

St. Barnabas Hospital, Bronx NY [aka SBH Health System]

NYS 2016 Community Health Assessment and Improvement Plan and Community Service Plan

The Service area covered by this work plan are the NYC South Bronx community districts 1, 5 and 6 covering the SBH primary service areas of 10456, 10457, 10458 and 10460 as well as the secondary service areas of 10451, 10453, 10454, 10455, 10459 and 10468.

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Name of entity completing assessment

*New York City Health Provider Partnership
Bronx Community Needs Assessment
Report September 25, 2014
By: New York Academy of Medicine (NYAM)*

EXECUTIVE SUMMARY :

1. The Prevention Agenda priorities for the 2016-2018 period are :
 - Increase screening rates for breast and cervical cancers, especially among women with an income of <\$25,000 living below the federal poverty level
 - Increase screening rates for adult individuals at risk for or with diabetes
2. The SBH CSP work plan continues to focus on Preventing Chronic Disease. However, now SBH is a member of the DSRIP PPS Bronx Partners for Healthy Communities [BPHC] as are several SBH CSP members. Our intervention interests have been slightly modified so that we might begin to collaborate more closely with the BPHC.
3. Data sources reviewed for this work plan which confirmed our priorities include:
 - The 2014 NY Academy of Medicine's Bronx Community Needs Assessment;
 - US Census, American Community Survey 5 year data 2008-2012;
 - 2011-2012 Medicaid Prevention Quality indicators, NYS Department of Health Office of Quality and Patient Safety, 2014 as reported by the Office of Health Systems Management;
 - NYC Health Department Community Health Profiles 2015 Bronx Community District 1, 5 and 6; and,
 - Vital Statistics Data as of March, 2014, New York State Department of Health-Bureau of Biometrics and Health Statistics
4. Existing and historical partnerships with local community based organizations, institutions; enterprises are listed in Attachment 3 and their roles are defined, for the most part, in Attachments 1 and 2.
5. We are engaging the broad community through on-site and community wide outreach activities and in participation at the local government level. The CSP Workgroup supports the local District Public Health Office neighborhoods efforts and will participate in the TCNY [Take Care New York] community consultation meetings scheduled for early 2016 in the

Bronx. The SBH CSP also has participation of local elected officials at both the city and state level. Please refer to Attachment 4 for CY 2015 example of broad community involvement.

6. Some examples of the specific strategies and activities utilized are: workshops in the community, untraditional open-space community locations, use of mobile mammography vehicle, and including hosting subject specific on campus meetings all of which are based on earlier successes.
7. Specific measures identified for reporting are scheduled to be tracked quarterly to evaluate impact. By implementing and tracking the performance on a strict timeline any modifications to the interventions such as prioritizing, turnaround times, follow up, etc. can be determined in an effective and efficient manner.

REPORT:

1. Community Served and Service Area

The Bronx borough is clearly racially and ethnically diverse. One- in- three residents identify as Black or African American including US born and immigrant populations. More than half of the Bronx population identifies as Hispanic/Latino including recent arrivals of Dominican Republic and Central American people. Approximately 4% of the Bronx identify as Asian with increasing numbers from South Asia. Almost two-thirds of the Bronx's population of 1.4 million is working age adults (aged 18-64); over one quarter is children (0-17) and about ten percent are older adults (aged 65+). Similar to the populations of NYC and NYS, a little over half of the Bronx residents are female. Approximately one in five residents is not a US citizen and one- third was born outside of the US. Not surprisingly, over half of Bronx residents report speaking a language other than English at home. The median household annual income is approximately \$34,300 and more than one-quarter of households live below the federal poverty level. There are high rates of poverty throughout the Bronx with the highest in the Hunts Point-Mott Haven households within our service area. Approximately 217,000 people are uninsured and adults between the ages of 18 and 65 accounts for the largest proportion of uninsured in the Bronx. Within the borough, the highest uninsured numbers are in the SBH backyard, namely parts of Fordham-Bronx Park south through to Hunts Point-Mott Haven. According to the recent Bronx community needs assessment performed by the NY Academy of Medicine, a substantial portion of these Bronx uninsured may be undocumented.¹

2. Summary of health and other data reviewed

The service area zip codes defined in the aforementioned introduction are reported in the NYC Department of Health Take Care New York Health Profiles as the formerly known neighborhoods of Central Bronx, Fordham and Bronx Park, Highbridge and Morrisania and Hunts Point- Mott Haven. Data reviewed from the New York City Health Provider Partnership Bronx Community Needs Assessment

¹ US Census, American Community Survey, 5 year data, 2008-2012

Report September 25, 2014 as presented by the New York Academy of Medicine reveals the greatest health concerns reported by Bronx residents completing the CNA survey are diabetes, drug and alcohol use, hypertension, asthma, obesity and cancer, in that order.

As reported by the Office of Health Systems Management, the greatest proportion of potentially preventable admissions in the Bronx are for chronic conditions including respiratory and cardiovascular conditions such as hypertension and heart failure and also diabetes.² Not surprisingly, the lack of insurance is reported to result in reduced use of preventive and community based care and increased emergency department use.³

Diabetes death rates are highest among black and Hispanic New Yorkers and in lowest income neighborhoods. The leading cause of premature death in the borough is cancer.⁴ The NYC Department of Health and Mental Health's Take Care New York Community Health Profiles for Bronx Districts 1, 5 and 6 ranks Cancer as the 2nd highest cause of death for residents and Diabetes as 4th top cause of death.⁵

3. The Prevention Agenda priorities and disparity

The SBH CSP Prevention Agenda priorities for 2016-2018 are to address preventing chronic disease: Increase access to high-quality chronic disease preventive care and management in both clinical and community settings by increasing screening rates for (1) diabetes and (2) breast and cervical cancer especially among disparate populations. The health disparity chosen is household income.

The SBH CSP workgroup membership remains significantly constant from its inception in 2009 with few members departing and new members joining for the most part based on their involvement with CSP related activities. Members span a

² 2011-2012 Medicaid Prevention Quality Indicators, NYS Department of health Office of Quality and Patient Safety, 2014 as reported by the Office of Health Systems Management

³ NYAM primary data findings, September 2014

⁴ Vital Statistics Data as of March, 2014, New York State Department of Health-Bureau of Biometrics and Health Statistics

⁵ NYC Department of Health/Mental Health, Community Health Profiles 2015

wide breadth of stakeholders and an excellent representation of the diverse racial and ethnic backgrounds found in the community at large. We continue to work with community based organizations that have specific ideas on outreach projects and education programs providing technical assistance as needed to implement the same.

The group determined to continue focusing on chronic disease efforts after extensive discussion of the activities and outcomes of earlier efforts as well as learning about DSRIP thru the Bronx Partners for Healthy Communities [BPHC] attendance at and participation in regularly scheduled CSP meetings. It was noted by the CSP workgroup that the community respondents to the NYAM community needs assessment reported “Although obesity was in part attributed to individual motivation and community conditions, more comprehensive and consistent educational messaging from providers as well as improved access to affordable healthy food...” was recommended. The ensuing discussion resulted in a change from the Focus Area of Obesity in Children and Adults to a concentrated effort at addressing our community on the disease of diabetes. This is viewed by the membership as an expansionary movement from a singular risk factor and an opportunity to maximize one of the population health priorities efforts of our PPS, Bronx Partners for Healthy Communities [BPHC].

4. Table for the Prevention Agenda priorities

Prevent Chronic Disease

Increase access to high quality chronic disease preventative care and management in both clinical and community settings

See attachment 1: breast and cervical cancer screening; Disparity: income – focusing on participants with an income of <\$25,000

See attachment 2: diabetes screening

5. Maintaining Partner Engagement

The CSP Workgroup has a regularly scheduled membership luncheon meeting for the last Thursday of each month at the St. Barnabas Hospital campus. The group consists of a multitude of dedicated people and institutions, organizations and agencies, including the local District Public Health Office and members of the hospital’s Board of Trustees as well as community district board members.

Communication is maintained outside of the scheduled meetings through electronic media and telephone calls as well as other social media and may involve webinar participation. Many of the workgroup members have been involved since 2009. All new members receive an orientation to the functions and responsibilities of the workgroup as well as the plan itself. During the regularly scheduled meetings members mutually empower one another and renew their commitment. This work plan calls for quarterly reporting to the workgroup to track progress and where necessary to make mid-course corrections/adjustments.

6. Methods to be used to disseminate the Executive Summary to the public

The plans for the disseminating the executive summary to the public and ensuring it will be made widely available to the public include:

- Posting the Executive Summary on the hospital's website
- Providing copies to the Bronx Community District Boards; Bronx elected officials
- Disseminating at the monthly CAHA meetings held at the hospital
- Updating the SBH Community Service Plan summary brochure and making available at health fairs, job fairs and community meetings
- Encouraging all partners to provide an internet link to the hospital's on line Community Service Plan