I. EXECUTIVE SUMMARY

SBH HEALTH SYSTEM MISSION AND VALUES STATEMENT

"The future of healthcare and the future of SBH Health System has to be in the outpatient setting and focused on keeping people healthier to mitigate the unnecessary emergency and inpatient admission caused by systemic failures."

- *Dr. David Perlstein, President and CEO, SBH Health System*

St. Barnabas Hospital, d/b/a SBH Health System (SBH), is a community-based, patient-centered healthcare system serving individuals and families in the Bronx. SBH Health System is committed to improving the health and wellness of the community and providing the highest quality care in a compassionate, comprehensive, and safe environment where the patient always comes first, regardless of their ability to pay, immigration status, or sexual orientation. SBH strives to be the hospital of choice in the Bronx with its superior services and innovative programs that meet the community's diverse needs.

SBH Health System's mission, vision, and values guide the pursuit of clinical excellence by providing evidence-based, patient-centered care and training the next generation of healthcare professionals. SBH Health System is an essential provider of care that offers high-quality inpatient, outpatient, emergency medical, mental health, and dental services throughout the borough. SBH core values are **D**iversity, **R**espect, **I**ntegrity, **Vi**sion and **E**xcellence.

SBH offers primary care, specialty services, and behavioral healthcare at convenient community sites throughout the Bronx. In addition, SBH Health System provides critical local access as a Level II Trauma Center.

DEVELOPING THE COMMUNITY SERVICE PLAN

Every three years, all nonprofit hospitals are required to conduct a Community Health Needs Assessment. After analysis of the data, hospitals must create a Community Health Improvement Plan (CHIP)/ Community Service Plan (CSP). A Community Service Plan is based on a community health needs and assets assessment. This includes a review of community data and information from community members about their health needs and priorities. This assessment document shows us what health concerns the communities are experiencing and how SBH can help address these concerns. SBH develops a plan to address these needs that aligns with the New York State Prevention Agenda.

Public participation in assessing community needs and setting priorities has been a continuous process over the past three years. We engaged a range of stakeholders with a particular focus on medically underserved and minority residents to assess community needs; set priorities; develop, design, and implement programs; share progress; and make corrections as identified.

Even with COVID restrictions, significant opportunities were created to hear from the community, assess if the CSP 2019-2021 priorities were relevant, give progress reports and conduct the new Community Health Needs Assessment.

DESCRIPTION OF THE COMMUNITY SERVED

Bronx County is the defined community service area for this assessment. The Bronx population is about 1.47 million (2021) and is home to 17% of New York City's population. It covers 42 square miles and is one of the most densely populated counties in the nation.

The Bronx was New York City's first borough to have a majority of people of color, and it is the only borough with a Latino majority. Ninety percent of Bronx residents are minority residents, higher than any other county. The Bronx is 56.4% Hispanic/Latino of any race, 29.2% Non-Hispanic Black, 9.0% Hispanic White, and 4.6% Non-Hispanic Asian.

More than one-third (35.3%) of Bronx residents were born outside of the United States, according to the 2020 U.S. Census Bureau, and 55.2% of births among Bronx residents were to foreign-born mothers in 2019, according to New York City Vital Statistics data. In addition, in the Bronx, more people speak a language other than English at home (59.4%) than speak "only English" (40.7%); 47.7% speak Spanish at home.

The Bronx is the nation's poorest urban county; 31% of the population lives in poverty (compared to 20.4% citywide), and the median household income is $40,888 (compared to $60,231 in Brooklyn, $68,666 in Queens, $82,783 in Staten Island and $86,553 in Manhattan).

In 2021, 72.8% of Bronx residents, ages 25 and older, received their high school diploma or GED; this is substantially lower than citywide (87.3%) and statewide (86.8%) attainment rates.

The Bronx has the highest proportion of single-parent-headed households with children (58.5%) among NYS counties. About 40% of Bronx children live below the poverty threshold, one of the highest proportions for any county in the United States and the highest for any urban county. In addition, the Bronx is among New York State's youngest counties, with a median age of 34.8, trailing only Tompkins and Jefferson counties.

SBH's primary service areas include the following Bronx zip codes: 10457, 10458, 10460, 10456, 10453, 10468, 10459, 10467, 10472, and 10462. Thirty-four percent of SBH patients in 2021 came from 10457 and 10458 - the primary zip codes are primarily in Bronx Community District #6, Belmont/East Tremont.

IDENTIFICATION OF HEALTH CHALLENGES

The Bronx remains a hotspot for excess mortality, diabetes, obesity, asthma, drugs/opioids, and HIV/AIDS in New York City. In addition, the community is negatively affected by social determinants of health (SDOH). The Bronx has the poorest socioeconomic determinants of health in New York City and one of the lowest in the United States.

The challenges faced by marginalized communities, like the community SBH serves, are years in the making and have deep roots. COVID-19 exposed years of neglect by all sectors of society. The barriers that such communities must overcome are numerous. Safety net hospitals, like SBH, are at the forefront of a war to eliminate health disparities and achieve health equity.

According to NYC Vital Statistics, the Bronx has the lowest proportion of infants exclusively breastfed in the hospital. The New York City rate is 43.4%, and the Bronx rate is 28.2%. According to NYC DOHMH's Bureau of Vital Statistics, the percentage of live births receiving late prenatal (after first & second trimesters) or no prenatal care is the highest in the Bronx at 13.1%; Belmont-East Tremont is 15.5%.; NYC's overall rate is 6.8%.

The top inpatient discharges and reasons for treat-and-release ED visits at St. Barnabas Hospital in 2021 are substance abuse (alcohol and opiates), COVID-19, respiratory illnesses (asthma and COPD), behavioral diagnosis, sepsis, and hypertension.

Bronx residents experience higher than average rates of preventable hospitalizations among adults. The Bronx rate is 2,091 per 100,000; the overall NYC rate is 1,033. In addition, according to NYC

Community Health Profiles, the Bronx has the highest rate of premature deaths. The Bronx rate is 229.4 per 100,000 people, and NYC is 169.5 per 100,000.

Impact of COVID-19 Pandemic

SBH Health System is committed to being in the vanguard of healthcare providers adopting innovative programs to serve the community better. At all levels, SBH personnel tested to provide life-saving services during the experience of a lifetime - the COVID-19 pandemic. Before the COVID-19 epidemic, Bronx residents faced extreme health disparities and was considered the unhealthiest county in New York State. The COVID-19 crisis had a devastating impact on Bronx residents.

According to a report prepared by the New York State Comptroller's Office on the impact of COVID-19 in the Bronx, although the Bronx did not have the highest rate of COVID-19 cases among the City's boroughs, outcomes in the Bronx were more severe, with the highest hospitalization and death rates.

Before the COVID-19 pandemic, the Bronx was progressing in many aspects. The growth trajectory was the development of new businesses, improved employment rates, and higher rates of new residents, particularly immigrants, than in any other borough. Unfortunately, the COVID-19 pandemic put a significant dent in that progress.

SBH's performance during the dramatic COVID-19 surge in March and April of 2020 was noteworthy and specifically lauded by FDNY, EMS, leadership, and other community stakeholders. The SBH ED accommodated ambulance volumes without diversion, far exceeding the performance of other Bronx hospitals. As a stand-alone safety net institution, the lean leadership hierarchy enabled quick and effective decision-making at the floor level.

DISCUSSION OF THE CONTRIBUTING CAUSES OF THE HEALTH CHALLENGES

The conditions that shape health, commonly referred to as Social Determinants of Health, such as financial resources, access to healthy foods, and safe and affordable housing, to name a few, result in significant differences in health outcomes, such as disease severity, life expectancy, and infant mortality. Those who experience poor social and economic circumstances — including low income, poor education, insecure employment, food insecurity, and inadequate housing — have worse health from birth and throughout life. Such negative factors are prevalent within the Bronx population.

A. Behavioral Risk Factors

1. Gun Violence Pandemic is a Public Health Crisis:

According to the CDC, firearms were the leading cause of death in 2020 for children one and older for the first time. New York State and New York City have implemented initiatives to prevent children and young adults from getting involved in crime to stop the problem at its inception.

Fewer than 64 minors were shot in both 2018 and 2019. 2017 to 2019 was the safest period in New York City since 1993. During 2020 and 2021, gun violence in New York City increased significantly from 777 shootings in 2019 to over 1500 in 2021. Across the country, almost every large city saw similar increases.

Experts warn of long-term schooling and health setbacks for students exposed to gun violence. In 2021, in NYC, 138 young people were struck by bullets. In 2021, twenty-one children and teenagers were killed, more than double that number in 2020. In 2022, we are on track to match or exceed this number.

The concentration of gun violence in a few neighborhoods has remained unchanged for decades. Major sections of the Bronx have achieved this dangerous status. The summer of 2020 was the city's most violent summer since 1996. In 2021, the Bronx and Brooklyn had two-thirds of the city's shootings. However, in 2021, shootings in Brooklyn declined by 20% from 2020, while shootings in the Bronx rose by 31%.

According to the County Health Rankings & Roadmaps for violent crime, Bronx County scored at 586, while overall NYC is 379. The Belmont East Tremont community district is a primary service area. Compared with the citywide rate, it has a higher rate of assault-related hospitalizations than the Bronx and NYC. Belmont's rate is 152 per 100,000; Bronx County is 113 per 100,000; NYC is 59 per 100,000. In 2021, Belmont/East Tremont was number seven of the top ten police precincts in gun violence.

2. Mental Health & Depression

According to the 2022 SBH & Bronx County CHNA Survey, for Bronx County, 38% of respondents have reported experiencing anxiety or depression in the last 12 months. Similarly, about 30% have said their overall mental health was poor to fair. For SBH's primary service areas, 40% reported experiencing anxiety or depression in the last 12 months. Similarly, 37% said their overall mental health was poor to fair. Based on survey results, mental health is in the top five of the leading responses for Bronx County.

The pandemic's disruption caused an upheaval that negatively affected children and young people. Medical groups have declared an emergency in child and adolescent mental health, exacerbated by isolation, uncertainty, and grief in areas that need the most attention.

New York City's Community Health Survey in 2017 reported that the Bronx has a higher percentage of current depression than any other New York City borough, with prevalence decreasing as the education level increases. Like all other health issues, mental health worsened due to the COVID-19 pandemic.

The Bronx has a much higher rate of depression than any other borough. The Bronx contains three out of the top five neighborhoods with the highest prevalence of depression (NYC Mayor's Office of Community Mental Health 2022). The neighborhoods with the highest prevalence of current depression are the South Bronx at 16.9%, Kingsbridge – Riverdale at 14.2%, and Fordham – Bronx Park at 14%.

B. Environmental Factors

In the NYC Resident Survey in 2017, Bronx residents consistently scored the quality-of-life issues below the overall rate compared to the other boroughs. The overall average for considering their neighborhood as a place to live in a positive light was 62.6%. Bronx residents scored 42.5%. The overall rate for a positive quality of life was 51.2%. Bronx residents scored it at 40.7%.

According to county health rankings, 39% of Bronx residents experience severe housing problems. Overall, in NYC, 24% of the population experience this. The Bronx has the largest share of renters of any county in New York State; more than 80% of Bronx households rent their apartments. In 2022, almost 60% of Bronx renters faced a higher rent burden than any other county.

High-poverty neighborhoods in the Bronx, like our service area, have the highest rates of asthma-related morbidity persistently compared with the rest of New York City. Some residents live in poorly maintained, substandard housing, subject to several common environmental asthma triggers, including pests, dust, mold, and smoking. These environmental triggers can increase the frequency and severity of asthma symptoms and exacerbations.

With the shift to full-time remote learning and work after the onset of the COVID-19 pandemic, the need for affordable high-speed internet access at home increased sharply in the city. As of 2019, the Bronx had the lowest share of households with cable, fiber optic, or DSL broadband in New York City. SBH's primary service area, Belmont/Crotona Park East/East Tremont, has one of the lowest rates of households (less than 60%) with broadband in the Bronx.

C. Socioeconomic Factors

The Bronx is the poorest county in New York State, with approximately 28% of residents living in poverty. In the Belmont/East Tremont district, SBH's primary service area, the poverty rate is 31%.

The Bronx has significantly higher unemployment rates. In May 2020, due to the COVID-19 pandemic, the unemployment rate for the Bronx peaked at nearly 25%. As a result, fewer Bronx residents could maintain employment by working remotely. That rate is likely to have been topped only once in the last century, during the Great Depression. According to the Bureau of Labor Statistics, the unemployment rate in the Bronx in 2021 was 15%, still the highest in New York State.

Before COVID -19, more than 70% of the Bronx workforce worked in essential or face-to-face industries. In addition, people in the Bronx tend to live in smaller apartments making isolation and social distancing increasingly problematic, which means a higher likelihood of virus transmissions. In addition, they were more likely to travel by public transportation.

Moreover, almost one-third of all residents lived in poverty before the pandemic, and many others live paycheck to paycheck, which is devastating. The Bronx has characteristics that reflect economic and social inequities, such as lower household incomes, higher poverty rates, jobs less conducive to remote work, and a higher share of minority residents, making the Bronx particularly vulnerable to the COVID-19 pandemic.

According to Feeding America, Bronx County has the highest rates of food insecurity. 16.4% of residents in the Bronx live in food-insecure homes. In addition, 25% (1 in 4) of Bronx children live in food-insecure households. In the Bronx, 34.6% of households received Supplemental Nutrition Assistance Program (SNAP) benefits, compared to 18.6% in the rest of NYC (excluding the Bronx). Fifty-six percent of children under 18 years old lived in a household that received some form of public assistance (including Supplemental Security Income [SSI], cash assistance, or SNAP/food stamps), compared to 26.9% statewide and 29.6% in the rest of NYC.

D. Policy Environment

Policies by various levels of government affect whether social determinants of health can contribute to adverse health outcomes. Focus by all levels of government is required to address the severe health disparities faced by Bronx residents.

In July 2021, New York State formally declared gun violence as a public emergency, allowing more flexibility for the state to spend money on gun violence prevention and intervention services immediately.

In January 2022, New York City Mayor Eric Adams issued a policy statement, "BluePrint to End Gun Violence." It stated "*New York City has been tested to its core in the first month of 2022. These weeks have been among the most violent in recent memory, most of it caused by a crisis of gun violence that continues to plague our communities. It has tragically reached our young people working late to support*

their families, even a child not yet one-year-old. Gun violence is a public health crisis threatening every corner of our City."

The Bronx is affected by poor or inconsistent life-saving services. According to the New York City Independent Budget Office, paramedic response times are slowing down in all boroughs for Advanced Life Support (ALS) emergencies. The swiftness of paramedic response times in the Bronx decreased to 47.5% in 2019 and continued to decrease to 35.1% in 2022 (January – June 2022). The Bronx and Queens have consistently had (and still have) among the lowest percentage of ALS-level medical emergencies responded to by a paramedic within 10 minutes.

E. Medically Underserved Area and Healthcare Provider Shortage Area Population

Due to various economic and social determinants, the Bronx has a long history as a medically designated underserved area, i.e., has a shortage of providers. These designations, Medically Underserved Area Population (MUA) and Healthcare Provider Shortage Area (HPSA), originate from the Health Resources and Services Administration (HRSA).

The MUA designation applies to a neighborhood or collection of census tracts based on four factors: the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. The Healthcare Provider Shortage Areas (HPSA) designation is for a collection of census tracts with a shortage of health professionals. There are three categories of HPSAs: primary care (shortage of primary care clinicians), dental (shortage of oral health professionals), and mental health (shortage of mental health professionals). HPSAs are designated using several criteria, including population-to-clinician ratios. This ratio is usually 3,500 to 1 for primary care, 5,000 to 1 for dental health care, and 30,000 to 1 for mental health care (HRSA).

DATA COLLECTION

1. Primary Data

In early 2022, GNYHA offered member hospitals and health systems, which includes SBH Health System, the opportunity to participate in the GNYHA Community Health Needs Assessment (CHNA) Survey Collaborative. The collaborative supported participating members' primary data collection efforts gathering information on community health needs and engaging with community members. A diverse group of GNYHA member hospitals participated in the 2022 collaborative, including SBH Health System, safety net hospitals, small health systems, and large academic medical centers. GNYHA developed a health needs assessment survey with member input, made the survey available in various languages on paper and online, collected the data and analyzed the results, and created custom reports for each participating hospital.

Following the survey's close, GNYHA provided SBH with a report summarizing the survey responses and respondent demographics and a spreadsheet with the processed respondent-level data for their service area, allowing participating hospitals to conduct additional analyses.

SBH Health System Implementation of the Survey

The survey was available in both English and Spanish. Half-page handouts were made in English and Spanish and given at community events with a QR code that automatically linked the participants to the online survey. The survey included questions on what community members perceived as the priority

health concerns in their community. SBH asked participants to identify what intervention strategies would benefit their community most. Lastly, participants asked to identify their health priorities.

Based on SBH's prior work in this area, we often see a discontinuity between responses to the "community" and "individual" questions. Therefore, a menu of more than 20 areas/topics were included for each of these questions. These categories were chosen to align with the 2019-2024 New York State Prevention Agenda Focus Areas. Beyond inquiries specifically related to community health concerns, participant demographic and health status data was collected.

Survey participants were sought using various approaches: E-mails were sent to the relevant list with links to the survey: Health fairs and other events staffed by SBH Health System personnel. Paper copies were manually entered into the online survey tool at GNYHA to analyze the data. The following pages will show the survey results in several tables, plus a summary of the outcomes.

The survey captured a reasonable age distribution of Bronx residents, though adults aged 25-34 years are slightly over-represented in the survey. Respondents from 10467, 10456, and 10458 are overrepresented in this survey, making up over 30% of respondents alone. Typical of surveys like this, women are over-represented. Women are more likely to participate in community events and activities and are more likely to complete surveys. The survey captured an increased proportion of more highly educated residents in the Bronx, but the race/ethnicity distribution is comparable.

CHNA Community Survey 2022 Results

Participants were asked, *"How satisfied are you with current services in your neighborhood?*" to identify what actions or activities would be most helpful for their community out of more than twenty options. Responses scaled from one to five, one being "not at all" to five being "extremely."

The **leading responses** to this question for the ***SBH Service Area*** were COVID-19, Dental Care, Heart Disease, High Blood Pressure, and Diabetes.

The **leading responses** to this question for ***Bronx County*** were COVID-19, High Blood Pressure, Dental Care, Diabetes, and Heart Disease.

Responses that ranked lowest in satisfaction for both SBH & Bronx County were Violence (Including Gun Violence), Smoking/Hookah/E-Cigarettes, Substance Use Disorder/Drug Addiction, Asthma, Obesity in Children and Adults, and Mental Health. Priority areas identified by the community with low satisfaction and high importance need attention. Respondents were clear that these issues are essential and were not satisfied with the services offered at this time.

The **leading responses for the *SBH Service Area*** were Violence (Including Gun Violence), Smoking/Hookah/E-Cigarettes, Substance Use Disorder/Drug Addiction, Asthma, and Obesity in Children and Adults.

The **leading responses for *Bronx County*** were Violence (Including Gun Violence), Smoking/Hookah/E-Cigarettes, Substance Use Disorder/Drug Addiction, Obesity in Children and Adults, and Mental Health.

2. Secondary Data

Compared to citywide and national averages, the Bronx has been an epicenter for asthma, HIV/AIDS, drug epidemics, and excess mortality rates from heart disease, stroke, and diabetes. Multiple data sources were used to support the identification and selection of priorities, which were selected and reviewed with partners.

In addition to the review of primary data, SBH evaluated temporal trends, differences between the Bronx and the rest of New York City, disparities by race/ethnicity, socioeconomic status, and sub-county differences, for more than 15 measures. The measures included: poverty, having a primary care provider, having health insurance coverage, obesity (adults and children), diabetes, preterm births, breastfeeding, breast cancer incidence, new HIV diagnoses, preventable hospitalizations, fall-related hospitalizations, assault-related hospitalizations, oral health care, opioid-related mortality, COVID-19, violent crimes, depression, and suicide. The metrics selected represent the continuum of risk factors and health outcomes of interest and are publicly available.

SUMMARY OF SBH HEALTH SYSTEM RESOURCES

As an anchor institution, SBH leadership understands that reinvesting in the community is required. Therefore, in late 2020, SBH opened its newest addition, the SBH Health & Wellness Center, located across the street from the hospital. The center was part of a $156 million, 450,000 square feet project that also included 314 units of affordable housing. The SBH Health & Wellness Center supports community access to a healthier life, keeps people healthy and out of the hospital and addresses the social determinants of health. The center is a testament to SBH's ongoing transformation from 'illness care' to 'wellness care' and provides comprehensive, community-based, holistic health and wellness support.

It includes:

- A medical fitness center, a culinary education center with a teaching kitchen, a rooftop farm, and beehive
- A food pantry that provides fresh, free produce for those in need, as does the "farmacy" program in the community to whom their providers refer
- A clinical hub with a women's health center, mammography imaging services, pediatrics, SBH's WIC Program, and an urgent care center.

SBH has a significant number of partnerships including colleges and healthcare partners, and operates a volunteer/internships program for high school and college students. These resources augment the clinical services provided for the well-being of the community.

SBH trains more than 300 physicians annually and offers residency programs in various disciplines, including emergency medicine, internal medicine, pediatrics, family practice, general surgery and osteopathic manipulation treatment, podiatry, dermatology, and psychiatry. In addition, SBH operates one of the country's most extensive hospital-based general practice dental programs (with residencies in general dentistry, pediatric dentistry, anesthesia, and orthodontia).

SBH has a robust existing partnership with Union Community Health Center (UCHC), a Federally Qualified Health Center providing health care services from six locations throughout the Bronx since 1909.

SBH is a member of the Montefiore Accountable Care Organization (ACO), which provides Medicare beneficiaries access to enhanced care coordination and programs focused on illness prevention and wellness. SBH is also a founding member of the Bronx Accountable Healthcare Network (BAHN), which integrates and coordinates all primary, acute, behavioral health, and long-term services and supports treating the whole person. In addition, SBH operates a Referral Services Office to build and maintain relationships with community providers and provides expedited access to appointments at SBH, including radiology and dialysis.

COMMUNITY ENGAGEMENT

SBH leadership recognizes that population health management requires increasing leadership engagement, collaborating with community partners, and expanding the scope of services to focus on prevention and wellness programs for the community we serve. SBH is a valued community partner that engages with social service providers and government agencies to invest in and improve the health outcomes and well-being of the communities it serves.

The SBH Community and Government Affairs Department cosponsors local groups, churches and schools, health fairs, and community outreach efforts. SBH staff curates information based on the interests and needs of the potential attendees. SBH clinicians join the outreach staff to provide onsite services. The SBH Communication and Marketing Department has created various means to inform the community. There is a newsletter, messaging thru various social media platforms, and podcasts on key issues.

Public participation in assessing community needs and setting priorities has been a continuous process over the past three years. We engaged a range of stakeholders. Community members were involved in assessing community needs, setting priorities, developing the design, implementing programs, sharing and celebrating the progress and results, and making necessary corrections.

SBH has convened community low-income, minority residents, community-based organizations, providers, and business partners, to review and discuss the data collected and the NYS Prevention Agenda 2019-2024. An additional asset is that SBH personnel are Bronx residents. Regularly, SBH Health System uses forums to solicit their views or concerns regarding the community health needs and priorities for the Bronx.

As part of this ongoing effort to educate, inform and seek guidance from the Bronx community on various health topics as well as to respond to community inquiries on health-related issues, the SBH Wellness Alliance (SBHWA) is a community-level coalition that brings together community partners and SBH clinicians to affect community health improvements significantly. On monthly basis, both SBH clinicians and community representatives make presentations on health issues and discuss resources and services. This group unifies SBH clinicians, community residents, local public schools, community-based organizations, faith-based organizations, childcare facilities, local businesses, relevant health insurance companies, and governmental agencies.

Due to the COVID-19 pandemic, the SBHWA met virtually every month in the comfort of our offices to discuss various relevant topics while adhering to current COVID-19 guidelines. SBHWA also serves as a platform to exchange community bulletins and issue civic alerts. SBHWA met monthly in 2022 to review secondary data and discuss community health needs and possible interventions. Additionally, they participated in the distribution of and participated in the survey conducted.

SUMMARY OF NYS PREVENTION AGENDA PRIORITIES 2019 - 2021

Despite the challenges presented by the COVID-19 pandemic, significant progress was made in completing the objectives of the three priorities selected for the 2019-2021 plan.

In the Community Health Improvement Plan/Community Service Plan developed for 2019-2021, the priority areas selected were the following:

1. **Prevent Chronic Diseases - Increase Food Security**
    - **Decrease the percentage of children with obesity**
        - **Screen for food insecurity, facilitate and actively support referral**

Screening of Pediatric/Adolescent Patients

Intervention: The objective was to improve screening for food insecurity among pediatric/adolescent patients aged 5 to 17 at every well-child visit. All pediatric patients were screened for eligibility for the Women Infants and Children food nutrition program. The initiative began in 2018. The aim was to screen 80% of patients aged 5 to 17 by 6/30/2020. Throughout the project, adjustments were made to improve the results.

In addition to the pediatric screening program, SBH Health System screened adults and began a number of other food security programs. In 2020, the teaching kitchen began its onsite community cooking classes. The rooftop farm, managed by ProjectEATS, which specializes in urban farming, produced fresh fruit, vegetables, and honey (from an on-site beehive). SBH grows fruits and vegetables onsite on the rooftop farm. Every Wednesday, SBH harvests and distributes the produce at the Farm Stand. The SBH Farm Stand accepts the Farmers Market Nutrition Program and distributes NYC Healthy Bucks coupons. Individuals given an RX card providing them with a 50 percent discount on all produce sold at the farm stand. Any unsold food was distributed free through the SBH food pantry. The Teaching Kitchen uses produce harvested from the rooftop farm.

In 2020, SBH launched a Healthy Living Program aimed at improving the health and wellness of patients with obesity. A grant from the Cabrini Foundation funded this program. The program's goal is to reduce the Body Mass Index (BMI) over an eight-week program intervention. The program uses a trauma-informed care approach. The program starts with a care plan and individual fitness assessment. Based on the assessment results, certified fitness trainers collaborate with patients to develop an individualized workout regimen and culinary nutrition education plan. SBH enrolled over a hundred patients into the program. The program demonstrated a statistically significant reduction in BMI for program participants.

2. **Promote a Healthy and Safe Environment - Reduce violence by targeting prevention programs to highest risk population**
    - **Reducing violence in at-risk communities**
        - **Implement multi-sector violence prevention program designed on public health principles**

This Hospital Based Violence Prevention program was selected, after community consultation, as a priority in the SBH Community Service Plan (CSP) 2019. In the 2019 community survey and various forums, violent crime was cited as the number one concern. The rate of felony assaults, violent crimes involving firearms, rate of murder, and non-negligent homicide remains far higher in the Bronx than in the rest of New York City. During 2021, crime significantly increased throughout New York City, and violent crimes were an ongoing health risk in the Bronx, particularly among youth.

In response, in 2019, SBH implemented a hybrid model of the Cure Violence Hospital Responder program, a community-based gun violence prevention program designed on public health principles. It is a collaboration with Bronx Rises Against Gun Violence ("B.R.A.G."), and the New York City Department of Health & Mental Health. B.R.A.G. identifies violently injured youth at risk for retaliatory violence, and works with victims and their families to help prevent future violence and provide linkages to resources and follow-up services.

B.R.A.G. deploys "trusted credible messengers" from the community with similar backgrounds to trauma victims identified as Hospital Responders (HR). After receiving consent from a patient, the HRs are responsible for delivering anti-violence messages and messages of change at the patient's bedside in SBH

emergency department to prevent retaliation and/or repeat episodes of violent injury. B.R.A.G. provides wraparound services to the families.

In 2020, SBH opened the new Health & Wellness Center. A pilot boxing class, a violence prevention activity, was implemented in the SBH Fitness Center that covers both the technical skills of boxing (coaching and sparring) and building confidence and self-esteem. The target is at-risk young males referred by B.R.A.G.

Both the hospital-based initiative and the boxing pilot have been a success recognized by the New York City Department of Health & Mental Hygiene.

1. **Promote Healthy Women, Infants, and Children- Increase breastfeeding**
    - **Increasing breastfeeding practices**
        - **Receive Baby Friendly designation**

In 2020, SBH was officially designated a "Baby-Friendly Hospital." It was determined that SBH implemented all Ten Steps to Successful Breastfeeding and was compliant with the International Code of Marketing of Breastmilk Substitutes. Achievement of the Baby-Friendly Designation was achieved with the support of the entire hospital community.

The SBH Community & Government Affairs Department, SBH WIC, and SBH Labor & Delivery Department worked closely to provide expectant parents access to car seats, cribs, and other necessary items. The SBH Women, Infants, and Children (WIC) Nutrition Program provided culturally competent breastfeeding support and education to its participants throughout their breastfeeding journeys. The SBH Community & Government Affairs completed a long-standing program funded by the New York City Department of Health & Mental Health to provide education and outreach information for expectant parents. It covered topics such as safe sleep, coping skills, and parenting guidance. The program continued to operate during the 2020 shutdown by setting up individual virtual sessions.

SUMMARY OF PREVENTION AGENDA PRIORITIES 2022-2024

SBH Health System is committed to furthering the goals set forth in the New York State Department of Health Prevention Agenda by selecting two priority agenda initiatives consistent with the New York State Department of Health goals. Selection was based on review of secondary and primary data, community engagement, discussion with health experts, and aligned with New York State Prevention Agenda.

The community identified these priority areas in the 2022 survey. They reflect areas of low satisfaction, high importance, and need attention. Respondents were clear that these issues are essential. Additionally, they identified unsatisfactory services offered at this time. The survey results tell what community members think are the most practical issues to address in their community with the most helpful actions.

Overall view of the 2022 Community Survey

The leading responses for the SBH Service Area were Violence (Including Gun Violence), Smoking/Hookah/E-Cigarettes, Substance Use Disorder/Drug Addiction, Asthma, and Obesity in Children and Adults.

The leading responses for Bronx County were Violence (Including Gun Violence), Smoking/Hookah/E-Cigarettes, Substance Use Disorder/Drug Addiction, Obesity in Children and Adults, and Mental Health.

The following two priorities were chosen, keeping in mind available or prospective resources to serve the community. SBH will enhance its focus on Screening for Food Security and Reducing Violence by targeting prevention programs, particularly for the highest-risk population.

PREVENT CHRONIC DISEASES; SBH WILL EXPAND ITS EFFORTS TO INCLUDE A FOCUS SCREENING FOR FOOD INSECURITY.

Focus Area 1: Healthy Eating and Food Security

Goal: 1.3: Increase Food Security.

Objectives: Increase the percentage of pediatric and adult primary care patients with perceived food insecurity by 10% over 24 months. Baseline Year: 2020.

Disparities: Food insecurity is a significant social determinant of health for communities of color.

Interventions: 1.0.6 – Screen for food insecurity, facilitate and actively support referral.

In the 2022 community survey, access to Healthy /Nutritious Foods ranked number five for both SBH primary service areas and Bronx County. Under areas that need attention within the SBH service area, access to healthy/nutritious food ranked number four. The Bronx is New York City's 'hungriest borough,' with one in four residents experiencing food insecurity, with the problem worsening over the last few years. According to Feeding America (2020), the Bronx has a 19.7% food insecurity rate, determined by the relationship between food insecurity and closely linked indicators (i.e., poverty, unemployment, etc.).

Unlike other parts of the country, 100% of food-insecure individuals in the Bronx are eligible for federal anti-hunger programs. By identifying food insecurity, screening for eligibility, and providing guidance on the available nutrition programs, we can improve food security for Bronx residents. The clinicians will screen for food insecurity. The target is screening at well-child visits for patients ages 5 – 17 years old from Medicaid-eligible households. If the family screens positive for food insecurity, a referral for nutritional services is made.

Planned Interventions: 1.0.6 – Screen for food insecurity, facilitate and actively support referral

Screen for food insecurity during primary care visits (data source: EMR Food Insecurity Screening Questions)

Facilitate and actively support referrals to SBH Health and Wellness programs onsite: WIC, Farm Stand, Food Pantry, and Teaching Kitchen services.

Effective systems for referral are necessary to help individuals and families access services and benefits for which they are eligible. Screening for food insecurity in clinical settings is recommended by several national organizations, as food insecurity can adversely affect a patient's health outcomes. Some studies have shown that screening for food insecurity is feasible and adds minimal time to the appointment. Screening can ensure timely referral to public health nutrition programs.

In addition to the food insecurity screening efforts, SBH Health System will continue programming at the Health & Wellness Center: the food pantry, farm stand, cooking classes and customized fitness classes.

PROMOTE A HEALTHY AND SAFE ENVIRONMENT; SBH WILL ENHANCE ITS EFFORTS TO REDUCE VIOLENCE BY TARGETING PREVENTION PROGRAMS PARTICULARLY TO HIGHEST RISK POPULATIONS.

Focus Area 1: Injuries, violence, and occupational health

Goal: 1.2: Reduce violence by targeting prevention program particularly to highest risk population.

Objectives: 1.2.c: Reduce the rate of ED visits due to assault from 42.3 to 38.1 per 10,000.

Disparities: The high crime rate is reflective of the socio-economic indicators of the SBH service area.

Interventions: 1.2.1: Implement multi-sector violence prevention program designed on public health principles.

In the community survey and various forums, violent crime is a number one priority area for the community within SBH primary service area and Bronx County. Under areas that need attention, violence prevention ranked number one.

According to the CDC, firearms were the leading cause of death in 2020 for children one and older for the first time. New York State and New York City have implemented initiatives to prevent children and young adults from getting involved in crime to stop the problem at its inception. The concentration of gun violence in a few neighborhoods has remained unchanged for decades. Major sections of the Bronx have achieved this dangerous status. The summer of 2020 was the city's most violent summer since 1996. In 2021, the Bronx and Brooklyn had two-thirds of the city's shootings. However, in 2021, shootings in Brooklyn declined by 20% from 2020, while shootings in the Bronx rose by 31%.

According to the County Health Rankings & Roadmaps for violent crime, Bronx County scored at 586, while overall NYC is 379. During 2020 and 2021, gun violence in New York City increased significantly from 777 shootings in 209 to more than 1500 in 2021.

The Belmont East Tremont district is a primary service area. It was number seven of the top ten police precincts in gun violence. Compared with the citywide rate, Belmont/East Tremont has a higher rate of assault-related hospitalizations than the Bronx and NYC. Belmont's rate is 152 per 100,000; Bronx County is 113 per 100,000; NYC is 59 per 100,000. In 2021.

Experts warn of long-term schooling and health setbacks for students exposed to gun violence. In 2021, in NYC, 138 young people were struck by bullets. In 2021, twenty-one children and teenagers were killed, more than double that number in 2020. In 2022, we are on track to match or exceed this number.

Research shows that gun violence is a health issue needing a health approach in response. A health approach focuses on preventing events, treating at-risk populations and changing social expectations.

Planned Intervention - 1.2.1 Implement multi-sector (e.g., local health departments, criminal justice, hospitals, social services, job training, community-based organizations) violence prevention programs such as SNUG, also known as Cure Violence, in high-risk communities, including those where gangs are prevalent. These programs work best when they include wraparound services to support victims, families, and other community members impacted by crime.

Planned Intervention - 1.2.5 Increase educational, recreational, and employment opportunities for potentially at-risk youth through after-school and summer work experience programs or youth

apprenticeship initiatives. SBH Health System and B.R.A.G. developed a structured, organized, and coordinated response to victims of interpersonal community violence called BRAG@SBH. In addition to BRAG@SBH, SBH has established an extensive network of community-based organizations to extend the reach of our efforts. We understood that SBH efforts had to go beyond the ER touch points.

SBH Health System has received a contract from the New York City Department of Health & Mayor's Office of Criminal Justice to enhance its current Hospital Responder program and add additional crime prevention measures. The first significant milestone is that the Hospital Based Intervention Program (HVIP) will be upgraded to full status (currently a hybrid). SBH will hire a community coordinator to expand the availability of resources. The additional resources will make it possible for the B.R.A.G. hospital responders to be available 24/7 onsite at the hospital.

The SBH Community Coordinator will expand the partnerships with community-based organizations to recruit youth/young adults to the SBH Health & Wellness Center's violence prevention programming. These activities will be co-sponsored with community-based organizations and local elementary schools.

Proposed Violence Prevention/ Risk Reduction services (sampling):

- Boxing Classes
- Healthy Eating Classes and Food Pantry
- Seasonal Youth Employment
- Mentoring in Healthcare Professions

TRACKING & PROCESS MEASURES

Regular reporting is provided to SBH leadership to determine progress, barriers, and possible revisions to the implementation plan. Each program has a mechanism to track progress. They range from daily to monthly reviews of data inputs.

SBH will continually use data collected through various sources and learn from the experiences of our partners in providing services to shed light on the success or barriers of our proposed interventions to strengthen the programs.

Monthly reports are provided at SBH Wellness Alliance meetings to determine progress, barriers, and possible revisions of the selected priorities. Biannual reports of the Implementation Plan will be provided to Bronx Community District #6. There will be discussions with public health experts from NYC and NYS agencies to ensure up-to-date appraisals of the proposed interventions.

The Cure Violence Program and Food Security Initiatives have ongoing oversight by the New York City Department of Health & Mental Hygiene and the Mayor's Office of Criminal Justice. Due to the contract awarded to SBH, the City agency will review data, conduct site visits, and hold frequent meetings.

Additionally, to enhance expertise, SBH is collaborating with HANYS Advancing Healthcare Excellence & Inclusion Initiative and Greater New York Hospital Association. These partnerships provide extensive guidance and training regarding state-of-the-art initiatives to eliminate health disparities and ensure health equity.