that of other New York counties and 51 percent statewide.
- Bronx residents report an average of 6 poor mental health days in the last month compared to 4.9 days in New York State.

- Bronx County scored 7.1 out of a possible high of 10 on the Food Environment Index which includes access to healthy foods and food insecurity, compared to 9 out of 10 statewide.
- Bronx County's reported violent crime rate in 2022 was 890 per 100,000 compared to 404 per 100,000 in New York State.(2024)⁶
- 78 percent of Bronx residents have graduated high school compared to New York State's 87 percent of high school graduates.
- 7 percent of Bronx residents 16 and older were unemployed compared to 4 percent in New York State.
- 36 percent of children are living in poverty compared to 19 percent in New York State.
- Preventable hospital stays are 3,519 per 100,000 compared to 2,595 per 100,000 for New York State.
- 35 percent of Medicare enrollees received an annual mammography screening compared to 44 percent in New York State (2022).

Health Challenges and Associated Risk Factors

Review of utilization data from available Federal, State and City agencies, as well as other sources, indicates significantly high rates for BronxCare's service area population for the following health conditions and behaviors, which has informed BronxCare's planning process:

- Asthma
- Cancer
- Diabetes/Obesity
- Hypertension/Heart Disease
- Substance Abuse
- Child abuse and neglect
- Infant and maternal mortality
- Restricted access to healthy food
- High smoking rates
- Serious psychological problems

Furthermore, with respect to health indicators which reflect social determinants of health and impact access, BronxCare's service area has a low ranking and restricted access to services. The proportion of its population receiving Medicaid public assistance is at a high level. Based on the 5-year American Community Survey (2019-2023), more than 18 percent of service area population have a disability, compared to 11 percent Citywide. The prevalence of diabetes, cancer, asthma, stroke, heart disease, obesity, and sexually transmitted diseases, as well as mental illness and substance use are linked to poor socioeconomic status.

Currently, BronxCare's service area has among the City's highest rates of premature death from diabetes, heart disease, and cancer. In addition, premature deaths from

⁶ New York State Index Crimes, 2024. Division of Criminal Justice Services 2025

complications of HIV/AIDS, as well as mental and behavioral disorders and substance abuse are significantly higher when compared to the Bronx and New York City. It should be further emphasized that the root causes of health care disparities in BronxCare's service area reflect longstanding inequities resulting from restricted access to timely primary and mental health care; as well as cultural, financial, transportation, and educational barriers; and food and housing insecurity. As a result, BronxCare continues to establish initiatives and programs to address health and social disparities.

Asthma

Asthma is a leading cause of hospitalization among children and adults. It is a key health indicator and social determinant of health.⁷ Substandard housing, poor indoor and outdoor air quality, and presence of cockroaches, among other environmental factors are asthma triggers. These factors are prevalent in BronxCare's service area. The South and Central Bronx now has the highest incidence rates in New York City (2024 SPARCS data release).

- The adult asthma emergency room visit rate in BronxCare's service area is 158 per 10,000, as compared to 63 per 10,000 for New York City.
- Adult asthma hospital admissions average 25.6 per 10,000 in BronxCare's service area, compared to 11.7 per 10,000 in New York City.
- The pediatric (ages 0-17) asthma emergency room visit rate is 198 per 10,000 in BronxCare's service area compared to 144 per 10,000 in New York City.
- The percentage of BronxCare's service area homes with three or more environmental triggers was more than 31 percent, compared to 13.5 percent in New York City.

Diabetes and Obesity

Disparities in the prevalence rates for diabetes and obesity are closely related to racial/ethnic backgrounds and socioeconomic status. Adults experiencing food insecurity (characterized by limited or uncertain access to adequate food) have a higher probability of hypertension, coronary heart disease, diabetes, stroke, COPD and kidney disease.⁸

- As of 2022, more than 800,000 adult New York City residents were diagnosed with diabetes. An additional 180,000 were estimated to have diabetes but are not aware or undiagnosed. BronxCare's service area, at 62.5 per 10,000 adults exceeds that of New York City- which has an overall rate of 26.6 per 10,000.
- 16 percent of service area adults had a diabetes diagnosis (2022) compared to 11 percent in New York City.
- The areas comprising the BronxCare service area have among the highest rates of diabetes in New York City, between 17 and 19 percent (NYCDOH Epi Data Brief May 2025)
- As of 2022, BronxCare's service area had the highest level citywide of poorly controlled diabetes (18.2 percent compared to the New York City average of 13.9 percent).
- The adult obesity rate was 37 percent in the service area compared to 27 percent in New York City (2021). Additionally, more than 34 to 39 percent of BronxCare's service

⁷ National Institutes of Health. Social Determinants of Health and Asthma. 2022

⁸ Self-Reported Food Insecurity Among Adults by County, BRFSS 2021, released on 1/4/2024.

area population has one or more sugary drinks daily, compared to 21 percent in New York City.

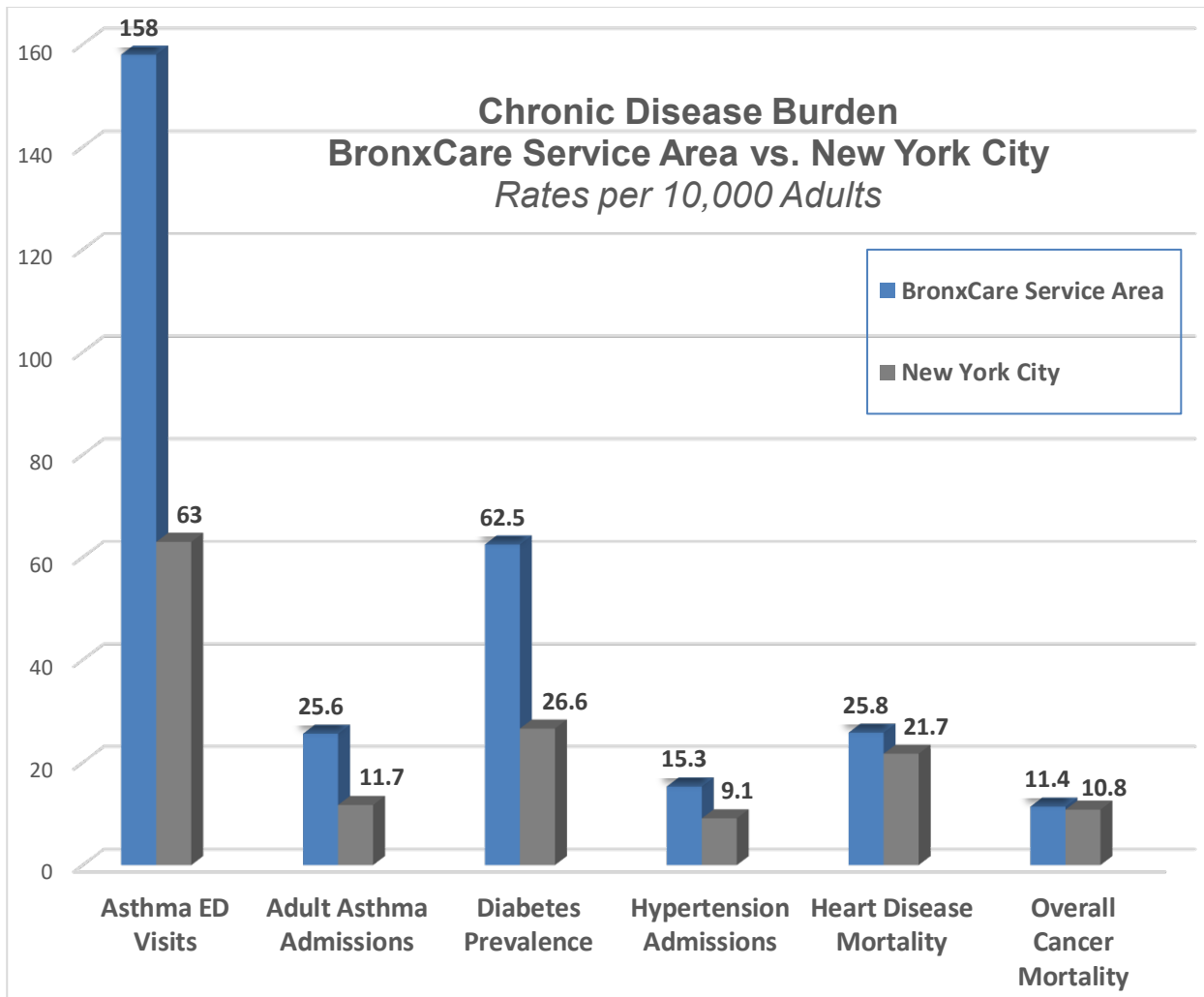
The Bronx diabetes mortality rate of 27.5 per 10,000 is higher than the rate of 22.8 per 10,000 for New York City (2020-2022).

Heart Disease/Hypertension

- Heart disease is a leading cause of premature death in the BronxCare service area.
- In 2020-2022, heart disease was the leading cause of death in Bronx County at 258 per 100,000 (age-adjusted), compared to 217 per 100,000 in New York City (SPARCS Data System 2025).
- The age-adjusted hypertension admission rate per 10,000 adults in the service area is 15.3 per 10,000 adults, when compared to 9.1 per 10,000 in New York City (2024 SPARCS).
- 33 percent of adults in the Bronx were diagnosed with hypertension, compared to 25.4 percent in New York City (NYSDOH BRFSS 2023 High Blood Pressure Among NYS Adults and NYCDOHMH Community Health Profiles).

Cancer

- The overall age-adjusted cancer mortality rate under age 65 in BronxCare's service area is 113.5 per 100,000 compared to 108.9 per 100,000 in New York City. In the Mott Haven section of the service area, the cancer mortality rate is 117.4 per 100,000.
- In BronxCare's service area, lung, liver, colorectal and breast cancer are the leading causes of cancer-related premature death.
- The age-adjusted mortality rate from lung cancer per 100,000 was 21.4 in BronxCare's service area, compared to 19.4 in New York City in 2022.(NYCDOHMH)
- The age-adjusted breast cancer mortality rate in BronxCare's service area is 18.2 per 100,000 females, compared to 14.7 per 100,000 in New York City.



Birth Related Indicators/Infant Mortality

BronxCare’s service area population is experiencing disproportionate maternal and infant mortality, low birth weight, and teen pregnancy.⁹

- The infant mortality rate was 5.2 per 1,000 live births in BronxCare’s service area compared to 3.7 per 1,000 live births in New York City (2020-2022).
- Late/no prenatal care rates in BronxCare’s service area were 10.6 percent compared to 6.8 percent in New York City.
- The teen birth rate in BronxCare’s service area of 16.5 per 1,000 is higher than the New York City rate of 9.2 per 1,000.

⁹ New York State Department of Health County Health Indicators by Race/Ethnicity (CHIRE) 2024; New York State Department of Health. “NYS Vital Statistics Data-Bronx County/Zip Code Perinatal Data, 2020-2022”. October, 2024

HIV/AIDS

Although significantly decreased, the incidence and prevalence of HIV and AIDS continues to be higher in BronxCare's service area.¹⁰

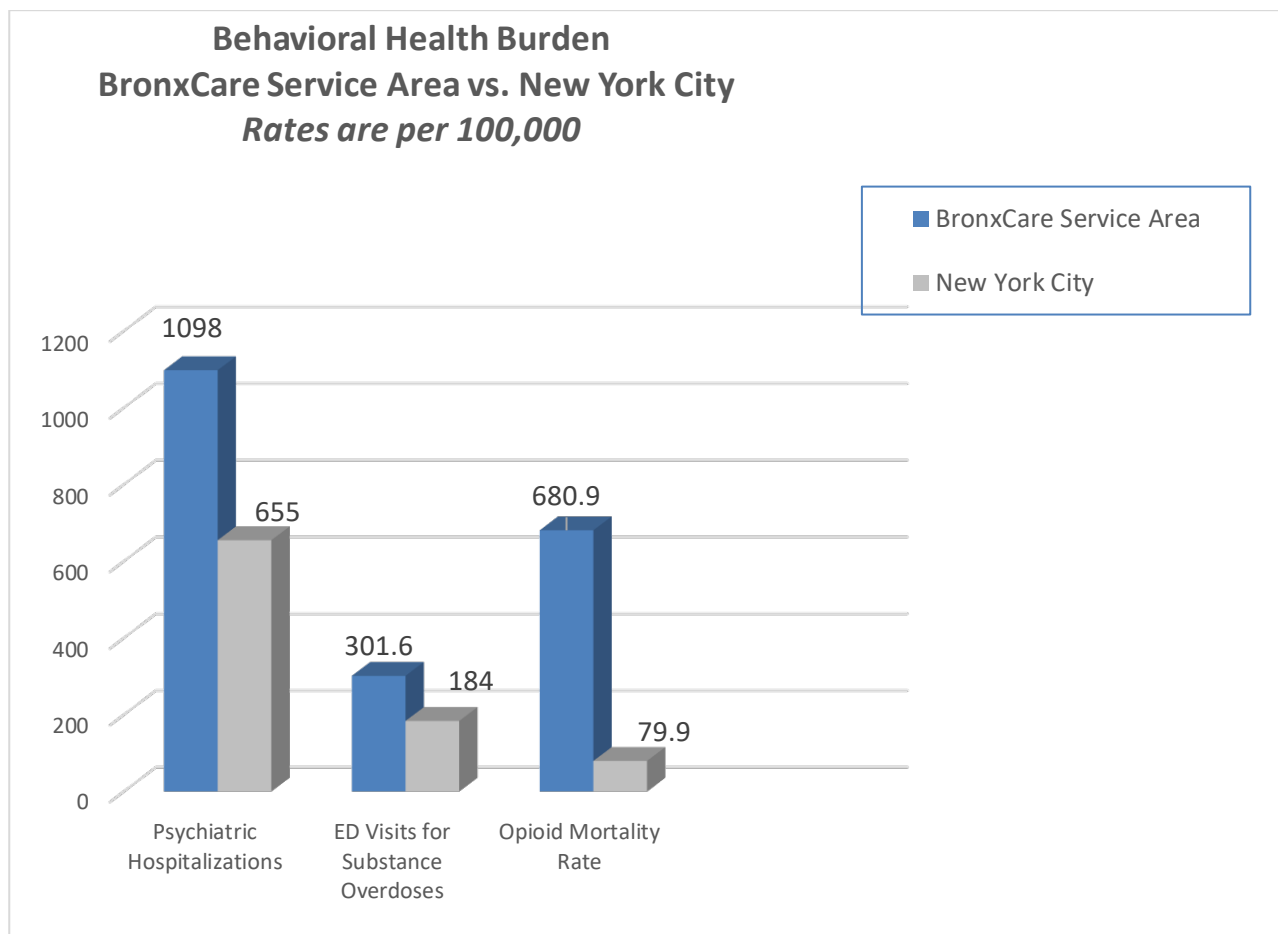
- 75 percent of Bronx County's newly diagnosed cases were from BronxCare's service area.
- As of 2023, more than 23,300 individuals in the BronxCare service area were living with HIV/AIDS.
- HIV diagnosis data indicates a significant decrease in new diagnoses for Bronx County, from approximately 1,300 in 2001 to 375 new diagnoses as of 12/31/23. Although there continues to be decreases in the overall HIV/AIDS new diagnoses, the Bronx and Brooklyn accounted for more than 50 percent of the newly diagnosed HIV cases in 2023.

¹⁰ New York State Department of Health Annual AIDS Surveillance Report, 2023 and Annual Surveillance Statistics in NYC. NYC Department of Health, 2023 data as reported in March 2024.

Mental Health/Substance Abuse

BronxCare’s service area population is at high risk for mental illness and depression, suicide, and substance/opioid use.

- BronxCare’s service area has a high rate of psychiatric hospitalizations, 1,098 per 100,000, compared to 655 per 100,000 in New York City.
- Substance abuse is among the top five causes of premature deaths in BronxCare’s service area.
- At 61.9 per 100,000 population, Bronx County’s drug-related deaths (from any drug) are fully twice that of New York City (31.2 per 100,000) and the highest of all counties in the State.(NYSDOH Opioid Dashboard)
- Bronx Care’s service area’s opioid mortality rate at 680.8 per 100,000 is significantly higher than New York City rate of 290.9 per 100,000 (Vital Statistics and SPARCS data, April 2025).
- Bronx County’s overdose-related hospitalizations, at 147.1 per 100,000 are almost twice the New York City rate of 79.9 per 100,000 (2022).
- The age-adjusted emergency room visit rates for substance abuse overdoses (all drugs) was 301.6 per 100,000 for Bronx County, compared to 184 per 100,000 for New York City.



Community Assets and Resources

Bronx County encompasses numerous assets and resources, including healthcare providers, educational institutions, faith-based organizations, community groups, governmental agencies and elected officials. The Bronx Zoo, the Botanical Garden, and Yankee Stadium, as well as numerous parks, beaches, recreational facilities, shopping centers and restaurants are integral assets of the Bronx. Regardless of these resources, BronxCare's service area population continues to face health inequities driven by social determinants of health, including poverty, housing instability, food insecurity, and accessibility barriers.

BronxCare, in partnership with numerous governmental, community organizations and local businesses, as well as other health care providers and labor unions continues to take a pivotal role in achieving health and wellness across the Bronx.

As an engine for positive change, BronxCare serves as a major teaching hospital and healthcare system as well as an economic anchor for its South and Central Bronx community. BronxCare provides essential medical, behavioral health and social support services to a service area population that is considered the poorest in the nation with high incidence rates for asthma, diabetes, heart disease, cancer, infant and maternal mortality, and behavioral health among other serious illnesses. BronxCare is moving forward to address the barriers associated with access to care, prevention, and community well-being.

Target Populations and Service Area Health Needs

BronxCare's programs are effectively responding to the needs of its identified priority target populations—low-income families, children and adolescents, adults with chronic disease, older adults, immigrants, and the those with behavioral health conditions. Many of these groups face significant barriers related to social, economic, housing, nutrition, education and language.

BronxCare Institutional and Programmatic Assets

BronxCare has firmly established itself as the largest health system serving the South and Central Bronx, with two main hospital divisions, comprehensive psychiatric and chemical dependency programs, long-term care facility and an extensive outpatient network providing 750,000 annual visits. Additionally, BronxCare's medical school affiliation with the Icahn School of Medicine at Mount Sinai and clinical collaboration with the Mount Sinai Health System are enhancing quality and continuity of care. Its full three-year accreditation from the Joint Commission, the nation's leading accrediting authority for hospitals, and 16 accredited residency programs are further validations of medical excellence.

The BronxCare Health System is providing needed primary care, specialty care, and preventive health services to its community, with quality and accessibility the priority. Representative programs include:

- Outreach and Screening: BronxCare conducts ongoing community-based screenings for diabetes, blood pressure, HIV/AIDS, Sexually Transmitted Diseases, hepatitis B/C,

and cancers through multiple platforms, with mobile units serving schools, senior centers, and public housing.

- Behavioral Health and Substance Use Programs: BronxCare operates one of New York City's largest community-based behavioral health systems, offering inpatient, outpatient, and mobile crisis services to address mental health and addiction.
- Community Health Workers: BronxCare's Community Health Workers bridge the gap between clinical and community care, helping residents access food, housing, and behavioral health resources.
- Workforce Development: Through its Apprenticeship Program with 1199SEIU, as well as extensive and varied collaborations with the Icahn School of Medicine, Lehman College, SUNY Stony Brook, Bronx Community College, and Hostos Community College, BronxCare is building a sustainable healthcare workforce.
- Mount Sinai Health System continues to provide valuable input and serves as a back-up facility for highly specialized tertiary care.
- BronxCare and Mount Sinai are collaborating on addressing the cancer needs of the Bronx community. As part of this collaborative effort, BronxCare offers free prostate cancer screening to the community.
- Ichan School of Medicine at Mount Sinai is the affiliated teaching hospital for BronxCare.
- Urban Health, a network of Federally Qualified Health Centers, is working with BronxCare in addressing diabetes, asthma, and women's health, among other areas.
- Morris Heights Health Center is an important partner in addressing the high incidence of asthma and diabetes in the community. BronxCare is also providing integrated specialty services in orthopaedics and gastroenterology at this location.

Collaborations and Partner Organizations

BronxCare has developed and maintains strong collaborations with numerous health and community organizations, advancing shared priorities around preventive health, chronic disease management, and population health improvement. BronxCare maintains continued outreach with its partners, including:

- SOMOS Community Care (SOMOS) – the lead Social Care Network for the Bronx, SOMOS is an important partner in addressing Health Related Social Needs. BronxCare screened more than 105,000 patients through the third-quarter 2025 for food, housing, transportation, safety, and utilities, thereby linking patients to supportive services in the community. Of all participating partners, BronxCare screened the most individuals with this initiative from January to October 2025.
- The New York State Department of Health is an important resource for BronxCare and works collaboratively with the Health System in monitoring for environmental triggers related to asthma. It has also taken on an essential role in reviewing and advancing BronxCare's various Certificate of Need projects related to the health care needs of the community. The Department has assisted in the preopening activities for a Pediatric Specialty Center and Ophthalmology Practice, among numerous other capital projects. It was also instrumental in approving a 33 bed Medical-Surgical Unit, further reinforcing BronxCare's ability to address the significant needs of the Bronx community.
- The New York State Office of Mental Health (OMH) continues to provide BronxCare's Department of Psychiatry with important assistance in the implementation of psychiatric inpatient and outpatient programs. The Office of Mental Health also provided strong

support and guidance in the development, review, and approval process associated with the addition of 20 Adult Psychiatric beds. The additional beds will have an important and beneficial impact in addressing the mental health disparities of BronxCare's vulnerable service area population and is consistent with the Governor's mental health policy direction.

- The New York State Office of Alcohol and Substance Abuse Services (OASAS) continues to provide essential guidance in the planning and implementation of BronxCare's chemical dependence programs.
- New York City Department of Health and Mental Hygiene and the New York City Office of Mental Health are important resources for BronxCare. The staffs of these agencies have provided valuable input in evaluating health care trends and most recently, in support of BronxCare's application to expand psychiatric bed capacity. The New York City Office of Mental Health assisted in the advancement of BronxCare's Certificate of Need Application to add 20 Adult Inpatient beds to its Psychiatric bed complement.

Community and Environmental Assets

BronxCare's service area contains a network of public and nonprofit resources that complement its mission and continuing efforts in responding to the needs of the Bronx community.

Healthy Food Access: Programs such as WIC, City Harvest Mobile Markets, and GrowNYC Greenmarkets increase access to affordable, nutritious foods. BronxCare's participation in the SOMOS Health Resources Social Network through its screening program is referring patients to these essential food resources.

Social Service Supports: Regional Aim for Interim Needs (R.A.I.N.), and CommuniLife are important social services agencies that address services associated with homelessness and affordable housing, provision of services for older adults, including nutritional supports and home delivered meals and elder abuse services.

- CommuniLife, an organization that provides permanent and transitional housing, is collaborating with BronxCare and taking an active role in providing medical respite beds. Plans are moving forward to expand medical and related programs for the homeless population, thereby providing a continuum of care and improved access for them.
- R.A.I.N. is a multi-social service agency with a focus on the provision of services for seniors and people with disabilities, providing home-delivered meals, transportation services, assistance with benefits and entitlements, case management, elder abuse services, and a community-based mobile meals program for homeless and hungry persons in the South Bronx. BronxCare through its scheduled visits to the R.A.I.N programs provides a variety of health educational workshops to increase early intervention and management of chronic diseases, with an important emphasis on cancer screening.
- God's Love We Deliver is a non-sectarian organization that provides medically tailored meals and nutrition education and counseling for individuals impacted by severe and chronic illness.
- Harvest Home Farmer's Market provides low-income communities with access to farm fresh local produce and education to achieve healthier lifestyles. BronxCare and

Harvest Home Farmer's Market are collaborating to create healthier community food environments and promote healthier eating behaviors.

Faith-Based, Civic, and Media Engagement

BronxCare engages local churches, neighborhood associations, and community boards to promote wellness programs, screenings and health education. Public Service newspaper, social media and website announcements are increasing awareness of BronxCare's services and programs.

Gaps and Emerging Needs

BronxCare's service area continues to face shortages of behavioral health providers, affordable housing, and healthy food retail resources, as well as significant health care disparities and accessibility barriers. BronxCare is continually striving to bridge the gaps and challenges associated with the high incidence of chronic diseases and mental illness. Further strengthening of partnerships across healthcare, education, housing, and nutrition remains essential as BronxCare moves forward in advancing the New York State Prevention Agenda 2025-2030 objectives of improving community well-being.

Community Health Improvement/Community Service Plan

E. Community Health Improvement/Community Service Plan

Major Health Community Needs

An analysis of the data and engagement with internal and external stakeholders, as well as community partners identifies a medically underserved area, the poorest in the nation, characterized by disproportionately high rates of preventable chronic diseases, infant and maternal mortality, behavioral health conditions, and socioeconomic stressors. BronxCare has assessed this data quantitatively and qualitatively, to identify Priorities from the New York State Prevention Agenda (2025 - 2030).

Preventive Services for Chronic Disease Prevention and Control was selected as a Priority Area based on findings from BronxCare's Community Health Needs Assessment that chronic conditions, such as asthma, diabetes, cardiovascular disease, and cancer, among other chronic diseases are often linked to health and socioeconomic disparities in the community.

Prevention of Infant and Maternal Mortality was selected as a Priority Area based on findings from BronxCare's Community Health Needs Assessment that infant and maternal mortality rates are associated with socioeconomic disparities.

Drug Misuse and Overdose including Primary Prevention, Suicide and Depression were selected as Priority Areas based on BronxCare's experience in caring for the residents of the service area and recognition of the high rates of mental illness, suicide, and substance/opioid use.

Prioritization Methods

BronxCare uses a structured and collaborative prioritization process to identify key health focus areas aligned with the New York State Prevention Agenda 2025–2030, as well as the significant needs of its service area population. The process includes an integrated and proactive approach, drawing from quantitative health indicators, identification of the service area’s most vulnerable populations, and qualitative community and stakeholder input, in addition to ongoing feedback from its community-based partners. Organizational capacity, in terms of available or needed resources is also evaluated in establishing priorities and moving forward in implementing the Community Service Plan components.

Data Review/Analysis

BronxCare analyzed the comprehensive health data and social indicators developed during its Community Health Assessment process, including morbidity and mortality data, hospital and utilization at the inpatient, outpatient, and emergency room levels. Chronic disease prevalence, behavioral and mental health trends, environmental and nutritional concerns, demographic and socioeconomic data, and social determinants of health are also utilized. Comparative and statistical analyses were conducted using BronxCare’s internal data, the New York State Department of Health, New York State Department of Mental Health data, New York City Department of Health and Mental Hygiene, Prevention Agenda dashboards, and U.S. Census/American Community Survey information, among other sources.

Criteria for Prioritization:

BronxCare applied a structured set of criteria to evaluate and prioritize the health needs identified through data review, community engagement, and input from its staff.

Each potential priority area was evaluated based on the following criteria:

Magnitude and severity of health issues in BronxCare’s service area, based on disease incidence, morbidity and mortality rates, and patient utilization data.

Disparities, particularly among the service area’s vulnerable populations and the extent to which the condition disproportionately impact underserved groups, including Blacks and Latinos, low-income families, immigrants, older adults, and individuals with behavioral health needs.

Access and service gaps. The degree to which gaps in services, access barriers, or unmet social needs (food, housing, transportation, safety) create opportunities for interventions.

Alignment with the New York State Prevention Agenda 2025-2030 and emerging public health needs, and consistency with its priority and evidence-based focus areas, and the State’s prevention goals.

Organizational capacity. The availability of comprehensive clinical programs, a multi-disciplinary and effectively managed workforce, integration with behavioral health resources, and community partnerships to implement and sustain initiatives were analyzed.

Feasibility of improving health outcomes and achieving measurable impacts through evidence-based interventions in order to reduce disparities and strengthen community well-being in this Community Service Plan cycle.

Consensus Process:

Utilizing the comprehensive and collaborative process as previously noted, BronxCare has effectively identified and prioritized the health needs of its community. The process is structured to provide dynamic, proactive, and result-oriented endeavors that match organizational abilities with the current and anticipated needs of the community.

Priorities were selected based on community needs and alignment with BronxCare's mission to address and reduce health disparities as well as barriers related to improving health outcomes, strengthening health prevention initiatives, and maintaining community well-being.

Community Engagement

The Planning Process at BronxCare can be described as a dynamic, proactive, and results-oriented endeavor matching organizational abilities with the current and anticipated needs of the community. At BronxCare, Community Engagement is an essential component of this comprehensive and collaborative process. It involves interviews and meetings with BronxCare's community partners, as well as input from Community Boards.

BronxCare's multi-pronged approach to identifying and prioritizing the health needs of its community includes conducting surveys of patients and the community, interviews with community leaders, and analyzing health data (county, zip code, or neighborhood).

Surveys

BronxCare's Administrative, Medical, and Nursing leadership and staff surveys the health care needs of patients to identify trends related to community health. These trends are then addressed by senior management in order to direct resources, based on identified health care concerns. Through survey instruments, BronxCare also obtains valuable information on quality outcomes and how needs are being met.

Interviews

Interviews with community leaders are an important part of the planning process. During these interviews, key health issues impacting their respective communities are identified, as well as areas for improvement.

BronxCare's Department of Development and External Affairs remains a focal point for securing input from the community regarding health care needs. Its staff is continually reinforcing relationships with Community Boards, civic and religious organizations, local businesses, and other groups. In addition, BronxCare also enhances its Community Service Plan based on empirical information and input from physicians, nurses, and staff, as well as patients and their families.

Unaddressed Health Needs

In BronxCare's Community Needs Assessment, it became evident that the multitude of health related and socioeconomic disparities associated with its service area continue to be prevalent. BronxCare's Community Service Plan initiatives and related actions are targeted to these health-related disparities. Socioeconomic barriers must also be addressed, as many are causative factors contributing to poor medical and emotional health. BronxCare, in collaboration with its community partners, health providers, New York State Department of Health, and government authorities, among other organizations, is addressing many of the socioeconomic barriers, including those in the housing, nutritional, and educational level. BronxCare's demonstrated record of accomplishments and positive outcomes has also resulted in grant funding to enhance its leadership efforts in Caring for the Bronx.

Goals/Strategies and Action Plans

Preventive Services for Chronic Disease Prevention and Control

Asthma

Asthma prevalence and mortality, as noted in the Community Health Assessment, are significantly higher in BronxCare's service area in comparison to New York City and the other boroughs. BronxCare's pulmonology team provides comprehensive primary and preventive treatments to patients with asthma as well as other serious pulmonary disorders.

Objectives:

Increase BronxCare's response to individuals with asthma through a multidisciplinary approach in its outpatient practice network. This type of response and related initiatives are designed to address barriers specific to inner-city underserved populations. The expectation is that by proactively addressing these barriers, medication adherence, and positive clinical outcomes will be achieved. Another most important goal will be to reduce asthma inpatient hospitalizations and emergency room visits.

- In 2024, BronxCare's asthma program provided 25,000 visits at the outpatient level. During the next three years (2025-2027), the goal is to increase visits by 20 percent.

Strategies and Action Plans

- Staff at the inpatient and outpatient levels collect information to better understand and address factors such as environmental triggers, unstable housing, food insecurity, low health literacy, insurance status and financial barriers, among other factors. Patients with specific asthma related issues are identified on a dashboard embedded in the electronic medical record. A multidisciplinary team then addresses the areas identified through direct treatment or referrals to BronxCare's specialty providers and community resources.
- Utilize the Asthma Control Test (ACT) questionnaire as an additional mechanism in determining the impact of asthma initiatives, in controlling this disease.
- Social Workers, Pharmacists, and Respiratory Therapists are utilized by the asthma program to counsel and reinforce an understanding of the disease and strategies to control it in patients.
- Continue asthma education efforts, with the aim of reducing the high incidence of asthma hospitalizations and emergency room asthma visits. Staff will continue to provide environmental assessments in order to identify and address asthma triggers.
- Utilize Artificial Intelligence for screening ER/Hospital admissions for risk factors contributing to asthma. This process will provide an early alert and intervention opportunity for clinicians.

Disparities Being Addressed

- Asthma prevalence and mortality are highest among Black and Latinos in the service area, including those living in overcrowded or substandard housing.

- Environmental factors such as indoor allergens, air pollution and proximity to major highways contribute to increased asthma incidence.
- Socioeconomic barriers, including limited access to preventive care, medication adherence, affordability, and health literacy further impact disease control.
- BronxCare’s multi-disciplinary approach, community education efforts, and public service announcements are targeting prevention and disease management.

Diabetes and Prediabetes

BronxCare’s Diabetes Center for Excellence maintains accreditation from the American Association of Diabetes Educators as a Diabetes Self-Management Education and Support program. Primary care providers, endocrinology specialists, certified diabetes care education specialists, and nutritionists provide patients with a range of services that include prevention, early detection, treatment, self-management education, and referrals.

BronxCare received the 2024 Honor Roll designation from the American Heart Association and American Stroke Association for advanced skill and treatment in caring for patients with Type 2 diabetes. BronxCare’s Diabetes Center of Excellence is also recognized by the National Committee for Quality Assurance (NCQA) for its efforts in helping patients manage their diabetes and live healthier lives.

In 2024, BronxCare’s outpatient practices screened and tested 46,800 individuals for diabetes. As a direct result of the early screening, 13,895 patients were identified with prediabetes.

As part of a United States Department of Agriculture grant, BronxCare is collaborating with Harvest Home Farmer’s Market to examine the effects of a nutritional incentive voucher program on health outcomes in older patients with Type 2 diabetes and food insecurity. Additionally, in collaboration with God’s Love We Deliver, BronxCare is addressing health literacy in pregnant patients with diabetes.

Objectives:

- Increase early detection of prediabetes and diabetes.
- Enhance patient education and improve self-management skills.
- In 2025 and 2026, increase number of HbA1c tests performed by 3 percent from the current level of 41,000 HbA1c tests for 2024.
- In 2025 and 2026, increase number of urine microalbumin tests performed by 25 percent, from the current level of 6,331 urine microalbumin tests for 2024.
- Increase number of retina scans performed to 1,000 from the current level of 161 retina scans for 2024.
- Educate high-risk pregnant patients for nutritional knowledge to mitigate the contributing factors associated with gestational diabetes. The goal is for 70 percent of the patients enrolled to demonstrate an improved understanding of nutritional guidelines, portion sizes and symptom management.

Strategies and Action Plans

- BronxCare is increasing the rate of screening for pre- diabetes and diabetes. As a result, important opportunities are now available for reducing the time between diabetes onset and clinical diagnosis, thereby allowing for prompt treatment and further prevention of complications.
- Diabetes remains the leading cause of end-stage renal disease (ESRD), and the detection of increased urine albumin excretion is found to be the earliest clinical evidence for this disease. Urine microalbumin tests are implemented across BronxCare's outpatient practices.
- The Tele-Ophthalmology Diabetic Retinal Photography program continues to expand and is providing diabetic patients at BronxCare practices with retinal evaluations performed during regularly scheduled visits.
- BronxCare's efforts are directed to increasing screenings for diabetic retinopathy. The number of unique patients screened for retinopathy in 2024 was 158. Clinical studies have demonstrated that regular screening for individuals with diabetes is an efficient and cost-effective method to detect early stages of diabetic retinopathy. Retina scans are currently performed at the outpatient level, including an expanded state-of-the-art Ophthalmology practice at BronxCare's main Concourse Campus.
- The Practice Transformation Model is implemented across primary care practices. Patients are assigned to a primary care physician who works together with a multidisciplinary team to identify chronic conditions early in order to keep patients healthy, and to prevent complications and the need for hospitalization. Components of the model include team-based care, panel management, primary care-behavioral health integration, and multidisciplinary case conferencing. An Outreach Team makes telephone calls and sends letters to patients who are missing scheduled appointments and who are due for recommended screening tests.
- In 2026, BronxCare will be adding 33 medical surgical beds which will be beneficial in responding to the needs of diabetic patients requiring hospitalization.
- Continue outreach to patients via telephonic text alert and direct mail notifications.
- In collaboration with the God's Love We Deliver, BronxCare provides medically tailored nutrition to patients, cooking classes, illness-specific nutrition education, and identifies patients with food insecurity for delivery of nutritious meals.
- Utilize Artificial Intelligence for screening hospital admissions to identify nutritional risk factors contributing to diabetes. This process provides an early alert and intervention opportunity for clinicians.

Disparities Being Addressed

- Diabetes rates in the service area are among the highest in New York State, disproportionately impacting Latino, Black and low-income adults.
- Food insecurity, obesity and limited access to affordable fresh food and produce contribute to poor glycemic control.
- Older adults and residents living in poverty are more likely to experience complications such as kidney disease, amputations and other complications, including vision impairment.
- BronxCare's Diabetes Center of Excellence, nutrition initiatives and community partnerships, (e.g. Harvest Home Farmer's Market, God's Love We Deliver) seeks to address these social and clinical disparities by improving screening, education and access to healthy foods.

Cardiovascular Disease

BronxCare's Division of Cardiology continues to direct its efforts towards the prevention and treatment of heart disease. Early detection of heart disease is accomplished through health screenings and educational initiatives. The emphasis is on helping patients reduce their risk factors, such as hypertension, high cholesterol, obesity, and smoking.

Objectives:

- Increase early detection of cardiovascular disease.
- In response to the high need and demand for cardiac services in the Bronx, BronxCare will increase patient visits by 3 percent over the next three years, from 21,800 to 22,500.
- Increase enrollment in the Ambulatory Care Remote Blood Pressure Monitoring Program enrollees by five percent during the next three years. More than 2,000 patients are currently enrolled in the program.
- Increase patient adherence to remote blood pressure monitoring by 25 percent.
- Increase patient participation in telehealth programs for management of cardiovascular disease.

Strategies and Action Plans

- BronxCare is participating in the Center for Medicare and Medicaid Services (CMS) National Million Hearts® Cardiovascular Disease Reduction Model. This initiative provides an important opportunity to decrease cardiovascular disease risk.
- BronxCare's Cardiologists utilize its cardiac Catheterization Suite and electro physiology lab to diagnosis heart problems at an early stage in coordination with patients and their primary care providers.
- BronxCare provided 21,800 total visits in its Cardiology Practice in 2024.
- BronxCare received the prestigious Mission: Lifeline® STEMI and NSTEMI Gold Plus Quality Achievement Awards from the American Heart Association, further

confirmations of its success in implementing quality improvement measures for patients with heart disease.

- An Ambulatory Care Remote Blood Pressure Monitoring Program offers remote monitoring, with the goal of improving hypertension control. The Program is offered to patients at the Primary Care practices. More than 2,000 patients are now enrolled in the program. Patients are instructed on how to properly self-measure their blood pressure, and are provided with a blood pressure monitor. The blood pressure measurement data are then seamlessly integrated into patients' electronic medical records, without requiring the patient to use smart phone technology. A BronxCare clinician monitors the remote blood pressure data and conducts telehealth visits regularly with participants.
- In collaboration with God's Love We Deliver, BronxCare provides medically tailored nutrition to patients, provides illness-specific nutrition education, and identifies patients with food insecurity for delivery of nutritious meals.

Disparities Being Addressed

- Hypertension, obesity and heart disease disproportionately impact Black, Latino and low-income individuals in the service area, reflecting long-standing inequities in income, housing and access to preventive care.
- The service area has among the lowest life expectancies in New York City, largely due to cardiovascular-related factors.
- Men and older adults are at particular risk for delayed diagnosis and poor control of their hypertension.
- BronxCare's expansion of remote blood pressure monitoring, telehealth, and participation in the CMS Million Hearts initiative aim to close these gaps and improve cardiovascular health.

Cancer

BronxCare, in conjunction with the Mount Sinai Health System, is addressing the cancer needs of the Bronx, through a joint Cancer Care facility. It is providing a multidisciplinary specialty oncology approach with expanded treatment areas, as well as dedicated chemotherapy and immunotherapy infusion suites. The facility's user-friendly environment is enhancing the patient's experience. Additionally, patients have direct access to BronxCare's surgical, urologic, gynecologic, ENT, and advanced radiology services. Through Mount Sinai, patients may access the clinical trials, bone marrow transplantation, and subspecialty oncology care available at this leading medical and academic center.

Objectives:

- Increase prostate cancer screenings in conjunction with Mount Sinai Health System by twenty percent during the next three years. In 2024, BronxCare screened 3,200 men for prostate cancer.
- Increase the breast cancer screenings rate to 80 percent of female patients during the next three years. In 2024, 76 percent of these patients were screened at BronxCare.
- Increase screening for colon cancer by five percent during the next three years. Close to 11,500 patients were screened for colon cancer in 2024.
- Initiate targeted education programs on early detection of specific cancers to the community.
- Increase visits to the Cancer Care facility from the current level of 22,000 to 25,000 in 2027.
- Utilize BronxCare's recently approved Specialty Pharmacy for prescriptions for cancer patients thereby improving adherence and reducing accessibility barriers.

Strategies and Action Plans

- BronxCare has actively built awareness of its Cancer Care Program, in conjunction with the Mount Sinai Health System, through promotional print media and digital campaigns, as well as educational programs at Senior Centers, Health Fairs, Special Events, and through its Mobile Health Van.
- Increase frequency of Mount Sinai Health System oncology faculty participation in BronxCare's Department of Medicine Grand Rounds is facilitating best practices into patient care delivery.
- Expand partnerships with community organizations such as RAIN. Activities will include quarterly education sessions with BronxCare social workers and on-site screening events at senior centers.
- Use multiple communication channels to promote cancer screening services and explain how residents can access them. A BronxCare Mount Sinai website is now in place.
- In collaboration with Healthfirst, expand testing for colon cancer through the introduction and direct mailing of Colorectal Preventative Screening Tests.

Disparities Being Addressed

- Service area residents experience higher incidence and mortality rates from breast, prostate and colorectal cancers than the New York City average.
- Language barriers and health literacy hinder participation in screening and treatment.
- BronxCare's collaboration with Mount Sinai Health System, mobile outreach and community partnerships directly address these disparities through culturally sensitive education and expanded access to early detection and treatment.

HIV/AIDS

As a leader in the treatment of HIV/AIDS, BronxCare has incorporated the latest advances in the field with a patient-centered approach that is achieving positive outcomes. Participation in clinical trials, and the creation of a HIV/AIDS website is enhancing identification, treatment and educational efforts. BronxCare's service area population continues to have the highest HIV/AIDS incidence and prevalence rates in New York City.

Objectives:

Increase prevention efforts with the aim of further reducing HIV/AIDS incidence rates in the Bronx.

Strategies and Action Plans

- The AIDS/HIV Program at Bronx Care supports prevention efforts by offering testing, treatment, counseling, and risk-reduction to at risk populations.
- Wide ranging services in HIV/AIDS care will be continued, including pre-and post-exposure prophylaxis, partner services for the newly diagnosed, treatment for Hepatitis B and C, and pain management.
- Continue participation in National Institute of Health clinical trials with the aim of advancing treatment approaches and outcomes.
- Enhance the HIV/AIDS website to reinforce prevention and education efforts, as well as encourage testing and, when necessary, treatment for individuals at risk.

Disparities Being Addressed

- HIV infection and related conditions disproportionately impact Black and Latino individuals in BronxCare's service area, particularly among younger adults and those with limited access to primary and preventive care.
- Women and older adults in the service area remain at risk based on the need for additional education and testing programs.
- Social determinants of health including poverty, unstable housing, limited transportation and lower educational attainment are identified as contributing to delayed diagnosis and poor treatment adherence.
- Adolescents and young adults in high-risk groups experience inequities in awareness of and access to preventive measures, inclusive of PrEP (Pre- and Post-Exposure Prophylaxis).
- BronxCare's AIDS/HIV Program and the HRSA-supported Ending The Epidemic: Primary Care HIV Preventive Initiative directly address these disparities through outreach, testing, education and counseling, medication access, and care coordination.

Prevention of Infant and Maternal Mortality

BronxCare's service area population is experiencing disproportionate maternal and infant mortality, low birth weight, and teen pregnancy. Approximately 60 percent of deliveries at BronxCare are classified as high risk. In addition, 29 percent of all births at BronxCare resulted in a Cesarean Section. Many are pregnant woman with Gestational Diabetes, Asthma, High Blood Pressure, Thyroid Disease and numerous other medical conditions that can complicate a pregnancy. BronxCare Women's Health Center has distinguished itself as a leader in addressing high-risk pregnancies and is moving forward to reduce the Cesarean Section rate.

Objectives:

- Reduce primary Cesarean Section rate by 5 percent in a normal term singleton vertex (NTSV) deliveries by 2030.

Strategies and Action Plans

In collaboration with the New York City Department of Health, BronxCare's Obstetrics and Gynecology Department has launched an important initiative to reduce primary Cesarean Section rates to include:

- Physician/staff training on Fetal Heart Rate monitoring and indications for Cesarean Section
- Establishment of a pre-Cesarean Section checklist
- Conduct Patient Experience Survey in real time to increase shared decision making
- Monitoring and evaluation of Cesarean Sections and alignment with established criteria

Disparities Being Addressed

- Maternal morbidity and mortality in BronxCare's service area are significantly higher than New York City averages. The causes are attributed to longstanding inequities associated with poverty, inadequate prenatal care, chronic disease burden, and unstable housing. Women in the service area, and in particular, Black and Latina women, experience disproportionate rates of maternal complications, preterm birth, and pregnancy related issues compared to New York City averages.
- Cesarean Section delivery rates are elevated in the Bronx compared to New York City, reflective of disparities in access to prenatal care, patient education, and higher prevalence of comorbidities such as hypertension, diabetes, and obesity. BronxCare's service area, with a high burden of chronic disease and other stressors, is significantly impacted.
- Language barriers and limited access to early and adequate prenatal care also contribute to delayed diagnosis of high-risk conditions including gestational hypertension or diabetes, as well as reduced engagement in education programs. BronxCare's multilingual services, community outreach, and partnerships are reducing these barriers.

- Social determinants of health, including housing and food instability, transportation barriers and high stress levels further complicate maternal risk. These factors can lead to missed prenatal visits, reduced postpartum follow-up, and increased complications. BronxCare's Community Health Workers, social work teams, and SOMOS HRSN screening help address these inequities by assisting pregnant and postpartum women with accessing food, housing, transportation, benefits, and utilities assistance among other factors aimed at impacting and mitigating these challenges.
- BronxCare's focus on reducing Cesarean Section rates, expanding early prenatal care access, and strengthening postpartum follow-up is directly addressing these disparities. The hospital's interdisciplinary maternal health teams, community partnerships, culturally responsive education, and enhanced care coordination are targeted toward improving birth outcomes.

Mental Wellbeing and Substance Use

BronxCare is the largest safety net hospital system and mental health provider in the South and Central Bronx. Its Department of Psychiatry is a widely recognized leader in the provision of comprehensive mental health and substance misuse services for adults, adolescents, and children. At the inpatient psychiatric level, there are three Adult Units and one Child and Adolescent Unit. Additionally, as part of the treatment process, multidisciplinary teams work on the inpatient units and BronxCare's Outpatient practices to ensure safe transitions and continuity of care.

BronxCare's Adult Inpatient Psychiatric Units continue to operate at capacity levels. It also has the highest number of at-risk mental health emergency room inpatient discharges of all New York City hospitals. In order to address this serious and increasing problem, BronxCare received New York State Department of Health approval to add 20 additional adult psychiatry beds. The planned new adult psychiatry unit is expected to be completed in July 2026.

BronxCare is consistently moving forward as an essential provider of comprehensive and accessible mental health services. The continuing emphasis is on reinforcing the quality of care provided, with successful outcomes, safety, accessibility, and patient satisfaction.

Depression

Objectives:

- In 2026, provide Consultation Liaison services to 7,000 individuals, building on the 2024 goal of 6,600 individuals.
- Reinforce and expand Collaborative Care Services Program at the BronxCare Outpatient Practice Network.

Strategies and Action Plans

- BronxCare utilizes various modalities, including individual and group therapy, in addition to anti-depressants, mood stabilizers, and other medication to achieve positive outcomes.
- BronxCare's Department of Psychiatry provides a Consultation Liaison Service working with physicians on BronxCare's medical units and emergency room to identify, assess, and manage patients with co-occurring behavioral disorders, including depression. It arranges transfers for psychiatric services, as needed, and assists in post-discharge follow-up care.

BronxCare's Collaborative Care program, an integrated behavioral health model for treating depression, continues to achieve improved medical and emotional outcomes for all types of patients, including those with asthma, diabetes, cardiovascular disease, cancer, and other chronic conditions.

Disparities Being Addressed

Depression, anxiety, and behavioral health disorders occur at disproportionately higher levels in BronxCare's service area compared to New York City, reflective of longstanding inequities associated with poverty, unstable housing, food insecurity, and socioeconomic conditions.

- Black, Latino and immigrant residents experience increased barriers to receiving timely mental health care including limited availability of culturally appropriate services, as well as financial impediments.
- Many service area children and adolescents face heightened emotional and behavioral health issues, often resulting from domestic violence, school disruptions, and reduced access to early intervention.
- BronxCare's Psychiatry Program provides more than 200,000 outpatient visits annually. Its Consultation-Liaison services and the integration of behavioral health and primary care services help to reduce disparities through early identification and supportive services.
- With its comprehensive network of inpatient and outpatient services, BronxCare is responsive to clinical needs and social determinants of health which enhance the service area population's ability to achieve emotional stability.

Drug Misuse and Overdose Including Primary Prevention

Objectives:

Address opioid crisis with the aim of reducing overdoses.

- In 2026, screen 2,000 individuals for Opioid Use Disorders, building on the 2024 goal of screening 1,200 individuals.
- In 2026, provide on-site integrated Substance Use Disorder and Primary Care services to 1,000 individuals at BronxCare Life Recovery's Integrated Outpatient Services program.
- Implement the use of Buprenorphine as another Medication for Opioid Use Disorder (MOUD) option through the Opioid Treatment Program.
- Increase distribution of Opioid Overdose Prevention kits (Narcan) from 400 in 2024 to 600 in 2026 for Opioid Use Disorder patients and their family members.

Strategies and Action Plans

- BronxCare's outpatient mental health sites are providing more than 200,000 visits annually. At these sites, universal screening for Opioid Use Disorders is offered using the evidence based Rapid Opioid Dependence Screen. Each site has psychiatrists certified to provide Buprenorphine, a Medication for Opioid Use Disorder (MOUD).

- For patients with substance use disorders, BronxCare's Life Recovery Center is making an important difference in the recovery process. It is one of the few facilities in New York State to combine inpatient, outpatient, and residential treatment programs at one location. Upon discharge from the Life Recovery Center patients are referred to outpatient providers including BronxCare's Opioid Treatment and Chemical Dependence Programs.
- BronxCare's Opioid Treatment Program provides Medication for Opioid Use Disorders (MOUD), utilizing Methadone and extended release injectables, as well as individual and group evidence-based psychotherapy, pre-vocational services, education groups and social services support.
- BronxCare's Chemical Dependence Outpatient Treatment Program treats Substance Use Disorder patients 18 and older. Therapeutic modalities include individual and group psychotherapy, and medication management, including Buprenorphine for Opioid Use Disorder. The program offers intensive and non-intensive outpatient addiction services, with specialized programs for individuals charged with impaired driver offenses and co-occurring mental health disorders.
- BronxCare is expanding its transition of care initiatives with the goal of increasing support for improving access/engagement to outpatient services and broadening the Substance Use Disorder focus. This aim is to engage patients at the inpatient/emergency room settings and connect them to outpatient Substance Use Disorder services. In order to accomplish this goal BronxCare will be deploying additional and dedicated staff, as well as initiating Outpatient specialty programs.

Disparities Being Addressed

- Substance use disorders, and in particular, opioid dependence, occur at significantly higher rates in the BronxCare service area than in New York City overall, reflecting inequities associated with poverty, trauma, and barriers to care.
- Black and Latino residents experience disproportionate rates of opioid-related hospitalizations and overdose deaths, highlighting persistent socioeconomic disparities in access to prevention and treatment. Similarly, teens and young adults face increased risks due to limited access to preventive programs and early intervention services.
- Social determinants of health, including unemployment, housing instability, food insecurity and exposure to violence can increase vulnerability to substance abuse, as well as complicating long-term recovery.
- BronxCare's Life Recovery Center, Opioid Treatment Program, and Chemical Dependence Outpatient treatment programs help to mitigate inequities through treatment, counseling and supportive social services.
- Through integration of behavioral health and primary care, BronxCare's Collaborative Care Model provides early screening, treatment for substance abuse and related disorders.

Suicide

Objectives:

- Address high incidence of suicide by continuing efforts to reduce this most serious problem.
- In 2026, provide services through the Zero Suicide program to 12,000 individuals, building on the 2024 goal of 11,000 individuals.

Strategies and Action Plans

- BronxCare's Department of Psychiatry continues to focus on reducing suicide incidence through specialized staff training, suicide risk screening, comprehensive assessments, interventions, safety planning, post-discharge follow-up, and ongoing monitoring. These practices are currently in place at the inpatient and outpatient levels, as well as at the Psychiatric Emergency Room.
- BronxCare's Zero Suicide program has resulted in the establishment of a universal risk assessments, specialized interventions, safety planning, and monitoring at all levels and points of care.
- The focus of treatment will be to stabilize patients psychiatrically, and engage them with supportive and Intensive Care Management (ICM) coordination services from Psychiatrists, Social Workers, Nursing, Integrative Therapists, and Peer Specialists.

Disparities Being Addressed

- Suicide risk is elevated among BronxCare's service area population, particularly among teens and young adults, and those living with depression, as well as substance-use disorders. These disparities are often related to financial hardship, exposure to violence, and access barriers.
- Housing instability, food insecurity, and high levels of unemployment, among other social determinants of health have contributed to an increased risk for suicide.
- BronxCare's Zero Suicide initiative, extensive suicide-risk screening protocols, multidisciplinary care teams, and enhanced post-discharge follow-up are directly targeted to early identification, care coordination, and care continuity for high-risk individuals. Through the Zero Suicide Program and other suicide prevention initiatives, BronxCare is addressing the needs of this high-risk population.

Partner Engagement

Ongoing meetings with community partners are an essential part of the Community Health Needs Assessment and Community Service Plan development process. BronxCare's senior management team and Board of Trustees monitor the progress of the objectives, action plans and process measures identified in the Community Service Plan. It maintains open channels of communication to ensure that community partnerships are encouraged and effectively utilized.

Sharing Findings with Community

BronxCare's Department of Development and External Affairs continues to meet regularly with community, church, civic, consumer, and business groups, as well as local Community Boards 3 and 4, to enhance the hospital's ongoing relationships with the community. Its efforts are also directed to helping individuals and groups (health organizations, churches, schools, local merchants) to improve their understanding of the goals and objections set forth in BronxCare's Community Health Needs Assessment and Community Service Plan.

BronxCare will post The Community Health Needs Assessment and Community Service Plan on its website (BronxCare.org).