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INTRODUCTION

For over 120 years, Bronx-Lebanon Hospital Center (Bronx-Lebanon) has been successful in providing quality health care to those in need, regardless of their ability to pay. Today, Bronx-Lebanon is the largest voluntary, not-for-profit health care system serving the South and Central Bronx, with 972 beds at two major hospital divisions, a comprehensive psychiatric program, two specialized long-term care facilities, and an extensive BronxCare Network of medical practices, including the Dr. Martin Luther King, Jr. Health Center, providing one million visits annually.

Bronx-Lebanon is now among the largest providers of outpatient services in New York City and maintains the second highest market share in the Bronx. Its Emergency Room is responding to 137,000 visits annually, one of the busiest in New York. In 2011, Bronx-Lebanon received full accreditation from the Joint Commission, one of the leading accrediting authorities in the nation. The hospital’s 15 accredited residency and fellowship programs and continuing affiliation with the Albert Einstein College of Medicine are also strong indicators of its medical excellence.

Bronx-Lebanon has consistently moved forward as an economic anchor and engine for positive change, with more than $300 million in capital projects infused into the Bronx economy. Additionally, its New Directions Community Revitalization Initiative resulted in the completion of 16 homes, 84 condominium units, and a 51-unit low income housing project for senior citizens. Bronx-Lebanon is also one of the few hospitals in New York that, by the end of 2013, will be fully computerized, with a complete inpatient and outpatient electronic medical record. In looking to the future, Bronx-Lebanon is directing its efforts towards expanding facilities and adding services in response to the needs of the Bronx community.

- A new $42 million, 60,000 square foot Ambulatory Care Facility will be completed in 2014.
- A new $34 million, 56,000 square foot Life Recovery Center for chemical dependency services will be completed in 2014.
- A new Neurosurgery Service was established.
- A major ER modernization was completed, with expanded registration and treatment areas, as well as a short stay cardiac observation area and new code room.

It is in the Bronx community where we see the importance of fulfilling the hospital’s essential role as “Doctor to the Community.” Bronx-Lebanon regularly provides free check-ups and screenings at schools, nursing homes, senior citizen centers, and churches, among many other community organizations. Its numerous outreach programs are also educating the community about nutrition, disease prevention and management, and other important health
issues. HealthBeat, Bronx-Lebanon’s widely acclaimed weekly television show, offers viewers the opportunity to have their questions answered by medical experts. Bronx-Lebanon’s Mobile Health Units are also bringing physicians and medical services directly to where they are needed. Its school-based health programs are promoting health education and prevention, as well as achieving positive outcomes for students.

Ultimately, a hospital must be judged by its accomplishments and record of service. Throughout Bronx-Lebanon’s history, there have been many changes and challenges. Yet, all of these efforts are based on a firm dedication to what matters most, the high quality comprehensive, accessible, and compassionate medical care that has successfully been provided—that is Bronx-Lebanon’s community service tradition.
I. MISSION STATEMENT

A. MISSION

It is the mission of Bronx-Lebanon to deliver the highest quality services to the Bronx community, through building a health care network that is continuously striving to heal, to teach and to care.

Bronx-Lebanon’s primary role is to meet the health care needs of the communities it serves through provision of high quality care and compassionate health services. We anticipate, comprehend, and flexibly respond to changes in the dynamic health care environment in order to satisfy patients and their families.

Bronx-Lebanon, in order to assure the continuity and fulfillment of its mission, will maintain strong working relationships with health care professionals, providers, local community/civic organizations and local/state Health Department. We will continue to provide the latest technology, cost containment measures, and appropriate resources.

B. VISION

Bronx-Lebanon’s vision is to continually reinforce the hospital’s role as “Doctor to the Community” and its position as a health care leader, as well as an economic anchor, and engine for positive change.

Bronx-Lebanon’s visibility and service to its region will be maintained through participation from members of the Board of Trustees, leadership team, medical staff, nursing staff, and employees, as well as Community Boards and the hospital’s extended family of friends and supporters.

C. VALUES

The values of Bronx-Lebanon involve providing high quality, comprehensive, accessible and compassionate care, as well as the highest patient and staff satisfaction levels. We focus on improving the results of health care outcomes and on the quality and value of the health care we deliver. Our values are enhanced by systematically designing, measuring, analyzing and improving Bronx-Lebanon’s operations.
II. DESCRIPTION OF COMMUNITY SERVED

A. DEMOGRAPHIC PROFILE

Service Area

Bronx-Lebanon’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); and Crotona-Tremont (zip codes 10453, 10457, and 10460).
This service area contains 13 geographic units or populations that are designated by Health Resources and Service Administration, as Health Professional Shortage (HPSA) or Medically Underserved Areas (MUA) for primary care, mental health, and dental care and include:

- Morrisania Primary Care HPSA
- Highbridge Primary Care HPSA
- Tremont Primary Care HPSA
- Hunts Point/Mott Haven Primary Care HPSA
- West Central Bronx Mental Health HPSA
- Hunts Point/Mott Haven Mental Health HPSA
- Fordham/Norwood Mental Health HPSA
- Southwest Bronx Dental Care HPSA
- Morris Heights/Fordham Dental HPSA
- Highbridge Service Area MUA
- Morrisania Service Area MUA
- Mott Haven Service Area MUA
- Bathgate Service Area MUA

Bronx-Lebanon is a “safety-net” provider, serving a large number of Bronx residents who are on public insurance programs or uninsured. As shown on the table below, in the hospital’s emergency department, 80% of patient visits are uninsured or on Medicaid, as compared to 55% citywide. Additionally, 71% of discharges were categorized as safety net as compared to only 36% overall for New York.

<table>
<thead>
<tr>
<th>Table 1: Utilization by Payor Mix as a Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bronx-Lebanon</strong></td>
</tr>
<tr>
<td><strong>Discharges</strong></td>
</tr>
<tr>
<td>Uninsured</td>
</tr>
<tr>
<td>Medicaid</td>
</tr>
<tr>
<td>Total Safety Net</td>
</tr>
<tr>
<td><strong>ED Visits</strong></td>
</tr>
<tr>
<td>Uninsured</td>
</tr>
<tr>
<td>Medicaid</td>
</tr>
<tr>
<td>Total Safety Net</td>
</tr>
</tbody>
</table>
Clinic Visits  317,768
Uninsured  18%  11%
Medicaid  48%  55%
Total Safety Net  66%  66%

Source: 2010 Hospital Institutional Cost Report and 2010 Health Center Cost Report. Includes all NYC acute, general care hospitals and any wholly owned or controlled community health centers, except for HHC hospitals. Discharges exclude normal newborns. ED visits include treat & release, and visits that result in admission. Clinic visits include comprehensive care and primary care visits only.

Data Sources

Data have been collected from a wide range of sources to create a demographic and health profile of the Bronx and, specifically, Bronx-Lebanon’s primary service area. The service area has been defined by zip code to encompass the United Hospital Fund (UHF) neighborhoods of Crotona-Tremont, Highbridge – Morrisania and Hunts Point-Mott Haven. For data sources not available by zip code, a close approximation to the service area was utilized. The attached map shows the primary service area and its ten zip codes. Sources include:

- Robert Wood Johnson (RWJ) County Health Rankings, 2013;
- Claritas, Inc., 2013;
- Census Bureau’s 2007 American Community Survey;
- NYC Community Health Survey, 2012;
- New York City Department of Health Community Health Profiles, 2006;
- New York City Department of Planning Community District Profiles, 2010;
- New York State Department of Health, Prevention Quality Indicators, 2008–09;

Health Rankings

According to the Robert Wood Johnson County Health Rankings, 2013, the Bronx has the following characteristics:

- Out of 62 counties in New York State, the Bronx ranks lowest or near bottom for:
  - Overall mortality and morbidity
  - Socioeconomic factors
  - Physical environment
- 24% of population are in poor or fair health
- 10% of births are low birth weight
- 18% of adults are smokers
• 28% of adults are obese
• 30% are physically inactive
• 15% report excessive drinking
• 17% are uninsured
• Only 58% have graduated high school
• 12.3% were unemployed
• 41% of children are living in poverty
• 64% of children are in single parent households

The southwest Bronx is one of the most impoverished in New York City, New York State and the United States. Much of the South Bronx is designated as a Medically Underserved Area, as well as a Health Professional Shortage Area. It is characterized by high rates of poverty, large minority and immigrant populations and low socioeconomic status, as indicated by education, employment and homeless rates. Furthermore, with respect to established health indicators which reflect levels of health and access to services, the service area ranks very low. 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 with low socioeconomic status, is high. These include obesity, stroke, heart disease, asthma, pneumonia, diabetes, glaucoma, diabetic retinopathy and sexually transmitted diseases.

Bronx-Lebanon 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 is ethnic/racial minorities and contains a very young population: Almost one-third of South and Central Bronx residents are under 20 years of age.1 One out of every three people living in the service area is foreign born with recent immigrant populations coming from South and Central America, the Caribbean basin, and West Africa.2 The neighborhoods served by the hospital, particularly in the Central Bronx, are home to the largest concentration of African immigrants in New York City, with 38,811 people originating from the West African nations of Mali, Guinea, Senegal, Ghana, Togo and Gambia.3

The hospital’s 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 care services, including economic factors (low-income or Medicaid eligible), cultural factors, and/or linguistic barriers. Individuals and families in New York City carry the burden of living without health insurance.

---

The Bronx has an uninsured rate of 17% which is higher than the New York State rate (14%)\textsuperscript{4}. Among Medicaid recipients, almost 90% of deaths are associated with chronic illnesses as follows: congestive heart failure, chronic lung disease, cancer, coronary artery disease; renal failure, peripheral vascular disease, diabetes, chronic liver disease and dementia.

Population Data

Published data from Claritas, Inc.\textsuperscript{5} provide population estimates for 2013 and projections through 2018, based on census data and include detailed demographic characteristics relevant to health care needs and socioeconomic levels.

Age

The service area contains nearly 570,000 people as of 2013. This population grew 8.5% between 2000 and 2013 and is projected to grow by 2% through 2018. The service area is characterized by the following demographic characteristics:

- Relatively low median age when compared with New York City: 30.8 versus 36.4;
- Sizable younger population, with 34% under 21, compared with 25% for New York City;
- Lower proportions of elderly (65+) when compared with the city: 8% versus 13%;

Ethnicity

The service area is 80% non-white as compared with 56% for New York City. Thirty-eight percent of the population are African-American (vs. 25% in NYC) and 66% are Hispanic (any race) vs. 29% in NYC. Over one half of the households in the Bronx speak Spanish at home versus only 25% statewide.

- The largest ethnic/nationality groups in the PSA as of 2013 are:

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Puerto Rico</td>
<td>136,000</td>
</tr>
<tr>
<td>Mexican</td>
<td>36,000</td>
</tr>
<tr>
<td>Sub-Saharan African</td>
<td>31,000</td>
</tr>
<tr>
<td>West Indies</td>
<td>21,000</td>
</tr>
<tr>
<td>Chinese</td>
<td>1,000</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>2,000</td>
</tr>
<tr>
<td>Cuban</td>
<td>2,600</td>
</tr>
</tbody>
</table>

\textsuperscript{4} RWJ County Health Rankings, 2013.
\textsuperscript{5} Claritas, Inc., is a database service which continually updates census data and develops projections on the zip code level for a wide variety of sociodemographic characteristics.
Socioeconomic Status

The service area is home to individuals with a disproportionate lack of education, poverty and need for public assistance.

- **Education:** While 11% of New York State residents completed only a ninth-grade education, this proportion is 20% in the PSA;

- **Income/poverty:** Median household income in the service area is well under the citywide level: $22,779 versus $49,127. The proportion of households with incomes below $25,000 is high at 54%, compared with only 28% citywide. For the Bronx as a whole, 38% of families live in poverty versus only 17% in NYC. As of 2007, the proportion of service area residents on public assistance, including Medicaid, was nearly twice the New York City average: 59% versus 32%. In the Bronx overall, the proportion of people with no health insurance is higher (17%) than for New York State (14%).

- **Public Assistance:** The service area has very high rates of dependence on public assistance, including Medicaid. In 2010, this proportion ranged from 58.7% in Community District 2 to 64.6% in CD 3, as shown below.

<table>
<thead>
<tr>
<th>Community</th>
<th>Cash Assistance (TANF)</th>
<th>Medicaid Only</th>
<th>SSI</th>
<th>% of Population Receiving Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD 1 Mott Haven</td>
<td>11,966</td>
<td>35,735</td>
<td>10,949</td>
<td>64.1%</td>
</tr>
<tr>
<td>CD 2 Hunts Point</td>
<td>6,800</td>
<td>18,278</td>
<td>5,602</td>
<td>58.7%</td>
</tr>
<tr>
<td>CD 3 Morrisania</td>
<td>10,792</td>
<td>31,289</td>
<td>9,418</td>
<td>64.6%</td>
</tr>
<tr>
<td>CD 4 High Bridge</td>
<td>18,112</td>
<td>58,362</td>
<td>12,991</td>
<td>61.1%</td>
</tr>
<tr>
<td>CD 5 Central Bronx</td>
<td>17,062</td>
<td>54,361</td>
<td>12,314</td>
<td>65.3%</td>
</tr>
<tr>
<td>CD 6 Central Bronx</td>
<td>14,267</td>
<td>27,604</td>
<td>9,319</td>
<td>61.5%</td>
</tr>
<tr>
<td>Bronx</td>
<td>127,541</td>
<td>444,115</td>
<td>109,517</td>
<td>49.2%</td>
</tr>
<tr>
<td>NYC</td>
<td>351,652</td>
<td>2,272,251</td>
<td>424,180</td>
<td>37.3%</td>
</tr>
</tbody>
</table>

*Source: NYC Department of City Planning, Community District Profiles 2012*

- **Employment:** The PSA has a much higher unemployment rate when compared with New York City: 10% versus 6.6%. 43% are not in the labor force, compared with 37% in NYC.
B. Health Status of Bronx-Lebanon’s Community

Consistent with the demographics and socioeconomics of Bronx-Lebanon’s primary service area that indicate lack of access to health care services, the health status measures demonstrate greater morbidity and poor health outcomes than other areas of New York City and New York State.

Health Status and Statistics

As shown in Table 3 which follows, Bronx-Lebanon's primary service area has high rates of death from diabetes, heart disease and cancer. In addition, as the highlighted rows show, death from complications of diabetes, HIV/AIDS, and incidents associated with mental and behavioral disorders were higher ranked causes of death in the South Bronx than in other parts of the Bronx and New York City.

<table>
<thead>
<tr>
<th>Cause</th>
<th>Crotona/Tremont</th>
<th>Highbridge/Morrisania</th>
<th>Hunts Point/Mott Haven</th>
<th>Bronx</th>
<th>NYC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cancer</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Flu and pneumonia</td>
<td>6</td>
<td>5</td>
<td>5 (tie)</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Stroke</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Accidents (except drug poisoning)</td>
<td>–</td>
<td>10</td>
<td>10</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Diabetes</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Lung diseases</td>
<td>8</td>
<td>7</td>
<td>8</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Homicide</td>
<td>10</td>
<td>–</td>
<td>9</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Mental and behavioral disorders due to accidental poisoning/drug use</td>
<td>7</td>
<td>9</td>
<td>5 (tie)</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Essential hypertension and renal diseases</td>
<td>–</td>
<td>8</td>
<td>–</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>


Diabetes and Other Preventable Conditions

Disparities in diabetes prevalence rates, related to both racial/ethnic background and socioeconomic status, are seen nationally and in New York State and can be observed in the South Bronx as well.
Of the ten NYC community districts with the highest rates of diabetes-related mortality, five are located within Bronx-Lebanon’s service area.\(^6\)

Individuals from minority groups, particularly African Americans and Latinos, are more likely to develop type 2 diabetes (insulin-resistant) than Caucasians and represent almost a quarter of all adult diabetics.\(^7\)

A high proportion of Bronx-Lebanon’s service area residents reported being in only fair or poor health in the 2012 NYC Community Health Survey, and a high proportion lack health insurance. Specifically, maps shown in the Appendix from the 2012 survey indicate high rates of the following health conditions, risk factors and behaviors:

- Obesity
- Diabetes
- Asthma
- Hypertension
- Elevated cholesterol
- Smoking rates
- Serious psychological problems

In the three neighborhoods which contain or overlap with Bronx-Lebanon’s service area (Central Bronx, Highbridge/Morrisania and Hunts Point/Mott Haven), the following statistics underline the pressing health needs in this area:

- 20% are smokers
- 25–28% are obese
- 11–17% have diabetes
- 26–36 % have no physician

Key health issues identified in Community District plans (NYC Department of Planning) include high rates of asthma, the growing number of sexually transmitted disease (STD) cases, AIDS, complications of diabetes (diabetic retinopathy, amputation, cardiac disease), obesity and inadequate primary care.

- The service area has a disproportionately high incidence of serious diseases and conditions. Representative examples include:
  - Cancer
  - Coronary areas
  - Diabetes
  - Asthma

\(^6\) NYCDOH, June, 2013; Diabetes-related mortality in NYC.

\(^7\) Healthy People, 2020.
BRONX-LEBANON COMMUNITY SERVICE PLAN

- Tuberculosis and other infectious diseases
- AIDS/HIV
- Developmental disabilities

In addition, the asthma rate per 1,000 is relatively high at 10.7 in the service area; among children 0-4, the rate is 32.3 per 1,000.

Mental Health and Substance Abuse

According to the NYC Community Health Survey 2012, residents of the South Bronx experience high rates of mental illness and alcohol and drug abuse.

- The South Bronx had a significantly higher rate of 8.1% of the population reporting Serious Psychological Distress as compared with New York City as a whole at 5.5% of the population.

- The South Bronx had greater prevalence of Serious Psychological Distress than 30 of the 34 United Hospital Fund Neighborhoods.

- The South Bronx experiences greater Binge Drinking at 18.8% as compared with other high risk areas such as North and Central Brooklyn (16.3), but was on par with New York City as a whole.

In addition, drug-related hospitalizations per 10,000 are three times higher in the Bronx (107.5) than in New York State overall (34.0).\(^8\)

Infant Mortality/Low Birth Weight/Teen Pregnancy

Infants are the most vulnerable population and residents of the Primary Service Area have disproportionate mortality, low birth weight and teen pregnancy compared to New York City as a whole. Additional information is contained in the Appendix (page A1).

- The four Community Districts which include Bronx-Lebanon’s service area in the Bronx (Districts 1-4) had high infant mortality rates in 2010, ranging from 5.7 in Community District 4 to 7.8 per 1,000 in CD 3.\(^9\)

- The percentage of babies with low birth weight (LBW) is 9% in New York City; however, in the service area overall, the LBW percentage was 10%;

---


\(^9\) NYC Department of Planning, Community District Profiles.
• The teen birth rate in Hunts Point/Mott Haven was 155/1,000, twice the NYC rate and 131/1,000 in Highbridge-Morrisania.

With the closing of maternity and NICU services at North Central Bronx Hospital in August 2013, fewer providers and fewer beds are available to provide high-risk maternity and infant care in the Bronx.

HIV/AIDS

Incidence and prevalence of HIV and AIDS are higher in the Primary Service Area than in New York City as a whole.

• There were 12,677 cases of HIV/AIDS in the service area in 2011; an increase of 4.1% since 2007\(^\text{10}\)

• The 2011 overall HIV/AIDS prevalence in NYC is 1.4% and it is higher in the service area:\(^\text{11}\)
  - Crotona Tremont: 2.3%
  - Highbridge-Morrisania: 2.4%
  - Hunts Point: 2.4%

• The AIDS rate per 1,000 males—13.6%—is much higher than the city average of 7.9%; similarly among females, the rate is 6.8% in the service area versus only 2.6% citywide.

Hospital Admissions/Avoidable Hospitalizations

Hospital admissions per 1,000 were significantly higher in the service area, indicating significantly poorer health status, particularly given the younger age profile of the service area:

• Hospital admissions per 1,000 for medical conditions were 142 in the service area versus 77 citywide. The disparity for surgical admissions was not as great: 29 admissions/1,000 versus 23 per 1,000 citywide.

• The neighborhoods making up the service area (Highbridge/Morrisania, Central Bronx and Hunts Point/Mott Haven) had the highest “avoidable hospitalization rates” in NYC. These neighborhoods ranked at the bottom: 39th, 40th and 41st out of 42 neighborhoods in NYC.

\(^\text{10}\) NYCDOH Annual AIDS Surveillance Statistics.

Data from the New York State Department of Health Prevention Quality Indicators shows that the Bronx-Lebanon primary service area has significantly higher hospital admission rates for major chronic illness and, therefore a greater potential for reduction of utilization through expanded primary care. In addition, for each condition, African-Americans experienced higher admission rates than other racial/ethnic groups.

Table 4: Hospital Admission Rates per 100,000

<table>
<thead>
<tr>
<th></th>
<th>Circulatory</th>
<th>Diabetes</th>
<th>Respiratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronx-Lebanon service area</td>
<td>932</td>
<td>669</td>
<td>1,038</td>
</tr>
<tr>
<td>New York State</td>
<td>456</td>
<td>224</td>
<td>357</td>
</tr>
</tbody>
</table>

III. PUBLIC PARTICIPATION

A. METHODS

Bronx-Lebanon has a multi-pronged approach to identifying and prioritizing the health needs of its community. This includes conducting surveys of existing Bronx-Lebanon network patients and the community in general, analysis of health status data on a local level (county, zip code or neighborhood) and interviews and meetings with community partners.

1. Surveys

The Bronx-Lebanon health care team, through a myriad of community based programs and its large ambulatory care network, surveys the health care needs of patients to identify trends related to community health needs. These trends are then brought to the attention of management in order to focus resources on ameliorating pressing health care concerns. Through a regular survey instrument, Bronx-Lebanon also obtains valuable information on quality outcomes, how well needs are being met and patient satisfaction.

Interaction with the public includes the hospital’s HeartBeat newsletter, the HealthBeat television program and bilingual website (www.bronxcare.org). HeartBeat is distributed throughout the Bronx community and prominently displayed in the hospital’s lobby areas and outpatient practice locations. The HealthBeat television program is widely viewed throughout the Bronx community. It provides a unique call-in format where viewers or consumers of health care services can have their respective questions answered regarding the medical issues of concern to them. Bronx-Lebanon’s website is continually offering consumers important information regarding the hospital’s programs and services. Bronx-Lebanon has also utilized major public service announcements in widely circulated newspapers to inform the public regarding its Community Service Plan. The majority of Bronx-Lebanon’s staff reside in its service area, information regarding the hospital is easily spread through word of mouth in the community. These communication channels allow for community input regarding health issues and needs.

2. Interviews

Prior to interviews, community leaders were provided a brief description of the prevalence, incidence rates, hospitalization rates, and/or mortality rates of various disease and risk factors in their community. During the interview, each community leader was asked to identify the key health issues affecting his or her community and the services that his or her community needed to improve on these health issues. Several themes emerged from these informative interview sessions, including the need for affordable and accessible urgent care services (and the resulting reduction of ER use for primary care), and culturally and linguistically appropriate (particularly Spanish) services to help reduce health disparities in the
Latino and African American communities. Obesity and poor diet are critical issues, as there are many fast food restaurants but few venues where fresh fruits and vegetables are available for purchase. Related to this is the emphasis on the need to address diabetes and hypertension, both with medical preventive care and interventions as well as via education programs. Exposure to air pollutants is leading to more cases of environmentally induced asthma, which is particularly alarming among children in the South Bronx. Several leaders highlighted the continued need for HIV/AIDS services in the area, as people with HIV are living longer but experiencing more challenges, such as finding housing and substance abuse/mental health services.

Below is a summary of the needs and gaps identified through interviews with community agencies:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Date</th>
<th>Findings</th>
</tr>
</thead>
</table>
| Bronx Overall Community Development Corporation | June 24, 2013 | - Environmental pollution, due to trucking: pulmonary conditions/asthma  
|              |            | - Obesity, especially in children                                        
|              |            | - Diabetes                                                               
|              |            | - Hypertension                                                           
|              |            | - High cholesterol                                                      
|              |            | - AIDS                                                                   
|              |            | - Nutrition and exercise education; availability of low priced healthy foods  
|              |            | - High immigrant population and resulting needs for cultural sensitivity and outreach  |
| Vida Clinic, Communilife (provides outpatient mental health services in the South Bronx) | July 1, 2013 | - Health disparities among the Latino community                            
|              |            | - Mental health issues/suicides among young Latinos                       
|              |            | - HIV/AIDS, especially among the aging population                        
|              |            | - Low socioeconomic status resulting in poor health care access, use and behaviors  
|              |            | - Hypertension and diabetes                                              
|              |            | - Inadequate clinics for mental health services for the indigent.         
|              |            | - Need cultural and linguistic competency in mental health services for Latinos  
<p>|              |            | - Inadequate access to dental care                                        |</p>
<table>
<thead>
<tr>
<th>Organization</th>
<th>Date</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAIN (Regional Aid for Interim Needs), Home Attendant Services (multiservice community organization serving 30,000 elders in Bronx, Manhattan)</td>
<td>July 1, 2013</td>
<td>• Hypertension&lt;br&gt;• Diabetes&lt;br&gt;• High cholesterol&lt;br&gt;• Elderly: dementia&lt;br&gt;• Obesity and lack of exercise&lt;br&gt;• Economic barriers to care, lack of insurance, inability to navigate system</td>
</tr>
<tr>
<td>Bronx Shepherds Corporation (social service organization serving minority low-income population, including foster care youth and seniors)</td>
<td>July 23, 2013</td>
<td>• Disparities in access to care based on income, insurance coverage, race/ethnicity, education and language spoken&lt;br&gt;• Need cultural competence, sensitivity training for providers and well designed outreach programs&lt;br&gt;• Hypertension, diabetes and obesity identified as high prevalence conditions among population served (minorities); many linked to poor nutrition and inadequate knowledge about nutrition&lt;br&gt;• Mental health needs also identified as underserved</td>
</tr>
<tr>
<td>William Aguado, (retired executive director of Bronx Council on the Arts; assists low income artists with health care needs)</td>
<td>July 16, 2013</td>
<td>• Lack of access to care and insurance among artists, particularly ethnic minorities&lt;br&gt;• Health issues identified include asthma, diabetes, smoking and COPD, poor nutrition and substance abuse&lt;br&gt;• Education regarding healthy lifestyles and navigating the health care system, as well as preventive care</td>
</tr>
<tr>
<td>Bronx Works (operates senior centers, a NORC and works with low income families to access public benefits)</td>
<td>July 17, 2013</td>
<td>• Mental health and substance abuse, compounded by homelessness&lt;br&gt;• Chronic diseases: diabetes, hypertension, asthma and high cholesterol&lt;br&gt;• Childhood obesity and the need for education in nutrition&lt;br&gt;• Lack of insurance</td>
</tr>
<tr>
<td>Organization</td>
<td>Date</td>
<td>Findings</td>
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<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hostos Community College</td>
<td>July 23, 2013</td>
<td>• Inadequate access to primary care and overreliance on emergency room for care</td>
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<td></td>
<td></td>
<td>• Lack of insurance</td>
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<td>• Lack of education on healthy behaviors, nutrition, obesity, diabetes</td>
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<td></td>
<td></td>
<td>• High cost of medication for chronic disease</td>
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<td></td>
<td></td>
<td>• Mental health conditions also high</td>
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<tr>
<td></td>
<td></td>
<td>• Need more outreach and health education</td>
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<tr>
<td>Icahn Charter School</td>
<td>July 23, 2013</td>
<td>• Childhood asthma</td>
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<td></td>
<td>• Juvenile diabetes</td>
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<tr>
<td></td>
<td></td>
<td>• Poor nutrition</td>
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<td></td>
<td>• Teen pregnancy</td>
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<td>• Inadequate prenatal care</td>
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<td></td>
<td>• Substance abuse</td>
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<td></td>
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<td>• Pediatric mental health care</td>
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<td></td>
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<td>• Overuse of ER for primary care</td>
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</tbody>
</table>

As a result of these interactions, Bronx-Lebanon has identified the following health need priorities in its community:

- Access to primary care
- Mental health disorders
- Substance abuse
- Asthma
- Hypertension
- Diabetes
- Heart disease
- Cancer
- HIV
- Obesity
- Maternal/child health

3. **Data Sources Utilized**

Bronx-Lebanon has analyzed local community health and socioeconomic data from a wide variety of sources, including:

- Robert Wood Johnson, County Health Rankings
- NYC Department of Health, Community Health Profiles
- NYS DOH Bronx County Indicators
Claritas, Inc. socioeconomic data on zip code level, based on US Census estimates and projections
• New York State Department of Health, Prevention Quality Indicators
• United Hospital Fund Community Health Atlas
• HRSA (Health Resources and Services Administration): Health Care Professional Shortage Areas and Medically Underserved Areas
• New York City HIV/AIDS Annual Surveillance Statistics
• NYCDOH, Annual Vital Statistics

As described in detail above, these data all point to an extremely medically underserved area characterized by low socioeconomic status and other factors which put the community at risk for many pressing health needs. Of these, Bronx-Lebanon has identified two top priorities selected from the NYSDOH Prevention Agenda, namely Access to Primary Care and Chronic Disease Prevention, and the Enhancement and Coordination of Mental Health and Substance Abuse services to its community.

4. **Collaboration with Community Partners**

Bronx-Lebanon works closely with a wide range of community and governmental organizations to assess and plan for community health care needs. Among these organizations are:

**New York State:**

• New York State Department of Health (DOH)
• New York State Office of Alcohol and Substance Abuse Services (OASAS)
• Dormitory Authority of the State of New York (DASNY)
• New York State Office of Mental Health (OMH)
• The AIDS Institute
• Department of Corrections

**New York City:**

• New York City Department of Health and Mental Hygiene (DOHMH) — NYCDOH Lesbian Gay Bisexual Transgender (LGBT) unit
• Community Planning Boards 3 and 4
• Bronx Borough President’s Office
• Board of Education
• Department of Corrections
• Sanitation and Police Departments
Other:

- Crotona Park Mental Health Center
- Community Advisory Board for Ambulatory Care
- Bronx-Lebanon Integrated Services System
- Dr. Martin Luther King, Jr. Health Center
- Psychiatric Community Advisory Board
- Elected officials at federal, state and local levels
- Labor unions; Local 372
- Lesbian Gay Bisexual Transgender organizations
- FEBS
- Coordinated Behavioral Care (CBC): A group of 14 behavioral health organizations
- Dominican businesses
- Taxi companies
- Community-Kinship (CK) Life
- Wellcare and Healthfirst managed care plans
- Religious organizations (church, mosques)
- Corbin Hill Food Project

Managed Care Partnership:

Bronx-Lebanon is a partner in Healthfirst, a not-for-profit managed care organization, and is responsible for providing fully capitated medical and health care services and care management to more than 90,000 enrolled clients each year, in conjunction with community-based providers.

Health Home Partners:

- All Med D&TC
- Bronx Works
- Coordinated Behavioral Care (CBC), a consortium of 14 mental health agencies
- Corinthian Medical/IPA
- Essen Medical Associates
- Narco Freedom

Summary of Meetings with Community Partners:

General

Community Boards 3 and 4:

- Regular meetings with Bronx-Lebanon’s VP of Development
BRONX-LEBANON COMMUNITY SERVICE PLAN

- Most recent meeting June 24, 2013 and July 18, 2013
- Community health issues and needs
- Identified needs in the areas of heart disease, obesity, diabetes, hypertension, smoking, inadequate insurance coverage/primary care access

Dr. Martin Luther King, Jr. Health Center:

- Board of directors meetings attended by Bronx-Lebanon representatives
- Generally monthly or bi-monthly: 2013: August 22, July 25, May 23, March 28, February 28
- Topics covered include planning for New Life Recovery building (mental health/substance abuse) and wide variety of preventive/primary and community health issues and programs

Mental Health Issues Including Life Recovery Facility

- Crotona Park Mental Health Center
- NYS OASAS
- Bronx-Lebanon Psychiatric Community Advisory Board
- Health Home partners:
  - weekly meetings

Ambulatory/Community Health Issues, Including Ambulatory Care Facility

- NYS DOH
- NYS Dormitory Authority
- Bronx-Lebanon Ambulatory Care Board
- BLISS (FQHC): Monthly

B. PUBLIC INPUT PROCESS FOR IDENTIFIED HEALTH PRIORITIES

Priority 1: Prevent Chronic Diseases: Increase Access to High Quality Preventative Care and Management

The focal point of this initiative is the completion of Bronx-Lebanon’s new Ambulatory Care Facility and the implementation of new outpatient programs to address the growing needs of the Bronx community.
The new ambulatory care building, anticipated to open first quarter 2014, will provide a wide range of primary and specialty care services. It will be a Federally Qualified Health Center (FQHC) site. The goal is to provide needed care to community residents with poor access to care.

Bronx-Lebanon collaborated closely with its internal Ambulatory Care Board, as well as Community Planning Board 4 to plan for and implement this project. Below is a summary of the meetings held with these agencies: These meetings provide Bronx-Lebanon with valuable direction in the following areas: program initiation, service provision, access to care, and the needs of the medically underserved and ethnically diverse community.

- **Ambulatory Care Board**: Meetings are held monthly to discuss a range of ambulatory care/ER issues, including special presentations and discussions regarding the planning for and implementation of the proposed Ambulatory Care Facility.

- **Community Planning Board 4**: Meets regularly with Bronx-Lebanon’s Vice President of Development and External Affairs regarding the planning, implementation and zoning issues for the proposed Ambulatory Care Facility.

In addition meetings are regularly held with Bronx-Lebanon’s Federally Qualified Health Center, Bronx-Lebanon Integrated Service System (BLISS):

- **Meetings** are held on a monthly basis covering community health care and related issues, including discussions of the planned Ambulatory Care Facility.

In addition to the collaborative planning effort culminating in the new ambulatory care facility, below is a summary of a wide variety of other important community based health initiatives which represent the culmination of collaboration with community based private and public sector organizations:

**Bronx-Lebanon’s Community Health Navigator Program for Diabetes**

Bronx-Lebanon’s Community Health Navigator program provides educational, social, and peer support for patients with diabetes and other chronic diseases, helps decrease barriers to care, educates patients in self-management practices, and empowers patients to take an active role in their personal health. The Community Health Worker Program, initiated for diabetes patients, has expanded to include asthma, geriatrics, hypertension, and prenatal patients who require additional support.

These programs are fully integrated into residency training. In 2012, the Department of Family Medicine began offering on-site diabetes services to the residents of Claremont Village, a large public housing project in the Bronx, utilizing a community health worker to develop patient self-management skills.
Bronx-Lebanon's Internal Medicine department currently participates in the NYC DOHMH Preventive Services Advisor (PSA) Program and has instituted a diabetes registry, a diabetes prevention initiative aimed at improving the quality of care and quality of life for New Yorkers with diabetes. The program promotes patient self-management and utilizes a patient registry to help providers monitor patient hemoglobin-A1c levels. With support from the NYS Health Foundation, Bronx-Lebanon has expanded the diabetes management program to its Family Medicine and Pediatric practices and incorporates community health workers who provide social and peer support for diabetic patients.

Community Physician Liaison Program

Bronx-Lebanon initiated its Community Physician Liaison Program with the goal of strengthening Bronx-Lebanon’s partnership with community physicians and community-based organizations to improve the effectiveness and efficiency of health care delivery in the south and central Bronx. The program established a direct line of communication (one main phone number) between community providers and Bronx-Lebanon. The Community Physician Liaison Program has led to three major initiatives to better meet the needs of community providers: 1) In-Direct Admissions Program, which connects community-based primary care physicians to Bronx-Lebanon emergency department providers when a patient has an emergent health issue; 2) Community Physician Liaison-ED Discharge Program, which connects community-based primary care physicians to Bronx-Lebanon emergency department providers when a patient is discharged from the emergency department; and 3) Community Physician Referrals Program, through which physicians can request expedited specialty care appointments.

West African Population/Diaspora Care: Culturally Sensitive Care Needs

The Diaspora care clinic provides culturally appropriate care with the goal of providing access to comprehensive primary and specialty health care in a culturally sensitive setting targeted to the large population of West African residents of the service area

- Based on the needs of this population, the clinic focuses on health education, prevention, maternal/child health care, chronic disease, dental care and HIV counseling
- Partnered with large number of religious organizations in community: mosques and churches to identify needs, issues
- Provides culturally sensitive services for example, providing a prayer space
- Worked with Health First, and held open houses for 22 religious organizations
**Provision of Culturally Competent Care**

This is a partnership with SEIU 1199 and CUNY to enhance culturally competent care delivered in Bronx-Lebanon’s health care program, including:

- Recruiting bilingual workers into health services
- Holding sessions on culturally competent care for specific community health issues, such as obesity

**Outreach to the Dominican Community**

The goal of this program is to serve the health needs of young men, who are currently an underserved population.

- Partnered with three major taxi companies in Bronx/many Dominican drivers
- Held meetings, provided educational brochures and evening clinic session for taxi drivers
- Partnered with Dominican businesses in effort to enhance access to care for young Dominican men

**School Workers, Sanitation Workers and New York City Police Department**

The goal is to bridge the gap in primary and specialty care for this population, many of whom have chronic conditions.

- Partnered with Local 372 union (school janitors, food workers)
- Many with chronic conditions such as diabetes
- Have also conducted outreach

**Bronx Health Link**

This program includes health education, research, and advocacy agency that engages Bronx residents, healthcare providers, schools, researchers, community-based organizations, and government officials in pursuing better health outcomes for the borough.

- Education of borough residents and health care providers about health issues and healthcare options through workshops, conferences, resource centers, surveys, reports, and our daily e-newsletter and website.

- Funded through the City Council's Infant Mortality Reduction Initiative and the New York State's Comprehensive Perinatal and Prenatal Services Network to coordinate networks of health and human service providers in the Bronx.
Bronx Community Research Review Board to bridge the gap between researchers and consumers, build trust, and improve research processes and outcomes.

Community-based research to develop policy recommendations and work with other organizations to advocate for health equity and social justice through testimony, letters, legislative visits, and action alerts.

Participate in numerous workgroups, advisory boards and task forces.

330 Grant

Bronx-Lebanon participates in this federal program to assist providers in caring for the uninsured.

- Receive funding to provide quality care to people with no insurance or inadequate insurance (85% of Bronx-Lebanon patients).
- Have received grant since 1990s but recently expanded the practices covered by the grant; 9 locations, 23 practices.

Medical Home

Bronx-Lebanon received highest (Level III) designation from the National Committee for Quality Assurance (NCQA) for primary care practice to provide coordinated and high quality care in March 2012.

- Provides $9 million annually in additional revenues through Medicaid.
- Enables expansion of ambulatory care services for underserved community.

Bronx Regional Health Information Organization (RHIO)

Bronx-Lebanon has been a member of the Bronx RHIO since 2011. The hospital was an early adopter of health information technology and a founding member of the Bronx RHIO. This participation enables Bronx-Lebanon to access patient records from participating providers and enhances continuity of care.

Healthy Choices

The program is a partnership with Corbin Hill Food Project to help alleviate the lack of fresh food available to residents of the South Bronx.

- 200 participating organizations including schools, churches, community centers and Bronx-Lebanon’s network of community health centers (BronxCare).
- Distributes free fruits and vegetables to needy families.
• Educational programs on healthy nutrition and exercise.
• Goal is to prevent high prevalence chronic diseases impacted by nutrition.

Planned partnership with New York City Department of Health on community health interventions:

Bronx-Lebanon is partnering with the New York City Department of Health and Mental Hygiene by implementing the following community health interventions:

• Adopt Healthy Hospital Food Initiative.
• Screen and counsel patients to quit smoking.
• Adopt screening, brief intervention and referral to treatment for alcohol and drug use in outpatient and emergency department settings.
• Engage patients with first-episode psychosis into quality outpatient care.
• Anti-obesity education.
• Diabetes prevention for overweight/obese adults and women with gestational diabetes.

Lesbian, gay, bisexual and transgender community need for access to care:

This program conducts outreach to lesbian, gay, bisexual and transgender community to enhance access to care, such as:

• Worked with Community-Kinship (CK) Life, a community organization dedicated to helping the LGBT community
• Partnered with NYC DOH LGBT unit
• Invited all local LGBT community organizations to discuss health needs, access etc
• Conducted internal Bronx-Lebanon survey to determine gaps in services/access for this population; educated administrators as well as physicians. Sensitivity Training for staff dealing with LGBT population in conjunction with HRSA

Smoking Cessation

This program encompasses Bronx-Lebanon’s efforts to reduce tobacco consumption, particularly smoking among adults, include education and outreach programming.

• Bronx-Lebanon participates in the NYC Tobacco-Free Hospital Campaign, and collaborates with the following:
  – Bronx Smoke-Free Partnership, and collaborates with the
  – Bronx Einstein Alliance for Tobacco-Free Health and Environmental Services (Bronx BREATHES),
  – Bronx County Tobacco Cessation Center serving the residents of the Bronx
PRIORITY 2: PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE

The second priority, Mental Health Services, focuses on the development of the new Life Recovery Center, a facility which includes inpatient and outpatient drug and alcohol treatment services under one roof in a modernized facility. It was planned in collaboration with OASAS, and is scheduled to open the first quarter of 2014. OASAS became interested in Bronx-Lebanon’s idea for the full range of addiction services under one roof. It is unique in that it will house outpatient, acute detox, inpatient rehabilitation, and residential care. Meetings were held with the following community based and government organizations to identify needs and plan the facility and its programs:

- New York State Office of Alcohol and Substance Abuse Services
- Psychiatric Community Advisory Board: Meetings are held regularly regarding the planning and implementation of the new Life Recovery Center.
- Crotona Park Mental Health Center board
- Community Planning Board 3: Have met regularly with Bronx-Lebanon regarding planning and implementation for the new Life Recovery Center.

Other Major Mental Health/Behavioral Initiatives:

1. **Health Home**

Under the Affordable Care Act, the federal government provides 90% of funding for Health Homes which have a large behavioral health component. The Health Home provides care management to expand/improve care for patients with multiple chronic medical and mental health disorders. Bronx-Lebanon worked closely with DOH and received Health Home designation in 2011.

The Health Home provides a care coordinator for individuals with chronic illness, psychiatric and/or substance abuse problems. It focuses on the whole person to stabilize them socially, which facilitates the medical care process. A projected 7,000 patients will be enrolled.

Bronx-Lebanon has also worked closely with Coordinated Behavioral Care (CBC)—a consortium of 14 behavioral health organizations in New York City. Regular weekly meetings are conducted and the Health Home has enrolled 3,500 individuals. Participating organizations share medical records across all participants and settings; there is a strong care management component with weekly case conferences and shared data.

2. **Community Health Interventions with New York City Department of Health**

Bronx-Lebanon plans to partner with New York City Department of Health for the following mental health prevention initiatives, consistent with the priority agenda:
- Screening and intervention for alcohol and drug use in ambulatory and emergency room settings
- Access to high quality outpatient care for first-episode psychosis

C. DISCUSSIONS OF THE NEED FOR SERVICES

The projects which are the focus of the identified New York State Prevention Agendas include:

- Development of the new Ambulatory Care Facility
- Development of new Life Recovery Center

During the past several years, discussions were held with the community partners previously identified regarding the need for these services and facilities, as well as the strategies for successful implementation. These discussions related to barriers to development and the pressing need for these services.

- **Ambulatory Care Facility:** (Planned for 2014 opening) Bronx-Lebanon interfaced extensively with the New York State Department of Health at both the state and local level, as well as Dormitory Authority of the State of New York, in planning for and developing its proposed Ambulatory Care Facility. The New York State Department of Health concurred with published health status indicators which demonstrated that the residents of the hospital’s service area exhibited higher disease incidence rates in comparison to statewide averages. Furthermore, the rapid growth in ambulatory care utilization at Bronx-Lebanon provided further evidence that existing facilities were insufficient to meet current and projected future demand for ambulatory visits. The Department of Health supported the need for the new Ambulatory Care Facility and formally approved the hospital’s Certificate of Need application for it. Meetings held with Bronx-Lebanon’s Ambulatory Care Board, as well as New York City’s Community Planning Board 4 included discussion of the pressing need for expanded and modernized ambulatory care facilities. Community Planning Board 4 was instrumental in assisting Bronx-Lebanon plan and implement the project, including issues related to land use and local approvals.

- **New Life Recovery Center:** (Planned for 2014 opening) The New York State Office of Alcohol and Substance Abuse Services approached Bronx-Lebanon regarding the major need for a full range of addiction services under one roof in the community, including the development of a specialized facility. It is unique in that it will house outpatient, acute detox, inpatient rehabilitation and residential care. OASAS also provided a grant for the hospital to move forward in this area. Meetings with the Psychiatric Community Advisory Board, as well as Community Planning Board 3,
included discussions related to the major need in the community for a new substance abuse facility. Community Planning Board 3 was also instrumental in assisting Bronx-Lebanon with land use planning and obtaining approvals for this facility. Bronx-Lebanon also worked closely with the Crotona Park Mental Health Center board in planning/implementing the New Life Recovery Center.

D. PUBLIC NOTIFICATION

Bronx-Lebanon’s website (www.bronxcare.org) is the location of all updated information regarding Bronx-Lebanon’s initiatives. Further, Bronx-Lebanon’s Department of Development and External Affairs meets regularly with interested community, church, civic, consumer and business groups to enhance the hospital’s ongoing relationship with the community. Through these meetings, valuable input is obtained for Bronx-Lebanon’s plans regarding new and expanded services. Additionally, the hospital’s Managed Care and Business Development department also schedules health fairs and related activities as well as meets with community partners on a regular basis.
IV. ASSESSMENT AND SELECTION OF PUBLIC HEALTH PRIORITIES

Among the five broad priority areas in the New York State Prevention agenda, Bronx-Lebanon has selected two focus areas for which there are pressing needs in the South Bronx:

1. **Priority 1: Prevention of Chronic Disease—Increase access to high quality chronic disease preventive care and management in clinical and community settings.**

   This project will:
   
   - Expand ambulatory care services and programs in response to the needs of the community/“doctor to the community” role
   - Special focus on the growing West African population needs/Diaspora care
   - Initiatives targeting asthma, diabetes, and reducing obesity
   - Improve access to state-of-the-art primary and specialty care facilities for residents of the South Bronx.

   The key criterion for selection of this priority is the ability of the initiative to be consistent with Bronx-Lebanon’s role as “Doctor to the Community.” With Bronx-Lebanon’s extensive ambulatory and community network of practices (BronxCare) and its dedication to enhancing access to care for its underserved communities, this role will be furthered through the first priority agenda and its component initiatives described in detail previously. In addition, criteria used include:
   
   - Ability of planned services to reduce high and unnecessary use of costly acute and emergency room services
   - Ability of service to reduce health disparities in the medically underserved

2. **Priority 2: Mental Health/Substance Abuse—Prevent substance abuse and other mental, emotional, behavioral disorders**

   This project includes:
   
   - Life Recovery building
   - Integration of substance abuse services with Bronx-Lebanon psychiatry program
   - Community based programs and initiatives

   This priority was selected based on the following criteria:
   
   - Ability of planned services to meet the high needs in the area for this service with recognized gaps in service
- Ability of the services to reduce use of costly inpatient levels of care
- Ability of service to reduce fragmentation of care in the mental health/substance abuse area
V. THREE-YEAR PLAN OF ACTION

PRIORITy 1: INCREASE ACCESS TO HIGH QUALITY CHRONIC DISEASE CARE

Community health goals are to exceed ambulatory care volume to over one million annual visits in the outpatient network and improve patient satisfaction, as measured by survey instruments, under development.

Bronx-Lebanon's new nine-story ambulatory care facility is nearing completion and will contain 60,000 square feet of space for increased general and specialty outpatient services. It will accommodate an additional 100,000 visits annually, with a focus on internal medicine, women's health, orthopaedics, surgery, urology, pulmonary, endoscopy, and gastroenterology among numerous other health programs. Modern treatment rooms and waiting areas, as well as advanced diagnostic and support services will be provided to the adult population. This new ambulatory care facility and other planned projects will enable Bronx-Lebanon to reinforce its essential role as “Doctor to the Community”. The following initiatives will also support this priority:

- Medical home: Bronx-Lebanon has received National Committee for Quality Assurance (NCQA) designation as a level III Medical Home, identifying diabetes, pediatric asthma and hypertension as primary areas for outpatient focus. Alleviating these conditions is consistent with Bronx-Lebanon’s plans to expand its comprehensive outpatient network.
- Bronx-Lebanon has received a variety of government grants targeting specific conditions for which the community has high care needs, for example, diabetes.
- Strong emphasis on training for primary care among Bronx-Lebanon residents—50% go into Primary Care
- Planned expansion of West African Diaspora program
- 330 grant to expand ambulatory care through the BronxCare program

PRIORITy 2: PREVENT SUBSTANCE ABUSE AND OTHER MENTAL HEALTH DISORDERS

Bronx-Lebanon’s goals are to implement the Life Recovery Center program by early 2014 and work collaboratively with other providers and agencies in the Bronx to target mental health and substance abuse gaps.

Bronx-Lebanon’s 56,000 square-foot recovery center will integrate inpatient and outpatient care for those suffering from alcohol abuse and chemical dependency. Anticipated to open in early 2014, it will be the only such center in New York State. It is a representative example of Bronx-Lebanon’s continuing efforts to work with government and community
leaders to meet community needs. The emphasis of the life recovery center will be on quality of life, with the overriding goal, a full recovery for every substance abuse patient treated.

- OASAS initiated idea of facility which was a collaborative effort with Bronx-Lebanon.

- Bronx-Lebanon is a New York State designated Health Home, enabling it to work with BronxWorks (a homeless agency) and other participants. It will provide a comprehensive array of inpatient, outpatient, medical, mental health, substance abuse, housing and case management services to a projected 30,000 at risk individuals.
VI. DISSEMINATION OF PLAN

Bronx-Lebanon'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 relationship with the community, including working with them to understand and providing them with Bronx-Lebanon's Community Service Plan.

Bronx-Lebanon will disseminate its Community Service Plan widely to the public using a variety of communications methods. First, individuals interviewed and community organizations that participated in the community needs assessment process will be emailed a copy of the document. The Community Service Plan will also be posted on the hospital website – www.bronxcare.org. Any member of the public can also request a copy of Bronx-Lebanon’s Community Service Plan by contacting Bronx-Lebanon’s Office of Planning, Marketing and Public Relations at 718-FAMILY-1 (718-326-4591).

Other methods for public notification include the hospital's Heartbeat newsletter and its Healthbeat television program. In the Heartbeat newsletter, there is a specific notification that the Community Service Plan report is available to interested parties. A contact telephone number is also referenced. The Heartbeat newsletter is distributed throughout the Bronx community and prominently displayed in the hospital's lobby areas and its extensive outpatient practice locations. The Heartbeat television program is widely viewed throughout the Bronx community. It provides a unique call-in format where viewers or consumers of health care services can have their respective questions answered regarding the medical issues of concern to them. Public service announcements regarding the Community Service Plan are also included in the program format. In addition, public service announcements are placed in local newspapers to inform the public about the availability of the Community Service Plan.

Bronx-Lebanon's bilingual website (www.bronxcare.org) is continually offering consumers important information regarding the hospital's programs and services, including the Community Service Plan. Specifically, a telephone number is listed for consumers to request a copy of the document.
VII. PROCESS FOR TRACKING PROGRESS

Bronx-Lebanon will review utilization statistics on an ongoing basis with management, physicians and the Board. The following measures will be used to track progress in meeting community and chronic health needs:

- Number of visits by type: primary and specialty and by setting, for example:
- Average waiting times for appointments.
- Number of repeat admissions to hospital.
- Number of hospital admissions through the ER for chronic conditions.
- Number of screening tests performed by specialty.
- Patient satisfaction scores (will work closely with union SEIU 1199 on patient satisfaction initiatives).

Specifically, Bronx-Lebanon will track progress in the following chronic disease areas through these measures:

- Cardiac disease: blood pressure and cholesterol levels
- Diabetes: increase the proportion of adults with diabetes whose A1C level is below 8 and increase the percentage receiving all four screening tests (A1C test, lipid profile, eye exam, and nephropathy monitoring)
- Obesity: Body Mass Index
- Asthma: Number of hospital admissions via the ER.

Outcome measures to be utilized for tracking progress in Priority Two (Mental Health/Substance Abuse) include the following:

- Psychiatric ER usage
- Readmissions for acute mental health/substance abuse conditions
- Utilization/attendance of outpatient substance abuse programs (detox, rehabilitation, etc).

Bronx-Lebanon’s senior staff will monitor the progress of the Community Service Plan, make mid-course corrections, as required, and maintain open channels of communication to ensure that community partnerships are encouraged and maintained.

In summary, Bronx-Lebanon is committed to furthering the goals of the New York State Department of Health Prevention Agenda, through the selection of two priority agenda initiatives, consistent with the Department’s goals. These are ambulatory/chronic care and mental health/substance abuse, both of which represent pressing needs in the medically underserved and ethnically diverse community served by Bronx-Lebanon. Through collaboration with our community partners (private and public) we have developed a set of program and service plans which build on our strengths and mission to further bridge the gaps in health and mental health care in the South Bronx.
APPENDIX
BIRTH CHARACTERISTICS IN BRONX-LEBANON’S SERVICE AREA
SOCIOECONOMIC STATUS AND RACE/ETHNICITY, AND SELECTED BIRTH-RELATED CHARACTERISTICS IN BRONX-LEBANON’S SERVICE AREA

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Key Populations</th>
<th>Births (3-year total)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Poverty</td>
<td>#AA or Latino</td>
</tr>
<tr>
<td>CENTRAL BRONX</td>
<td>72,585</td>
<td>137,856</td>
</tr>
<tr>
<td>HIGHBRIDGE-MORRISANIA</td>
<td>75,160</td>
<td>163,645</td>
</tr>
<tr>
<td>HUNTS POINT/-MOTT HAVEN</td>
<td>52,401</td>
<td>80,926</td>
</tr>
<tr>
<td>TOTAL</td>
<td>200,146</td>
<td>382,427</td>
</tr>
</tbody>
</table>


% TOTAL LIVE BIRTHS AND LOW BIRTH WEIGHT (LBW) BIRTHS TO TEENAGE MOTHERS (AGE < 20 YEARS) IN BRONX-LEBANON’S SERVICE AREA, BRONX, AND NYC

![Graph showing % Total Live Births and % LBW](Image)

MAPS FROM 2012 COMMUNITY HEALTH SURVEY
NYC Community Health Survey 2012
Percentage of individuals who are current smokers by neighborhood

Bronx-Lebanon Primary Service Area

Percent
7.3 - 14.2
14.2 - 17.1
17.6 - 23.0

Bureau of Epidemiology Services, NYC DOHMH
NYC Community Health Survey 2012
Percentage with serious psychological distress by neighborhood

Bronx-Lebanon Primary Service Area

Bureau of Epidemiology Services, NYC DOHMH
NYC Community Health Survey 2012
Percentage obese adults by neighborhood

Bronx-Lebanon Primary Service Area

Bureau of Epidemiology Services, NYC DOHMH
NYC Community Health Survey 2012

Percentage no insurance by neighborhood

Bronx-Lebanon Primary Service Area

Percent 7.6 - 15.3  15.9 - 21.1  21.4 - 36.3

Bureau of Epidemiology Services, NYC DOHMH
NYC Community Health Survey 2012
Percentage ever been told having high cholesterol by neighborhood

Bureau of Epidemiology Services, NYC DOHMH
NYC Community Health Survey 2012
Percentage which have ever been told high blood pressure by neighborhood

Bronx-Lebanon Primary Service Area

Percent
15.5 - 25.9
25.1 - 29.5
31.4 - 41.3

Bureau of Epidemiology Services, NYC DOHMH
NYC Community Health Survey 2012
Percentage reporting fair or poor general health by neighborhood

Bronx-Lebanon Primary Service Area

Percent  7.1 – 16.6  16.6 – 24.6  25.5 – 42.0

Bureau of Epidemiology Services, NYC DOHMH
NYC Community Health Survey 2012
Percentage ever been told they had diabetes by neighborhood

Bronx-Lebanon Primary Service Area

Percent  2.4 - 7.6  10.8 - 13.6  13.9 - 20.1

Bureau of Epidemiology Services, NYC DOHMH
NYC Community Health Survey 2012
Percentage having an asthma attack in the last year by neighborhood

Bronx-Lebanon Primary Service Area

Bureau of Epidemiology Services, NYC DOHMH
PHOTOGRAPH OF AMBULATORY CARE FACILITY OPENING IN 2014
New Ambulatory Care Center in final stage of construction.
PHOTOGRAPH OF LIFE RECOVERY CENTER
OPENING IN 2014
New and nearly completed Life Recovery Center.
TIMELINE OF BRONX-LEBANON’S HISTORY
TIMELINE OF BRONX-LEBANON’S HISTORY

1962
The Bronx Hospital (founded in 1909) merged with the Lebanon Hospital (founded in 1890).

1971
Bronx-Lebanon becomes an affiliated primary teaching hospital of the Albert Einstein College of Medicine.

1987
Bronx-Lebanon completes “New Directions,” a $214 million modernization project that resulted in state-of-the-art hospital facilities, as well as the creation of an innovative long-term care facility.

2000
Bronx-Lebanon’s tradition of community service and leadership position continues into the new millennium.

2009
Bronx-Lebanon’s new Children’s Wing for inpatient and outpatient services opens.

2010
Bronx-Lebanon opens a new Hospice Unit to provide compassionate end of life care.

2012
Bronx-Lebanon receives New York State Department of Health designation as a Health Home Provider in the Bronx for providing comprehensive services to the Medicaid population with chronic conditions.

Bronx-Lebanon’s outpatient practices receive certification as a Level Three Patient Centered Medical Home (the highest level) by the National Center for Quality Assurance (NCQA).

Bronx-Lebanon completes a major ER modernization to address the rising number of patients that depend on it (more than 137,000 ER visits annually).

Bronx-Lebanon launches a Healthy Choices nutritional and food distribution initiative, through a collaborative effort with Corbin Hill Food Project.

2013
Bronx-Lebanon reaches the one million outpatient visit level, among the largest for a hospital in New York, further reinforcing its essential role as “Doctor to the Community.”

Bronx-Lebanon’s number of graduating medical students in the primary care area is acknowledged as being one of the highest in the nation.
TIMELINE OF BRONX-LEBANON’S HISTORY

2014
Bronx-Lebanon will complete construction of its Ambulatory Care Facility, as well as Life Recovery Center, one of only a few such facilities in New York State to combine inpatient, outpatient, and residential services for individuals suffering from chemical dependency.
BRONX-LEBANON: RECENT HIGHLIGHTS
Bronx-Lebanon: Recent Highlights

Our Ambulatory Care Facility will be completed in 2014, increasing total outpatient volume to more than one million visits annually, and reinforcing Bronx-Lebanon's leadership role as “Doctor to the Community.”

Our Life Recovery Center will be completed in 2014. It will be one of only a few such facilities in New York State to combine inpatient, outpatient, and residential services for individuals suffering from chemical dependency.

Our number of Graduating Medical Residents in the Primary Care area is one of the highest in the nation. We produced 143 primary care physicians (50 percent of the graduating class), especially important in the current healthcare environment, where keeping patients healthy and avoiding unnecessary admissions is paramount.

Our certification as a Level Three Patient Centered Medical Home, the highest level by the National Center for Quality Assurance, is a further indicator of Bronx-Lebanon’s outpatient excellence. We were the first Bronx hospital to receive this designation for all outpatient practices. Our Patient Centered Medical Home was also awarded a major New York State grant of $14.3 million over three years.

Our New York State designated Health Home, in collaboration with its community partners, is responding to the needs of the Medicaid population with chronic conditions. It is providing comprehensive medical, mental health, chemical dependency, housing, and case management services to a projected 10,000 patients initially and 30,000 upon maturity.

Our newly established Neurosurgery Service was nationally ranked as “high performing” by U.S. News and World Report. Its skilled experienced, and board-certified surgeons are bringing advanced brain and spine surgery to patients and responding to trauma related injuries, strokes, tumors, and back pain, among numerous other problems.

Our ER continues to respond to all types of emergency situations, providing 137,000 visits annually, among the busiest in New York. A major ER modernization was also completed, including expanded registration and treatment areas, as well as a short stay cardiac observation area and code room.

Our 911 Designated Stroke Center in the ER is the recipient of the American Heart Association’s Gold Medal, a prestigious national honor.

Our Angioplasty Program and Hypothermia Center are providing life-saving care.
Our Dentistry Department’s main site will be relocated into new and expanded facilities, with the important benefit of “39 Chairs” (a 50% increase). The Dentistry Department now provides more than 71,500 visits annually at six convenient locations across the Bronx. It has also trained more under-represented ethnic minorities than any such dental residency program in the United States.

Our Women’s Health Center and Birthing Spa (which offers whirlpool deliveries) are delivering the services women need in a welcoming and comfortable setting, providing 75,000 visits annually.

Our Level III Neonatal Intensive Care Unit’s 99% survival rate in saving infants, weighing as little as one to two pounds at birth, remains among the highest in the nation.

Our Orthopaedic Team is providing specialized trauma, hand, foot, and spine care, as well as hip and knee replacements in a totally new facility. Its unique Game Day Same Day program is enabling athletes to be treated on the same day as their injury, a service seen only at the highest level of professional sports.

Our Center for Sleep Medicine is addressing the problems associated with sleep disorders.

Our South Bronx Asthma Partnership received national recognition from the United States Environmental Protection Agency for its leadership in improving the lives of children with asthma.

Our Autism Treatment and Advocacy Center is responding to the increasing incidence of Autism in the community, improving and enhancing the lives of children with autism and their families.

Our Diaspora Initiative (through the Dr. Martin Luther King Jr. Health Center) is providing comprehensive medical and support services to the growing West African population.

Our Hospice Unit is providing compassionate end of life care.

Our Special Care Center and Highbridge Woodycrest Center are providing quality long-term and chronic care. These facilities offer their patients continuity of care through access to Bronx-Lebanon’s inpatient, outpatient, and specialty services.

Our Management Information System is nearing full implementation, including an electronic medical record. By the end of 2013, Bronx-Lebanon will be completely computerized.
Our “myBronxCare” online Patient Portal offers patients the opportunity to always have confidential access to their health information. With “myBronxcare,” patients can contact a doctor, request appointments, review lab or test results, and request prescription refills.

Our Team Stepps program is enhancing patient satisfaction, empowering employees to always put patients first, while assuring quality and safety.

Our Healthy Choices partnership with Corbin Hill Food Project, a non-profit network of farms in Upstate New York is contributing to the nutritional and total wellbeing of patients throughout the BronxCare Network, as well as the community. The fresh fruits and vegetables distributed offer participants the opportunity for a more healthy diet, thereby helping them better manage or prevent the many diseases that are prevalent in inner city communities, such as the Bronx (e.g., Asthma, Diabetes, Congestive Heart Failure, and Obesity).

Our HealthBeat Television Program is effectively delivering the message of health and wellness and our Mobile Health Units are reaching out to the community.

Our Joint Commission, Accreditation Council for Graduate Medical Education and American Dental Association accreditations are further confirmations of Bronx-Lebanon’s leadership position in providing high quality, comprehensive, and compassionate health care services to the community.
THE BRONXCARE NETWORK OF SERVICES
The BronxCare Network
35 AMBULATORY SITES

For more information or an appointment, call (718) 99-BRONX (718-992-7669), or visit our website at www.bronxcare.org
BRONX-LEBANON HOSPITAL CENTER
HEALTH CARE SYSTEM

BronxCare Practices

BronxCare Cardiology Practice at Concourse
1650 Grand Concourse, 12th Floor, Bronx, New York 10457

BronxCare Ear, Nose, Throat Practice at Concourse
1650 Grand Concourse, 6th Floor, Bronx, New York 10457

BronxCare Eye Care Center at Concourse
1650 Grand Concourse, Ground Floor (Selwyn Avenue Entrance), Bronx, New York 10457

BronxCare Orthopaedic Center at Concourse
1650 Grand Concourse, 7th Floor, Bronx, New York 10457

BronxCare Pediatrics Practice at Concourse
1650 Grand Concourse, 3rd Floor, Bronx, New York 10457

BronxCare Women’s Health Center at Concourse
1650 Grand Concourse, 14th Floor, Bronx, New York 10457

BronxCare Center for Comprehensive Care
1650 Selwyn Avenue, 9th Floor, Bronx, New York 10457

BronxCare Oncology Outpatient Program
1650 Selwyn Avenue, 2nd Floor, Bronx, New York 10457

BronxCare Rehabilitation/Occupational Therapy Center
1650 Selwyn Avenue, 1st Floor, Bronx, New York 10457

BronxCare FEGS WeCARE Program at Fulton
1276-A Fulton Avenue, Ground Level, Bronx, New York 10456

BronxCare Fulton Family Medicine Practice
1276 Fulton Avenue, 3rd Floor, Bronx, New York 10456

BronxCare Adult Medical Practice at 1770
1770 Grand Concourse, Bronx, New York 10457

BronxCare Surgery Center
1685 Morris Avenue (173rd Street and Selwyn Avenue), Bronx, New York 10457

Life Recovery Center
1285 Fulton Avenue, Bronx, New York 10456
(to be completed in 2013)

Dr. Martin Luther King, Jr. Health Center Service Network

Dr. Martin Luther King, Jr. Health Center
1265 Franklin Avenue, Bronx, New York 10456

BronxCare Family Wellness Center
1276 Fulton Avenue, Bronx, New York 10456

BronxCare Chemical Dependency Outpatient Treatment Services
321 East Tremont Avenue, Bronx, New York 10457

BronxCare Crotona Park Family Practice
1591 Fulton Avenue, Bronx, New York 10457

BronxCare Dental Services
1770 Grand Concourse, Bronx, New York 10457

BronxCare MBD Family Practice
1690 Bryant Avenue, Bronx, New York 10460

BronxCare Medical and Dental at Poe
2432 Grand Concourse, Bronx, New York 10458

BronxCare Ogden Family Medical and Dental
1067 Ogden Avenue, Bronx, New York 10452

BronxCare Third Avenue Medical and Dental Practice
2739-33 Third Avenue, Bronx, New York 10451

BronxCare Tiffany Medical and Pediatric Practices
853 Tiffany Street, Bronx, New York 10459

Mental Health Services

BronxCare Comprehensive Psychiatric Emergency Program & Mobile Crisis Unit
1265 Franklin Avenue, Bronx, New York 10456

BronxCare Assertive Community Treatment Program at Fulton
1276 Fulton Avenue, 4th Floor, Bronx, New York 10456

BronxCare Methadone Maintenance Treatment Program at Fulton
1276 Fulton Avenue, 1st Floor, Bronx, New York 10456

BronxCare Psychiatric Adult Outpatient Practice
1276 Fulton Avenue, 8th Floor, Bronx, New York 10456

BronxCare Adolescent Day Treatment Program
406 East 176 Street, Bronx, New York 10456

BronxCare Child Study Center
406 East 176 Street, Bronx, New York 10457

BronxCare Case Management
401 East 167th Street, 2nd Floor, Bronx, New York 10456

BronxCare Psychiatric Adult Outpatient Practice
401 East 167th Street, 2nd Floor, Bronx, New York 10456

BronxCare Chemical Dependency Halfway House at Tremont
321 East Tremont Avenue, Bronx, New York 10457

BronxCare Chemical Dependency Halfway House at Kelly
742-44 Kelly Street, Bronx, New York 10455

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CONCOURSE DIVISION  1650 Grand Concourse, Bronx, New York 10457

FULTON DIVISION  1276 Fulton Avenue, Bronx, New York 10456

www.bronxcare.org