

BronxCare Health System

Community Health Needs Assessment and Community Service Plan

2022-2024

Copies of this document can be downloaded from the BronxCare Health System website at [BronxCare.org](https://www.bronxcare.org).

This Community Health Needs Assessment and Community Service Plan covers select neighborhoods in Bronx County.

We welcome your questions and comments. Please contact Errol Schneer, Vice President of Planning, Marketing, and Public Relations at (718) 901-8595.

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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. BronxCare's two main hospital divisions, its 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 one million visits annually, and its Emergency Room is one of the busiest in New York.

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.

Executive Summary

Prevention Agenda Priorities and Disparities

Improving the health of the BronxCare community is an important tenet for BronxCare. As such, BronxCare is committed to furthering the goals set forth in the New York State Prevention Agenda (2019-2024), through the continued focus on reduction of the health disparities/social determinants faced by community residents, including but not limited to access to care, educational, cultural, and transportation barriers, food and housing insecurity, and environmental triggers. As a result, BronxCare will continue its focus on the Priority Agenda Areas of Prevent Chronic Diseases and Promote Well-Being and Prevent Mental and Substance Use Disorders. BronxCare, in building on these two Priorities, is collaborating with community partners in developing a plan of action consistent with its mission of achieving health equity and excellence in care.

I. Priority Area: Prevent Chronic Diseases

Focus Area: Chronic Disease Preventive Care and Management

This initiative addresses the serious health problems impacting the Bronx community, including the high incidence of asthma and lung diseases, diabetes, cardiovascular disease, and cancer. An important emphasis will be directed to continued expansion of outpatient services and enhancing access to disease prevention and management services, with the goal of keeping the community healthy and reducing emergency room visits and hospitalizations.

Prevent Chronic Diseases was selected as a Priority based on the Community Needs Assessment and data findings that conditions, such as asthma, cardiovascular disease, and diabetes, are closely linked to health disparities, as well as numerous socioeconomic barriers in the Bronx community.

II. Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area: Prevent Mental and Substance Abuse Disorders

There is a continued significant need for mental health and chemical dependence services in the BronxCare community. The overall strategies and interventions were developed to facilitate access to integrated mental health and primary care services. These include community-based programs that enhance and expand on the efforts of BronxCare's comprehensive mental health programs.

In BronxCare's service area, residents are at high risk for mental illness, suicide, and substance/opioid use. Based on this finding -Promote Well-Being and Prevent Mental and Substance Use Disorders continues as a crucial Priority Area for BronxCare.

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. The service area is defined by the 12 zip codes that encompass the neighborhoods of Crotona-Tremont, Highbridge- Morrisania, Hunt's Point-Mott Haven and Fordham-Bronx Park (as defined by United Hospital Fund). For data sources not available by zip code, a close approximation of the service area was utilized. Map 1 shows the primary service area and its 12 zip codes. Sources (both direct and indirect) include but are not limited to:

- Robert Wood Johnson County Health Rankings and Roadmaps, 2022
- US Census Bureau American Community Survey (2016-2020) and U.S. Census Quick Facts (2021)
- Bronx Borough Health Equity Report, NYSDOH April 2021
- CDC Behavioral Risk Factor Surveillance System
- United Hospital Fund of New York Various Publications, 2019-2021
- New York City Department of Health and Mental Hygiene Community Health Profiles, 2018 with updates as available
- New York City Department of Health and Mental Hygiene EpiQuery, 2015-2020
- New York City Department of Health and Mental Hygiene Vital Statistics Survey, 2019
- New York State Department of Health Prevention Agenda(s), 2019-2024
- New York State Department of Health Statistics, 2015-2020 (select measures)
- New York City HIV/AIDS Annual Surveillance Statistics, 2021
- New York State Department of Health Opioid Annual Report -2021
- United Hospital Fund of New York. New York Health Homes Collaborative, December 2021
- NYSDOH Inpatient Prevention Quality Indicators, 2019-2024
- NYSDOH Leading Causes of Death (2019)

Partners

Many of BronxCare's Community Partners were participants with BronxCare in New York State's DSRIP Program (which ended in March 2020). These partnerships have continued, with an ongoing focus on keeping patients and the community healthy.

The viewpoints of individuals representing the broad interests of the communities were also solicited through their participation in a health survey developed by BronxCare. The participants in the survey included representatives from community-based organizations and other health care partners.

Progress Reporting and Evaluation

BronxCare's senior management team continually monitors the progress of process measures identified in the Community Health Needs Assessment and Community Service Plan and maintains open channels of communication to ensure that community partnerships are reinforced and expanded.

Evidence-Based Interventions, Strategies, and Activities

Interventions, Strategies, and Activities related to Priority Area I, Prevent Chronic Diseases utilizes a number of evidence-based practices, including implementing patient-centered communication styles that incorporate patient preferences and address cultural barriers to care. These involve timely and evidence-based treatment decisions tailored to individual patient conditions and utilize team-based care models. Through all facets of the plan implementation, BronxCare will be screening and addressing the social determinants/health disparities impacting the health, well-being, and quality of life in the community. Staff in both inpatient and outpatient settings collect information to better understand and address factors such as transportation issues, unstable housing, food insecurity, low health literacy, employment, childcare, insurance and financial barriers, physical and emotional safety, and domestic violence. These factors contribute to overall physical health and social well-being. Patients with specific issues are identified on a dashboard embedded in the electronic medical record. A multidisciplinary team subsequently addresses the areas identified by referring patients to appropriate resources, both internal and external to BronxCare.

Interventions, Strategies, and Activities related to Priority Area II, Promote Well-Being and Prevent Mental and Substance Use Disorders, incorporates enhancement of psychiatric services at the inpatient and outpatient levels, provision of cultural and linguistic training to staff, and utilization of the collaborative Screening, Brief Intervention, and Referral to Treatment (SBIRT), an evidence-based approach for prevention of substance abuse.

Tracking Progress and Improvement

BronxCare's senior management, administrative staff, physicians, nurses, and Board of Trustees reviews progress in addressing the two identified priorities. The following measures will be utilized to track progress in meeting community and chronic health needs:

Priority Area I: Prevent Chronic Diseases

Focus Area: Preventive Care and Management

Asthma

- Increase asthma education efforts, with the objective of reducing the high incidence of asthma emergency room visits and hospitalizations of adults and children.
- Improve access to services through promotional campaigns, as well as through health fairs and community forums.
- In conjunction with Department of Health, conduct antigen testing for environmental assessment of asthma triggers

Pre-Diabetes and Diabetes

- Increase the number of patients tested for hemoglobin A1C (HgA1c) high blood sugar and screened for diabetes.
- Increase diabetes education efforts by Community Health Workers to improve self-management and diabetes control.
- Provide healthy food products to patients in collaboration with community-based organizations.

Cardiovascular Disease

- Utilize patient education strategies to increase early detection of hypertension.
- Increase the number of patients involved in self-monitoring and management of their hypertension.
- With community-based organizations, provide nutritional education and distribute healthy food products.

Cancer

- Increase cancer screening rates.
- Expand promotional campaigns with an emphasis on prevention and early detection.
- Continue collaborative efforts with Mount Sinai Health System in cancer treatment.
- Initiate educational programs on early detection of cancer within the community.

Other Chronic Conditions

- Increase efforts at early detection of obesity/malnutrition through body mass index (BMI) screening.
- Improve self-management skills of individuals with obesity/malnutrition and HIV/AIDS.
- Continue to expand the number and role of Community Health Workers for community education and outreach.

Priority Area II: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area: Prevent Mental and Substance Abuse Disorders

Opioid and Other Substance Use Disorders and Deaths

- Continue routine screening and behavioral counseling in all mental health and addictions programs specifically for opioid misuse.
- Continue to expand the Opioid Overdose Prevention Program (OOPP) to include educating the community on the extent of the opioid crisis, opioid overdose prevention and life-saving techniques.
- Provide education to patients at high risk for and/or with substance use disorders and educate them and their families regarding overdose prevention.
- Continue distribution of naloxone (Narcan) kits to reverse opioid overdose to patients at high risk for opioid overdose (and family members).

High Incidence of Suicide Risk

- Provide screening for Suicide Risk.
- Educate patients and their families on precaution guidelines.

High Incidence of Serious Mental Health Issues in the Bronx Community

- Increase outreach efforts to manage patients with co-occurring medical and mental health issues.

In addition to the two selected Priority Areas, BronxCare continues to move forward in providing a comprehensive range of services at the inpatient and outpatient levels, as well as through its numerous community initiatives.

Overview

In 2021, BronxCare Health System received full accreditation from 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 Center for Quality Assurance.

From the beginning of the COVID-19 pandemic to the present, BronxCare has devoted its efforts to ensuring the highest level of care and safety to patients, employees, and the community. The COVID-19 pandemic presented an enormous challenge, and BronxCare's nurses, physicians, and employees responded to it with heroism, resilience, and success, while also continuing provision of the full range of medical services to the non-COVID patient population. Comprehensive COVID-19 testing, and vaccination programs were also implemented at numerous locations throughout the BronxCare Campus to address the needs of employees, patients, and the community. In fact, more than 100,000 COVID-19 vaccinations were administered as of December 2022.

As an engine for positive change, BronxCare has infused more than \$300 million into the Bronx economy, including a 10,000 square foot state-of-the-art Cancer Center, Linear Accelerator, and Interventional Radiology Suite, among numerous other capital projects.

The importance of fulfilling BronxCare's essential community role is evident throughout the Bronx. Its staff regularly provides free checkups, screenings, and nutritional counseling at schools, nursing homes, senior citizen centers, churches, and other community organizations. A Diaspora Practice is also responding to the health and social service needs of the African community.

In the educational area, BronxCare's innovative Apprenticeship Program, a collaborative effort with the 1199SEIU Labor Union and other key organizations, is widely recognized for its success in recruiting and training frontline health care workers to effectively reach out to the community. BronxCare's Mobile Health Units are also bringing medical services directly into the community. The BronxCare Health System has also maintained a strong bottom line position, especially significant in the current environment.

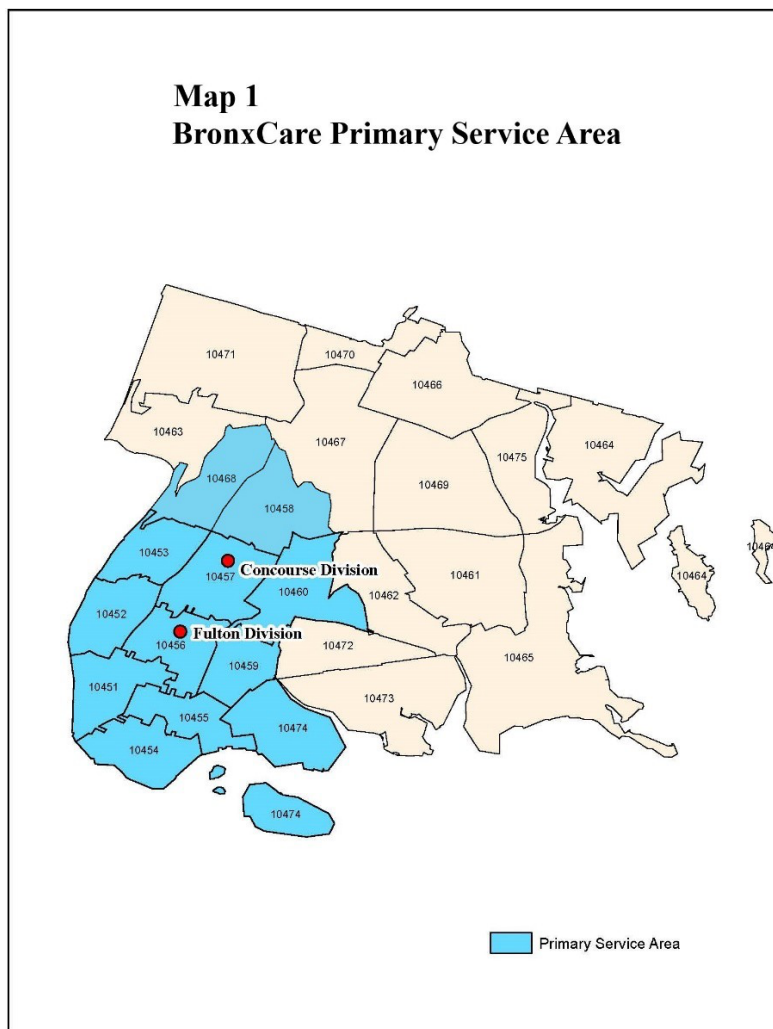
At BronxCare, we are proud of our longstanding and successful efforts to deliver the highest quality, comprehensive, compassionate, and accessible services by bridging the gap in Caring for the Bronx.

Community Health Needs Assessment

Definition, Description, and Demographics of Community Served

BronxCare's service area is among the poorest in the nation with high disease incidence rates, large minority and immigrant populations, and low socioeconomic status. 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)



As of 2022, this service area contains approximately 20 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 or mental health. These areas include:

- Morrisania Primary Care HPSA
- Soundview -Medicaid-Eligible Primary Care HPSA
- Crotona-Medicaid-Eligible Primary Care HPSA
- Fordham/Norwood Medicaid-Eligible Primary Care HPSA
- Highbridge Primary Care HPSA
- Hunt's Point Medicaid-Eligible Primary Care HPSA
- Tremont Primary Care HPSA
- Hunts Point/Mott Haven Primary Care HPSA
- Crotona Mental Health HPSA
- Highbridge Mental Health HPSA
- West Central Bronx Mental Health HPSA
- Hunts Point/Mott Haven Mental Health HPSA
- Soundview Mental Health HPSA
- Fordham /Norwood Mental Health HPSA
- Highbridge Service Area MUA
- Morrisania Service Area MUA
- Hunt's Point Service Area-MUA
- Mott Haven Service Area MUA
- Bathgate Service Area MUA

BronxCare is a “safety-net” provider, serving a large number of Bronx residents who are on public insurance programs or uninsured. In 2021, based on analysis of Institutional Cost Report data (the latest available), fully 60 percent of BronxCare’s 21,000 non-newborn discharges were Medicaid (55 percent) or Uninsured (5 percent).

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 to encompass the United Hospital Fund’s defined neighborhoods of Crotona-Tremont, Highbridge-Morrisania, Hunt’s Point-Mott Haven and Fordham-Bronx Park. For data sources not available by zip code, a close approximation of the service area was utilized.

Sources include but are not limited to:

- Robert Wood Johnson County Health Rankings and Roadmaps, 2022
- US Census Bureau’s American Community Survey 2016-2020 and Census QuickFacts- 2021
- United Hospital Fund of New York Various Publications, 2019-2020
- New York City Department of Health and Mental Hygiene Community Health Profiles, 2018 (with select updates through 2020)

- New York City Department of Health and Mental Hygiene EpiQuery, and Environmental Health Data, 2016-2020
- Health Resources and Services Administration. Data on Medically Underserved and Health Professional Shortage Areas, 2021
- New York City Department of Health and Mental Hygiene Vital Statistics Summary 2019
- New York State Department of Health Prevention Agenda, 2019-2024, and Healthy People 2030
- New York State Department of Health Statistics, 2015-2018, with select updates to 2020
- New York City HIV/AIDS Annual Surveillance Statistics, 2019-2021
- New York State Department of Health Opioid Annual Report -2021

Health Rankings

According to the Robert Wood Johnson County Health Rankings, 2022, and other available updated sources, the Bronx has the following characteristics, which compare *unfavorably* with statewide measures as well as other counties in the City.

- Out of 62 counties in New York State, the Bronx ranks *lowest* or near bottom for:
 - Quality of Life
 - Health Outcomes and Health Factors
 - Clinical Care
 - Social and Economic Factors
 - Physical Environment
- 30 percent of population are in poor or fair health, compared to 16 percent statewide.
- 10 percent of births are low birth weight vs. 8 percent in NYS.
- Premature mortality was significantly higher in BronxCare's service area neighborhoods-275 per 100,000 compared to 169 per 100,000 for New York City.
- 17 percent of adults are smokers compared with 13 percent in NYS.
- 34 vs.27 percent of adults are obese in Bronx County and NYS respectively.
- 39 percent are physically inactive, compared to 27 percent statewide.
- Bronx County's flu vaccination rate of 38 percent is well below that of other NYC counties and 49 percent statewide.
- Bronx residents report an average of 5 poor mental health days per month compared with 3.5 days in NYS.
- Bronx County scored 7.6 out of a possible high of 10 on the Food Environment Index which includes access to health foods and food insecurity, compared to 9 out of 10 statewide.
- Bronx County's reported violent crime rate is 586 compared to 379 per 100,000 in NYS.
- 63 percent have graduated high school compared to NYS's 83 percent of high school graduates.
- 16 percent were unemployed compared to 10 percent in NYS.
- 31 percent of children are living in poverty compared to 17 percent in NYS.
- 50 percent of children are in single parent households, almost twice the statewide level of 26 percent.

- Preventable hospital stays are 56 per 100,000 compared to 41 per 100,000 for New York State.
- 34 percent of Medicare enrollees received an annual mammography screening compared to 43 percent in New York State (2019)

The 2018 New York City Community Health Survey (with updates through 2020 where available), conducted annually by the New York City Department of Health and Mental Hygiene, indicates high rates for the following health conditions, risk factors, and behaviors in BronxCare's service area:

- Obesity/overweight
- Diabetes
- Asthma
- Hypertension
- Elevated cholesterol
- Restricted access to healthy food
- High smoking rates
- Serious psychological problems

The following statistics, as reported in the 2018 NYC Community Health Profiles Report (with selected updates to 2020) underscore the pressing health needs in BronxCare's service area

- In 2020, 14-16 percent of adults are smokers vs. 11 percent in New York City.
- 67-74 percent of service area adults are obese or overweight, compared to 59 percent in New York City. Among other things, the data demonstrates a correlation between obesity rates and poverty levels.
- 39 percent have high blood pressure/hypertension compared to 28 percent in NYC.
- 14 to 16 percent of service area households postponed needed health care in a 12-month period, compared to 11 percent in NYC.

The South and Central Bronx are among the most impoverished areas in New York City, New York State, and the United States. Much of the South and Central Bronx is designated as a Medically Underserved Area(s) and/or a Health Professional Shortage Area(s). It is characterized by high rates of poverty, large minority and immigrant populations, and low socioeconomic status, as indicated by education, employment, and homelessness rates.

Furthermore, with respect to established health indicators which reflect social determinants of health and impact access, this service area ranks very low-e.g., evidences restricted access to services. The proportion of the population receiving public assistance, such as Medicaid, is much higher than average. The prevalence of certain diseases, many of which are preventable and linked to poor socioeconomic status, is high. These diseases include diabetes, cancer, asthma, stroke, heart disease, obesity, and sexually transmitted diseases, as well as mental illness and substance use.

BronxCare provides health care services to a large, densely populated area comprised of a diverse population. This 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 (2016-2020) 30.5 percent of service area residents are under 20 years of age.¹ More than one out of every three people living in the Bronx is foreign born, a factor also associated with lack of access to health insurance (with the majority from Community of Latin American and Caribbean States (CELAC) countries).¹

The largest concentration of New York City's African immigrants, more than 53,000, reside in the Bronx. The neighborhoods served by BronxCare, particularly the Central Bronx, are home to a significant proportion of the borough's African immigrants, largely originating from the African nations of Nigeria, Kenya, Guinea, Senegal, Ghana, Togo, and Gambia.²

According to the American Community Survey (2016-2020), 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 one of the more diverse mixes of immigrants, with substantial representation from Latin American and Caribbean States countries, including the Dominican Republic, Ecuador, Mexico, Guatemala, Guyana, Jamaica, and Trinidad and Tobago, with the Dominican Republic accounting for a significant proportion of CELAC foreign-born residents. In the service, Africa represents the second highest proportion (inclusive of Ghana and Nigeria), as well as a growing Asian population.

The BronxCare service area is characterized by high rates of poverty, unemployment, and homelessness, with significant unmet health needs and health disparities. Residents of these neighborhoods have significant barriers to accessing primary medical services, including economic (low-income or Medicaid eligible), cultural, and linguistic barriers. These issues are also exacerbated by other environmental factors including insufficient housing and food insecurity. Among service area residents, most premature deaths are associated with chronic illnesses or health behaviors including cancer, heart disease, diabetes, asthma, chronic lung disease, HIV/AIDS, drug-related conditions, renal failure, chronic liver disease, suicide, and homicide.

Population Data

Data from the United States Census³ provides population estimates and profiles the service area through 2020 and 2021, based on published Census information and detailed demographic characteristics relevant to health care needs and socioeconomic levels.

¹ U.S. Census American Community Survey (2016-2020)

² U.S. Census American Community Survey (2016-2020)

³ U.S. Census of the Population, Quick Facts (July 2021) and American Community Survey (2016-2020)

Age

Within the service area are 728,000 residents (U.S. Census, American Fact Finder (2016-2020), a 2 percent decline since 2017.

The service area is characterized by the following demographic characteristics:

- Sizable younger population, with 27 percent under age 18, compared to 21 percent for New York City.
- Lower proportions of elderly (65+), with percent over age 65 close to 10 percent, compared to 14.9 percent for New York City.

Ethnicity

The service area is 81 percent non-white compared to 59 percent for New York City. 39 percent of the population are African American compared to 24 percent in New York City and 68 percent are Hispanic (any race) compared to 29 percent in New York City. 30 percent of the population (over age 5) in the service area are not proficient in English, compared to 22 percent in New York City.

Socioeconomic Status

The service area is home to many individuals facing high unemployment, low income/high poverty levels and low educational attainment, all of which contribute to health disparities.

- *Education*
 - While only 17 percent of New York City residents over the age of 25 have less than a high school education, 38 percent of the BronxCare service area residents have less than a high school education, with some sectors within the service area as high as 40 percent.
- *Income/Poverty*
 - Median household income in the BronxCare service area is just over \$31,000, well under both the County and Citywide levels of \$42,000 and \$67,000, respectively.
 - The proportion of households with incomes below \$25,000 is 42 percent, compared to 22 percent Citywide.
 - In the BronxCare service area, 34 percent of the population is living in poverty, compared to 24 and 17 percent respectively in Bronx County and New York City.
- *Public Assistance/Lack of Health Insurance*
 - The service area has high rates of dependence on public assistance, including Medicaid.
 - According to the U.S. Census Quick Facts (2021), more than 49 percent of Bronx residents are characterized as low income (below 200 percent of the Federal Poverty Level) and 26 percent are below 100 percent of the Federal Poverty Level compared to 18 percent for New York City.
 - 64 percent of BronxCare service area residents are public insurance beneficiaries compared to 43 percent in New York City. 9 percent of BronxCare's service area residents are without health insurance, compared to the New York City average of less than 7 percent.

- *Employment*
 - As of September 2022, Bronx County, at 7.2 percent has higher unemployment rates compared to the New York City rate of 5.6 percent, with unemployment in BronxCare’s service area ranging from 16.8% to 27.4% among the service area’s 12 zip codes- the highest in the Bronx.⁴
- *Crime*
 - BronxCare’s service area has a significantly higher rate of non-fatal (violent) assault hospitalizations- 150 per 100,000 compared to 59 per 100,000 for New York City.

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 affecting health status and physical environment also place the service area among the most challenged in New York City. As a result, BronxCare’s service area’s health status measures demonstrate greater mortality, morbidity, and poor health outcomes than most areas within New York City and New York State.

Additionally, according to a report issued in 2021 by the Office of the State Comptroller, the Bronx has the highest level of food insecurity in New York City. Feeding America (cited in the Comptroller’s report) estimates that 17.5 percent of all people, and fully 23.5 percent of all children have limited or uncertain access to adequate food. The estimates also suggest that the COVID-19 pandemic exacerbated the food insecurity level in the county with 50 percent of the total number of emergency food providers reported closed compared to 38 percent for New York City.

Significant Health Needs/Primary Health Challenges

According to numerous sources including the New York State Department of Health (2017-2022) the New York City Department of Health and Mental Hygiene and other published data sources, the BronxCare service area has among the City’s highest high rates of premature death from diabetes, heart disease, and cancer. In addition, premature deaths from complications of HIV/AIDS and incidents associated with mental and behavioral disorders, and substance abuse were higher ranked causes of death in the South and Central Bronx than in other parts of the Bronx and New York City.

In large part, the root causes of health care disparities facing residents of the BronxCare service area reflect longstanding fundamental and systemic inequities associated with numerous barriers-- including restricted access to timely primary and mental health care; cultural, financial, transportation and educational barriers; and food and housing insecurity. These structural inequities were further impacted by the

⁴ Y Charts, derived from Bureau of Labor Statistics, published in November 2022. Zip code level data derived from ZIP Atlas, 2022

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 2021) and U.S. Census American Community Survey (2016-2020). Data also drawn from United Hospital Fund of New York-New York Health Homes Collaborative, December 2021 and Recent Trends and Impact of COVID-19 in the Bronx, Office of the New York State Comptroller, June 2021

COVID-19 pandemic. As a result, BronxCare continues to establish initiatives and programs to address health and social disparities and to achieve a higher level of health equity.

Asthma

Asthma is a leading cause of hospitalization among children and adults. As recently reported by the United Hospital Fund of New York, asthma is a key health indicator and social determinant of health. Substandard housing, poor indoor and outdoor air quality, and presence of cockroaches, among other environmental factors are all asthma triggers. These conditions are identified as prevalent in BronxCare's service area. The South and Central Bronx now has the highest incidence rates in New York City (as of 2017-2019 and 2020).

- The emergency room visit rate for asthma in children (0-17) is approximately 351 per 10,000 in the service area, compared to 188 per 10,000 for New York City.
- The prevalence of adult asthma (18 and older) in the service area is 19% compared to 13% for New York City.
- Adult asthma hospital admissions average 24.2 per 10,000 in the service area (with rates as high as 39-45 per 10,000 in the sectors within the service area), compared to 9.2 per 10,000 in New York City.
- The percentage of service area homes with three or more environmental triggers was more than 31 percent, compared to 13.5 percent in New York City.

Diabetes

Disparities in diabetes prevalence rates related to racial/ethnic background and socioeconomic status are seen nationally and in New York State as well as in the South and Central Bronx.

- More than 700,000 adult New Yorkers are diagnosed with diabetes. An additional 164,000 are estimated to have diabetes but are not yet aware of it. As many as 16 percent of Bronx County adults have a diabetes diagnosis (2018) compared to 12 percent in New York City. The neighborhoods comprising the BronxCare service area have among the highest rates of diabetes in New York City.
- The childhood/teen obesity rate is 25 percent in the Bronx compared to 21 percent in New York City. More than 32 percent of BronxCare's service area residents have one or more sugary drinks daily, compared to 23 percent in New York City.
- 77 percent of Bronx residents receive diabetes monitoring compared to 86 percent in New York State.
- The Bronx hospitalization rate for diabetes as a primary diagnosis of 40.0 per 10,000, is almost twice that of any New York City county as well as the overall New York City rate of 22.6 per 10,000 (2019).
- The Bronx diabetes mortality rate of 25.7 per 10,000 is higher than the rate of 19.3 per 10,000 for New York City (2017-2019).

Individuals from minority groups, particularly African Americans and Latinos, are more likely to develop Type 2 diabetes (insulin-resistant) than Caucasians.⁶

⁶ Healthy People, 2020 and 2030, Office of Disease Prevention and Health Promotion.

Heart Disease

- Heart disease is a leading cause of premature death in the BronxCare service area.
- Heart disease was the leading cause of death in Bronx County in 2019, at 189.7 per 100,000, compared to 176.2 per 100,000 in New York City and 167 per 100,000 in New York State (NYS Vital Statistics, 2019).
- In the Bronx, premature death from heart disease was 150.8 per 100,000, compared to 106.5 per 100,000 in New York City.
- 33 percent of adults in the Bronx were diagnosed with hypertension, compared to 28 percent in New York City.

Cancer

- The overall cancer mortality rate under age 65 in BronxCare's service area is 59.6 per 100,000 compared to 46.2 per 100,000 in New York City. In Mott Haven, the cancer mortality rate is as high as 66.3 per 100,000.
- In the BronxCare service area, lung, liver, colorectal and breast cancer are the leading causes of cancer-related premature death. The mortality rate from lung cancer per 100,000 was 31.5 in the Bronx, compared to 24.7 in New York City.
- 16 percent of Bronx residents are smokers.
- The breast cancer mortality rate in Bronx County (2016-2018) is 23 per 100,000 females, compared to 19 per 100,000 in New York City and State.

Birth Related Indicators/Infant Mortality

Residents of BronxCare's service area are experiencing disproportionate maternal and infant mortality, low birth weight, and teen pregnancy.⁷

- The infant mortality rate was 5.3 per 1,000 births in BronxCare's service area compared to 3.9 per 1,000 in New York City (2017-2019).
- Late/no prenatal care rates were 12 percent compared to 4.8 percent in New York City.
- The teen birth rate of 23.5 per 1,000 is significantly higher than the New York City rate of 12 per 1,000.

HIV/AIDS

Although significantly decreased, the incidence and prevalence of HIV and AIDS continues to be higher in the BronxCare service area.⁸

- As of 12/31/20, just under 29,000 individuals in the service area were living with HIV/AIDS.
- HIV diagnosis data indicates a significant decrease in new diagnoses for Bronx County, from 1,317 in 2001 to 307 new diagnoses by 12/31/20.⁹
- However, 70 percent of Bronx County's newly diagnosed cases were from the BronxCare service area.

⁷ New York State Department of Health County Health Indicators by Race/Ethnicity (CHIRE) 2021; New York State Department of Health. "Bronx County/Zip Code Perinatal Data, 2017-2019". January 2022

⁸ New York State Department of Health Annual AIDS Surveillance Report, 2021.

⁹ NYC Department of Health. "HIV Surveillance Annual Report, 2021

Mental Health/Substance Abuse

The New York State Prevention Agenda (2019-2024) identifies the prevention of mental and substance abuse disorders as a Priority Area. Specific focus areas include the prevention of opioid and other substance misuse and deaths, reduction in the prevalence of major depressive disorders, and prevention of suicide. According to the New York City Community Health Profiles (2018 with updates through 2020), the NYS Opioid Dashboard and the New York State Opioid Annual Report, 2021, BronxCare's service area residents are at high risk for mental illness, suicide risk, and substance/opioid use.

- The service area had a high rate of psychiatric hospitalizations, 1,063 per 100,000, compared to 676 per 100,000 in New York City.
- Drug-related deaths, of 40 per 100,000 is significantly higher in BronxCare's service area than the New York City rate of 15 per 100,000.
- Substance abuse ranks among the top five causes of premature death in the service area.
- Bronx County's opioid related hospitalizations of 30.9 per 100,000 are twice the New York City rate of 15.7 per 100,000 (2019). The emergency room visit rates for opioid overdoses for Bronx County are 43 per 100,000 compared to 22.2 per 100,000 for New York City.
- Bronx County opioid deaths of 23.9 per 100,000 exceed the New York City rate of 13.8 per 100,000 (NYS Opioid Dashboard 2019).

Violent Crime/Teen Gun Violence

- Analysis of recent data (2021) provided by the NYS Division of Criminal Justice Services indicates that the Bronx has the highest violent crime rate (murder, rape, robbery, and aggravated assault) in New York City. This data also demonstrates a significant one- year increase in both shooting incidence and victims (140% and 124% respectively) between 2020 and 2021.
- Gun violence overtook motor vehicle crashes in 2020 as the leading cause of death in the 1-19 age group in the Bronx. Overall, two-thirds of the roughly 4,000 gun-related deaths in 2020 were homicides, and another 30 percent were suicides.
- As reported by vitalcity.org, which tracks the number of shootings by police precincts, in 2020 and 2021, six of the city's highest shooting prone neighborhoods were located in the Bronx, with several in the BronxCare service area, including Morrisania, Mott Haven, Belmont/East Tremont.
- Information released by the Bronx District Attorney Darcel Clark's office suggests that an increasing number of gun attacks involve teenagers.

Community Service Plan

Priorities, Focus Areas, and Data Sources

An analysis of the data described in the previous sections translates into an extremely medically underserved area characterized by low socioeconomic status and other factors that place the community at risk for many serious health conditions. Of these, BronxCare has identified two Priorities from the New York State Prevention Agenda (2019-2024) for which there continues to be a significant need in the Bronx community, as well as a Focus Area for each of the priorities.

I. Priority Area: Prevent Chronic Diseases
Focus Area: Preventive Care and Management

Prevent Chronic Diseases and Preventive Care and Management was selected as a Priority and Focus Area based on findings from BronxCare's Community Health Needs Assessment that chronic conditions, such as asthma, diabetes, cardiovascular disease, cancer, and other chronic diseases are linked to health and socioeconomic disparities in the community.

II. Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders
Focus Area: Prevent Mental and Substance Abuse Disorders

Promote Well-Being and Prevent Mental and Substance Use Disorders was selected as a Priority and Focus Area based on BronxCare's experience in caring for the residents of the service area and a recognition of the high rates of mental illness, suicide risk, and substance/opioid use.

The two selected Priorities and Focus Areas were based on an analysis of local community health and socioeconomic data from a variety of sources, including:

1. Data sources including but not limited to:
 - Robert Wood Johnson County Health Rankings, 2022
 - US Census Bureau's American Community Survey (2016-2020) and Census QuickFacts 2021
 - United Hospital Fund of New York Various Publications, 2019-2021
 - New York City Department of Health and Mental Hygiene Community Health Profiles, 2018 with updates to 2020
 - New York City Department of Health EpiQuery Data, 2015-2020
 - New York City Department of Health and Mental Hygiene Vital Statistics Survey, 2019
 - New York State Department of Health Prevention Agenda(s), 2019-2024
 - NYSDOH County Health Indicators by Race/Ethnicity (CHIRE)
 - New York State Department of Health Statistics, 2016-2020
 - New York City HIV/AIDS Annual Surveillance Statistics, 2021

2. Feedback from Community Partners.

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.

3. Outreach

BronxCare maintains continued outreach with its partners, including:

- **Claremont Healthy Village:** This initiative involves more than 45 community partners and is aimed at addressing the high incidence of asthma in the Bronx.
- **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.
- **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.
- **Morris Heights Health Center** is an important partner in addressing the high incidence of asthma and diabetes in the community. One initiative includes pharmacists assigned to provide follow-up telephone calls and onsite consultation regarding prescription compliance. BronxCare is also providing integrated specialty services in orthopedics at the Morris Heights Health Center.
- **Mount Sinai Health System** continues to provide valuable input and serves as a back-up facility for highly specialized tertiary care. In addition, BronxCare has a Medical School affiliation with the Icahn School of Medicine at Mount Sinai. BronxCare and Mount Sinai are also collaborating on delivery of cancer care at a new state-of-the-art BronxCare Mount Sinai Comprehensive Cancer Care facility.
- **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, in collaboration with R.A.I.N. provides a variety of health promotional workshops to increase early intervention and management of chronic disease including blood pressure checks, cancer screenings, and blood sugar testing
- The **New York City Departments of Health and Mental Hygiene** are important data resources. The staffs of these departments have provided BronxCare with valuable input in evaluating health care trends.
- The **New York State Department of Health** is an important resource for BronxCare and in particular, works collaboratively with the Health System in monitoring for environmental triggers related to asthma. It has also taken on an essential role in reviewing BronxCare's Certificate of Need projects related to the

health care needs of the community. These projects encompass the priorities and goals set forth in BronxCare's Community Health Needs Assessment and Community Service Plan.

- **The New York City Mayor's Office and the American College of Lifestyle Medicine** is an important partnership for BronxCare in advancing training to combat chronic disease management and health inequality. BronxCare continues to take an important role in responding to the social determinants impacting the health and wellness of the Bronx community
- 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.
- The **New York State Office of Mental Health (OMH)** continues to provide BronxCare's Department of Psychiatry with important assistance in the development and implementation of psychiatric inpatient and outpatient programs.
- **Sun River Health** a leading provider of integrated Health Care and Social Support Services, is providing valuable input in the primary and chronic care areas. Collaborative efforts are being directed to maternal health. Sun River Health is also a referral source to the BronxCare Health System for specialty services and diagnostic support.
- **Urban Health** a network of Federally Qualified Health Centers, is working with BronxCare in addressing diabetes, asthma, and women's health area, among many other areas.
- **1199SEIU Training and Employment Fund:** 1199SEIU United HealthCare Workers East, New York City Department of Small Business Services, La Guardia Community College, and other key organizations have collaborated with BronxCare in initiating an Apprenticeship Program. It is recognized as a unique and innovative program that is training front line health care workers to effectively reach out to the community.

Other Partner Organizations: BronxCare collaborates with numerous organizations throughout the Bronx community. BronxCare's Community Advisory Boards, as well as Community Planning Board 3 and Community Planning Board 4 are actively involved in the planning process, providing valuable input on the health care needs of the community.

4. Feedback from physician and physician group partners.

BronxCare solicits ongoing feedback from its physician and physician group partners, including:

- Boston Road Medical
- Bronx Metro Health
- Concourse Rehabilitation and Nursing Center
- Concourse Village Primary
- Corinthian Medical IPA
- Damian Family Care Center
- Dr. Baldevbhai V. Patel
- Dr. Chaula Patel
- Dr. Cruz Herrera
- Dr. Guillen Rafael

- Dr. Madan Paul
- Dr. Stephen Perez
- Essen Medical Associates
- Grand Concourse Medical Practice
- Jerome Medical
- JLDH Medical Services
- La Casa De Salud Medical Center
- Med Alliance
- MedCare Plus
- Morris Heights Health Center
- Morris Park Medical
- Mt. Hope Family Practice
- Soundhealth Medical Practice
- The Institute for Family Health
- Urban Health
- Vanguard Health Center

5. Surveys

BronxCare’s Division of Development and External Affairs solicited input from a broad spectrum of the community, including leaders of community-based organizations, community planning board members, and local business owners/managers. A survey was developed and conducted to solicit viewpoints on the health needs of the community and quality of life in BronxCare’s service area, as well as BronxCare’s effectiveness in addressing health care needs.

Survey Results

- The overall health and quality of life in the South and Central Bronx were rated as below average.
- BronxCare's effectiveness in addressing the health care needs of its community was rated as very good to excellent.
- Respondents identified critical health needs as:
 - Obesity and Access to Healthy Nutritious Foods
 - Asthma
 - Diabetes
 - Substance Abuse Disorders
 - Mental/Behavioral Disorders
- Senior citizens and disabled individuals as well as expectant persons were identified as most at risk for health and quality of life issues.
- Respondents identified a need for expanded mental health services to help reduce crime and suicide. An expanded workforce of social workers and community health workers would be beneficial in addressing health priorities.
- Barriers preventing the provision of health care services were identified as:
 - Low Health Literacy
 - Physical and Emotional Safety
 - Food and Housing Insecurity and Environmental Triggers
 - Educational, Cultural, Financial and Transportation Barriers

Goals and Objectives

For each of the Priorities and Focus Areas, BronxCare identified Goals and Interventions, as well as Planning and Implementation Strategies.

I. Priority Area: Prevent Chronic Diseases

Focus Area: Preventive Care and Management

Goal 1: Improve self-management skills for individuals with asthma, prediabetes and diabetes, cardiovascular disease including hypertension, cancer, obesity and HIV/AIDS.

Goal 2: Increase early detection of asthma, prediabetes and diabetes, hypertension, cancer, and obesity and HIV/AIDS.

Goal 3: Increase screenings for individuals with asthma, prediabetes and diabetes, cardiovascular disease including hypertension, cancer, and other chronic diseases.

II. Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area: Prevent Mental and Substance Abuse Disorders

Goal 1: Address opioid crisis with the aim of reducing overdoses.

Goal 2: Address high incidence of suicide and expand Zero Suicide to reduce this most serious problem.

Goal 3: Continue to address the serious mental health issues and achieve emotional wellness in the Bronx Community.

**I. Priority Area:
Prevent Chronic Diseases**

I. Priority Area: Prevent Chronic Diseases
Focus Area: Preventive Care and Management

Asthma and Lung Diseases

Goal: Improve self-management skills for individuals with asthma.

- Interventions, Strategies, and Activities
 - BronxCare’s pulmonologists, allergists, pediatricians, clinical pharmacists, and outreach staff help patients and their families gain control over the disease. Patients are screened for participation in the program, Asthma Together, in the BronxCare emergency room, inpatient units, and outpatient settings.
 - When identified for program participation and in conjunction with the Department of Health, an outreach team of nurses and certified asthma educators provide home visits and environmental assessments including antigen testing for environmental triggers.
 - Staff in both the inpatient and outpatient settings collect information to better understand and address factors such as environmental triggers unstable housing, food insecurity, low health literacy, employment, childcare, insurance and financial barriers, physical and emotional safety, and domestic violence. These factors contribute to overall physical health. Patients with specific issues will be identified on a dashboard embedded in the electronic medical record. A multidisciplinary team will then address the areas identified by referring patients to appropriate resources, both internal and external to BronxCare.
 - BronxCare’s Division of Pulmonary/Critical Care Medicine provides comprehensive pulmonary treatment, including primary and preventive care, as well as education in self-management to adult patients with lung diseases, including asthma, emphysema, chronic obstructive pulmonary disease, and lung cancer, among other serious conditions. State-of-the-art bronchoscopy equipment, including endobronchial ultrasound for examination and sampling of the lung is also utilized. This type of testing enables early recognition and treatment of lung conditions, such as cancer, and infectious diseases, among other conditions.
- Process Measures and Time-Framed Targets
 - Continue asthma education efforts, with aim of reducing the high incidence of asthma hospitalizations and emergency room asthma visits for adults and children.
 - Improve access to services through public relations/promotional campaigns, as well as through health fairs and community forums on asthma and asthma management.
 - Increase referrals to the Asthma Together Program by 5%.

Pre-Diabetes and Diabetes

Goal: Increase early detection of prediabetes and diabetes.

- Interventions, Strategies, and Activities
 - BronxCare is striving and succeeding in increasing the rate of screening for pre- diabetes and diabetes. This effort is providing important opportunities to reduce the time between diabetes onset and clinical diagnosis, thereby allowing for prompt multifactorial treatment and prevention of downstream complications.
 - Point-of-care hemoglobin A1c (HbA1c) machines were implemented across BronxCare's outpatient practices. In 2021, 14,221 patients were diagnosed with pre-diabetes as a result of the screenings.
 - BronxCare is working to increase the rate of screening diabetic patients for diabetic nephropathy.
 - 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 were also implemented BronxCare's outpatient practices.
 - BronxCare's efforts are also directed to increasing the rate of screening diabetic patients for diabetic retinopathy. The number of unique patients screened for retinopathy in 2021 was 3,604. Clinical studies have demonstrated that regular screening for individuals with diabetes is the most efficient and cost-effective method to detect the early stages of diabetic retinopathy. Retina scans are currently performed by nursing staff using state of the art retinal cameras at all outpatient and primary care practices. When diabetic retinopathy and other serious eye conditions are identified at the primary care practices., patients are evaluated on site by optometrists and referred to ophthalmologists and retinal specialists at BronxCare.
- Process Measures and Time-Framed Targets
 - In 2022 and 2023, increase number of HbA1c tests performed by 5 percent from the current level of 6,342 HbA1c tests for 2021.
 - In 2022 and 2023, increase number of urine microalbumin tests performed by 5 percent, from the current level 6,341 urine microalbumin tests for 2021.
 - Increase number of retina scans performed to 1,500 from the current level of 1,175 retina scans for 2021

Pre-Diabetes and Diabetes (Continued)

Goal: In the community setting, improve self-management skills for individuals with prediabetes and diabetes.

- Interventions, Strategies, and Activities
 - The BronxCare Diabetes Center for Excellence maintains accreditation from the American Association of Diabetes Educators as a Diabetes Self-

Management Education and Support program. It provides an evidence-based foundation to empower people with diabetes to navigate self-management decisions and activities. Primary care providers, endocrinology specialists, certified diabetes care and education specialists, and nutritionists provide patients with a range of services that include prevention, early detection, treatment, self-management education, and referrals.

- 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 downstream complications and the need for hospitalization. The 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 2022, BronxCare added robotexts to remind patients of upcoming appointments and tests.
- During 2022, BronxCare distributed over 3000 food bags with nutritious food items at outpatient practices, local churches and community boards to provide needed healthy food products in promotion of a healthier diet and subsequent improved health.

- Process Measures and Time-Framed Targets
 - Continue food distribution program and initiate educational programs through Harvest Home Farmer's Market to promote healthier food choices.
 - Continue health education efforts by Community Health Workers.

Cardiovascular Disease

Goal: Increase early detection of cardiovascular disease.

- Interventions, Strategies, and Activities
 - BronxCare's Division of Cardiology is at the forefront in the prevention and treatment of heart disease. The Division focuses on screening for early detection of heart disease to include screening for hypertension and remote health monitoring, as well as employs initiatives to decrease cardiovascular disease risk.
 - In 2021, BronxCare was awarded grant funds through the National Hypertension Control Initiative, a partnership between the Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) and Office of Minority Health (OMH) which aims to address disparities among racial and ethnic minority populations.
 - The Ambulatory Care Remote Blood Pressure Monitoring Program was launched in February 2022, with the goal of offering remote blood pressure monitoring to BronxCare patients with a diagnosis of hypertension, and to improve hypertension control. The Program is currently offered to patients at the Internal Medicine Primary Care clinics, as well as the Center for

- Comprehensive Care. More than 1,100 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 all remote blood pressure data and conducts telehealth visits regularly with participants.
 - Currently 1,100 patients are remotely monitored for hypertension and self-management of their hypertension.
 - BronxCare received designation from the American Health Association and American Stroke Association for advanced skill and treatment in caring for patients with cardiovascular diseases.
 - 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.
 - To promote healthier eating behaviors, BronxCare in conjunction with Harvest Home Farmer's Market provides education on food selection.
 - BronxCare distributed food items to 3,000 participants.
- Process Measures and Time-Framed Targets
 - Reduction of 30-day readmissions related to cardiovascular disease.
 - Increased patient participation in telehealth programs for management of cardiovascular disease.
 - Reduction in avoidable cardiovascular emergency room visits
 - Increased number of participants enrolled in self-management of their hypertension, with a goal of 9,000 by Year 3.

Cancer

Goal: Increase cancer screening rates.

- Interventions, Strategies, and Activities
 - BronxCare has actively built awareness of the Cancer Care Program, in conjunction with Mount Sinai, through promotional print media and digital campaigns and educational programs throughout the service area.
 - In 2021, BronxCare screened over 6,000 women for breast cancer; close to 11,500 patients were screened for colon cancer and 3,200 men were screened for prostate changes.
 - Community Health Workers educate patients about the importance of completing recommended screening tests such as mammograms for breast cancer screening and colonoscopies for colon cancer screening.

- Process Measures and Time-Framed Targets
 - Increase cancer screenings by 5% in 2023.
 - Initiate participation in clinical trials in conjunction with Mount Sinai Health System and Icahn School of Medicine.
 - Increase community physician referrals.
 - Initiate targeted education programs on early detection of specific cancers to the community.
 - Expand promotional campaigns, with an emphasis on prevention and/or early detection, including more frequently scheduled visits by Mount Sinai's Mobile Van for prostate screening.

Other Chronic Conditions

Goal: Increase early detection of other chronic diseases including HIV/AIDS and obesity/malnutrition.

- Interventions, Strategies, and Activities
 - BronxCare offers a range of early detection services through its outpatient network. Close to one million visits are provided annually.
 - The AIDS/HIV Program at Bronx Care provides care and education for patients with HIV/AIDS and helps at-risk individuals prevent HIV infection and transmission. The program offers testing, counseling, and risk-reduction options.
 - The Department of Pediatrics Division of Infectious Diseases was awarded a two-year grant from HRSA for the implementation of Ending the Epidemic: Primary Care HIV Prevention. The program focuses on education and prescribing PrEP (Pre and Post Exposure Prophylaxis) for adolescents and young adults.
 - Patients in primary care practices are regularly screened for height and weight. Body mass index (BMI) is calculated and patients who are either underweight or overweight are referred for appropriate nutritional counseling.
 - The Practice Transformation Model is implemented across primary care practices at BronxCare. This model places the patient and the family at the center of care. Patients are assigned to a primary care physician who works together with a multidisciplinary team to identify chronic conditions at an early stage in order to keep patients healthy and prevent downstream complications and the need for hospitalization. The 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 2022, we added robotexts to remind patients of upcoming appointments and tests.

Goal: Improve self-management skills for individuals including HIV/AIDS and obesity/malnutrition.

- Interventions, Strategies, and Activities
 - BronxCare's Community Health Workers provide training in self-management to individuals living in the community. Through an apprenticeship program developed in collaboration with 1199SEIU and other key organizations, Community Health Workers are trained to provide health education and/or encourage individuals to access a wide range of health and support services. The Community Health Workers work together with primary care physicians and assist individuals in developing the necessary skills and resources to improve their health status, family functioning, and self-sufficiency.
 - In conjunction with community partners, God's Love We Deliver and Harvest Home Farmer's Market, BronxCare provides education on adopting healthy food behaviors. and distribution of medically tailored nutrition.
 - BronxCare HIV Prevention Program focuses on increased access to HIV medical care with targeted HIV testing and integrated screenings to diagnosis HIV as early as possible, treating quickly and preventing new cases and increase access pre and post exposure prophylaxis (PrEP and PEP).
 - An HIV website was developed for enhanced education and information regarding access to HIV services through a grant from the Center for Disease Control.
 - The developed website provides extensive education on HIV prevention and treatment options and is reaching a significantly increased audience.

- Process Measures and Time-Framed Targets
 - Increase engagement with individuals and families in the Bronx community through the Community Health Workers.
 - Expand the number and role of Community Health Workers for education and outreach.
 - Increase efforts for detection of obesity/malnutrition, body mass index (BMI) screening.
 - Improve self-management skills of individuals with HIV/AIDS.
 - Increase in persons aware of their HIV status with at least 70% of patients tested for HIV receiving integrated screening.
 - Continue to expand website with aim of reaching an increased audience.

II. Priority Area:

**Promote Well-Being and
Prevent Mental and Substance
Use Disorders**

II. Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders Focus Area: Prevent Mental and Substance Abuse Disorders

Goal 1: Address opioid crisis with the aim of reducing overdoses.

- Interventions, Strategies, and Activities
 - BronxCare's Department of Psychiatry is a leader in the provision of comprehensive mental health services and programs. Its expert team of psychiatrists, psychologists, nurses, social workers, creative art therapists, peer specialists, and Community Health Workers, among other staff members, is achieving positive patient outcomes.
 - 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 Medication Assisted Treatment for opioid dependence and authorized to prescribe Buprenorphine.
 - Bronx Care's Department of Psychiatry offers comprehensive care for mental health and substance use disorders for adults, adolescents, and children. At the inpatient psychiatric level, there are three Adult Units and one Child and Adolescent Unit. 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. The recovery process can be lengthy and requires post-discharge outpatient care. However, this can often be challenging as the patients have many social risk factors (SDOH) and present with significant unmet social needs that interfere with their ability to accept, connect, and engage with care after discharge. To this end, BronxCare's Department of Psychiatry works closely with patients and their families to ensure a safe return to the community. This is particularly important for the most vulnerable patients such as children and adolescents who otherwise may be returning to an unsafe environment due to an existing risk of violence in the home or community.
 - BronxCare utilizes various modalities, including individual and group therapy, in addition to anti-depressants, mood stabilizers, and other medication to achieve positive outcomes.
 - 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. The Center includes 20 detoxification and 25 rehabilitation beds in addition to outpatient programs. Upon discharge, patients are referred to a community outpatient provider, including BronxCare's Opioid Treatment Program and Chemical Dependence Outpatient Treatment Program.
 - BronxCare's Opioid Treatment Program provides Medication Assisted Treatment for opioid dependence, utilizing Methadone and extended-release injectables to enhance care, as well as individual and group evidence-based psychotherapy, pre-vocational services, education groups, and other social services.

- BronxCare's Chemical Dependence Outpatient Treatment Program assesses and treats patients 18 or older with substance use disorders. Therapeutic modalities include individual psychotherapy, group therapy, and medication management, including Medication Assisted Treatment for opioid dependence. 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.
- A Collaborative Care Model is in place at primary care locations to screen for depression and anxiety and substance use disorders.
- Process Measures and Time-Framed Targets
 - In 2023, screen 1,200 individuals for Opioid Use Disorders, building on the 2022 goal of screening 1,000 individuals.
 - In 2023, provide on-site integrated mental health services at BronxCare's outpatient network.
 - In 2023 add Buprenorphine as third Medication Assisted Treatment option through the Opioid Treatment Program.
 - In 2023, provide 12,000 visits through the Chemical Dependence Outpatient Treatment Program, building on the 2022 goal of 11,000 visits.

Goal 2: Address high incidence of suicide and continue Zero Suicide initiative to reduce this most serious problem.

- Interventions, Strategies, and Activities
 - BronxCare's Department of Psychiatry continues to focus on reducing suicide incidence through specialized staff training suicide risk screening, comprehensive assessment, and interventions, safety planning, following up post-discharge, and ongoing monitoring. These practices are currently in place at the inpatient and outpatient levels, as well as at the Comprehensive Psychiatric Emergency Program.
- Process Measures and Time-Framed Targets
 - In 2023, provide services through the Zero Suicide program to 11,000 individuals, building on the 2022 goal of services to 10,000 individuals.

Goal 3: Continue to address the serious mental health issues and achieve emotional wellness in the Bronx Community.

- Interventions, Strategies, and Activities
 - BronxCare's Department of Psychiatry provides a Consultation Liaison Service, working with physicians on BronxCare's medical units and emergency room to assess and manage patients with co-occurring behavioral illness. It arranges transfers for psychiatric services as needed and assists in post-discharge mental health follow-up care.
 - BronxCare's Collaborative Care program, an integrated behavioral health model for treating depression, is achieving improved medical and emotional outcomes for patients with asthma, diabetes, cardiovascular disease, cancer, and other chronic conditions.
- Process Measures and Time-Framed Targets
 - In 2023, provide Consultation Liaison services to 6,600 individuals, building on the 2022 goal of services to 6,000 individuals.
 - In 2023, reinforce and expand Collaborative Care services.

Workplan

Please see the workplan (Attachment I), which was completed for each health priority that is currently addressed or will be in the next cycle.

Local Partner Engagement

BronxCare's senior management, administrative staff, physicians, nurses, and Board of Trustees will review and track progress in meeting the chronic health needs of the Bronx Community, (including the two specific Priority Areas as identified in the Community Health Needs Assessment and Community Service Plan). The following measures will be used to track progress in meeting community and chronic health needs:

Priority Area: Prevent Chronic Diseases

Focus Area: Preventive Care and Management

Asthma and Lung Diseases

- Continue asthma education efforts, with the aim of reducing the high incidence of asthma hospitalizations and emergency room asthma visits for adults and children.
- Improve access to services through public relations/promotional campaigns, as well as through health fairs and community forums on asthma and asthma management.
- Increase referrals to the Asthma Together Program by 5%.
- Continue to work with community partners to expand outreach and education efforts.

Pre-Diabetes and Diabetes

- In 2022 and 2023, increase number of HbA1c tests performed by 5 percent from the current level of 6,342 HbA1c tests for 2021.
- In 2022 and 2023, increase number of urine microalbumin tests performed by 5 percent, from the current level 6,341 urine microalbumin tests for 2021.
- Increase number of retina scans performed percent to 1,500 from the current level of 1,175 retina scans for 2021
- Continue food distribution program and initiate educational programs through Harvest Home Farmer's Market to promote healthier food choices.
- Continue health education efforts by Community Health Workers.

Cardiovascular Disease

- Reduction of 30-day readmissions related to cardiovascular disease.
- Increased patient participation in telehealth programs for management of cardiovascular disease.
- Reduction in avoidable cardiovascular emergency room visits
- Increase number of participants enrolled in self-management of their hypertension with a goal of 9,000 by Year 3.

Cancer

- Increase cancer screenings by 5% in 2023.
- Initiate participation in clinical trials in conjunction with Mount Sinai Health System and Icahn School of Medicine.
- Increase community physician referrals.
- Initiate targeted education programs on early detection of specific cancers to the community.
- Expand promotional campaigns, with an emphasis on prevention and/or early detection to include more frequently scheduled visits by Mount Sinai's Mobile Van for prostate screening.

Other Chronic Conditions

- Increase engagement with individuals and families in the Bronx Community through the Community Health Workers.
- Expand the number and role of Community Health Workers for community education and outreach.
- Increase efforts for detection of obesity/malnutrition, body mass index (BMI) screening.
- Improve self-management skills of individuals with HIV/AIDS.
- Increase in persons aware of their HIV status with at least 70% of patients tested for HIV receiving integrated screening.

Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders Focus Area: Prevent Mental and Substance Abuse Disorders

Goal 1: Address opioid crisis with the aim of reducing overdoses.

- In 2023, screen 1,200 individuals for Opioid Use Disorders, building on the 2022 goal of screening 1,000 individuals.
- In 2023, provide on-site integrated mental health services at BronxCare's outpatient network.
- In 2023 add Buprenorphine as third Medication Assisted Treatment option through the Opioid Treatment Program.
- In 2023, provide 12,000 visits through the Chemical Dependence Outpatient Treatment Program, building on the 2022 goal of 11,000 visits.

Goal 2: Address high incidence of suicide and continue efforts to reduce this most serious problem.

- In 2020, provide services through the Zero Suicide program to 10,000 individuals, building on the 2019 goal of services to 5,000 individuals.
- In 2020, expand the Zero Suicide prevention efforts to BronxCare's outpatient practices.

Goal 3: Continue to address the serious mental health issues and achieve emotional wellness in the Bronx Community.

- In 2023, provide Consultation Liaison services to 6,600 individuals, building on the 2022 goal of services to 6,000 individuals.
- In 2023, reinforce and expand Collaborative Care services.

BronxCare's senior management team will monitor the progress of process measures identified in the Community Health Needs Assessment and Community Service Plan, BronxCare will maintain open channels of communication to ensure that community partnerships are encouraged and maintained.

BronxCare is committed to furthering the goals of the New York State Prevention Agenda (2019- 2024) through the selection of its two priority agenda initiatives. The priorities, Prevent Chronic Diseases (Priority 1) and Promote Well-Being and Prevent Mental and Substance Use Disorders (Priority II) represent pressing health care needs in BronxCare's medically underserved and ethnically diverse community. Through collaboration with its community partners, BronxCare has developed a plan of action that addresses needed health and mental health services.

Dissemination of Community Health Needs Assessment and Community Service Plan

BronxCare's Department of Development and External Affairs continues to meet regularly with interested community, church, civic, consumer, and business groups (including 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 disseminate the Community Health Needs Assessment and Community Service Plan to the public. It will be posted on its website (BronxCare.org). The public can also request a copy by contacting BronxCare's Division of Planning, Marketing and Public Relations at (718) 901-8595.