

*In partnership
with our
community...*

SBH

**Community Health
Needs Assessment
and
Community Service Plan**

November 2013

Executive Summary

The following St. Barnabas Hospital healthcare system's (SBH) three-year Community Health Needs Assessment (CHNA) and Community Service Plan (CSP) presents a collaborative approach of our commitment and dedication to improving the health and well-being of Bronx residents and their neighborhoods. SBH is a leading community hospital with a mission of providing compassionate, comprehensive, and innovative healthcare in a safe environment where the patient always comes first. Prepared by the St. Barnabas Hospital Community Service Plan Workgroup, this CHNA/CSP includes the participation and insight from the local district public health office of the NYC DOHMH, health-care programs of the NYC DOHMH such as the Take Care New York initiative, local businesses, educational institutions, non-profit organizations, community-based and cultural institutions, governmental and faith-based organizations, elected officials and community residents.

The CSP outlines the following goals within the *Prevent Chronic Diseases* priority area of the *New York State Prevention Agenda*.

- Increase screening rates for cardiovascular disease, diabetes, and breast, cervical and colorectal cancers, especially among individuals living below the federal poverty level.
- Create community environments that promote and support healthy food and beverages choices and physical activity.
- Expand the employer role of St. Barnabas Hospital in obesity prevention.
- Reduce weight gain among children.

These goals address two main Focus Areas which are "Increase access to high-quality chronic disease preventive care and management in both clinical and community settings" and "Reduce Obesity in Children and Adults". In doing so, we will focus on individuals living below the federal poverty level who suffer from healthcare disparities. Utilizing evidence-based standards and programs through its CSP, SBH aims to provide the highest level of quality and services for cancer screenings, obesity prevention, and chronic care management to our patients and communities especially among low income residents of the Bronx.

Throughout the three-year period [2014-2016], SBH and the CSP Workgroup will work purposefully to build and sustain a strong foundation for implementing measurable change and improvement to the health and lives of the Bronx and our neighboring communities.

I. INTRODUCTION

St. Barnabas Hospital (SBH) was incorporated as The Home for Incurables 147 years ago, on April 6, 1866, less than a year after the close of the Civil War. At its start, the hospital's purpose was to care for the community's terminal and chronically ill patients. Over a century later, St. Barnabas Hospital converted from a chronic care facility to an acute care facility modernizing its inpatient physical plant and shifting the service configuration to providing acute and ambulatory care services. All existing 415 beds were replaced, having been in service since 1931, as were the clinical laboratories and other support facilities. The hospital's current bed complement stands at 461 beds.

In 2004, St. Barnabas developed a major modernization project geared to more fully meet its mission of providing quality care, to improve the Hospital's position in the industry and to increase our flexibility with adapting to the changing healthcare environment. The modernization project significantly increased efficiency of operations and improved access to quality healthcare. Elements of the modernization project included the following:

- Increasing the number and configuration of the operating rooms in order to accommodate the hospital as a Level 1 Trauma Center
- Expansion of the adult and pediatric emergency rooms
- Construction of a cardiac catheterization laboratory
- Expansion of the hospital's physical and orthopedic programs
- Modernization and expansion of the hospital's clinical laboratories
- Construction of a bridge to connect the ambulatory care center with the hospital
- Infrastructure upgrades
- PCMH Level 3 designation from NCQA (2011 standards)
- EMR Meaningful Use designation

II. MISSION, VISION, AND VALUES STATEMENT

In 2011 our mission, vision and values statement was modified to represent the changing times in the healthcare environment and the institution's unwavering pledge to our community for excellence in healthcare and service. Our mission statement now reads "St. Barnabas Hospital is committed to improving the health of our community and is dedicated to providing compassionate, comprehensive and innovative healthcare in a safe environment where the patient always comes first. All individuals will be provided complete, open and timely access to the highest quality of care, regardless of their ability to pay." Serving as the basis for this modification are our established and clearly identifiable core values of Diversity, Respect, Integrity, Vision and Excellence [DRIVE]. Our DRIVE is set in the focused direction and vision of being "the hospital of choice in the Bronx, with superior service and innovative programs that meet the diverse needs of our community."

Today, St. Barnabas Hospital is the flagship in our healthcare system. It is a 461-bed, not-for-profit, nonsectarian acute care community hospital and Level 1 Trauma Center authorized to treat the most critically ill and severely injured patients. As a State-Designated Stroke Center, State-Designated AIDS Center and federally-designated Community Center of Excellence in Women's Health, St. Barnabas provides much-needed services to the residents of Bronx County and beyond. The St. Barnabas campus is also home to the 199-bed St. Barnabas Rehabilitation and Continuing Care Center, and a 7-story ambulatory care facility. A free-standing 40-station hemodialysis treatment center is also part of our

system. St. Barnabas Hospital's long-standing commitment to the community covers close to 150 years since the hospital first opened its doors as the Home for the Incurables. This commitment has expanded and evolved through considerable thought and care in considering our communities' most pressing health needs. We examine these needs through periodic reviews and for this year have engaged in a Community Health Needs Assessment (CHNA). This recent assessment was completed by teams comprised of SBH staff, community leaders and other local stakeholders. It includes quantitative and qualitative data that guide both our community benefit and strategic planning.

COMMUNITY HEALTH NEEDS ASSESSMENT [CHNA]

This Community Health Needs Assessment [CHNA] describes the people and the health of our Bronx community using multiple data sources. It is the basis for our three-year Community Service Plan that will guide SBH from 2014 through 2016 in improving the health status of our community. Prepared by the St. Barnabas Hospital Community Service Plan Workgroup, this CHNA is a collaboration between the hospital and community leaders from the local district public health office of the NYC DOHMH, health-care programs of the NYC DOHMH such as the Take Care New York initiative, local businesses, educational institutions, non-profit organizations, community-based and cultural institutions, governmental and faith-based organizations, elected officials and community residents. The workgroup includes a multitude of community and health leaders from the Bronx, many of whom were involved with the hospital's Community Service Plan campaign of 2009-2012. A listing of all the CSP Workgroup members including their special knowledge, expertise and professional affiliation is presented in Appendix 1: SBH Community Service Plan Workgroup. The CHNA work began in December 2012 and was completed in October 2013.

Our CHNA identifies our hospital community's greatest needs enabling us to ensure that limited resources are directed appropriately toward outreach, prevention, education and wellness initiatives where the greatest impact can be realized.

III. DESCRIPTION OF THE COMMUNITY SERVED

PRIMARY AND SECONDARY SERVICE AREAS

The St. Barnabas Hospital service area is located within the neighborhood of the South Bronx in New York City. Zip code areas, community districts, and census tracts (including the number of tracts designated as Medically Underserved Areas (MUAs) that are associated with SBH's service area are provided in the table below. Maps depicting the service area and the community districts are located in Appendix 2a: Bronx Zip Code and Appendix 2b: Bronx Community Districts.

Health Center Name/Address	Zip Code Areas	Community Districts	Neighborhoods	Total # of Census Tracts	Total # of MUAs ¹
St. Barnabas Hospital 4422 Third Avenue Bronx, NY 10457	Primary Service Area: 10456, 10457, 10458, and 10460 Secondary Service Area: 10451, 10453, 10454, 10455, 10459, and 10468	CDs 1, 5, and 6	Mott Haven, Port Morris, Melrose, Morris Heights, Mount Hope, University Heights, Fordham, Belmont, East Tremont, and West Farms	74	43

The primary and secondary service areas of St. Barnabas Hospital are located within the Bronx Community Districts (CD) 1, 5, and 6, and 79% of our patient population reside within 10 major zip codes in and around the South Bronx. The South Bronx is comprised of the Highbridge/Morrisania, Crotona/Tremont, and Hunts Point/Mott Haven communities with a total population of 550,338² residents. Of the total population of the South Bronx 55% or 302,295 residents live within CDs 1³, 5⁴, and 6⁵. The residents of these communities consist predominately of Blacks and Hispanics, including African-Americans, Caribbean-Americans, and new immigrants from Africa, and Central and South America. These minority groups face not only significant health problems, including high rates of HIV/AIDS, asthma, diabetes, obesity, and depression, but numerous socioeconomic hardships as well, including low literacy and education levels, high unemployment, significant language barriers, and high rates of the uninsured.

Bronx Community Board	Zip Code	Take Care NY Community Health Profile
CB #6	10457	Central Bronx
	10458	Fordham and Bronx Park
	10460	Central Bronx
CB #5	10452	Highbridge and Morrisania
	10453	Central Bronx
	10457	Central Bronx
	10458	Fordham and Bronx Park
	10468	Fordham and Bronx Park
CB #1	10451	Highbridge and Morrisania
	10454	Hunts Point and Mott Haven
	10455	Hunts Point and Mott Haven
	10456	Highbridge and Morrisania

The primary service area includes zip codes 10456 and 10457 which are within the South Bronx neighborhood and represent 8% and 20% of the population while 10458 and 10460 are found within the neighborhoods of Fordham/Bronx Park and Central Bronx and represent 15% and 9% respectively. The secondary service area is comprised of 6 zip codes of which 2 overlap with primary service area communities of the Central Bronx and Fordham/Bronx Park, and the remaining 4 are found in the communities of Highbridge/Morrisania and Hunts Point/Mott Haven. Of the combined 74 census tracts associated with the service areas, nearly 61% have been designated as MUAs. Most tracts in this area

have maintained MUA designations for many years. These very high and enduring numbers of designations reflect the areas' most significant barrier to care and gap in services and include groups of persons who face economic, cultural or linguistic barriers to healthcare. (www.hrsa.gov/shortage/)

The area is young, with roughly a third of the population under the age of 20 and more than 50% between the ages of 20 and 64^{iii,iv,v}. Approximately 53% of the population is female and 47% male. Of the population within the SBH service area 30% is Black, and 67% is Hispanic compared to the South Bronx which has 30% Black and 66% Hispanic and Bronx County with 31.1% Black and 53.5% Hispanic. More than 70% of households in the South Bronx have 1 or more children under the age of 18 years and approximately 20% of households have 1 or more persons 65 years and older. Within the SBH service areas, CD5 has 72% of the households with 1 or more children under the age of 18 years and in CD1 23% of households have 1 or more persons 65 years and older.

	South Bronx		Community District 1		Community District 5		Community District 6	
Demographics (2010)	#	%	#	%	#	%	#	%
Total Population	550,338	100%	91,497	100%	128,200	100%	83,268	100%
Age	#	%	#	%	#	%	#	%
0 – 4	46,896	9%	7,609	8%	10,973	9%	7,112	8%
5 – 14	89,376	16%	15,034	17%	20,519	16%	13,784	17%
15 – 19	50,755	9%	8,910	10%	11,729	9%	8,985	11%
20 – 64	319,088	58%	51,810	57%	76,511	60%	46,914	56%
65 and older	44,223	8%	8,134	8%	8,468	6%	6,473	8%
Gender			#	%	#	%	#	%
Female			48,615	53%	67,595	53%	44,402	53%
Male			42,882	47%	60,605	47%	38,866	47%
Race / Ethnicity	#	%	#	%	#	%	#	%
Hispanic	362,075	66%	64,887	71%	85,600	67%	53,449	64%
Black / African American (Non – Hispanic)	165,919	30%	23,680	26%	36,795	29%	21,548	26%
Other (Non – Hispanic)*	22,344	4%	393	1%	1,121	1%	675	1%
Household	#	%	#	%	#	%	#	%
Family households with 1 or more children under 18 years	141,369	74%	21,117	71%	29,422	72%	18,305	67%
Households with 1 or more persons 65 years and over	38,532	20%	6,918	23%	7,162	18%	5,447	20%

More than 35% of residents of the neighborhoods of Central Bronx, Fordham/Bronx Park, and Highbridge/Morrisania are foreign born and greater than 60% speak a language other than English at home. In addition to the population of the SBH service areas described above there is also a large number of undocumented immigrant persons living in these communities and due to the limited data available, this group is of special concern because of their high rates of un-insurance and percentage living in poverty.

	Bronx Neighborhood									
	South Bronx		Central Bronx		Fordham and Bronx Park		Highbridge and Morrisania		Hunts Point and Mott Haven	
Foreign – born and Language (2008 – 2010)	#	%	#	%	#	%	#	%	#	%
Born outside of the U.S.**	196,665	35%	73,254	36%	92,520	38%	73,689	36%	38,158	28%
Language other than English spoken at home (5yrs and older)	350,417	66%	123,472	67%	96,087	71%	125,266	66%	47,924	69%
Spanish or Spanish Creole			49,821	40%	57,616	60%	71,343	57%	32,046	67%

The Hunts Point/Mott Haven neighborhood of the Bronx has the highest rate (41%) of individuals living below the poverty level followed by the South Bronx (39%), Central Bronx (38%) and Highbridge/Morrisania, and Fordham/Bronx Park (32%).⁶ Based on SBH's Language Line and Deaf Talk services from 2012, Spanish, French, and Arabic were among the highest requested and almost 60 hours of time was required for sign language services throughout the year. A table of all language line services used in 2012 can be found in Appendix 3: Language Interpretation Services.

	Bronx Neighborhood									
	South Bronx		Central Bronx		Fordham and Bronx Park		Highbridge and Morrisania		Hunts Point and Mott Haven	
Economic Characteristics (2008 – 2010 estimates)	#	%	#	%	#	%	#	%	#	%
Individuals below poverty level (2007 – 2011 estimates)	--	39%	77,515	38%	80,052	32%	78,417	38%	56,289	41%
Educational Level (2008-2010)										
Bachelor's degree or higher	33,150	10%	12,666	6%	23,550	10%	12,164	6%	7,242	5%
Civilian Labor Force – Unemployed (2008–2010 estimates)										
	37,816	16%	15,698	17%	9,550	14%	13,445	15%	4,967	16%
Health Insurance										
Uninsured	65,000	18%								

The educational attainment among residents is low, with only 5%-10% of the population holding a bachelor's degree or higher. In addition, residents are quite poor, with a median household income between \$19,840 and \$31,707.^{vi}

These aforementioned community health indicator data and health outcome data were primarily taken from the following sources:

- U.S. Census 2000 and 2010
- New York State Department of Health from various state websites as cited
- New York City Department of Health-Mental Health various websites as cited
- New York City Department of Planning
- Robert Wood Johnson-University of Wisconsin County Health Rankings & Roadmaps 2013
- St. Barnabas Hospital Information Systems
- HealthFirst QARR/HEDIS reports as cited

IV. DESCRIPTION OF THE PROCESS AND METHODS USED TO CONDUCT THE ASSESSMENT

HEALTH STATUS AND DISEASE BURDEN

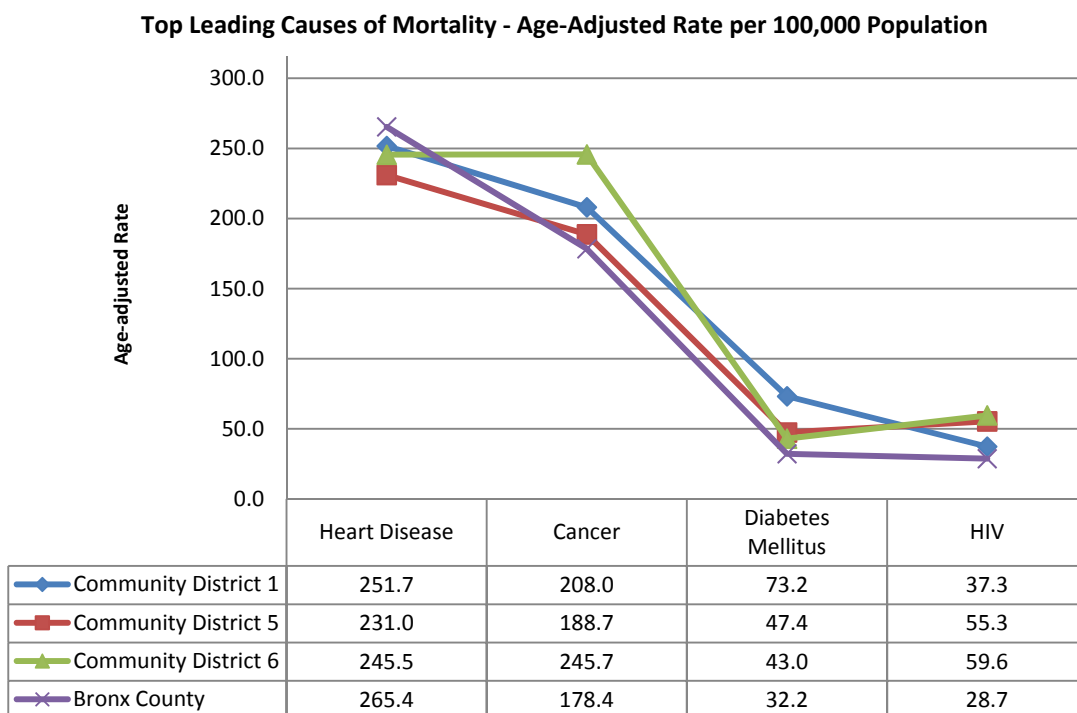
The SBH healthcare delivery system addresses many of these issues by providing a full range of primary medical care, specialty care, dental services, mental health, emergency and inpatient services, and other services throughout the main hospital campus and affiliated locations. In addition, SBH participates in numerous programs, all of which support the goals of eliminating health disparities and providing access to patient-centered quality healthcare to all regardless of their ability to pay. The listing of all of these services and their locations is found in Appendix 4: SBH Ambulatory Sites.

An electronic survey, Appendix 5: SBH Survey Monkey was designed to reflect all the priorities and focus areas promoted by the New York State Department of Health's Prevention Agenda 2013-2017 and its goals. Additional feature questions were included as a group sentiment was to assess the workgroup's level of knowledge and awareness of existing hospital programs. Members were allowed 3 weeks' time to respond and 76% responded. A report of the results was presented at a subsequent CSP meeting and from there the workgroup set about the task of discussing and confirming the selections with specific discussion on any member's concerns. The survey results were tabulated and the top 5 health needs identified were discussed.

The process established priorities among the CHNA health needs and their inclusion in the State's Prevention Agenda priority areas. The step incorporated the perspective of major stakeholders in the local community relevant to the hospital's defined service area. Workgroup members discussed each health need based on the following criteria: size of population; severity of need; ability to evaluate outcome data and current perceived community capacity to address the health need. The process of exploring options included reviewing the hospital's current services and initiatives with an eye towards aligning CSP efforts to enhance or expand specific efforts aimed at defined measures.

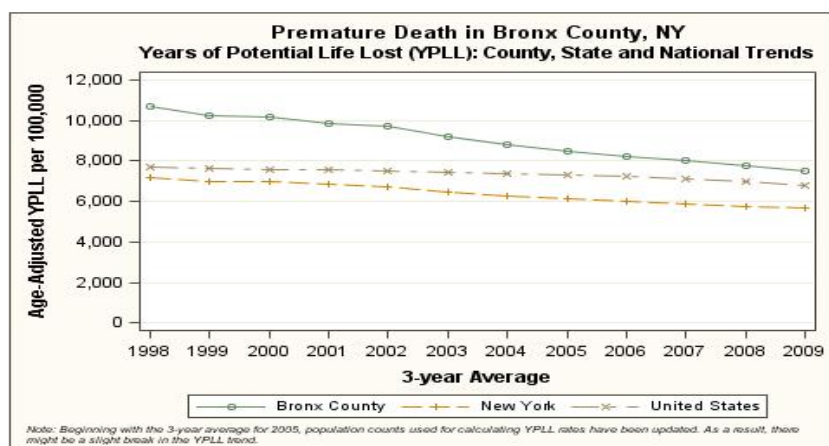
Recently the Robert Wood Johnson Foundation published health rankings⁷ by state and county derived from a variety of measures that affect health and the factors that influence health. The Bronx County was ranked (62 of 62) the lowest in New York State indicating residents of this county are suffering from higher rates of premature death, unemployment, smoking, obesity and teen births. In the Bronx 24% of adults reported having fair or poor health as compared to neighboring New York County (16%) and New York State (15%). In addition 18% of residents are smokers, 28% are obese and 30% of adults ages 20 and over reported being physically inactive.

The percentage of premature death in the Bronx is 52.2% and approximately 7,186 years of potential life are lost. When these same health indicators are analyzed by race/ethnicity an even greater disparity is found. According to the 2008 – 2010 Bronx County Health Indicators report issued by the New York State Department of Health, 61.8% of Black and 62.8% of Hispanic persons died of premature death (ages <75) as compared to 29.1% of White and 57.7% of Asian/Pacific Islander.⁸



Source: NYC DOHMH Bureau of Vital Statistics, 2007

The major causes of premature death for residents of the Bronx include diseases of the heart, cancer, diabetes, and HIV-related⁹. The age-adjusted death rate for diseases of the heart per 100,000 is greatest among Black (302.9) residents of the Bronx followed by Hispanic (269.7), Other (245.5), White (233.2), and Asian/Pacific Islander (164.3).¹⁰ Hispanic (47.8) residents have a highest age-adjusted death rate for diabetes mellitus in the Bronx and Black (43.0) residents have the highest age-adjusted death rate for HIV.



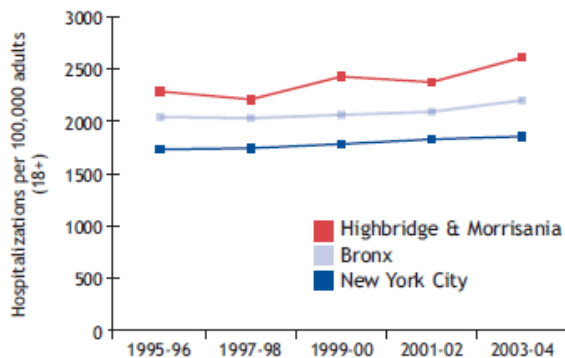
The disparities in health outcomes among the population in the SBH service areas and Bronx County demonstrate the need for health interventions. For example, the mortality rates due to cancer, diabetes, and HIV in the SBH service areas are higher in all three community districts than Bronx County, and the rate for diabetes mellitus is highest in community district 1, the rate for cancer is highest in community district 6 and the rate for HIV is highest in community district 5. In addition there is little data available on health disparities prevalent among the undocumented immigrant population which highlights their overwhelming need for access to the healthcare system and preventive and chronic disease care services.

According to current research, certain traits, conditions, or habits, also known as risk factors, may raise a person's risk for developing heart disease and diabetes. For example, the National Heart, Lung, and Blood Institute noted smoking, high blood pressure, overweight or obesity, lack of physical activity among others as controllable risk factors for developing heart disease. In many cases having only one of these risk factors puts a person at greater risk of coronary heart disease and heart attack. Examples of these risk factors include smoking and diabetes¹¹.

Heart Disease Hospitalizations by Community, 2006 TCNY Community Health Profiles¹²

Heart disease hospitalizations

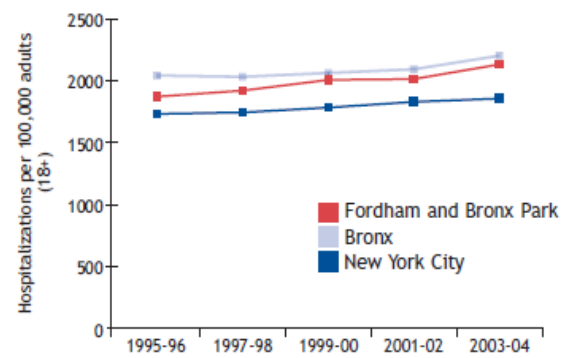
Heart disease causes a higher hospitalization rate in Highbridge and Morrisania



Rates are age-adjusted.
Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 1995-2004; U.S. Census 1990 and 2000/ NYC Department of City Planning

Heart disease hospitalizations

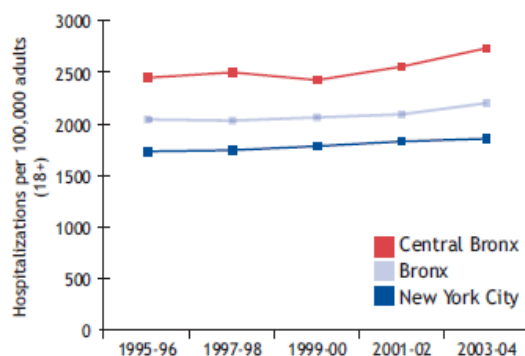
The heart disease hospitalization rate has increased in the past decade in Fordham and Bronx Park



Rates are age-adjusted.
Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 1995-2004; U.S. Census 1990 and 2000/ NYC Department of City Planning

Heart disease hospitalizations

Heart disease causes a higher hospitalization rate in the Central Bronx

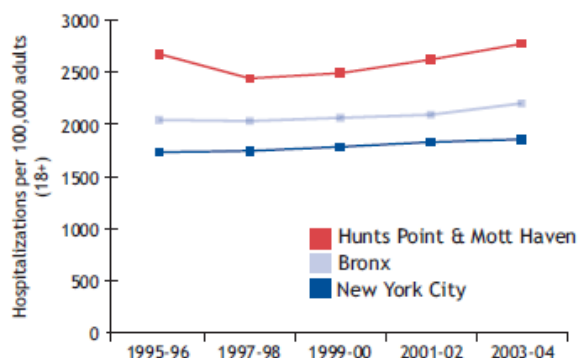


Rates are age-adjusted.

Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

Heart disease hospitalizations

Heart disease hospitalization rates are higher in Hunts Point and Mott Haven



Rates are age-adjusted.

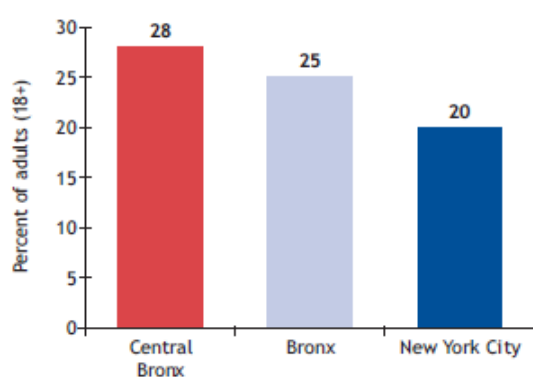
Data Sources: New York State Department of Health Statewide Planning and Research Cooperative System, 1995-2004; U.S. Census 1990 and 2000/NYC Department of City Planning

The rate of hospitalizations due to heart disease in the SBH service areas was higher than the Bronx and NYC for the communities of Highbridge/Morrisania, Central Bronx, and Hunts Point/Mott Haven. Though the hospitalization rate due to heart disease was not as high in the community of Fordham/ Bronx Park as compared to the Bronx, it still was higher than New York City and the rate has increased by 10% in the past decade. Heart disease remains as the leading cause of death for the communities within the SBH service areas, and for the many patients living with heart disease, accessing affordable quality health care is essential to their satisfaction and well-being.

According to the Centers for Disease Control and Prevention "obesity is common, serious, and costly." In the United States more than 35% of adults are obese putting this population at increased risk for developing diabetes mellitus, cardiovascular disease, hypertension, and certain cancers, among other conditions.¹³ The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 and it has been well documented that obesity affects some groups such as Blacks and persons with low income more than others.¹⁴ In New York approximately 25% of the adult population is obese and another 36% is overweight. As seen in the U.S. the rate of obesity is even greater in New York for non-Hispanic Black adults (32.5%), persons earning an annual household income of less than \$25,000 (26.8%), those with less than a college education (27.1%), or who are currently living with a disability (34.9%).¹⁴

Obesity

More than one quarter of adults in the Central Bronx are obese

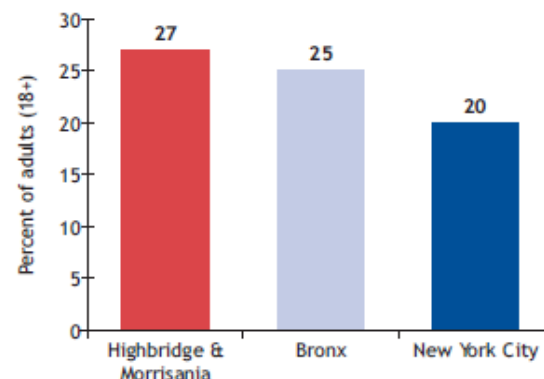


Obesity is defined as a body-mass-index (BMI) of 30 or greater. Percents are age-adjusted.

Data Source: NYC Community Health Survey 2002-03-04

Obesity

More than 1 in 4 adults in Highbridge and Morrisania are obese

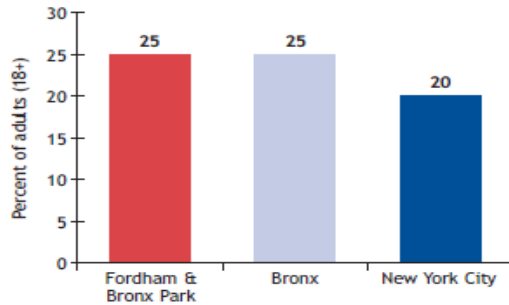


Obesity is defined as a body-mass-index (BMI) of 30 or greater. Percents are age-adjusted.

Data Source: NYC Community Health Survey 2002-03-04

Obesity

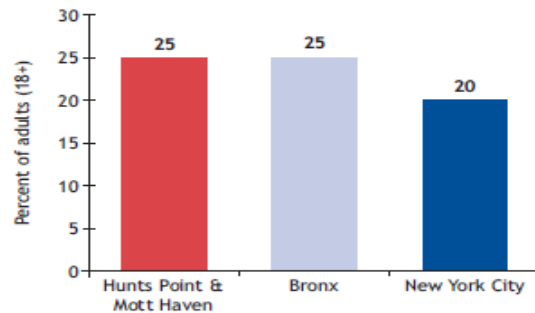
One in 4 adults in Fordham and Bronx Park is obese



Obesity is defined as a body-mass-index (BMI) of 30 or greater. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

Obesity

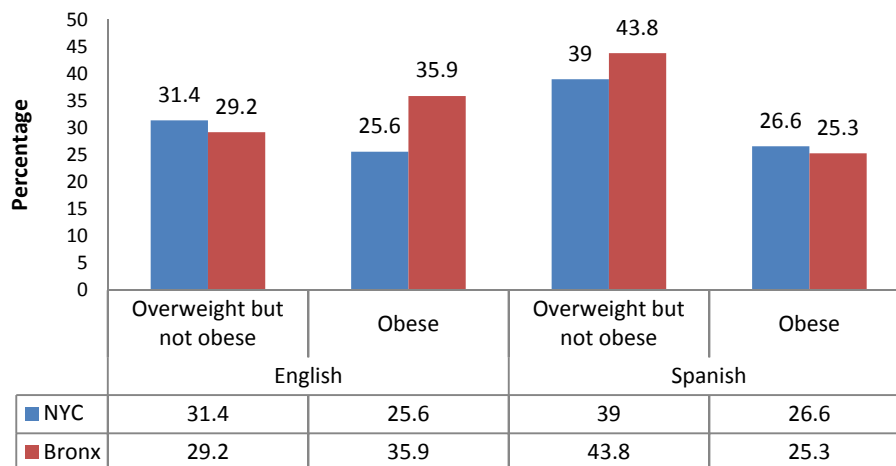
One in 4 adults in Hunts Point and Mott Haven is obese



Obesity is defined as a body-mass-index (BMI) of 30 or greater. Percents are age-adjusted.
Data Source: NYC Community Health Survey 2002-03-04

Among the SBH service area communities high rates of obesity persist putting many residents at risk for developing serious chronic diseases and access to high quality medical care. One in 4 adults in all of the SBH primary and secondary service area communities are obese and for the neighborhoods of Fordham/ Bronx Park (28%) and Highbridge/Morrisania (27%) the rates are slightly higher. In addition to the groups known to have higher rates of overweight and obesity, residents of the Bronx and NYC who speak Spanish at home also suffer from higher rates of overweight and obesity.

Overweight and Obesity by Language Spoken at Home 2012, NYC and Bronx County



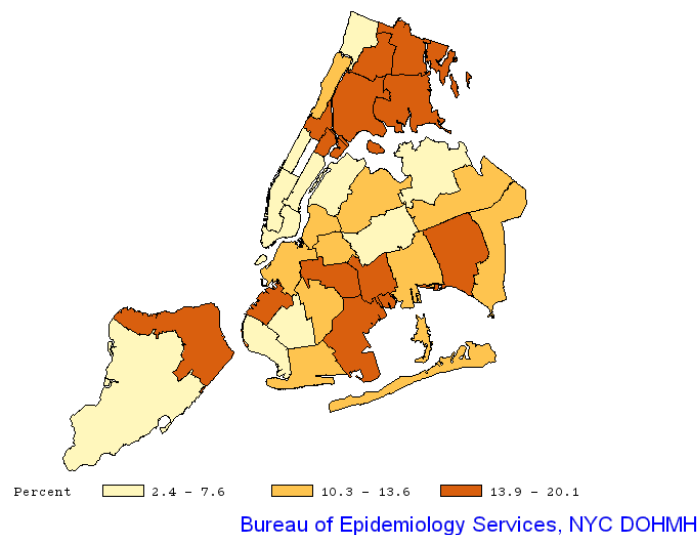
Source: NYC DOHMH Community Health Survey, 2012

The prevalence of obesity in adults has increased over time and has been associated with the epidemic of diabetes. In 2011, the CDC reported that 25.8 million people are affected by diabetes and “diabetes is the leading cause of kidney failure, nontraumatic lower-limb amputations, and new cases of blindness among adults.”¹⁵ The SBH service area communities are facing high rates of diabetes as compared to both NYC and the Bronx overall. Approximately 17% of adults in Highbridge/Morrisania and 16% of adults in Hunts Point/Mott Haven have diabetes, which is almost twice the percentage of 9% for NYC overall. In addition, more than 1 in 10 adults in neighborhoods of Central Bronx and Fordham/Bronx Park have diabetes.¹²

Obesity is not only an epidemic for adults in the Bronx but also among school-age children. “Data show that obesity begins early in life: nearly half of all elementary school children and Head Start children are not a healthy weight. In New York City, 1 in 5 kindergarten students, and 1 in 4 Head Start children, is obese.”¹⁶ If these rates continue many of the children in the communities served by SBH may develop chronic conditions sooner as they approach adulthood leading to possible complications and premature death.

As depicted in the map below, all communities of the Bronx are among the highest in percentages of diabetes within the adult population, illustrating the increased need for continuous access to comprehensive healthcare services and community resources. According to the American Diabetes Association, “early detection and treatment of diabetes can decrease risk of developing the complications of diabetes.”¹⁷ SBH and its affiliated partners are committed to bringing these important screening and treatment services to our Bronx communities and assisting in the prevention of developing diabetes and complications of diabetes.

NYC Community Health Survey 2012
Percentage ever been told they had diabetes by neighborhood



As in diabetes, early detection of cancer greatly increases the the possibility for successful treatment. In the Bronx and within the SBH service areas, cancer is the 2nd leading cause of premature death. The New York State Cancer Registry reported between 2005-2009 the colorectal cancer incidence of males in 7 of the SBH service area zip codes was 15% to 49% above expected.¹⁸ For example, in the zip code area of 10456, located within the neighborhood of Highbridge /Morrisania, the number of cases observed was 81 versus the number of cases expected of 58.

Access to timely cervical and breast cancer screenings for women are critical measures to reducing incidence and mortality. Though the percentage of women who received a Pap test or mammogram in the Bronx is relatively similar to the percentage for NYC overall, the rates remain below the Healthy People 2020 recommended rates of 93% and 81% respectively.¹⁹

V. PUBLIC PARTICIPATION

A. Participants

St. Barnabas is well represented on local community boards and maintains an active presence in the community through strong relationships with governmental agencies, community-based organizations, and cultural institutions as well as local schools, faith-based organizations, public housing facilities and senior centers. The hospital leadership is very much aware that in order to effect positive change, health-care leaders must prioritize policy issues, develop effective collaborations, and increase diversity. This CSP and the CHNA represent the collaborative work of a multitude of dedicated people and institutions, organizations and agencies, including the local District Public Health Office and all whom commit valuable resources to the execution of our three-year plan and serve as members of the Community Service Plan Workgroup. There is a wide breadth of community representation in our hospital's Community Service Plan deliberations and implementation, assessment of community health needs and eventual selection of the hospital's public health priorities. In addition, the workgroup membership includes representation from the office of various local elected officials, hospital trustees and hospital senior management as well as health programs leadership and public health experts. A full listing of the participants and their affiliations and grouping within the CSP Workgroup is attached as Appendix 1. The CSP Workgroup represents the broad interest served by the community, collaborating with the goal of helping their constituencies to participate in health actions for healthy living. New members are welcomed into the group on an ongoing basis. The workgroup facilitator is a hospital administrator responsible for community affairs and government relations and familiar with the medical service area, hospital services and community benefits as well as supported by colleagues and staff familiar with demographic and economic as well as health considerations.

B. Public Input Process

Formal open monthly meetings of the CSP Workgroup are held on the fourth Thursday of each month from 12:30 to 2 p.m. in the hospital boardroom. Based on past community planning experience, the hospital Auxiliary supports monthly luncheon meetings to secure optimum participation of the community members of the CSP Workgroup. This simple, timely and efficient provision ensures committee members are able to participate and minimize their time away from their regular business activity. The length of the meeting was changed from the original one hour to one and a half hours in order to maximize the group scheduled meetings. The 2009-2012 CSP Workgroup reconvened on October 15, 2012. At that meeting, the group reviewed NYS DOH's Prevention Agenda towards the Healthiest State considered to be Phase 1: Establishing priorities and agenda, and was introduced to Phase II: Building and focusing on priorities. The following format represents a CSP Workgroup meeting agenda:

- Roll Call and introductions
- General announcements on past, current and/or future community events
- Discussion of the health concerns affecting the underserved populations in the community
- Discussion on the factors directly impacting the health status of the people, and
- Discussion on major barriers to individuals in obtaining and maintaining good overall health

The workgroup re-convened monthly meetings which began in December 2012 and have been continuous except for the August 2013 summer break. During the break, workgroup members remained in contact with each other as needed via telephone, email and informal meetings. During the

course of this year, special relevant presentations were made. On April 25th, representatives of the NYC DOHMH Take Care New York program discussed TCNY opportunities, and on May 23rd of 2013, a Bronx-based member of the NYS PHHPC [Public Health and Health Planning Council] made a presentation on community participation and collaboration. On April 30th, several SBH CSP members participated in the Take Care New York Listening Session regarding the 10 priority areas for improving the health of all New Yorkers.

During the first two months of 2013, initial materials and data including Community Service Plan documents, provided and/or referred to by the State and City Departments of Health, were made available to all members. During the meetings of January 24th and February 28th, time was spent discussing and understanding the proposed priorities, focus areas, requirements of the Community Health Needs Assessment and the IRS as well as timelines. In March, 2013 a survey monkey was used to ascertain the workgroup recommendations on public health priorities, which was followed by a presentation on April 2, 2013 to the local Community Board #6 and updated to that same community forum on October 2nd. The St. Barnabas Hospital Community Service Plan Workgroup during 2013 held open meetings on March 28th, April 25th, May 23rd, June 29th, July 25th and September 26th. Additionally, presentations on the CSP workgroup activities have been made at public meetings of the St. Barnabas Community Alliance for Healthcare Awareness [CAHA]. This consumer group represents organizations and individuals involved in networking with the hospital and receiving and delivering information on hospital and local community program and activities. Monthly CAHA meetings are theme-focused, open to the general public and facilitated by the hospital's Community Center of Excellence health educator who also sits on the CSP Workgroup. The following CAHA meetings included updates and discussion on the SBH CSP: October 24th, 2012; January 30th, February 27th, March 27th, April 24th, May 29th, and June 26th of 2013. The Auxiliary of St. Barnabas Healthcare Facilities received CSP updates on Oct 3, 2012; March 27, 2013; and October 2, 2013. Several Auxiliary officers are also members of the CSP Workgroup.

In addition to these formal meeting arrangements, the hospital Community Service Plan Workgroup considerations include the findings of patient satisfaction surveys conducted by the various hospital departments as well as the HCAHPS (Hospital Consumer Assessment of Health Provider Surveys) as represented through hospital department staff serving in the workgroup.

Finally, it is noted that St. Barnabas Hospital works with other county-specific partners such as Montefiore Hospital and The Bronx Health Link who share equally in addressing the borough's health needs. Communication and interaction among this group routinely involves exploring options to meet the health challenges and offer support and assistance, such as with the community health needs assessment.

Based on the needs assessment noted above and the collaboration of our community stakeholders St. Barnabas Hospital has identified the following two focus areas and disparity to address the needs of the community:

1. Reduce obesity in children and adults
2. Increase access to high-quality chronic disease preventive care and management in both clinical and community settings

The Bronx suffers more concentrated rates of poverty than any of the other New York counties. The disparity chosen is individuals living below the federal poverty level.

VI. DESCRIPTION OF THE EXISTING HEALTH CARE FACILITIES AND OTHER RESOURCES AVAILABLE TO MEET THE COMMUNITY HEALTH NEEDS IDENTIFIED

- In recent years, St. Barnabas Hospital has been restructuring how it delivers healthcare by shifting its focus from inpatient services to enhancing ambulatory settings for patient care. The need for this shift was demonstrated by St. Barnabas' admissions and emergency room utilization records and community health trends, which indicated a significant need for more outpatient services in the Bronx, particularly those that address primary care, diabetes, asthma, geriatrics, and substance abuse. By evolving from an institution that serves primarily as an inpatient facility that reacts to the needs for sick patients to a more proactive model, St. Barnabas will achieve higher standards of service quality that result in improved health outcomes for Bronx residents.
- St. Barnabas' inpatient services are just one component of a spectrum of healthcare services. The Hospital is striving to improve the community's health by reducing emergency room utilization and inpatient admissions by encouraging well-care visits and preventative care while fostering a greater partnership between the patient and the primary care physician.
- A key component of this strategy has been to "right-size" the hospital. As a result, bed capacity has been substantially reduced by closing or reducing the size of inpatient units. A significant amount of space that was made available through this process has been outfitted to accommodate new outpatient programs. Specifically since 2010, the hospital has opened or expanded the following services :
 - Center for Sleep Medicine
 - Hospice
 - Ambulatory Surgery Suite
 - State-of-the-art Pharmacy that features robotic technology
 - Infusion Center
 - Hyperbaric Wound Center
- In early 2014, the hospital will open a new outpatient Center for Comprehensive Care (the "Center") which will be located in space that previously consisted of 24 inpatient Substance Abuse licensed beds. The capital costs associated with this project were provided through grant proceeds through the New York State Healthcare Efficiency and Affordability Law for New Yorkers ("HEAL-NY"). The Hospital continues to work in concert with NYS restructuring initiatives that reduce bed capacity while expanding ambulatory services. The new Center, which will house co-located Asthma, Geriatric and Diabetes ambulatory services, will provide primary care and case management for patients that require these intensive services. In addition to traditional medical care, the Center will provide health education, social services, mental health care, nutrition services, medication management, smoking cessation classes and care-giver support in a patient-friendly, multi-functional environment.
- St. Barnabas is an active member in the NYC DOHMH Tobacco-Free Hospitals Campaign. We had smoke-free campus since 2008, an excellent Tobacco-Free policy, and prominent tobacco-free campus- wide signage. The hospital provides monthly bi-lingual smoking cessation classes. We are currently seeking BRONZE star status and have successfully completed the TCNY

environmental assessment and Tobacco module and pursuing completion of a Culture of Wellness module.

- St. Barnabas' Substance Abuse services are concurrently undergoing a comprehensive transformation away from the traditional inpatient model that proved to be remarkably ineffective for patients. The goal is to create an integrated care coordination system that assesses patients in a timely manner and refers them to outpatient treatment settings (if they do not meet inpatient criteria) - within the community - that are more appropriate to their specific conditions. By providing proactive and intensive patient management, the need for inpatient services will be dramatically reduced.
- In addition to creating the infrastructure for new programs to improve our ability to serve the community, St. Barnabas Hospital is participating in the New York State Department of Health's "Hospital-Medical Home Demonstration" project—a healthcare quality and safety improvement program. The Demonstration project's goal is to improve healthcare provided at sites where residents train to become primary care physicians. St. Barnabas is working on specific projects designed to improve resident training, measuring health outcomes, care coordination, and the quality and safety of inpatient healthcare. As a result of this initiative, St. Barnabas achieved Level 3 Patient-Centered Medical Home recognition from the National Committee on Quality Assurance (NCQA), the highest possible level.
- Health Information Technology offers an invaluable tool to St. Barnabas' efforts to better coordinate and deliver the highest quality care possible to the community.
 - The Allscripts electronic medical record (EMR) at St. Barnabas Hospital was first implemented in the ambulatory care setting in April 2006. Six years later, in July 2012, the EMR was expanded to the emergency, pharmacy and inpatient areas, thereby achieving Stage 1 Meaningful Use.
 - In 2013, we successfully expanded and implemented the EMR at Fordham–Tremont Community Mental Health Center (Behavioral Health Services), implemented e-Prescribing and the patient portal. The patient portal implementation will enhance patient engagement and assist in their healthcare decisions. In phase 1 of the patient portal implementation, the patient and caregiver will receive a clinical summary, results of the patient's lab and radiology tests, allergy information, their medication history and a comprehensive problem list.
 - Our care coordination efforts have been enhanced as a result of the EMR at the behavioral health sites. Patients belonging to health homes are also being better managed. In addition, we have been submitting and exchanging clinical data with the Bronx Regional Health Information Organization (Bronx RHIO) since 2001.
 - The current version of the Allscripts Feature Pack 1 (FP1) EMR has assisted tremendously in achieving the National Committee for Quality Assurance (NCQA) level 3 Patient-Centered Medical Home designation at our ambulatory care site.

- We are in the process of upgrading the EMR to version 6.1, which will assist us in achieving Stage 2 Meaningful Use under the Center for Medicare and Medicaid Services guidelines for 2014. Next year the EMR will be expanded to our rehabilitation center (SBRCCC). Our goal is to have a single data base in all the areas of clinical care to make accessing clinical information easier and thereby providing higher quality care.

St. Barnabas Hospital and its affiliates provide healthcare to a culturally diverse patient population; therefore, cultural competency and cultural sensitivity are key to the success of all of the health promotion programs and educational initiatives conducted by the staff. In keeping with our belief that health education and health promotion programs are essential to the mission of St. Barnabas Hospital (SBH) we maintain a number of outreach activities as follows:

- Speakers Bureau

St. Barnabas sponsors a Speakers Bureau that offers many resources geared to promoting wellness and educating patients, their families and residents of the communities served by the hospital and its affiliates. Healthcare professionals give freely of their time to provide informational presentations and workshops to churches, schools and community-based organizations on a wide range of relevant and thought-provoking topics.

- Collaboration with Community-Based Organizations and Neighborhood Service Providers

Hospital staff serves on Bronx Community Planning Boards, boards of local organizations and local Medical Advisory Boards. In this capacity, we coordinate multi-lingual presentations by all of the health disciplines of St. Barnabas at regularly scheduled board meetings, public hearings and meetings of local community organizations. This collaboration with neighborhood service networks affords the St. Barnabas staff a unique opportunity to acquaint area residents with the hospital health professionals and the constellation of health services available. The medical marketing staff enters into and maintains affiliation agreements with service providers in an effort to assure the accessibility of healthcare for the clients of community-based providers and treatment programs. These affiliation agreements are closely monitored for efficacy and revised as needed.

- Community Alliance for Healthcare Awareness [CAHA]

As part of the on-going effort to educate and inform the Bronx Community at large on the various health topics as well as to respond to community inquiries on health-related topics, SBH developed the Community Alliance for Healthcare Awareness (CAHA). This group unifies local community schools (DOE and parochial), as well as community-based organizations, faith-based organizations and childcare facilities. The group meets at our hospital facilities on the last Wednesday of every month, shares a hospital-provided light snack, and sits to discuss various topics relevant to their interests and to share conversation on other community bulletins and civic alerts issued.

- The Auxiliary Sponsorships Blood and Eye Tissue and Organ Donor Drives

The Auxiliary of St. Barnabas Healthcare Facilities sponsors on-site intermittent community/employee blood drives with the New York Blood Center, and organ and tissue donor drives in conjunction with the Eye Bank for Sight Restoration. The Auxiliary also encourages and facilitates other sponsor sites in the community. In addition, the Auxiliary has provided financial support for pilot studies, for example, on childhood obesity/diabetes at three parochial elementary schools in the primary service area of the hospital.

- Community Health Fairs

Members of the St. Barnabas staff initiate and/or participate in health fairs in the surrounding multi-diverse and culturally rich communities. We are aware of the cultural perspectives and differences and ensure that the people receive information in the appropriate manner. These health fairs are held on-site at neighborhood social service centers, churches, parks, schools and senior citizen centers, often in cooperation with the local community planning boards or merchant's associations. The events are also offered on the SBH campus at or in front of hospital healthcare facilities.

- "Dinner with a Doctor" Conversations

St. Barnabas has developed "Dinner with a Doctor" as an opportunity for members of our medical staff to meet with community residents over an informal, nutritious meal to discuss a wide variety of health topics of interest to a broad base of health consumers and their families. Recent bilingual and trilingual presentations have included: "Yes, Heart Disease can be Prevented;" "Living with Diabetes;" and "Prescription Medication Abuse among the Elderly." These quarterly, evening educational sessions provide valuable health information; familiarize community residents with St. Barnabas staff and the hospital's comprehensive health service offerings; and help immeasurably to personalize the delivery of healthcare. The free "Dinner with a Doctor" series is central to St. Barnabas Hospital's commitment to be an active member of the community.

- Humanitarian Initiatives

In addition to being a vital health and human service resource to the people of the Bronx and beyond, St. Barnabas Hospital and its affiliates have a long and distinguished history of reaching out to assist victims of human tragedies both in our immediate communities, e.g., Happy Land Social Club Fire, and in the aftermath of Hurricane Sandy as well as in countries throughout the world. St. Barnabas has sent relief teams, medical supplies, food, clothing and monetary donations in response to floods, earthquakes, and hurricanes.

- Community Center of Excellence in Women's Health [CCOE]

The hospital seeks innovative and creative ways to integrate healthcare delivery with other components. St. Barnabas Hospital is the only national Community Center of Excellence in Women's Health [CCOE] in Federal Region II. The CCOE Health Educator orchestrates educational activities or workshops in the community on topics that have been identified as crucial by the CDC, the NY State and the NY City Departments of Health. These free, year-

round, bi-lingual [English/Spanish] health education classes and workshops are guided by a class plan and utilize government-approved printed materials and include class evaluation by participants.

- Information Display Tabling

In an ongoing effort to promote awareness of and information on a wide variety of health issues, especially those that constitute the main health indicators for the communities St. Barnabas serves (e.g., heart disease, cancer, asthma, HIV/AIDS, diabetes, obesity), our tri-lingual health educator, our “Always Caring” volunteers, and St. Barnabas health professionals representing various health disciplines collaborate closely in preparing posters and literature for distribution to patients, visitors and staff at our facilities. The health information display tables are the location for the “Ask Me, Preguntame” program. The table is staffed by the “Always Caring” volunteers who are strategically stationed in the hospital’s main lobby and in patient waiting areas throughout the hospital and the ambulatory care network. Health professionals are available to address a given topic. Most of the health literature distributed is bilingual [English/Spanish] and published by the federal CDC, NYS Department of Health and the NYC Department of Health-Mental Hygiene. It is also supplemented by materials from health organizations such as the American Diabetes Association, American Cancer Society, etc.

- The SBH Community Physician Education Agenda

The SBH Community Physician Education Agenda strives to improve the quality of health-care in the Bronx by offering and/or hosting relevant health seminars and support programs to both community-based and hospital providers. These educational sessions are based on the needs assessment identified by the community and healthcare providers. Recent topics include: *The Changing Face of Immigrant Health: What the Provider Should Know*; *Diabetes Mellitus Chat- a global and local perspective*; and *Improving Health with EHR’s - Meaningful Use of Electronic Health Records*. This program is an important way to provide not only a learning opportunity but also a chance to connect and grow relationships among colleagues united for a similar cause.

- Community Physician Relations Office

The Community Physician Relations Office ensures that physicians have access to all of the resources within the SBH network and that their private practice patients receive quality care in a timely and sensitive manner while receiving treatment in a large institutional setting. The office is staffed by English-Spanish bilingual, bi-cultural staff and is open 7 days a week, from 9am to 5pm.

- The Diversity Committee

In keeping with St. Barnabas’ ongoing efforts to offer high-quality, patient-centered care, our Diversity Committee promotes awareness of the myriad cultures that make up the hospital’s diverse patient and staff population. The committee develops and implements strategies to advance the institution’s cultural and linguistic competence. Membership on the committee represents a cross-section of St. Barnabas employees.

Since 2011, this committee has sponsored 12 events. Both educational and empowering, these events highlight the heritage of the local community and hospital staff. Celebrations have included Discovery of Puerto Rico Day, Indian Independence Day, Lunar New Year, and National Coming Out Day.

The committee has worked with Sodexo, one of the top 2013 U.S. companies with a diversity and inclusion program, and participated in their training webinars which serve as inspiration for the learning and development process. Special guest speakers from the U.S. Census Bureau and the U.S. Department of Health and Human Services have also addressed the committee on issues pertaining to diversity, data, population profiles, civil rights and effective communication strategies.

The committee has established two subcommittees to address the following issues with special focus:

- *Race, Ethnicity and Language*
This subcommittee developed a list of the leading local community ethnic groups in order to document them in accordance with the demographic data collection process at registration. In addition, data collected on the language encounters at the hospital provide direction with respect to the patient experience. A campaign is underway to educate both the front-line staff and patients about the benefits derived from this data for improved patient care.
- *Lesbian, Gay, Bisexual, Transgender and Queer Population*
This subcommittee's principal purpose is to identify and address the healthcare needs of the LGBTQ population. St. Barnabas and its affiliates are committed to protecting patients from discrimination and providing equitable and high-quality care in a safe and welcoming environment. In July 2013, the subcommittee participated in a Bronx LGBTQ health fair at Crotona Park in conjunction with the Bronx LGBTQ Center. Looking ahead, the subcommittee intends to develop and implement training sessions focusing on the proper approach to addressing the concerns of LGBTQ patients, their families and the staff treating the patients. These presentations will be an integral part of the New Hire Orientation curriculum.

Competing public health challenges make it difficult to focus on priority areas beyond those selected for the hospital's Community Service Plan. Our CSP implementation plan is reflective of the limited financial resources of both the hospital and of our community partners. Where feasible, we plan on adapting evidence-based intervention strategies. The CHNA identified needs are addressed within the multitude of services offered by the hospital as delineated in the St. Barnabas Hospital Ambulatory Care Sites Appendix which demonstrates the wide scope of clinical services provided.

Hospital financial assistance programs are offered as follows:

- The hospital publishes a financial aid brochure, *Access Best Care*, in both English and Spanish, the predominant languages of the hospital community. A copy of this brochure is found in Appendix 6: *Access Best Care*. In addition, hospital financial aid documents and the application are available in five languages [English, Spanish, Albanian, French, and Chinese]. Collection

agency vendors are required to acknowledge in writing their awareness and compliance with hospital collection policies as they represent an extension of the hospital finance office.

- In 2012, Medicaid accounted for 58% of our revenue and 22% of all Emergency Room visits were attributed to Charity Care. In 2012, there were 95,782 Emergency Room visits and 20,461 discharges. St. Barnabas Hospital continues to provide a generous Charity Care Program to our community that is designed to provide medical care to all individuals regardless of their ability to pay.
- In spite of a 2012 operating loss of \$9.4 million, our financial aid policies have not changed and we continue to provide a high level of charity care totaling \$47.4 million in 2012. These policies are based on patients making up to 300% of the Federal Poverty Level. We have maintained our policies to be as compassionate as possible because we recognize the impact that the economy has had on our patients.

VII. THREE-YEAR PLAN OF ACTION

St. Barnabas Hospital's three-year plan of action will address the focus areas to ***increase access to high-quality chronic disease preventive care and management in clinical and community settings especially among individuals living below the federal poverty level*** and to ***reduce obesity in children and adults***.

SBH strongly believes that preventive services promote healthy behaviors and enhance quality of life and incorporates a holistic approach using an interdisciplinary team to deliver the highest level of quality and maximize access to care. This belief and approach along with our D.R.I.V.E to Patient-Centered Excellence has prepared SBH to define a three-year plan of action understanding the factors and barriers faced by the communities we serve and identify programs to create community-based solutions, and improve not only the quality of healthcare in the community, but the quality of life.

Focus area 1: Increase access to high quality chronic disease preventative care and management in both clinical and community settings

Goal: Increase screening rates for cardiovascular disease, diabetes, and breast, cervical and colorectal cancers, especially among individuals living below the federal poverty level.

Objective 1.1: By December 31, 2016 increase the percentage of women aged 50-74 with an income of < \$25,000 who received a breast cancer screening based on the most recent guidelines (mammography within the past two years) by 5% from 74% (2012) to 79%.

Based on the St. Barnabas Hospital Healthfirst Medicaid data reported for HEDIS/QARR for 2012, we have identified additional opportunities in reaching out to our female population within and around the primary and secondary service areas. The Bronx County statistics for 2011 note a breast cancer mortality rate of 23.8 per 100,000.

SBH recently acquired a mobile mammography unit funded through the New York City Council to improve timely access to this invaluable screening and to reduce structural barriers. The vehicle will visit all Bronx neighborhoods and is available by appointment seven days a week both daytime and evening. In collaboration with the community-based organizations, we will offer mammography services as well as teach the women how to perform breast self-exams and provide bi-lingual educational materials.

Outreach efforts will be focused on those agencies who serve the targeted population and in residential areas where the targeted population resides. The new digital mammography equipment will decrease the time for the exam as well as the time between screening and diagnosis. Abnormal readings will be followed in a timely manner as will the diagnosis and treatment continuum of care. For those who are uninsured, staff is available to assist with health insurance information. A dedicated bilingual case manager will be responsible for all patients entering the mobile mammography program and will follow through with subsequent diagnosis and treatment thereby minimizing any patients that might be lost to follow-up.

SBH participates in ongoing community events to communicate the need for screenings and provide the information related to available services. It is this collaboration with our community partners that is crucial to promoting success with our goals of early detection and decreased mortality and morbidity. We particularly benefit from the involvement of our faith-based and community-based organizations in reaching this population.

Intervention Project: We will adopt the evidence-based program “Project SAFe (Screening Adherence Follow-Up Program)” for purposes of this CSP. The program provides patient navigation, counseling and case management to help women and includes telephone counseling, appointment reminders and referral to community resources.

Objective 1.2: By December 31, 2016, increase the percentage of women aged 21-65 with an income of <\$25, 000 who receive a cervical cancer screening, based on the most recent clinical guidelines (pap test within three years) by 5% from 78.8 (2010) to 83%.

Intervention Project: Utilizing the mobile mammography service visit, the staff will refer the patients for a cervical cancer screening where appropriate. This referral will be followed up with a phone call for appointment scheduling and with a bilingual mailing of relevant educational material on the importance of completing such a screening. In addition all CCOE workshops presented to women, especially of child-bearing age, will include discussion on the need for cervical cancer screening. All community-based organizations requesting CCOE workshops will be encouraged to host bi-lingual cancer screenings workshops and during the primary care visit, all providers will inquire as to the most recent cervical cancer screening and, if indicated, make the referral for the exam.

Objective 1.3: increase the percentage of adults (50-75) who receive a colorectal cancer screening based on the most recent guidelines (blood stool test in the past year or sigmoidoscopy in the past 5 years and a blood stool test in the past year or a colonoscopy in the past 10 years) by 5% from 52% to 57% for all adults.

Through our participation in the hospital Medical Home Demonstration Grant, we are committed to increasing community access to healthcare and promoting primary care services. SBH believes providing these crucial services to the community, and the ability to provide one-on-one education and resources is also an invaluable mechanism in increasing preventive care and screening.

Intervention Project: SBH also utilizes an electronic medical record that enable the healthcare provider access to health information to make informed decisions about the need for and timing of screening tests. There are also systems in place that allow for the notification of upcoming appointments and communication of abnormal test results, allowing for safe and effective care. During the primary care

visit, all providers will inquire as to the most recent colorectal cancer screening and, if indicated, make the exam referral.

Objective 1.4: increase the percentage of adults referred by community physicians who receive a colorectal cancer screening based on the most recent guidelines (blood stool test in the past year or sigmoidoscopy in the past 5 years and a blood stool test in the past year or a colonoscopy in the past 10 years) by 5%.

NY State statistical data for Bronx County 2011 notes an 18.3 mortality rate per 100,000, while the percent of recognized early stage colorectal cancer was noted at 42.1%. St. Barnabas Hospital is a partner in the NYC DOHMH Direct Referral for Screening Colonoscopy program serving as a public resource for any primary care physicians seeking to refer their patients.

Intervention Project: To increase screening rates, we will mail a bilingual comprehensive brochure on colorectal cancer to patients referred for colonoscopy by community physicians. The brochure will be mailed within 10 days of the screening referral. It will be labeled with the name of the patient's provider and will encourage the patient to schedule the screening procedure. The brochure describes colorectal cancer, risk factors, screening options and screening preparation. All patients will receive a telephone follow-up call for scheduling the appointment and a reminder call the day before the procedure is scheduled. Patients without escort will be ensured returned transportation home. Referring providers will receive timely notification of results to ensure that elevated care, where appropriate, is followed.

Objective 1.5: By December 31, 2016, increase the percentage of Medicaid managed care plan members who received HbA1c testing from 85 to 90%; Eye Exam from 53% to 58%; LDL-C screening from 74% to 79% and Nephropathy from 90% to 95%.

Our 2012 HEDIS/QARR *Healthfirst Quality Incentive Program* data indicate we have improved in our diabetic chronic care management and screening. We are committed to serving our community and reaching more individuals in our service area. We have now added additional specialty staff to address this population: in addition to a primary care provider, a specialized NP is available to our diabetic community. This addition to our comprehensive management team will improve continued compliance with the goal of decreased morbidity and mortality in this population. Our multidisciplinary approach will help our community address their barriers to care, and assist and support them to manage their chronic disease.

Intervention Project: We propose to implement a chronic diabetes self-management education program. A six-series bilingual workshop will review defined topics and offer problem-solving strategies. Peers will share their experience, develop goals and create action plans through discussions led by a health professional. During the program course, telephone calls by the facilitator or program assistant will be part of ongoing support. Subsequent peer check-in will be encouraged towards the end of the program. The program is based on the Self-Management Education in Community Gathering Places for Adults with Type 2 Diabetes from Stanford University.

Focus Area 2: *Reduce Obesity in Children and Adults*

Goal: Create community environments that promote and support healthy food and beverages choices and physical activity.

Reducing obesity is crucial as it is a leading cause of preventable death. Obesity impacts low-income and minority communities to a greater extent and contributes to the development of diabetes, cancer, asthma, arthritis, and heart disease. Unfortunately the epidemic is not only affecting adults, but also affecting children at alarming rates. For this reason, public health officials have predicted that children will not live as long as their parents. NY State DOH reports that for 2008-2010 the percentage of adults overweight or obese (with a BMI of 25 or higher) for Bronx County was 68%; 69.2% did not participate in leisure time physical activity; and only 6.3% of adults report eating 5 or more fruits or vegetables per day. NY state ranks second among states in total spending related to obesity-related medical expenditures. That spending is estimated at 7.6 billion dollars.

Objective 2.1: By December 31, 2016 achieve the TCNY Healthy Hospital BRONZE Star rating as we continue to work on offering increased options of healthy food and beverages and further promote health and wellness to our community.

SBH is part of the NYC DOHMH Take Care New York “Healthy Hospital Food Initiative.” The aim of this initiative is to create a healthy food environment in area hospitals. The goal is to adopt practices that allow employees, visitors and patients access to healthy food. It affects food and beverages offered in cafeterias, vending machines, and patient meals. The nutritional requirements included increasing fruit and vegetable and whole grain intake, decreasing the availability of high-calorie beverages and snacks, and limiting portion size. Our current participation level is rated by TCNY as “CLEAR Star.”

Objective 2.2: Publish quarterly printed materials and/or digital media to promote healthy eating, active living as part of the Take Care New York Hospital Community Health program by supporting anti-obesity educational and media campaigns.

Intervention Project: In addition to publishing ongoing information on obesity and promoting anti-obesity activities within and outside of the hospital, the hospital speakers bureau will support quarterly presentations by nutritionists and other healthcare professionals to Bronx schools, groups and/or organizations.

In addition, SBH will collaborate with The Teen Health Center (THC) at Union Community Health Center to expand education, social, recreation, vocational and economic opportunities for teens that will include developing nutritional awareness and developing skills that can support a successful transition into healthy young adulthood. The activities include:

- Adopting a Green Cart
- Providing healthy snacks (from Trader Joe’s, Green Cart, etc.) to youth during Youth group sessions
- Ordering whole grain foods for special events and follow guidelines of DOH “healthy meetings”
- Engaging speakers such as health educators, medical residents and staff from CBOs that focus on nutrition, and staff from community gardens as facilitators for discussion on how their roles support good nutrition, as well as exercise

- Providing water coolers at meeting locations to encourage youth to drink more water, as well as have accessible cold water in the center
- Encouraging Summer Job Mentorship Program (SJMP) participants to pledge to walk between THC and SBH sites during their participation. All youth are encouraged throughout the year to walk to the sites. The THC team is also encouraged to walk between the sites, and
- Attending quarterly community movie screenings aimed at adolescents to develop obesity awareness such as “Weight of the Nation”

All noted activities above will be implemented throughout 2014 and sustained throughout the three-year plan.

Objective 2.3: By December 31, 2016 establish a hospital-wide policy regarding the exclusion of sugary beverages at hospital meetings.

Intervention Project: St. Barnabas Hospital has been an active supporter of the NYC DOHMH “Pouring on the Pounds” campaign to cut back on soda, juice and other sugary beverages. The hospital hosted a Grand Rounds for staff, posted public notices regarding the campaign and as a role model for other sections of the hospital, the Division of External Affairs has adopted a policy of water instead of soda at any of its meetings.

Goal: Expand the employer role of St. Barnabas Hospital in obesity prevention.

Objective 2.4: By December 31, 2016 increase the percentage of employees who participate in leisure-time physical activity and health awareness events by 5%.

Intervention Project: Using the Hospital’s Health and Wellness Committee, re-convene the annual Biggest Loser contest and annual Employee Health and Wellness Fair with the goal of increasing event participation. The Health and Wellness Fair activities include screenings for asthma, hypertension, hearing, stress management, Body Mass Index, LDL-cholesterol, testing for diabetes and a stair usage campaign, after-work weekly Zumba work-out class for employees, as well as a special Health and Wellness lunch menu in the hospital cafeteria for the Fair day.

Promote involvement in the hospital employees seasonal Walking Club as well as establishing a community-based adult walking group program to help create social support leading to increased physical activity in the community. The SBH employee Walking Club engages in daily walks around the hospital periphery. In addition, SBH in collaboration with SBRCC, will offer a fitness program to participants 65 to 85 years of age in adult day healthcare of daily exercises led by a recreational therapist and pursue the possibility of including bi-weekly tai chi and/or yoga classes.

We propose to develop an existing green space on the SBH campus. The hospital has applied for a grant to help with the costs of converting this space to an area that is conducive to community activities, with benches and a walking path equal to a quarter mile. We intend that the this area will accommodate a wide range of classes for the community, such as yoga and tai chi.

Goal: Reduce weight gain among children.

Objective 2.5: Provide children ages 8 to 12 years old who have a BMI greater than the 95th percentile with an intervention designed to assist them in developing techniques for change and healthy living. The goal is to slow down weight gain by maintaining or reducing the BMI by the end of the 8th week.

Intervention Project: Offer an eight-week Pediatric Healthy Living program at Union Community Health Center which begins with a medical assessment and continues with twice-a-week after-school sessions over eight weeks to include:

- A registered dietitian conducting workshops on: healthy eating habits, how to read labels, how to eat smart when eating out
- A personal trainer supervising the children through a series of fun exercises
- A social worker working with the families one-to-one to identify barriers in the home

VIII. METHODS USED TO DISSEMINATE THE CSP TO THE PUBLIC

The hospital uses the following mechanisms to disseminate CSP information to the public:

- Posts the CSP Executive Summary on its website:
(http://sbhny.org/index.php/community_outreach/community-service-plan)
- Mails information to affiliated organizations and public elected officials and representatives
- Creates informative materials for general distribution to the community at large
- Reports on the CSP activities at local organization meetings and community gatherings as well as in hospital leadership and committee meetings
- Distributes copies of a summary brochure, Appendix 7: SBH Community Service Plan Workgroup, available at community health fairs, job fairs and community meetings
- Encourages all of its organizational partners to provide an internet link to the hospital's online Community Service Plan

IX. ENGAGEMENT WITH LOCAL PARTNERS

St. Barnabas Hospital and the Community Service Program Workgroup are committed to continue to leverage a high level of collaboration and participation in improving the health and well-being of our patient population and community residents. The CSP Workgroup and local partners will maintain an active and ongoing relationship by participating in monthly meetings and in between meetings will communicate by email and phone regarding important project updates, progress and modifications.

Many of the workgroup members have been involved since 2009. All new members receive an orientation to the functions and responsibilities of the Community Service Plan Workgroup and the priorities of the three-year plan. These responsibilities are reviewed annually or as needed. During the regularly scheduled monthly meetings, workgroup members mutually empower one another and renew their commitment to the success of the three-year plan; engage and support all major initiatives; review and evaluate the intervention programs representing the voice of the community.

The CSP Workgroup and community stakeholders are scheduled to kick off the CSP initiatives outlined above in January 2014. The first meeting will address confirmation of the workplan with defined roles and responsibilities to successfully execute the intervention projects. At that time the workgroup will

also confirm how each of the interventions will be measured and what data elements will be critical to record and maintain throughout the next three years. Annually, the CSP Workgroup and SBH leadership will collect the results and outcomes of the completed intervention programs to create a brief summary of accomplishments, barriers and/or obstacles that were met and overcome as well as adjust any of the remaining intervention programs (as needed) to ensure the highest level of quality and effectiveness.

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APPENDICES

Appendix 1:	Community Service Plan Workgroup Membership Listing
Appendix 2a:	Bronx Zip Code [Map]
Appendix 2b:	Bronx Community Districts [Map]
Appendix 3:	Language Interpretation Services
Appendix 4:	St. Barnabas Ambulatory Sites Listing
Appendix 5:	SBH Survey Monkey
Appendix 6:	Access Best Care [brochure]
Appendix 7:	SBH Community Service Plan [brochure]

Appendix 1

SBH Community Service Plan Membership Listing

Wilma Alonso

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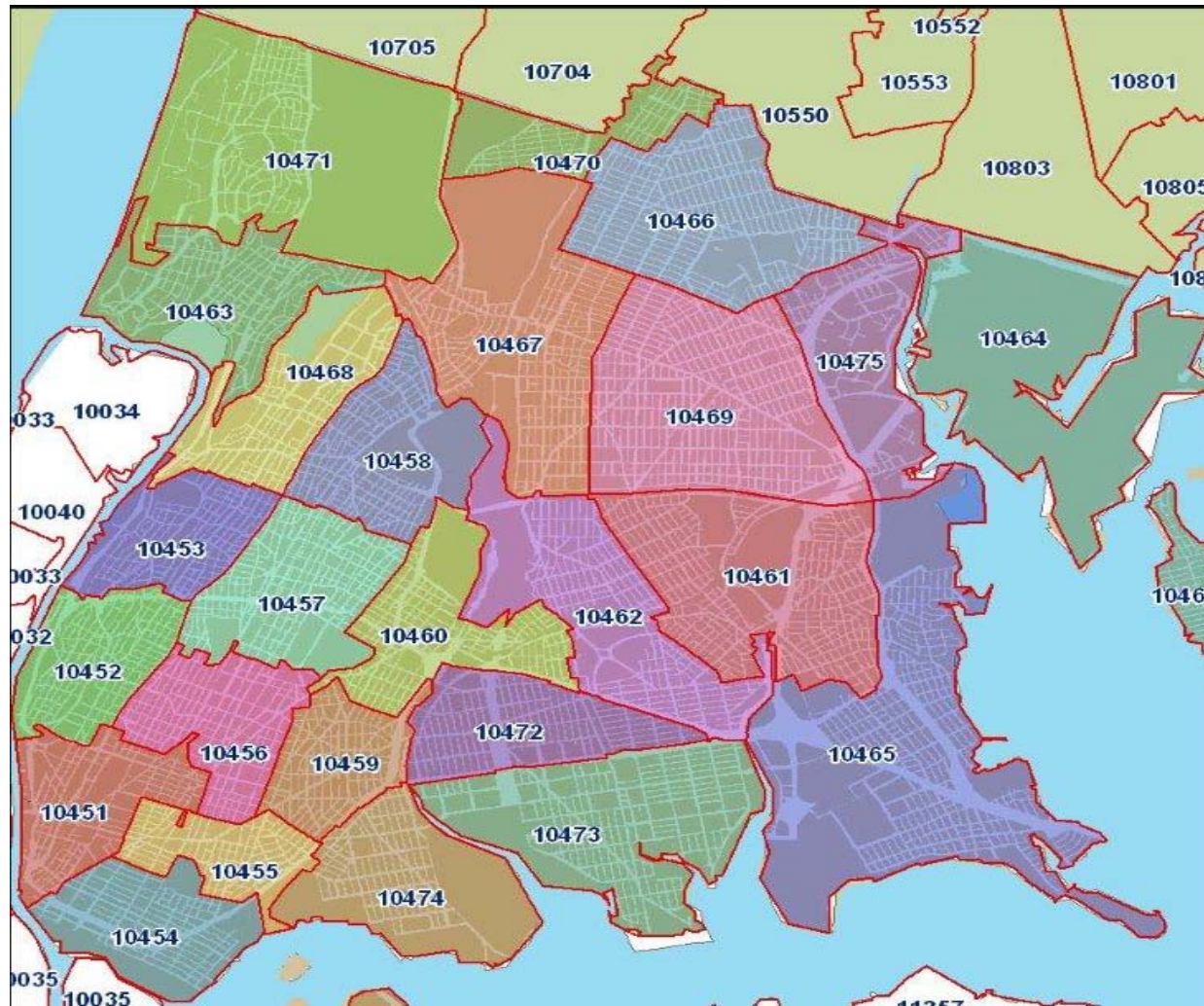
Chef Geneva Wilson, AOS., AADE.

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Appendix 2a:

Bronx Zip Code Map



Source: Map Retrieved from www.unhp.org

Appendix 2b:

Bronx Community Districts Map



Source: Map Retrieved from NYC Department of City Planning

Appendix 3

Language Interpretation Services

Language Line And Deaf Talk for Period January 1, 2012 - December 31, 2012
Minutes Per Month

	January	February	March	April	May	June	July	August	September	October	November	December	Total	%
Albanian	45.00	72.00	37.00	63.00	38.00	59.00	-	11.00	-	25.00	71.00	54.00	475.00	0.33%
Arabic	141.00	6.00	152.00	50.88	79.00	143.00	155.00	180.00	288.00	93.00	210.00	30.00	1,527.88	1.06%
Amharic	-	1.00	-	-	14.00	-	-	-	-	29.00	-	-	44.00	0.03%
Bambara	3.00	6.00	94.00	36.57	-	-	5.00	8.00	7.00	10.00	15.00	17.00	201.57	0.14%
Bengali	-	3.00	-	52.47	-	44.00	50.00	143.00	109.00	125.00	47.00	54.00	627.47	0.43%
Bosnian	-	-	-	-	-	8.00	-	-	-	-	-	-	8.00	0.01%
Burmese	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
Cantonese	-	-	-	-	-	42.00	-	-	-	33.00	12.00	19.00	106.00	0.07%
Cambodian	-	-	41.00	-	-	-	-	-	18.00	-	-	-	59.00	0.04%
Farsi	-	-	-	-	-	-	-	-	-	2.00	-	-	2.00	0.00%
Ewe	-	-	-	-	-	-	-	-	-	-	28.00	-	28.00	0.02%
French	34.00	9.00	210.00	116.12	145.00	127.00	106.00	346.00	148.00	276.00	228.00	254.00	1,999.12	1.38%
French Creole	-	-	-	-	-	-	19.00	14.00	61.00	4.00	-	10.00	108.00	0.07%
Fulani	-	1.00	25.00	39.75	-	15.00	-	46.00	-	54.00	24.00	-	204.75	0.14%
German	-	-	-	-	-	1.00	-	-	-	-	-	-	1.00	0.00%
Hebrew	-	-	5.00	-	-	-	-	-	-	-	-	-	5.00	0.00%
Hindi	-	2.00	-	-	4.00	7.00	-	-	3.00	-	-	5.00	21.00	0.01%
Korean	-	-	-	-	-	-	-	-	17.00	-	-	-	17.00	0.01%
Karen	-	-	-	-	-	-	-	34.00	-	-	-	-	34.00	0.02%
Igbo	-	-	-	-	-	-	-	11.00	-	-	-	-	11.00	0.01%
Italian	12.00	5.00	-	8.00	40.00	84.00	-	66.00	-	47.00	65.00	6.00	333.00	0.23%
Japanese	-	-	-	-	-	-	-	-	36.00	-	-	-	36.00	0.02%
Lingala	-	-	16.00	-	-	136.00	-	31.00	48.00	-	-	-	231.00	0.16%
Malinke	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
Mandarin	12.00	9.00	75.00	38.00	-	15.00	41.00	-	2.00	54.00	58.00	9.00	313.00	0.22%
Mandigo	1.00	4.00	9.00	14.00	21.00	54.06	87.00	53.00	36.00	19.00	10.00	65.00	373.06	0.26%
Mina	-	2.00	-	-	-	-	-	-	-	-	-	-	2.00	0.00%
Nepali	-	-	29.00	-	-	-	13.00	-	-	-	-	-	42.00	0.03%
Polish	-	-	-	-	-	-	-	8.00	3.00	10.00	128.00	2.00	151.00	0.10%
Portuguese	-	55.00	-	-	-	-	-	-	-	-	-	15.00	70.00	0.05%
Punjabi	-	-	-	-	-	-	3.00	27.00	4.00	9.00	-	8.00	51.00	0.04%
Russian	-	-	-	-	-	-	-	15.00	-	-	-	-	15.00	0.01%
Serbian	1.00	-	-	-	-	17.00	-	-	29.00	-	-	-	47.00	0.03%
Spanish	1,868.00	1,874.00	11,929.00	11,199.00	9,625.00	13,206.00	16,253.00	15,711.00	12,641.00	13,662.00	14,080.00	11,019.00	133,067.00	92.13%
Somali	-	-	4.00	-	-	-	-	-	-	-	-	-	4.00	0.00%
Soninke	-	6.00	-	10.00	17.00	-	32.00	5.00	18.00	-	32.00	7.00	127.00	0.09%
Tagalog	1.00	-	-	-	-	-	-	-	33.00	-	8.00	-	42.00	0.03%
Twi	-	-	-	-	7.00	-	-	15.00	-	-	43.00	-	65.00	0.05%
Urdu	-	1.00	-	-	-	-	-	-	20.00	24.00	2.00	-	47.00	0.03%
Vietnamese	-	1.00	23.00	45.00	49.00	40.00	51.00	2.00	-	22.00	51.00	89.00	373.00	0.26%
Wolof	-	-	43.00	4.00	52.00	-	-	-	-	12.00	-	-	111.00	0.08%
Total Min Per Month	2,118.00	2,057.00	12,692.00	11,678.79	10,091.00	13,998.06	16,815.00	16,726.00	13,521.00	14,510.00	15,112.00	11,663.00	140,979.85	97.61%
Sign Language	214.90	305.80	281.70	261.50	131.20	456.10	323.00	284.40	643.50	201.10	249.80	99.40	3,452.40	2.39%
Grand Total	2,332.90	2,362.80	12,973.70	11,938.29	10,222.20	14,454.16	17,138.00	17,010.40	14,164.50	14,711.10	15,361.80	11,762.40	144,432.25	100.00%

SBH St. Barnabas Hospital
St. Barnabas Hospital
B R O N X **Ambulatory Care Sites**

St. Barnabas Hospital

Main Hospital

4422 Third Avenue

Bronx, New York 10457

- Ambulatory Surgery
- ARRYTHMIA
- Cardiac Catheterization
- Cardiac Stress Test
- Cardio-Pulmonary Rehabilitation
- Center for Wound Healing/Hyperbaric Services
- Echocardiogram
- EEG
- EKG
- Emergency Room
 - Adult
 - Level I Trauma
 - Pediatrics
- EMG
- Holter Monitor
- Infusion Center
- Nuclear Medicine
- Pulmonary Function Tests
- Radiology
 - CAT Scan
 - Fluoroscopy
 - Interventional Radiology
 - Mammography
 - Mobile Mammography
 - MRI
 - Plain Film
 - Sonograms
 - Stereotactic Breast Biopsy
- Sleep Center

St. Barnabas Hospital

Mills Building

4422 Third Avenue

Bronx, New York 10457

- Dental
 - Adults
 - Pediatrics
 - Orthodontics

St. Barnabas Ambulatory Care Center

4487 Third Avenue

Bronx, NY 10457

- Adolescent Medicine
- Adult Allergy
- Breast Clinic
- Cardiac
- Cardiac Catheterization Clinic
- Cardio Thoracic
- Coumadin Clinic
- Dermatology
- Designated AIDS Center
- Diabetic Foot Clinic
- Dietary Clinic
- Endocrinology
- ENT
- Fordham-Tremont Brief Care Clinic
- Gastroenterology
- Geriatrics
- Hand Clinic
- Hemo/Oncology
- HIV Counseling and Testing
- Infectious Disease
- Interventional Radiology Clinic
- Lab
- Liver/Hepatitis C
- Neurology
- Neurosurgery
- OB/GYN
 - Prenatal Diabetic
 - Prenatal High Risk
- OMT
- Ophthalmology
- Optometry
- Orthopedics

- Pain Management
- Pediatrics
- Pediatric Subspecialties
 - Allergy
 - Cardiology
 - Endocrinology
 - Gastroenterology
 - Hematology
 - IDC
 - Infectious Disease
 - Neurology
 - Renal

- PT & OT
- Plastic Surgery
- Podiatry
- Pulmonary
- Radiation Oncology
- Radiology
 - Plain Film
- Renal
- Rheumatology
- Speech and Hearing
- Surgical Clinic
- Urology
- Trauma Clinic
- Vascular
- WIC
- Wound Clinic

St Barnabas Methadone Maintenance Treatment Program

4535 Third Avenue

Bronx, NY 10457

- Methadone Maintenance with individual and group therapy
- Pre-admission for Inpatient Detox

St. Barnabas Outpatient Detox Center

4451 Third Avenue 2nd Floor

Bronx, NY 10457

- Individual and group therapy

St. Barnabas Hemodialysis Center

4451 Third Avenue

Bronx, NY 10457

- Hemodialysis

Fordham-Tremont Community Mental Health Center

2021 Grand Concourse

Bronx, NY 10453

- Adult Outpatient Clinic
- Mid-Life and Older Clinic
 - Geriatric Initiative
- Child, Adolescent and Family Services
- Women and Families Center
 - Family Crisis Service
 - Crime Victims Program
- Latin American Immigrant Services

Fordham-Tremont Community Mental Health Center

260 East 188th Street

Bronx, NY 10458

- Recovery Division
 - Co-occurring Disorders Program
 - Forensic LINK
 - Men and Military Families
 - Transitional Care Program
- David Casella Children's Services
- Care Integration Program

Fordham Tremont South

326 East 149th Street

Bronx, NY 10451

- Adult Services: Individual and Group
- Children's Services: Individual and Family



St. Barnabas
Southern Medical Group

326 East 149th Street

Bronx, NY 10451

- Echocardiograms/EKG
- GI
- Lab
- Medicine
- OB/GYN
- Optician
- Optometry
- Pediatrics
- Podiatry
- Surgery



Union Community Health Center

Ambulatory Care Services

Union Community Health Center
260 East 188th Street
Bronx, NY 10458

- Adolescent Medicine
- Allergy/Asthma
- Audiology
- Behavioral Health Social Work
- Cardiology
- Child Advocacy Center (Montefiore)
- Colpo
- Dentistry
 - General Dentistry
 - Orthodontics
 - Pediatric Dentistry
- EKG
- Genetics Counseling
- GI
- HIV Counseling and Testing
- Lab
- Medicine
- OB/GYN
- Optometry
- Osteopathic Manipulative Medicine
- Pediatrics
- Pediatric Subspecialties
 - Asthma
 - Developmental
 - Endocrinology
 - Neurology
- Podiatry
- PT/OT
- Radiology
 - Mammography
 - Plain Films
 - Sonograms
- Rheumatology
- Speech & Hearing
- St. Barnabas Hospital WIC Program
- Teen Pregnancy Program
- Urology
- Rapid Walk In Center

Union Community Health Center

2021 Grand Concourse

Bronx, NY 10453

- Adolescent Medicine
- Cardiology
- Dentistry
- Echocardiograms
- EKG
- GI
- Lab
- Medicine
- OB/GYN
- Optometry
- Pediatrics
- Podiatry
- St. Barnabas WIC Program
- Urology

Union Community Health Center

470 East Fordham Road

Bronx, NY 10458

- EKG
- Family Practice
- Lab
- OMT
- Optometry
- Pediatrics

Union Community Health Center at St. Barnabas Ambulatory Care Center

4487 Third Avenue

Bronx, NY 10457

- Occupational Therapy
- Physical Therapy

SBH Community Service Plan 2013 - 2017 (Preliminary Survey)

*1. Please enter your information

Name:	<input type="text"/>
Title:	<input type="text"/>
Email Address	<input type="text"/>

2. Please identify your collaboration base:

- ☐ SBH healthcare provider
- ☐ Government agency (non-health provider)
- ☐ Local government health provider
- ☐ Community health center
- ☐ Community primary health care provider
- ☐ School/Educational institution/Academia
- ☐ Health Insurance Plan
- ☐ Child care provider
- ☐ Nursing Home/Rehab Center
- ☐ Faith based organization
- ☐ Community based organization
- ☐ Home health care agency
- ☐ Employer/Business
- ☐ Elected Official
- ☐ Cultural Institutions/Organizations

*3. Please rank the following PRIORITY ISSUES with "1" as Most Important and "5" as Least Important.

	1	2	3	4	5
Prevent Chronic Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote a Healthy and Safe Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1	2	3	4	5
Promote Healthy Women, Infants and Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote Mental Health and Prevent Substance Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevent HIV, STDs, Vaccine-Preventable Diseases, and Health Care-Associated Infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***4. Please rank the following FOCUS AREAS with "1" as Most Important and "N/A" as Least Important. ("Priority issue" is in bracket).**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	N/A
(Prevent Chronic Disease) Reduce Obesity in Children and Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Prevent Chronic Disease) Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Prevent Chronic Disease) Increase access to high-quality chronic disease preventive care and management in both clinical and community settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Promote a Healthy and Safe Environment) Injuries, Violence, and Occupational Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	N/A
(Promote a Healthy and Safe Environment) Outdoor Air Quality	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
(Promote a Healthy and Safe Environment) Built Environment	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
(Promote a Healthy and Safe Environment) Water Quality	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
(Promote Healthy Women, Infants and Children) Maternal and Infant Health	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
(Promote Healthy Women, Infants and Children) Child Health	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
(Promote Healthy Women, Infants and Children) Preconception and Reproductive	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
(Promote Mental Health and Prevent Substance Abuse) Promote Mental, Emotional, and Behavioral Health	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
(Promote Mental Health and Prevent Substance Abuse) Prevent Substance Abuse and Other Mental, Emotional, and Behavioral Health Disorders	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
(Promote Mental Health and Prevent Substance Abuse) Strengthen Infrastructure Across Systems	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	N/A
(Prevent HIV, STDs, Vaccine-Preventable Diseases, and Health Care-Associated Infections) HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Prevent HIV, STDs, Vaccine-Preventable Diseases, and Health Care-Associated Infections) Sexually Transmitted Diseases (STDs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Prevent HIV, STDs, Vaccine-Preventable Diseases, and Health Care-Associated Infections) Prevent Vaccine-Preventable Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Prevent HIV, STDs, Vaccine-Preventable Diseases, and Health Care-Associated Infections) Prevent Health Care-Associated Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 5. Please identify your top three areas of interest in addressing health disparities as described in the preceding focus areas.**

- 1)
- 2)
- 3)

*** 6. Given your knowledge or impressions of SBH services, please check the appropriate action box for the focus areas**

	Has a successful program	Needs to improve	Should seek partners for its programs.	Should start a program
(Prevent Chronic Disease) Reduce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Has a successful program	Needs to improve	Should seek partners for its programs	Should start a program
Obesity in Children and Adults (Prevent Chronic Disease) Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Prevent Chronic Disease) Increase access to high- quality chronic disease preventive care and management in both clinical and community settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Promote a Healthy and Safe Environment) Injuries, Violence, and Occupational Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Promote a Healthy and Safe Environment) Outdoor Air Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Promote a Healthy and Safe Environment) Built Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Promote a Healthy and Safe Environment) Water Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Promote Healthy Women, Infants and Children) Maternal and Infant Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Has a successful program	Needs to improve	Should seek partners for its programs	Should start a program
(Promote Healthy Women, Infants and Children) Child Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Promote Healthy Women, Infants and Children) Preconception and Reproductive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Promote Mental Health and Prevent Substance Abuse) Promote Mental, Emotional, and Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Promote Mental Health and Prevent Substance Abuse) Prevent Substance Abuse and Other Mental, Emotional, and Behavioral Health Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Promote Mental Health and Prevent Substance Abuse) Strengthen Infrastructure Across Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Prevent HIV, STDs, Vaccine- Preventable Diseases, and Health Care- Associated Infections) HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Prevent HIV, STDs, Vaccine- Preventable Diseases, and Health Care-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Has a successful program	Needs to improve	Should seek partners for its programs	Should start a program
Associated Infections) Sexually Transmitted Diseases (STDs) (Prevent HIV, STDs, Vaccine- Preventable Diseases, and Health Care- Associated Infections) Prevent Vaccine- Preventable Diseases (Prevent HIV, STDs, Vaccine- Preventable Diseases, and Health Care- Associated Infections) Prevent Health Care- Associated Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Done

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Sobre Nuestro Programa de Asistencia Financiera (Access Best Care "ABC"):

A nosotros St. Barnabas Hospital nos importa su salud. Sabemos lo costoso que pueden ser los servicios médicos y el impacto financiero que puede causarle a usted y a su familia.

St. Barnabas Hospital ofrece asistencia financiera a aquellos pacientes que no pueden pagar los servicios que reciben. Dicha ayuda financiera está basada en su ingreso, en sus necesidades de atención médica y en los servicios que se le brindan.

Solicitando los beneficios

¿Cómo solicitar la ayuda financiera?

Usted debe completar el formulario de solicitud. En cuanto tengamos el comprobante de su ingreso, podremos procesar su solicitud para un descuento según su nivel de ingresos.

Usted puede solicitar un descuento antes de tener una cita, cuando venga al Hospital a ser atendido, o cuando le llegue la cuenta por correo.

Envíe el formulario completado a:

St. Barnabas Hospital
Attention: Financial Assistance @PFSC
(Ground Floor)
4422 Third Avenue
Bronx, New York 10457

O trágala el formulario al **Centro de Servicios a Pacientes y Familias** ó a la oficina 132 en el Edificio principal del hospital.

St. Barnabas Hospital le notificará de su elegibilidad dentro de un período de 30 días después de completar la solicitud. Si su solicitud es rechazada, usted recibirá una carta de rechazo y usted tendrá la oportunidad de apelar la decisión.



¿Cómo funciona nuestro programa ABC?

¿Quién califica para un descuento?

El Programa de Asistencia Financiera está disponible para pacientes que tienen ingresos limitados y que no poseen seguro de salud o que cuentan con un seguro de salud que no cubre los servicios prestados en St. Barnabas.

¿Qué servicios están cubiertos?

Todos los servicios médicamente necesarios prestados por St. Barnabas Hospital están cubiertos por el descuento. Esto incluye servicios para pacientes no hospitalizados, cuidados de emergencia, y admisiones de pacientes hospitalizados.

¿Cuánto deberá pagar?

La cantidad que se le exigirá pagar para servicios clínicos y de emergencia es determinada según su ingreso y el número de personas en su grupo familiar.



Nuestro asesor financiero le dará los detalles acerca de su(s) descuento(s) específico(s) una vez que su solicitud haya sido procesada.

¿Cuáles son los límites de ingresos?

La cantidad del descuento varía en base a sus ingresos y al número de miembros en su familia.

Miembros en la Familia	Ingreso Familiar Anual	Ingreso Familiar Mensual	Ingreso Familiar Semanal
1	Hasta \$34,470	Hasta \$2,873	Hasta \$663
2	Hasta \$46,530	Hasta \$3,878	Hasta \$873
3	Hasta \$58,590	Hasta \$4,883	Hasta \$1,127
4	Hasta \$70,650	Hasta \$5,888	Hasta \$1,359
5	Hasta \$82,710	Hasta \$6,893	Hasta \$1,591
6	Hasta \$94,770	Hasta \$7,898	Hasta \$1,823
7	Hasta \$106,830	Hasta \$8,903	Hasta \$2,054
8	Hasta \$118,890	Hasta \$9,908	Hasta \$2,286

En base a las Pautas Federales de Pobreza 2013

St. Barnabas Hospital
4422 Third Avenue • Bronx, New York 10457
www.sbhny.org

ACCESS BEST CARE

St. Barnabas Access Best Care (ABC) Program



SBH

**Providing financial
aid to patients who
cannot pay for the
services they receive**

About Our Access Best Care (ABC) Program:

We at St. Barnabas Hospital care about your health. We know how expensive healthcare services are, and understand the financial impact these costs can have on you and your family.

St. Barnabas Hospital provides financial aid to patients who cannot pay for the services they receive. The financial aid is based on your income, your healthcare needs, and the services that are provided to you.

Applying for Benefits

How do I apply for financial aid?

You have to fill out the application form. As soon as we have proof of your income, we can process your application for a discount according to your income level.

You can apply for a discount before you have an appointment, when you come to the Hospital to get care, or when the bill comes in the mail.

Please send the complete form to:

St. Barnabas Hospital
Attention: Financial Assistance @ PFSC
(Ground Floor)
4422 Third Avenue
Bronx, New York 10457

Or bring the form to **The Patient & Family Service Center, Room 132 in the Main Hospital Building.**

St. Barnabas Hospital will notify you of eligibility within 30 days of receipt of a completed application. If denied, you will receive a denial letter and have the ability to dispute it.

How the ABC Program works

Who qualifies for a discount?

The ABC Program is available for patients with limited incomes and no health insurance or health insurance that does not cover the services rendered at St. Barnabas.

What services are covered?

All medically necessary services provided by St. Barnabas Hospital are covered by the discount. This includes outpatient services, emergency care, and inpatient admissions.

How much will I have to pay?

The amount that you will be required to pay for clinic services and emergency services is determined by your income and the number of people in your household.

Our financial counselor will give you the details about your specific discount(s) once your application is processed.

What are the income limits?

The amount of the discount varies based on your income and the size of your family.

Family Size	Annual Family Income	Monthly Family Income	Weekly Family Income
1	Up to \$34,470	Up to \$2,873	Up to \$663
2	Up to \$46,530	Up to \$3,878	Up to \$873
3	Up to \$58,590	Up to \$4,883	Up to \$1,127
4	Up to \$70,650	Up to \$5,888	Up to \$1,359
5	Up to \$82,710	Up to \$6,893	Up to \$1,591
6	Up to \$94,770	Up to \$7,898	Up to \$1,823
7	Up to \$106,830	Up to \$8,903	Up to \$2,054
8	Up to \$118,890	Up to \$9,908	Up to \$2,286

Based on the 2013 Federal Poverty Guidelines

St. Barnabas Hospital
4422 Third Avenue • Bronx, New York 10457
www.sbhny.org

Revised: 11/2013

PROGRAMA DE ASISTENCIA

St. Barnabas Programa de Asistencia Financiera (Access Best Care "ABC")



SBH

**Brinda asistencia
financiera a aquellos
pacientes que no
pueden pagar los
servicios que reciben**



*"Our strength as
an institution stems
from our community,
and our mutual efforts
to ensure the health and
well-being of each of its
members enrich us all."*

—Scott Cooper, MD
President & CEO
St. Barnabas Hospital



When and where does the St. Barnabas Hospital CSP Workgroup meet?

The CSP Workgroup meets monthly at
St. Barnabas Hospital on a regularly
scheduled basis.

How do I learn more and get involved?

Community members are always welcome to
contact us, learn about what we are doing and
inquire about joining the CSP Workgroup. For
more information, please contact St. Barnabas
Hospital at **718-960-5001** or visit our website:
**[http://sbhny.org/index.php/community_
outreach/community-service-plan](http://sbhny.org/index.php/community_outreach/community-service-plan)**.

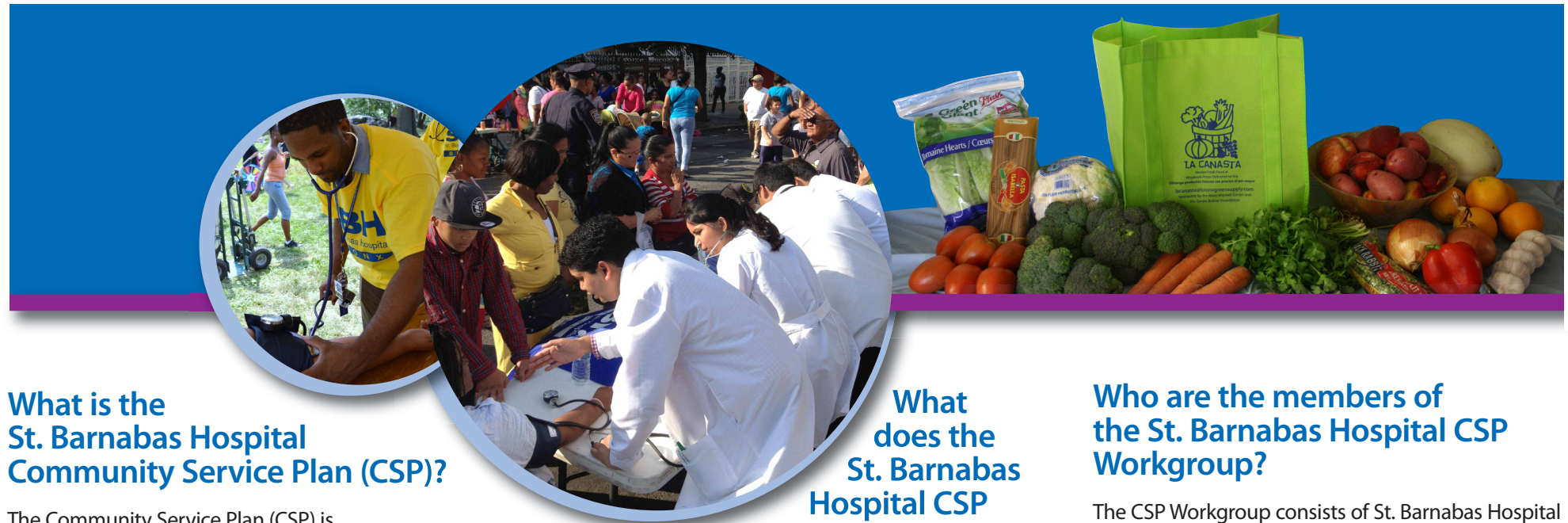
SBH

4422 Third Avenue
Bronx, New York 10457
www.sbhny.org

SBH



Our Community Service Plan



What is the St. Barnabas Hospital Community Service Plan (CSP)?

The Community Service Plan (CSP) is St. Barnabas Hospital's plan to work collaboratively toward improving the health of Bronx residents in two priority areas.

Over the course of three years, 2014 through 2016, St. Barnabas Hospital and its Community Service Plan Workgroup partners will focus on:

- Reducing obesity in children and adults
- Increasing access to high quality chronic disease preventive care and clinical care

Disparity: increase access to screening activities for individuals living below the federal poverty level

St. Barnabas Hospital initially formed its CSP Workgroup in 2009 to collaboratively address these priority areas with community partners. This group remains active through today.

What does the St. Barnabas Hospital CSP Workgroup do?

The goal of the CSP Workgroup is to improve the health of the Bronx community through the provision of quality preventive healthcare services, outreach, education, and advocacy.

Through collaboration and cooperation, CSP Workgroup partners identify ways to help community residents engage in behaviors that promote healthy living and prevent disease.

The CSP Workgroup works toward that goal by providing:

- Patient care coordination services
- Linkage to health and social service resources
- Patient chronic disease self-management programs
- Health education and health screenings at community events
- Participation in and sponsorship of local health initiatives
- Leadership in local medical advisory committees

Who are the members of the St. Barnabas Hospital CSP Workgroup?

The CSP Workgroup consists of St. Barnabas Hospital care providers; healthcare consumers; other healthcare providers; community and faith-based organizations; elected officials; government agencies; educational and cultural institutions; and, community members.

What are the CSP Workgroup's activities?

The main goal of the Workgroup is to improve the health of the community through outreach, education and advocacy as well as enhance health provider services. Activities include providing:

- Up-to-date health literature
- Health education workshops at community sites
- Patient navigation services at ambulatory sites
- Patient self-management programs
- Health screenings at local community events
- Medical representation on local medical advisory committees

A primary objective of the Workgroup members is to regularly exchange information and network with each other given the like-minded health improvement mission of these collaborators.