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St.
Barnabas
Hospital

**Community Service Plan
1992**

April 1993

ST. BARNABAS HOSPITAL

COMMUNITY SERVICE PLAN

1992

APRIL 1993

Prepared by: Program Planners, Inc.

ST. BARNABAS HOSPITAL COMMUNITY SERVICE PLAN

1992

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ST. BARNABAS HOSPITAL

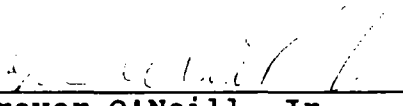
Affiliated with New York Hospital/Cornell Medical Center
Third Avenue and 183rd Street, Bronx, New York 10457-2594

OFFICE OF THE PRESIDENT
(718) 960-6100

April 28, 1993

TO: Board of Trustees of St. Barnabas Hospital

The Executive Committee has reviewed the Community Service Plan of St. Barnabas Hospital in accordance with New York Public Health Law Section 2803-1. The Committee has found the Plan acceptable and recommends its adoption.



Grover O'Neill, Jr.
Chairman
Board of Trustees

PART I: MISSION STATEMENT

During its 125 year history, St. Barnabas Hospital has evolved from a chronic care institution to an acute care community hospital. It will continue to evolve as the hospital approaches the 21st century. If it is to grow and to flourish, it must continually evaluate, update and revise its programs and activities to meet new challenges and new demands.

St. Barnabas Hospital is guided by these principles:

1. St. Barnabas Hospital services are decided largely by the health care needs and priorities of the communities it serves. Within the restrictions and accommodations demanded by law, regulation, technology and available resources, St. Barnabas Hospital continues to develop and expand its medical and human services network throughout the Bronx.
2. St. Barnabas Hospital is alert to opportunities to expand its activities to meet the needs of people in its service area who are presently underserved and who would benefit from the Hospital's resources and programs. The Hospital, wherever appropriate, shall cooperate with other hospitals and agencies in meeting these needs.
3. St. Barnabas strives to serve as an active member of the community. It will provide support to the local economy as a health resource and contribute to the social and cultural life of the community. St. Barnabas strives to serve as a responsible and concerned employer by providing a suitable work environment. As a corporate member of the community, it seeks to contribute its share to community development and maintenance of the environment consonant with its resources and in keeping with its mission.
4. St. Barnabas Hospital works closely with existing community organizations in the promotion of good health of persons by providing: education regarding physical and mental health; screening and preventive health programs that will detect the early stages of unhealthy conditions or diseases; and make available hospital staff to the community for educational programs.
5. St. Barnabas Hospital responds to the growing demand for ambulatory care programs, particularly for comprehensive and continuous primary care, and a comprehensive emergency care system. The Hospital's traditional focus on primary care clinics will continue to evolve into comprehensive case managed

ambulatory group practices by creating new models of primary care and physician recruitment in response to changing Federal and State laws and regulations.

6. St. Barnabas Hospital carries on any educational and training activities, including medical and osteopathic school affiliations, related to rendering care to the sick, injured and disabled; and to further practical knowledge in the science of medicine, which, in the opinion of the Board of Trustees, may be justified by the facilities, personnel, funds or other requirements that are, or can be made, available.

1. HISTORY AND EVOLUTION OF ITS MISSION

St. Barnabas Hospital was incorporated on April 4, 1866. Originally, the Hospital's purpose was to care for chronically ill persons who were to be supplied "while inmates of the Hospital, with the ministrations of the Gospel agreeable to the doctrines and forms of the Protestant Episcopal Church."

In the early 1970's, the New York State Department of Health ruled that there would be only two categories of recognized health care facilities: acute care hospitals and nursing homes. This ruling stemmed from cost containment efforts by the State and Federal governments as third party payors. The philosophy was that beyond the acute phase of an illness, further institutional care should be provided in a nursing home. First, the Hospital was classified as a nursing home. However, upon investigation by representatives of the New York State Department of Health, the Hospital was in 1974 informed that it was classified as an acute care hospital.

During the late 1960s and 70s, the State and Federal regulatory authorities approved two construction programs to modernize the physical plant. The Hospital completed its major construction programs in 1981. All of its existing 415 beds were replaced, having been in service since 1931, as were the clinical laboratories and other support facilities.

St. Barnabas Hospital operates in a medically underserved area of the Bronx. Its community service area encompasses several diverse ethnic neighborhoods and socio-economic groups. This cultural and socio-economic diversity within its service area creates a wide range of healthcare needs and demands that St. Barnabas continuously seeks to fulfill. (See Chapter 2, Part II).

In the 1970's, the St. Barnabas Hospital mission changed significantly from that of providing chronic care to providing acute and ambulatory care services. Yet throughout its evolution, the St. Barnabas tradition of complete and open access to the sick, injured, disabled and infirm regardless of age, sex, sexual preference, race, color, nationality, creed and economic status remain its chief operating principles.

Composition of the Board of Trustees changed with the Hospital's mission. The Board of Trustees has made a concerted effort to meet community needs by increasing its service capability. St. Barnabas identified service requirements and assessed the health status needs of the culturally diverse populations of the South Bronx.

Representatives of the South Bronx community who reflect the area's cultural and ethnic diversity were invited to join the Hospital's Board of Governors. Individuals from various walks-of-life including clergy, day care center directors, teachers, paraprofessionals, home attendant program directors, and staff members from other community based organizations enthusiastically applied and were accepted for membership on the Board.

Membership on the Board of Trustees of several South Bronx community leaders has had beneficial results. Their guidance and direction has enabled the Hospital to play an integral part in the development and implementation of neighborhood based health care and supportive services. Their input has proved instrumental in sensitizing both the Administration and its medical staff to the needs of community residents. As a result, the community has come to regard St. Barnabas not only as their primary source of medical care, but also as a major provider of supportive services.

In summary, the 1980's were a period of significant change in board, executive and medical leadership, redeployment of resources, and refocusing of its health care mission. The following is a chronology of those changes.

- During the early 1980s, the St. Barnabas Emergency room was licensed as a Heart Care Station, a 911 Emergency Medicine Station and, a center for psychiatric admissions.
- By 1981, the configuration of inpatient services had been redefined with an emphasis on primary care away from esoteric surgical services. The inpatient bed complement included more general medical and surgical services, intensive care, psychiatric and alcohol detoxification services. Physical medicine rehabilitation beds were scaled back considerably.
- Throughout the 1980s, new and expanded medical education and training programs were developed. Affiliation agreements with New York College of Osteopathic Medicine and freestanding programs have been developed to establish a new cadre of well trained physicians in a community lacking access to physicians.
- In 1988, St. Barnabas received State Health of Department approval to sponsor the Fordham-Tremont Community Mental Health Center. Through Fordham-Tremont, a wide variety of clinical and preventive community based mental health services were made available to the community.
- In 1988 and again in 1989, St. Barnabas opened an additional 43 medical surgical beds for the treatment of AIDS patients and other patients in response to the need for more inpatient care beds.
- In 1990, St. Barnabas applied for certification to expand its services to individuals suffering from the life-threatening illness of end-stage renal failure. This new service will open in 1993.
- In 1991, St. Barnabas began operating a much needed drug detoxification service.
- In 1991, St. Barnabas Hospital opened a major state-of-the-art diagnostic service for its community with the availability of Magnetic Resonance Imaging (MRI). At present, St. Barnabas Hospital is the only community hospital in the central and south Bronx to provide this service. Other state-of-the-art diagnostic services include computerized tomography and diagnostic ultrasound.
- In 1992, a new primary care group practice opened at Fordham Plaza.

- In 1994, under a separate corporation a 200 bed geriatric/AIDS nursing home will open.
- In 1992, under separate corporation, application was filed to become a certified Prepaid Health Service Plan to provide managed care services to Medicaid eligibles under the Managed Medicaid Law of 1991.

The reconfiguration of inpatient beds, most particularly for AIDS and substance abuse detoxification, are a direct response to extremely high incidence rates for these conditions. The scope of these problems and other community needs are examined in Chapter 2, Part II.

In the area of ambulatory care and diagnostic services, St. Barnabas Hospital has expanded its network of primary care community based programs, while at the same time has put in place state-of-the-art diagnostic services heretofore unavailable to patients in nearby communities.

- During the 1980s, St. Barnabas Hospital expanded its network of primary care clinics. In 1991, 31 clinics were providing over 75,000 visits, of which 31,000 visits were for primary care. By 1992, volume grew to well over 99,000 visits. Over 69 percent of its outpatient clinic volume was to Medicaid beneficiaries with another 14 percent to the medically indigent.

2. COMMUNITY INVOLVEMENT

The Hospital provides a forum for local service providers to meet, collaboratively identify service priorities and implement them. Representatives of St. Barnabas and its affiliates are members of Community Boards #5 and #6, and serve on other local planning and community councils.

The Hospital's membership on the local community planning boards, local development corporation and planning councils has proven to be invaluable. Many of these organizations are encouraged to hold meetings at the Hospital.

Community Planning Board meetings are held regularly at the Hospital. At these meetings, administrative staff discuss the Community Service Plan with Planning Board members and local residents at the Public Hearings where they are encouraged to make recommendations as to the focus and scope of health care delivery.

Many community groups, civic organizations, local development corporations, and Community Planning Board #6 hold their regularly scheduled meetings at the Hospital. St. Barnabas is able to facilitate:

- community groups working together on issues of concern to the community.
- community members becoming more fully acquainted with the Hospital, its professional staff and the health services offered.

In keeping with its mission, St. Barnabas Hospital participates in community activities. It relies on the input of the community concerning the health needs as well as its own analysis of needs. The Hospital's administration employs several approaches to elicit responses from community groups concerning health issues. Principal among them are its Speakers Bureau, health fairs and public hearings.

3. **PROGRESS TOWARD MEETING 1992 AGENDA**

A. **Case Management Programs**

St. Barnabas Hospital's continuous expansion into ambulatory care is significant in an area characterized historically as medically underserved. The focus of St. Barnabas Hospital throughout the 1980s and into the 1990s has been and continues to be on primary care. As indicated in its Community Service Plans, its agenda for the 1990's will continue to focus on primary care, as it moves into the managed care environment.

- In 1991, St. Barnabas Hospital applied for and received funding for the establishment of two primary care group practices. These two group practices concentrate exclusively on primary care: internal medicine and family medicine; obstetric and gynecology; and pediatrics. Geriatric, AIDS and respiratory specialists will be available.

These group practices opened in 1992 at Fordham Plaza.

- In 1991 St. Barnabas applied for and received funding from the Federal Government for the establishment of an HIV case-managed care dental clinic and an HIV substance abuse clinic. These programs were funded during 1992. These two programs have been very successful in reaching HIV patients and providing direct care.

1. **The Substance Abuse Service Funded Through Ryan White**

The Substance Abuse Program was designed to provide HIV patients in need of substance dependency treatment with a continuum of coordinated medical, psychiatric and detoxification services. Utilizing trained, specialized personnel within the Immune Disorders Clinic, HIV patients in need of substance dependency treatment are identified, evaluated, and referred to the hospital's Substance Dependency service for treatment.

With this funding, the Outpatient Substance Dependency Clinic was expanded and staffed with designated counselors and psychiatric staff to provide additional services solely as an HIV/AIDS resource.

The Outpatient Detox Department recorded a total number of 1,789 visits for 1992 and are categorized as follows:

- 499 Individual Visits
- 1,122 Drug/Alcohol Treatment Visits
- 118 HIV Group Visits

2. Ryan White Funding for the Department of Dentistry

Ryan White funds were utilized to implement a four-point HIV program that included expansion of general dentistry program, dental care management, community-based dental screening and inpatient dental care.

- The Department of Dentistry recorded approximately 6,100 clinic visits in 1992. The Mobile Medical Unit's Community Outreach initiative provided over 1,7650 dental screenings for 1992.
- HIV Counseling services were provided at a rate 40 individuals per month during 1992.

3. Child Health Plus

In 1990 St. Barnabas Hospital applied and was certified as one of several providers in a new state sponsored health insurance program for children called Child Health Plus.

Child Health Plus is a health insurance program guaranteeing insurance for children under the age of 13 who do not qualify for Medicaid and who are not covered by another insurance plan. Group Health Incorporated (GHI) of New York City, in partnership with St. Barnabas Hospital provides comprehensive coordinated care using a primary care physician as the child's own physician. During 1992, enrollment reached 1,400 children out of a goal of 2,000. The program will be continued and expanded during 1993 when St. Barnabas anticipates enrolling 2,000 children.

During 1993, St. Barnabas Hospital will continue to develop additional physician networks. It will rely on case management as the primary method of organizing medical services and assuring the availability of care to its residents.

B. Certification As a Prepaid Health Service Plan

In 1992, St. Barnabas Hospital responded to state legislation mandating the enrollment of Medicaid beneficiaries in managed care health plans by developing its own prepaid managed care plan. By 1993, the City of New York is required to enroll 10% of its eligible Medicaid beneficiaries in a certified managed care program. By 1997, 50% will be required to participate.

ST. BARNABAS
THE



**Community
Health Plan**

Your family's hospital is now your family's health plan

As part of its mission to provide comprehensive, financially affordable health care to its community, the St. Barnabas Hospital through its corporate umbrella is establishing itself as a managed care plan for both Home Relief and Aid to Families with Dependent Children beneficiaries covered by Medicaid.

The St. Barnabas Community Health Plan, Inc. will operate as a separate not-for-profit corporation under the St. Barnabas parent entity St. Barnabas Community Enterprises.

The separate Governing Board, will be responsible for the overall direction and fiscal stability of the managed care plan. The senior administrative, financial and medical staff of the St. Barnabas Hospital will operate the St. Barnabas Community Health plan for the first and second years of the plan.

The SBCHP intends to enroll 10,000 Medical Assistance recipients by the end of its first year of operation, increasing to 20,000 by year three. The Plan will provide benefits to approximately 7,500 ADC and 2,500 Home Relief Beneficiaries by the end of year one. St. Barnabas Hospital operates in a medically underserved area of the Bronx. Therefore, the number of potential Medicaid managed care subscribers is as much as 375,000 in the Bronx. Ultimately, the St. Barnabas Community Health Plan seeks to provide insurance coverage to between 10-20% of all Medicaid eligibles in the Bronx. The projected number of plan participants is indicated in Table 1.

The Hospital's community service area encompasses several diverse ethnic neighborhoods and socio-economic groups. The cultural and socio-economic diversity within its service delivery area creates a wide range of health care needs and demands that St. Barnabas has continuously fulfilled. Now under the mandate of Managed Care legislation, St. Barnabas Hospital's Corporate umbrella is prepared to provide the necessary financial, medical and administrative support necessary to launch a Medicaid managed care insurance plan.

The Managed Medicaid Plan will operate in a unique way. First, at Fordham Plaza, a Primary Care Group Practice has been established. These physicians, consisting of family practice, internal medicine, obstetrics and gynecology, pediatrics and podiatry will deliver primary care services and act as the gatekeepers. Second, the St. Barnabas Community Health Plan will contract with St. Barnabas Hospital/Union Hospital for all specialty care, hospitalizations, emergency room use, laboratory studies, radiological services and dental care. Psychiatric care will be provided by Fordham Tremont Community Mental Health Center, which also operates under the auspices of St. Barnabas Hospital. Additional outside contracts are being signed with a pharmaceutical plan for prescription drugs, durable medical equipment (DME), and home health care.

The St. Barnabas PHSP will provide its members with the complete array of Medicaid services available in the fee-for-service system as required by state and federal law. By and large the comprehensive benefit package will be provided directly by St. Barnabas, or its sister facility, Union Hospital. Those benefits that are to be provided via a sub-contractual arrangement are with facilities or providers with which St. Barnabas has an established relationship.

1. The PHSP Service Area

The proposed PHSP service area covers the north and south central Bronx, as well as southeastern segments of the borough.

The twenty zip codes contained in this area are:

10451	10458	10463	10469
10452	10459	10465	10470
10453	10460	10466	10471
10456	10461	10467	10472
10457	10462	10468	10473

TABLE 1
PROJECTED TRENDS IN ADC/HR ENROLLMENT
ST. BARNABAS PHSP

CATEGORY	YEAR 1 ELIGIBLES			YEAR 2 ELIGIBLES			YEAR 3 ELIGIBLES		
	ADC	HR	TOTAL	ADC	HR	TOTAL	ADC	HR	TOTAL
< 1M & F	362	33	395	483	66	549	580	104	684
1-20 M	2,474	286	2,760	3,299	572	3,871	3,959	915	4,874
1-14 F	2,085	139	2,224	2,780	278	3,058	3,336	445	3,781
15-20 F	452	163	615	603	327	930	724	523	1,247
21-64 M & F	2,127	-	2,127	2,835	-	2,835	3,401	-	3,401
21-29 M & F	-	438	438	-	876	876	-	1,402	1,402
30-64 M & F	-	1,441	1,441	-	2,881	2,881	-	4,611	4,611
Total	7,500	2,500	10,000	10,000	5,000	15,000	12,000	8,000	20,000

Source: OHSM Planning Data.

While the target area is strictly defined by zip codes, it encompasses all or part of the following neighborhoods: Soundview; Parkchester/Throg's Neck; Riverdale; Fordham/Norwood; Woodlawn/Baychester; Highbridge/Morrisania and Morris Heights/Tremont.

Determinants of Service Area Selection:

Several factors were considered critical in selecting the geographic service area to be targeted for St. Barnabas PHSP enrollment. They include: 1) optimum size of the proposed area, particularly with respect to meeting enrollment targets; 2) local health care utilization patterns and familiarity with the St. Barnabas service delivery network; 3) geographic accessibility.

- **Service Area Size** - As is indicated, the proposed service area consists of some 284,000 AFDC/HR eligibles, or approximately 94,500 families. It is believed that this level of eligible individuals is of sufficient size to satisfy enrollment targets as outlined in the preliminary Medicaid Managed Care Plan for New York City. Moreover, St. Barnabas' longstanding role as a community health care provider has resulted in strong ties with numerous community-based organizations. Many of these relationships will facilitate the Hospital in outreach, marketing and educational endeavors.
- **Local Health Care Utilization Patterns** - It is well accepted that in New York City, restricted access to noninstitutionally based care, coupled with a shortage of office-based physicians who accept Medicaid, has resulted in reliance on local resources for primary and inpatient care. Migration outside the immediate community is rare.
- **Geographic Accessibility** - Studies of the experiences of other states implementing managed Medicaid programs revealed that geographic proximity was the most important factor in provider selection. In recognition of the fact that geographic barriers to access are often as inhibiting as financial barriers, St. Barnabas' service area selection is one which guarantees ready geographic access from all locations. The geographic proximity of all neighborhoods within the target area, coupled with the elaborate network of public surface and subway lines, affords easy and inexpensive access to St. Barnabas, in well under 30 minutes from all points.

2. Description of the PHSP Service Area

The PHSP target area consists of just over one million residents. Of these, approximately 352,000 are Medicaid-eligible. As is shown in Table 2, the proportion of Medicaid participation varies significantly among the target neighborhoods. In Parkchester, just over ten percent of residents receives Medicaid benefits, while in both Morrisania and Morris Heights, one of every two individuals is on Medicaid. In aggregate, fully one-third of residents are Medicaid eligible, significantly higher than the 21 percent seen Citywide.

Table 2A further defines the population targeted for the St. Barnabas PHSP according to aid category. Within the seven target neighborhoods, live almost 239,000 AFDC eligibles and another 45,100 HR eligibles. Together these **284,073** individuals targeted for participation in managed care represents almost 81 percent of the Medicaid-eligible population in the area.

As is shown in Table 2B, the St. Barnabas PHSP target area is characterized by poverty and near poverty. Significant proportions of households in each neighborhood earn below \$15,000 annually - in the South Bronx this applies to one of every two families.

The target area consists primarily of Black and Hispanic residents. In Fordham and Woodlawn seven out of ten residents are non-white. In Morrisania, Morris Heights and Soundview the figure increases to 90 percent or more. By contrast in Parkchester and Riverdale, over 60 percent of neighborhood residents are white.

TABLE 2

**DISTRIBUTION OF MEDICAID ELIGIBLES IN THE ST. BARNABAS
PHSP TARGET AREA**

Neighborhood	1990 Population	Medicaid Eligibles (1992)	Medicaid As Percent of Total Pop.
Soundview			
10472	61,766	21,670	
10473	60,110	15,766	
Total	121,876	37,436	30.7%
Parkchester/Throg's Neck			
10461	51,211	4,646	
10462	70,153	10,136	
10465	40,643	4,114	
Total	162,007	18,896	11.7%
Riverdale			
10463	72,215	10,279	
10471	25,479	1,594	
Total	97,694	11,873	12.2%
Fordham/Norwood			
10458	68,175	25,865	
10467	84,235	20,756	
10468	63,908	26,539	
Total	216,318	73,160	33.8%
Woodlawn/Baychester			
10469	57,263	8,559	
10466	54,915	11,990	
10470	17,051	1,129	
Total	129,229	21,678	16.8%

Highbridge/Morrisania			
10451	42,965	18,370	
10452	54,477	28,749	
10456	67,232	36,455	
10459	22,238	17,450	
Total	186,912	101,024	54.0%
Morris Heights/Tremont			
10453	61,286	34,890	
10457	57,260	30,540	
10460	41,845	22,535	
Total	160,391	87,965	54.8%
Total Service Area	1,074,427	352,032	32.7%
Total Bronx	1,198,340	398,624	33.3%
New York City	7,319,621	1,564,349	21.4%
Source: NYC Health Systems Agency.			

TABLE 2A			
ESTIMATED AFDC AND HR POPULATION IN THE ST. BARNABAS PHSP CATCHMENT AREA			
Neighborhood	1992 Medicaid Eligibles	Estimated ADC/HR Population	Total Target Population as Percent of All Medicaid Eligibles
East Bronx			
Soundview/Parkchester/ Throgs Neck	56,332	42,236	75%
North Bronx			
Kingsbridge/Riverdale	11,873	7,381	62.2
Fordham/Norwood	73,160	59,010	80.7
Woodlawn/Baychester	21,678	14,920	68.8
Total	106,711	81,311	76.2
South Bronx			
Highbridge/Morrisania	101,024	84,512	83.7
Morris Heights/Tremont	87,965	76,014	86.4
Total	188,989	160,526	84.9
Total Service Area	352,032	284,073	80.7
Source: NYC Health Systems Agency.			

The infant mortality rate in the PHSP service area is exceptionally high compared with that of the City. While the overall service area infant mortality rate fell to 13.6 deaths per 1,000 live births in 1990, it lags behind the Citywide rate of 11.5. There was significant variation among neighborhoods however, with the infant mortality rate reaching 18.5 and 15.9 in Woodlawn and Morrisania respectively.

First, over 6 of every 10 births to mothers in this area were on Medicaid, much higher than the City average of 46.8%. Second, these communities are characterized by higher than average birth rates. Morris Heights has a birth rate of 32.8 per 1,000 population while Morrisania is 29.7. These far exceed those of New York City with a 17.8 birth rate and the service area as a whole with a 21.8 per 1,000 birth rate.

More importantly, the Medicaid birth rate is significantly higher, which is particularly relevant given the fact that St. Barnabas plans to target the AFDC population. In 1990, the service area Medicaid birth rate was 40.7 per 1,000 Medicaid eligibles, twice the overall rate.

The health status indicators have been carefully considered in the physician and ancillary services configuration of the PHSP. The St. Barnabas Community Health Plan will provide Medicaid beneficiaries much needed pre-natal care and well-baby care. These services are key to reducing the serious health problems of infants and mothers.

**TABLE 2B
DEMOGRAPHIC AND SOCIO-ECONOMIC PROFILE OF THE ST. BARNABAS PHSP CATCHMENT AREA
1990-1991**

INDICATOR	SOUNDVIEW	PARKCHESTER/ THROG'S NECK	KINGSBRIDGE/ RIVERDALE	FORDHAM/ NORWOOD	WOODLAWN/ BAYCHESTER	HIGHBRIDGE/ MORRISANIA	MORRIS HTS./ TREMONT
Total Population (1990)	121,876	162,007	97,694	216,318	129,229	186,912	160,391
<u>Estimated No. Households (1991)</u>	39,833	65,657	39,483	86,120	44,856	63,333	55,240
<u>Average Household Size</u>	3.05	2.5	2.47	2.51	2.88	2.95	2.9
<u>Percent of Population</u>							
White	5.0%	63.8%	62.3%	24.1%	29.0%	2.0%	3.5%
Black	34.6	10.5	11.4	23.0	51.5	42.8	35.8
Hispanic	57.6	21.6	22.1	46.6	17.0	53.3	58.4
Other ^a	2.8	4.1	4.2	6.3	2.5	1.9	2.3
<u>Average Household Income (1991)^b</u>	\$29,276	\$39,088	\$51,257	\$28,091	\$41,096	\$20,270	\$20,879
<u>Percent of Households With Incomes Below \$15,000 (1991)</u>	34.7%	24.2%	18.8%	35.1%	21.5%	49.8%	49.7%

- A) Other includes Asians, American Indians, other;
 B) Unweighted average of zip codes within the neighborhood.

Source: NYC Health Systems Agency; Health and Hospitals Corporation.

TABLE 2C
LIVE BIRTHS BY SELECTED CHARACTERISTICS IN THE ST. BARNABAS PHSP CATCHMENT AREA
1990

HEALTH INDICATORS	NEW YORK CITY	TOTAL SERVICE AREA	SOUNDVIEW	PARKCHESTER/THROG'S NECK	KINGSBRIDGE/RIVERDALE	FORDHAM/NORWOOD	WOODLAWN/BAYCHESTER	HIGHBRIDGE/MORRISANIA	MORRIS HTS./TREMONT
Total Live Births	130,635	23,371	2,442	1,976	1,058	5,101	2,052	5,546	5,196
Total Medicaid Births	61,145	14,325	1,516	551	368	3,080	905	4,140	3,765
Live Birth Rate ^a	17.8	21.8	20.0	12.2	10.8	23.6	15.9	29.7	32.4
Medicaid Birth Rate ^b	39.0	40.7	40.5	29.2	31.0	42.1	41.7	41.0	42.8
Infant Mort. Rate ^c	11.5	13.6	13.9	5.6	4.7	13.3	18.5	15.9	14.0
Neonatal Mort. Rate ^c	7.7	8.9	9.0	4.0	3.8	9.6	11.2	9.6	9.6
Percent of Babies Born:									
On Medicaid	46.8%	61.3%	62.1%	27.9%	34.8%	60.4%	44.1%	74.6%	72.5%
Late or No Prenatal Care	27.6	38.6	32.9	23.8	24.0	40.5	29.3	46.7	44.2
To Mothers < 18	4.2	5.6	7.3	2.0	2.9	4.5	4.1	7.2	6.9
To Drug Using Mothers	2.4	3.1	3.0	1.3	0.9	2.2	1.7	4.9	4.6
Under 2,500 grams	13.2	15.2	14.7	11.2	8.8	13.6	16.9	17.7	16.6

A) Per 1,000 population.
 B) Per 1,000 Medicaid eligibles.
 C) Per 1,000 live births.
 Source: NYC Health Systems Agency.

C. GERIATRIC CARE

As the elderly population in the Bronx grows, so too do their health care needs. As indicated and discussed fully in Chapter 2, Part II, the Bronx has one of the largest and sickest elderly populations in the City. To meet the needs of the geriatric population in the Bronx, St. Barnabas Hospital is involved in a number of medical, social and economic development programs geared to the elderly.

- In 1994, under a separate corporation, a 200 bed nursing home will open on the campus of St. Barnabas Hospital. In addition, a 30 person Adult Day Care program will provide comprehensive health services to ambulatory elderly patients who require daily health supervision and rehabilitation therapy. (See photographic representation).
- The Hospital's new primary care group practice opened at Fordham Plaza. Several physicians there specialize in geriatric care.
- In late 1992, St. Barnabas Housing for the Elderly opened. It is 70% occupied and when fully occupied will accommodate 90 elderly families. St. Barnabas Hospital sold a parcel of land for the construction of this housing program in 1992, but did so at a level below cost. In addition to its land contribution, St. Barnabas will provide begin to provide medical and social services to the residents in summer/fall of 1993.

D. COMMUNITY DEVELOPMENT

Substandard housing has been and continues to be a critical problem in the neighborhoods surrounding the Hospital. The available housing stock has been diminished by up to 50 percent. Vacant buildings and lots are home to the homeless and the headquarters for drug dealers.

As an integral part of its health care mission, the executive leadership of St. Barnabas believes that participation in community development programs enhances the quality of life and general well-being of its residents. The inexorable link between improved health status and availability of decent housing and employment has been documented.



During 1992, St. Barnabas Housing for the Elderly was constructed on land owned by the Hospital. The new residence for the elderly is jointly sponsored by the Hospital and SEBCO Inc., with funding from the Department of Housing and Urban Development 202 program. This 10 story building consists of 90 apartments, including specially adapted apartments for the handicapped and disabled.

During 1992, the Hospital purchased two occupied apartment buildings. As the apartments become vacant in the buildings, the Hospital will renovate the space and make the newly renovated apartments available to employees of the Hospital.

During 1993, St. Barnabas Hospital is preparing its own comprehensive plan for neighborhood development and health services development in the surrounding community.

E. MANAGING THE UNION HOSPITAL OF THE BRONX

In early 1990, Union Hospital faced imminent default on its federally insured mortgage loan. Default on its \$15 million mortgage would have meant the disruption of much needed medical care.

In this area of the Bronx, a community relies on the hospitals for much of its health care needs. Therefore, in 1990 when the stability of The Union Hospital of Bronx was in serious jeopardy, St. Barnabas Hospital was selected by the state Department of Health to restore it to financial health. As part of its responsibility to turn around Union Hospital, St. Barnabas has infused significant amounts of working capital, medical manpower and administrative leadership.

The decision to enter into a management contract with Union was based on the desire to ensure that Union Hospital remained a viable institution. With only 200 beds, it is an important primary care hospital. For example, because of limited maternity bed capacity elsewhere in this area of the Bronx, Union's maternity service is of critical importance. Second, with few drug detoxification programs an operation, Union Hospital provided the opportunity to develop additional capacity.

Third, as is documented in Chapter 2, Part II, women's health care needs are not being met. An entire new program and range of women's health services are now being provided. This includes all general OB/GYN services and other reproductive services, mammography, osteoporosis screening, mental health care.

Outdated diagnostic radiology equipment has been replaced as has medical equipment for the operating rooms, labor and delivery rooms, emergency room and intensive care units.

When St. Barnabas assumed responsibility for Union Hospital, the hospital was operating with only 50 percent of its capacity and a \$3.4 million deficit. St. Barnabas Hospital management sought to immediately reorganize how and where patients would be treated. During 1992, occupancy reached 90 percent and financial solvency was maintained for two consecutive years.

4. **AGENDA FOR 1993**

St. Barnabas Hospital will focus an increasing physician capacity in this medically underserved area of the City and State.

A. **Osteopathic Family Practice Training Program**

In response to the overwhelming need to train primary care physicians, St. Barnabas Hospital in affiliation with The New York College of Osteopathic Medicine (NYCOM), will implement a Family Physician residency training program. These residents will be trained to use the methods of preventive medicine in both their practice and in the community. Special attention will be paid to the development and implementation of community-oriented outreach programs. Ten to fifteen Osteopathic Family Practice Residents will participate.

Residents will spend a one-month rotation at St. Barnabas at Union Hospital during their first year (PGY2). During their last year of residency (PGY3), the residents will spend approximately one hundred hours on the previously planned project to implement the community-based preventive medicine program. The mobile medical unit will be used.

The community-based preventive medicine program has the following objectives:

- Improve the health status of community residents.
- Assist in significantly reducing the unnecessary utilization of the emergency room as a primary source of medical care.
- Encourage the use of the Hospital's Ambulatory Care Programs.
- Educate community residents as to the importance of continuity of care.
- Introduce the concept of a primary care physician to the patient.
- Encourage the individual to take an active role in his/her own health care.

Curricular emphasis for the Family Practice Training Program is on the incorporation of the Osteopathic philosophy of medicine - prevention and treatment - within a primary care delivery system.

B. Department of Dentistry

The Department of Dentistry and the Dental General Practice Residency (GPR) program have played a major role in the Hospital's community outreach programs. The GPR program provides residents with didactic and clinical experience in medicine/dentistry in the hospital setting. The program enables them to gain knowledge and competence in the medical as well as technical aspects of the delivery of dental care.

During 1992, staff from the Department of Dentistry contributed many staff hours to the Hospital's Community outreach program by providing dental screenings at a host of community-based organizations, schools, churches and day care and head start programs.

The Department of Dentistry has consistently responded to opportunities to expand its services in an effort to better address the needs of area residents.

1. St. Barnabas Hospital Health Center Dental Program

The Director of Dentistry and the Assistant Commissioner of New York City's Bureau of Dental Health Services collaborated on the design of a joint program to increase the accessibility of dental services for children and adolescents at the City's Health Centers in the Bronx.

Plans for this pilot program were finalized in December 1992. The Hospital began providing services in January 1993.

One resident and dental assistant team will rotate one-day per week at the Morrisania Health Center. This rotation will expand to two teams by July 1, 1993.

It is anticipated that this program will expand to provide dental services at the Morrisania and Tremont Health Centers. This initiative has the potential for including training on portable dental units which will provide the Hospital with the additional capacity to offer comprehensive dental care on-site in the NYC public school system.

2. Dental Care for the Homeless

The Department of Dentistry's agenda for expanding community outreach services includes the provision of comprehensive dental care for the homeless.

This program will provide dental on-site services at the various homeless shelters in the Bronx. The program is funded by New York City Human Resources Administration. It was implemented in March 1993.

The Dental Care Team transports portable dental units on a daily basis to program sites serving the homeless. Two dentists and a dental assistant provide on-site care 9:30 a.m. - 4:30 p.m. one day a week.

Comprehensive dental care for adults and children includes:

- X-rays
- Restorative care
- Preventive care
- Emergency care
- Prosthetics

Medical histories will be taken and medical charts will be maintained for each patient.

C. New York City Board of Education - District 10 Health Screening Program

St. Barnabas and Union Hospital Administration staff in conjunction with New York City Board of Education District 10, will sponsor a Health Screening Program for the students of nine area elementary schools during the months of June - August

1993. The objectives of this program are: to alert parents to the importance of regular medical check-ups and immunizations for age appropriate children; and to improve the health status of the community's children.

Nurse practitioners, under the direct supervision of the Chief of Pediatrics at St. Barnabas/Union Hospital, will provide the following:

- Vision screening
- Dental screening
- Assessment of immunizations status
- Testing for tuberculosis
- Parents/guardians accompanying children will also receive an assessment (e.g. last pap test, need for physical exam, etc.)

This health screening initiative requires close parent involvement and should be of assistance to them in complying with school regulations. It is anticipated that parents will become educated about preventive medicine practices and that they will be encouraged to learn about and follow-up on their children's health problems.

D. Immunization Services and Primary Care Referral Program

This initiative is designed to accomplish the following objectives:

- Facilitate access for infant and pediatric populations to a comprehensive health care delivery system.
- Increase immunization levels for infants and young children.
- Significantly reduce the incidence of vaccine-preventable childhood diseases.

The Pediatrics Department and the WIC Program worked in closed collaboration on the development of an escort system where by all age appropriate infants and young children presenting in the Emergency Room, WIC Center or one of the Ambulatory Care Clinics are escorted to an immunization station for an assessment of immunization status, obtaining of parental consent and immunization of children.

E. St. Barnabas Hospital Sports Medicine Program

St. Barnabas Hospital will establish a Sports Medicine program that will serve the five boroughs of New York City. This program will be inaugurated in 1993.

The Sports Medicine Program provides its expertise in medical, surgical, diagnostic and rehabilitative services to professional, amateur and recreational athletes of all ages. It will encompass evaluation and treatment as well as education programs.

Services to be offered will include:

- Pre-participation evaluation
- Conditioning and training recommendations
- General lecture series
- Health certification lecture
- CPR certification
- Evaluation and diagnosis of injuries
- Treatment of injuries
- Rehabilitation

PART II. MEETING COMMUNITY HEALTH CARE NEEDS

St. Barnabas Hospital is located in and serves the residents of the southwest Bronx. The Hospital is located south of Fordham Road and to the west of Bronx Park. The community is known as Fordham-Tremont. This area has long been considered to be severely underserved because of the lack of quality primary care physicians. The intense demand for health care services continues to escalate in the wake of high infant mortality rates, AIDS, drug use and poverty.

During the course of its more than 125 year history, the Hospital has evolved and expanded in response to the increased needs of its community residents. The demands placed on the hospital for basic primary care services and medical manpower are derived from both the social and health care profile of the South Bronx community residents that St. Barnabas serves.

1. Demographic Profile

St. Barnabas Hospital's primary and secondary service areas encompass 20 zip codes, providing healthcare for 1.1 million residents, representing 90 percent of the total Bronx population. Most of the catchment area is concentrated in Community Districts 3, 4, 5, 6, and 7 encompassing parts of the South Bronx neighborhoods such as Hunt's Point and Mott Haven, as well as Morris Heights, Fordham, Bronx Park, Tremont and part of West Farms. The secondary service area also includes Community Boards 9 and 11, in the East Bronx neighborhood of Pelham.

It is a community sharply divergent from the City as a whole as measured by selected socio-economic barometers. It is among the most economically depressed areas in the state. There is little evidence that a significant turnaround is imminent. Through the end of the century, it is expected to remain much as it is today relative to the greater City.

The St. Barnabas service area is characterized by substantial poverty and near poverty, a high proportion of families with children headed by women with limited educational attainment

and serious health care problems. Only two of the six neighborhoods in the service area have a median household income that is more than sixty percent of the City's. Four of these community districts have well over forty percent of their residents living in poverty (citywide the percentage is 20%). (See Table 2D and 2E).

St. Barnabas Hospital's service area consists primarily of Black and Hispanic residents. In three community districts, more than nine out of ten residents are non-white. In New York City 54 percent of residents are non-white. The percent of families headed by a woman with children under 18 years old is 9.6 percent citywide, and ranges up to almost 33 percent in the neighborhoods served by St. Barnabas Hospital.

Unemployment levels in St. Barnabas Hospital's catchment area are significantly higher than for the Bronx and citywide levels. The labor force in the Bronx is large and is projected to increase by 12.7%, the greatest gain among the City's five boroughs. Yet, the labor force participation rate is the lowest among the boroughs. The percentage of those of working-age who are employed or actively seeking work stands at 42% for women and 64% for men. This "absence from the labor force" creates a pool of residents with neither health insurance nor Medicaid coverage. St. Barnabas Hospital is participating in a demonstration program sponsored by the state and in concert with GHI to provide health insurance benefits to children under the age of 13 who do not have insurance.

Given the socio-economic status of residents, the number of medically needy people eligible for and receiving Medicaid is high, over 29% in the Bronx compared with 18% citywide. In the surrounding neighborhoods of Hunts Point, Morrisania and Tremont the Medicaid population is three times greater than the citywide average. (See Table 2D).

Substandard housing continues to be a critical problem. In their 1990 Community District Needs statement, South Bronx Community Boards describe the available housing stock as having been diminished by up to fifty percent during the last decade due to divestment,

U.S Bureau of the Census, US Census of the Population 1980 General, Social and Economic Characteristics. Part 34 NY.

TABLE 2D

**DEMOGRAPHIC AND SOCIO-ECONOMIC PROFILE OF THE
ST. BARNABAS CATCHMENT AREA: BRONX 1990**

Indicator	NYC	Bronx	Fordham/ Bronx Park	Crotona/ Tremont	Highbridge/ Morrisania	Hunt's Point/ Mott Haven	Pelham/ Throgg's Neck	Kingsbridge/ Baychester
Total Population (1990)	7,413,057	1,242,292	139,784	157,534	153,981	82,129	260,838	343,697
Percent of Population:								
White	46.3%	30.2%	34.5%	6.0%	2.8%	1.4%	37.0%	42.7%
Black	24.3	28.0	19.0	35.6	49.7	22.0	20.7	32.2
Hispanic	23.3	38.8	41.8	55.4	45.2	76.0	42.3	25.1
Below Age 15	19.2	23.0	26.4	30.8	26.9	28.1	20.9	12.8
Over Age 65	13.4	12.5	11.0	6.3	7.0	7.2	14.3	12.9
Median Household Income*	\$28,461	\$20,683	\$15,350	\$13,155	\$13,570	\$13,897	\$24,259	\$29,193
As Percent of the City	100%	72.7	53.9	46.2	47.7	48.8	85.2	102.6
On Medicaid (1989)	18.4	29.3	30.7	44.2	48.0	53.1	11.8	4.0

(a) Unweighted average of zip codes within a neighborhood (1990).

NOTE: Data included only for those zip codes within each neighborhood that are in the St. Barnabas primary and secondary service areas.

Source: NYC Health Systems Agency. Community Health Profiles.

abandonment and/or demolition. Much of the housing that is available was constructed well before World War II. In Community District 5, vacant buildings and lots have been characterized as "breeding grounds for rats and vermin." In Community District 6, unmonitored H.U.D. buildings have become the quarters of drug dealers and transients.

The housing problem is exacerbated by a disproportionate number of homeless families and individuals residing in shelters or abandoned buildings. The plight of the South Bronx homeless is so dire that it has wide-reaching effects on all residents. Permanent residences for the homeless and low-income families have become an explicit priority. In Community District 5, much of the city-owned building rehabilitation has been earmarked for housing the homeless. While no hard numbers are available, it is believed that many of the apartments in this community are inhabited by more than one family, a situation considered sub-standard and unsafe by health and safety standards.

While significant resources have been designated for rehabilitation of or building new dwellings over the next five to ten years, it is likely that the bulk of these efforts will be directed towards alleviating a dire housing shortage, rather than providing additional units for middle income residents. Therefore, the commitment by St. Barnabas Hospital to jointly sponsor the construction of an housing complex specifically for the low-income elderly is a direct response to this housing shortage. Not only will the availability of new housing fulfill a need, albeit partially, it will contribute to community development and restoration of the quality of life for its residents.

TABLE 2E
SOCIOECONOMIC PROFILE OF NEW YORK CITY, AND THE ST. BARNABAS COMMUNITY
1988-1990

INDICATOR	NYC	THE BRONX	COMMUNITY BOARDS						
			3	4	5	6	7	9	11
Percent of Residents Below Poverty	20.0%	27.6%	49.6%	42.1%	45.4%	43.7%	26.5%	19.8%	9.3 %
Median Age	32.6	30.3	24.5	25.5	24.0	24.2	31.4	30.9	41.8
Median Household Size	2.5	2.7	2.9	2.7	2.8	2.9	2.4	2.7	2.4
Percent of Families With Female Head and Children Under 18 years	9.6	16.1	31.5	29.2	32.7	28.5	15.7	11.7	4.1
Children Under 5 Per 1,000 Women*	275	317	316	409	415	377	336	298	244
Median School Years Completed	12.3	12.0	10.4	11.6	11.2	10.0	12.1	12.0	12.1
Percent High School Grads	60.2	50.8	34.5	46.7	43.8	33.2	53.7	50.0	53.9

NOTES:

* Women between 15 and 44 years.

Source: Community District Statistics, New York City Department of City Planning, June, 1984.
Socioeconomic Profile, New York City Department of City Planning, April, 1986.
General Social and Economic Characteristics New York, Part 34, PHC80-1-C34, Census of Population and Housing, US Department of Commerce, Bureau of the Census, issued July, 1983.

2. ASSESSMENT OF THE HEALTH NEEDS OF THE ST. BARNABAS COMMUNITY

The health and well-being of the infants, children and young adults of the South Bronx are key to its future stability and economic development. Despite significant achievements in reducing some of the financial and cultural barriers to receiving appropriate and prompt health services, new threats increasingly compromise the overall health status of residents at every stage, from infancy through adolescence and on through advanced age.

A. Infant and Maternal Health

- The infant mortality rate in the Bronx is exceptionally high as measured by modern health status indicators and compared to the United States. The overall infant mortality rate in New York City fell to 11.7 deaths per 1,000 live births in 1990. However, it continues to lag behind the national rate of 9.2. Significantly higher mortality rates continue among racial minorities and among those people living in poorer areas. In 1990, in the Bronx, the black infant mortality rate was 20.4, almost twice the rate of 13.8 for whites and Hispanics.

Several socioeconomic factors are thought to be positively related to and predictive of infant morbidity and mortality. They include high rates of unemployment, race and ethnicity, teenage pregnancies and Medicaid eligibility. The residents living within the St. Barnabas service area exhibit these characteristics.

As the following data suggest, the area that St. Barnabas serves is at risk for high infant mortality, morbidity and for those that do survive, significant developmental health problems upon reaching childhood and adolescence. (Table 3)

First, more than 9 out of 10 babies born in the St. Barnabas catchment area are to non-white mothers in contrast to three out of four throughout the city. Race or ethnicity by themselves are not factors in predicting the health status of newborn babies. However, they are highly correlated with poverty, low education, high unemployment, and economic instability which more often than not result in poor health status. Over 7 of every 10 births to mothers in this area were on Medicaid, well over the City average of 46.8 percent.

Second, these communities are characterized by higher than average birth rates. Community District 5 had a birth rate of 31.9 per 1,000 population while the rate in Community District 3 was 29.8. These far exceed the

birth rates in either the City or the Bronx, where rates were 17.7 and 21.9 respectively.

High rates of teenage pregnancy contribute to high birth rates. The percentage of teenage births in the St. Barnabas area ranges from 9 to 18 percent; one of every five births. It is twice the 10.7% Citywide percentage. In the Bronx 14.8 percent of all babies were born to teenage mothers in 1990. (See Table 3).

- **Lack of Prenatal Care**

Medical evidence indicates that prenatal care services can stem infant and maternal health problems. However, it has also been found that lack of income, education, and availability of medical resources serve as barriers to pre-natal and post-natal care. To a large extent these are the very reasons for the high infant mortality rate in the St. Barnabas catchment area.

As of 1990, in New York City, approximately 28 percent of births were classified as receiving late, no or unstated prenatal care. This figure increased to almost 40 percent in the Bronx. In the St. Barnabas service area, this figure ranges from 27.5 percent in the northern neighborhoods to 48.2 percent in Morrisania. As expected, birth outcomes are directly correlated. In the Bronx, low birthweight births exceeded 15 percent compared to a citywide average of 13.2 percent.

Demographic variables, such as income, ethnic or racial background and lifestyle have been found to be closely associated with timely use of prenatal services¹. Lifestyle measures such as illegal drug use continue to be strongly associated with lack of prenatal care.

- **Drug Addiction**

A devastating threat to infants in the Bronx is the use of drugs by the mother during pregnancy. The number of drug abusing mothers in some Bronx communities has increased by over 200 percent during the past five years. In 1988, there were 1,120 births to drug abusing mothers that were voluntarily reported, to say nothing of the total not accounted for. This accounts for almost 46 of every 1,000 births in the borough. While the long-term effects of this epidemic are not yet known, preliminary

¹. Barriers to Prenatal Care Among Low Income Women. F. Caro. Community Service Society. 1987.

TABLE 3

SUMMARY-LIVE BIRTHS BY SELECTED CHARACTERISTICS-1990
ST. BARNABAS COMMUNITY

HEALTH INDICATOR	BRONX COMMUNITY BOARDS								
	NYC	BRONX	3	4	5	6	7	9	11
Total Live Births	129,810	26,290	1,601	3,508	3,650	1,764	3,105	3,451	1,362
Infant Birth Rate	17.7	21.9	29.7	29.5	31.9	26.8	24.6	19.0	12.9
Infant Mortality Rate	11.7	14.0	15.0	16.5	12.9	14.7	13.9	12.5	8.8
Black Infant Mortality Rate	N/A	20.4	16.2	11.0	13.2	17.0	25.8	9.5	12.5
White Infant Mortality Rate	N/A	13.6	10.0	104.1	17.0	40.5	15.5	21.1	0
Hispanic Infant Mort. Rate	N/A	13.8	9.8	15.6	9.6	10.8	7.7	12.9	7.0
Percent Babies Born:									
Non-white	74.4	88.9	98.8	98.6	98.4	95.8	89.6	95.9	64.8
Under 2,500 grams	13.2	15.5	15.3	11.6	11.7	12.4	9.4	10.6	9.5
Late, on or unstated prenatal care	27.6	39.3	48.2	46.7	45.2	41.3	41.9	31.6	27.5
To teenage mothers	10.7	14.8	16.9	15.6	15.5	18.2	12.7	13.7	9.0
Out of wedlock	43.5	57.9	84.7	68.0	69.9	71.5	54.8	54.9	32.7
On Medicaid	46.8	62.3	74.1	73.3	71.8	73.8	59.8	56.7	35.9

Source: New York City Community District Vital Statistics Data Book, 1990, NYC Department of Health, Bureau of Health Statistics and Analysis, 1992.

findings reveal the presence of heart, lung and digestive deformities, withdrawal systems, infants born with smaller heads and central nervous system involvement. The long-term health and social costs are enormous.

These factors squarely put women in the south and central Bronx at extremely high risk because of conditions there. The short-term impact of this, as substantiated by the data, is a high proportion of low birth-weight infants and high infant mortality. The long-term impact is increased risk of chronic pediatric morbidity.

B. Pediatric Health

For the majority of the Bronx's children, childhood is a healthy time. However, within the borough's more depressed neighborhoods, the consequences of poverty and extremely limited access to primary health care perpetuate high infant death rates, infection rates in children, unnecessary hospitalizations and vulnerability to malnutrition and developmental disabilities. Unfortunately, with the spread of AIDS throughout the Bronx, the number of children born to HIV infected mothers is steadily increasing.

The net impact of the environmental, socio-economic and health resource conditions in the Bronx suggests that the children of this county face higher than average risks to their health and well-being:

- The pediatric discharge rate for children in 1990 in the Bronx was second only to Manhattan. At 142.6 (per 1,000 children), it exceeds the Citywide average of 132.4 (Table 4);
- The discharge rates for asthma, pneumonia, otitis media and gastro-enteritis were second only to Manhattan;
- One out of every 2.3 children in the Bronx live at or below the poverty level, the highest level in the City (Table 5);
- Over 14,000 children below 17 were reported to be victims of maltreatment or abuse in 1988. This means that one out of 27 children faced abuse at home;
- Almost 7 out of every 1,000 children in the Bronx suffer from severe developmental disabilities;

- 10.6 out of every 1,000 children in Bronx County died or were injured in motor vehicle injuries in 1989².

TABLE 4		
HOSPITALIZATION RATES FOR CHILDREN NEW YORK CITY, 1990		
County	Number of Children ¹ Per 1,000 Population	Pediatric Discharges Per 1,000 Children
New York City	260	132.4
BRONX	310	142.6
Brooklyn	300	131.4
Queens	190	121.4
Manhattan	240	150.4
Staten Island	280	102.4

(1) 0-19, as of 1990

Source: New York State Department of Health. SPARCS System, 1990.

- As of 1992, 97 out of 100,000 children in the Bronx are identified as children with AIDS, the highest of all boroughs and far higher than the rate Citywide of 60 per 100,000 children.

Pediatric AIDS

So staggering are the disproportionate costs and prevalence of pediatric AIDS in the Bronx that it poses a new and deadly threat to the children of this borough.

- Still a small proportion of the total AIDS population, AIDS continues to increase among children under 14. The Bronx accounts for 31 percent of all AIDS cases in New York City, the highest of all boroughs. (See Table 6). Moreover the rate

² Source for the above statistics: New York State Department of Health. Maternal, Child and Adolescent Health Profile. 1990.

TABLE 5

**POVERTY STATUS OF CHILDREN, ADULTS AND ELDERLY
NEW YORK CITY 1980-1990**

COUNTY	RATE OF CHILDREN IN POVERTY ^A		RATE OF ADULTS IN POVERTY ^A		RATE OF 65+ IN POVERTY ^A	
	1980	1990	1980	1990	1980	1990
New York City	31.8%	30.1%	16.3%	15.9%	13.7%	16.5%
Bronx	42.6	42.6	22.5	23.9	14.7	20.6
Brooklyn	37.1	35.5	20.2	18.8	15.1	18.8
Queens	17.6	15.2	9.7	9.4	9.9	11.4
Manhattan	36.8	36.2	19.0	17.0	17.0	19.3
Staten Island	11.0	11.9	6.1	5.7	9.2	9.3

Sources: Dept. of City Planning. Selected Social and Economic Characteristics, New York City from: 1990 Census.

A. Rate per 100.

of AIDS infection is also the highest in the Bronx at 97 per 100,000 in contrast to 60 per 100,000 citywide.

- AIDS is claiming the majority of young victims in communities least able to fight back such as Bronx County. While black children represent only 15% of the total U.S. child population, 54% of all pediatric AIDS cases are among black children. In the Bronx, black and Hispanic mothers account for 90 percent of the children with AIDS.³
- Treatment for pediatric AIDS is costly. A study conducted at Harlem Hospital of 37 infants and children with AIDS revealed the costs for in-hospital care alone to be \$3.4 million. The 37 patients had 6,035 in-hospital patient days with a cost range of \$300-\$2,400 per day.⁴

Lead Poisoning

A preventable and treatable condition, lead poisoning continues to plague Bronx County. (See Table 7) although the Bronx has made great strides in reducing this problem:

- Only one out of every six new cases of lead poisoning were detected in the Bronx in 1991;
- Eight out of ten cases of lead poisoning in the Bronx are within the South Bronx;
- As of 1986, Bronx had the highest number of lead poisoning cases in its pediatric population but by 1991 was behind Brooklyn and Queens. However, the long-term health implications include high risk for permanent brain damage, neuro-developmental, central nervous, and reproductive system disorders;

³ NYC Department of Health. Office of AIDS Surveillance. AIDS Surveillance Update. Third Quarter 1992.

⁴ National Association of Children's Hospitals and Related Institutions. Report on Children with AIDS.

TABLE 6

**PEDIATRIC AIDS CASE RATES FOR
NEW YORK CITY BY BOROUGH: 1992**

BOROUGH	CUMULATIVE TOTAL CASES (0-14)	CASE RATE PER 100,000 CHILDREN
BRONX	284	97
Manhattan	202	92
Brooklyn	300	54
Queens	106	28
Staten Island	29	26
Total NYC	921	60

Source: AIDS Surveillance Update, Second Quarter 1992. NYC Dept. of Health.

TABLE 7

LEAD POISONING CASES IN CHILDREN, 1986-91

BOROUGH	1986	1987	1988	1989	1990	1991	% CHANG 1986-1991
Manhattan	166	123	109	106	106	82	-50.6%
Bronx	277	283	165	170	119	114	-58.8%
Brooklyn	805	606	476	437	438	319	-60.4%
Queens	180	166	116	138	155	128	-28.9%
Staten Island	25	22	17	8	17	5	-80.0%
TOTAL	1,453	1,200	883	859	835	648	-55.4%

SOURCE: New York City Department of Health.

C. Adolescent Health

St. Barnabas Hospital's medical leadership is increasingly concerned about the health of teenagers. Teenagers' health status is seriously at risk. Teenagers face an equal probability of dying before age 20 as they did in the 1940's. Growing up in society today has given rise to a "new morbidity." Adolescents are most vulnerable to it. Exacerbated by family stress, poverty and poor nutrition, health problems among adolescents are characterized by learning and behavioral problems, depression, substance abuse, pregnancy, and sexually transmitted disease. Because of these serious health care threats to the youth of the Bronx, St. Barnabas intends to focus on their health care needs. (See Table 8).

The following is a health profile of Bronx teenagers.⁵

- One in five teenagers is thought to be inadequately immunized against diseases that are preventable, such as measles, mumps, rubella and polio;
- Two-thirds of teenagers with mild hypertension will have high blood pressure as adults;
- One in four teenagers needs vision correction;
- One in 20 teenagers will develop scoliosis;
- One in 13 teenaged girls has anemia;
- Sexually transmitted diseases, such as gonorrhea are three times more common among 15-19 years old than during the 1960s;

⁵ Source: Brody, J. "Trip Across Adolescence is Just as Risky as Ever". New York Times. March 3, 1988.

**TABLE 8
CHILD AND ADOLESCENT HEALTH PROFILE - NEW YORK CITY, 1989-1992**

	NEW YORK CITY	RATE	BRONX	RATE	KINGS	RATE	NEW YORK	RATE	QUEENS	RATE	RICHMOND	RATE
TOTAL CHILDREN												
0-19 (1990)	1,888,075	27%	370,049	31%	673,829	29%	281,050	19%	458,405	23%	104,742	28%
Suspected child abuse and maltreatment (1989) (No. Of children)	68,550	36.5*	14,550	46.2	19,623	34.1	12,110	51.9	9,641	24.9	2,612	28.5
Percent of children not fully immunized by grades 7-12 (1990)		17%		16%		19%		17%		16%		21%
<u>External causes of death:</u> 1989 Accidents (non-motor vehicle)		.2+		0.7		0.7		0.9		0.5		0.8
Suicides		.1		0.2		0.1		.1		0.1		0.2
Homicides		1.5		2.4		1.7		1.5		.95		0.3
Percent of total children that are at poverty level (1989)		30%		43%		34%		36%		15%		12%
Childhood AIDS cases (7/92)	949	100%	202	21%	284	30%	300	32%	106	11%	23	11%
Percent of adolescents (15-19) hospitalized annually		8.6%		10.9%		8.7%		9.7%		6.5%		6.6%

NOTES:

- * Per 1,000 children.
- + Per, 10,000 children.

Source NYS Department of Health, 1992.
NYC Department of Health 7/92 AIDS Surveillance Update.

- From 1950-1980, deaths from homicide and suicide rose four and five-fold respectively;
- The emergence of "crack" has seriously exacerbated the substance abuse problem.

Teenage Pregnancies

Many more teenagers are becoming pregnant in the Bronx than elsewhere in the City. Many more of their offspring die. (See Table 9).

- The percentage of teenage births in the St. Barnabas service area in 1989 was as high as 20 percent, almost twice the 10.8 percent level for the City.
- Over 3,800 babies were born to adolescent girls in the Bronx, or six out of every one hundred girls. Of these, almost 3,200, or 83.7% were born out of wedlock.
- For teenagers in Morrisania pregnancy was not a happy time, for one out of four babies died.
- Often babies are of low birth weight because these teenagers did not receive prenatal care.

D. Adult Health Status

The health care tragedies of childhood and adolescents are not diminished for adults. The morbidity and mortality profile of adult population reflect the effects of high poverty and low availability of primary care services. The death rates and the causes for adults in the Hospital's catchment area quantify just how serious are their medical needs. (See Table 12).

The New York City HSA has identified this area as a "health crisis zone". This conclusion is based on high hospital admission rates for conditions known as "ambulatory care sensitive" which, with better community based primary care, would probably not have occurred (See Table 10). St. Barnabas Hospital has targeted the development of primary care physician groups as one of its top priorities. Of the top 40 zip codes in the City with the highest admission rates for conditions that likely would be preventable if detected and treated earlier, 33 percent are in the Bronx, and of these 85 percent are in the St. Barnabas catchment area.

Table 11 displays cases and rates of selected transmissible diseases for 1990; gonorrhea, syphilis and TB. Rates in the Bronx exceed every other borough with the exception of Manhattan. However, rates for the South Bronx double and triple in some cases.

For example, the incidence rate for both gonorrhea and syphilis in Morrisania are more than four times the Citywide rate, while Mott Haven displays rates of tuberculosis that are double those seen elsewhere in the City. What is alarming is the one year increase, which, for the South Bronx exceeded 18 percent.

- In terms of mortality, generally the most frequently cited cause of death is heart disease. In the St. Barnabas service area, death rates from heart disease range from between 204 and 408 deaths per 100,000 population. The death rate from heart disease in the Fordham neighborhood at 408 was the highest by far of any health district in the Bronx, or for many districts in New York City (Table 12).
- Cancer (malignant neoplasms) follows as the second leading cause of death. Currently, St. Barnabas Hospital provides limited oncology services and refers patients in need of such services to major medical centers. However, future plans for the Hospital include providing therapeutic radiological services.

While the normative causes of death predominate in the region, deaths caused by drugs, violence and AIDS are extremely high and well beyond that of the City and the nation.

- The homicide rate in the Bronx is almost twice as high as in New York City. In particular, in the Tremont and Mott Haven areas, homicide rates are more than three times the New York City average. Emergency room activity at St. Barnabas, and its expansion over the years, reflect the need for emergency medical services:

TABLE 9
SUMMARY
TEENAGE PREGNANCY - BRONX COUNTY, NEW YORK CITY
ST. BARNABAS SERVICE AREA - 1989/90

	Teenage Births	Live Births To Teenagers As Percent of Total Births	Percent of Teenage Births With Low Birthweight	Percent Out of Wedlock	Infant Mortality Rate Teenage Births*
New York City	14,121	10.8%	11.4%	82.0%	13.5
Bronx	3,824	14.9%	12.0%	83.7%	13.9
Fordham-Riverdale	569	12.2%	11.8%	78.6	12.3
Morrisania	775	18.2%	13.0	88.5	24.5
Mott Haven	628	19.9%	14.6	83.4	9.6
Tremont	954	16.6%	10.5	85.5	11.5
Subtotal	66.9%				
Kings	5,195	11.4%	11.4%	83.7%	14.6
New York	2,301	10.3%	10.7%	83.5%	10.9
Queens	2,246	7.9%	11.1%	76.4%	9.8
Richmond	368	6.0%	10.6%	70.9%	13.6

- (a) Rate per 1,000 live births.
(b) As percent of teenage pregnancies

Source: New York State and City Departments of Health, Summary of Vital Statistics.

TABLE 10

**SOUTH BRONX ADMISSION RATES FOR
TOTAL AMBULATORY CARE SENSITIVE INDEX*
1988-1989**

Neighborhood/Zip Code	Hospital Admission Rates for Under 65: Preventable Conditions	
	1988	1989
Hunt's Point		
10454	31.46	29.32
10455	20.40	22.87
10459	28.57	37.91
10474	25.43	24.06
Morrisania		
10451	26.09	23.95
10452	18.69	22.34
10456	30.89	36.02
Tremont		
10453	19.79	22.55
10457	25.59	29.79
10460	19.66	24.83
Fordham		
10458	21.58	21.84
10468	15.17	18.35
South Bronx	23.15	27.46
Total NYC	11.57	15.61

NOTES:

- a. Ambulatory Care Sensitive represents the sum of these conditions: Adult Bronchitis and Asthma, Pneumonia, Cellulitis, Female Malignancies, HIV/AIDS, Diabetes, Renal Failure, Heart Failure, Lung Cancer, Hypertension and Otitis media, expressed as admissions per 1,000 population below 65.

Source: New York City Health Systems Agency.

TABLE 11

INCIDENCE AND RATES FOR SELECTED NOTIFIABLE
DISEASES BY BOROUGH, 1990

BOROUGH	GONORRHEA		SYPHILIS		TUBERCULOSIS	
	NO.	RATE	NO.	RATE	NO.	RATE
Bronx	6,535	545.3	3,556	296.7	563	47.0
Crotona/Tremont	934	582.3	657	409.6	121	75.4
Hunts Point/Mott Haven	423	430.0	497	505.3	89	90.5
Highbridge/Morrisania	3,486	2,106.0	1,385	841.1	138	83.8
Brooklyn	10,714	465.2	5,551	241.0	1,043	45.3
Manhattan	10,061	678.9	3,817	257.6	1,297	87.5
Queens	4,992	255.1	2,464	125.9	553	28.3
S.I.	411	108.4	152	40.1	39	10.3
Total	35,226	481.3	16,303	222.7	3,501	47.8

(a) Measles data are for 1991.

Rate is for 100,000 population.

Source: New York City Department of Health.

- Deaths from drug dependence far exceed the Citywide level of 8.1 per 100,000. In some areas, such as in Mott Haven, deaths from drug dependence, at 22.3 per 100,000 were almost three times as high. St. Barnabas has responded by adding a 23 bed drug detox service.
- AIDS in some areas of the Bronx is now the third major cause of death among adults. The Hospital anticipates that AIDS will continue to claim the lives of youngsters and adults at an increasing rate for many years to come. The Hospital's expansion in inpatient, outpatient and long term care are examples of its commitment to meeting that need.

1 The Elderly

The over-65 population in New York City has increased faster than any other age category, reaching over 14 percent of the total population in 1984 growing to 15 percent by the year 2000. This trend is expected to continue well into the twenty-first century.

This cohort is aging. The over-85 group, the "oldest old" is growing at an even faster rate increasing in both absolute numbers and as a proportion of the over-65 population. The over-85 group is expected to double in number by the year 2000.

This trend is particularly apparent in the Bronx. Through the year 2010, the over-65 population in the Bronx is projected to show the greatest gains Citywide, with the exception of Staten Island (Table 13). Table 14 examines population trends in five year increments. While the overall Bronx population is projected to increase less than 1 percent through 2010, the over-65 will increase by five times that number accounting for over 16 percent of the population. The greatest gains are again anticipated among the over-85. A twenty-year increase is projected of over 56 percent.

TABLE 12

DEATHS AND MORTALITY RATES FOR SELECTED CAUSES:
ST. BARNABAS CATCHMENT AREA - 1990

Cause	NYC	BRONX	ST. BARNABAS SERVICE AREA			
			FORDHAM/ NORWOOD	MORRIS HGTS/ TREMONT	MOTT HAVEN/ HUNTS POINT	HIGHBRIDGE/ MORRISANIA
Total	935.0	1,000.0	993.4	826.1	890.6	999.9
Heart Disease	360.5	370.8	408.2	204.5	241.7	280.3
Cancer	190.1	179.1	155.3	118.5	120.9	155.7
AIDS	56.4	59.1	48.5	98.5	111.7	89.3
Homicide	27.8	51.2	43.0	96.6	89.3	81.9
Drug Dependence	8.1	12.0	7.4	18.7	22.3	18.7

NOTE: Death rates are expressed as deaths per 100,000 population.

Source: New York City Department of Health.

Both the growth and aging trends noted among the elderly are significant from a health planning perspective, as they have critical implications regarding the capacity of existing health systems

**TABLE 13
AGED POPULATION BY BOROUGH AND AGE, NEW YORK CITY
1980-1990, 2000-2010**

YEAR AND AGE	NEW YORK CITY	BRONX	BROOKLYN	MANHATTAN	QUEENS	STATEN ISLAND
1990						
65 -	1,021,924	159,220	302,230	206,231	311,274	42,969
85 -	127,748	24,516	34,470	27,646	37,047	4,069
% Change From 1980 - 65	7.4%	5.2%	8.1%	8.8%	10.6%	22.3%
- 85	35.0%	30.2%	40.3%	26.0%	38.7%	46.4%
2010						
65 -	1,141,855	184,902	340,401	236,910	321,079	58,563
85 -	212,183	38,464	61,814	40,032	63,434	8,439
% Change from 2000 - 65	8.0%	10.0%	7.4%	11.3%	3.5%	21.0%
+ 85	23.0%	20.5%	27.8%	14.9%	23.5%	41.6%
% Change:						
1990-2010 + 65	11.7%	16.1%	12.6%	14.9%	3.14%	36.3%
+ 85	66.0%	56.9%	79.3%	14.8%	71.2%	107.4%
Source: NYC Dept. of Commerce, Official Population Projections for New York State Counties, 1980-2010.						

TABLE 14
PROJECTED POPULATION GROWTH-BRONX COUNTY
1990-2010

AGE	1990	1995	2000	2005	2010	CHANGE 1990-2010
Total Population	1,194,328	1,199,410	1,205,047	1,213,270	1,224,052	2.5%
Total 65 +	159,220	166,107	168,160	175,310	184,902	16.1%
Total 85 +	24,516	28,188	31,932	33,886	38,464	56.9%
65+ As A Percent of Total Population	13.3%	13.8%	14.0%	14.4%	16.1%	
85+ As A Percent of Over 65 Population	15.4%	17.0%	19.0%	19.3%	20.8%	

Source: New York State Department of Commerce, State Data Center, "Official Population Projections for New York State Counties, 1980-2010."

The elderly are considered to be extremely vulnerable to the effects of chronic illness and disabilities. They require extensive access to the entire continuum of health care services - inpatient, ambulatory and long term care. As medical research advances prolong life, the health system is continually challenged to respond by providing both new forms of acute, ambulatory and long term geriatric care.

The utilization of acute health services by the elderly indicate disproportionate use. The over 65 population in Bronx County accounts for 14 percent of the total population but well over 30 percent of patient days from Bronx hospitals in 1992. St. Barnabas Hospital was the third highest hospital utilized by over-65 residents, exceeded only by Montefiore and Our Lady of Mercy in total Medicare patient days (Table 15).

TABLE 15
OVER-65 PATIENT DAYS FROM BRONX COUNTY HOSPITALS
1992*

Hospital	Medicare Patient Days	Percent of Total
North Bronx MHPA		
Bronx Municipal	57,244	10.0%
Our Lady of Mercy	78,830	13.8
Montefiore	176,500	30.9
Westchester Square	47,610	8.3
North Central Bronx	24,876	4.4
Calvary	40,398	7.1
South Bronx MHPA		
Bronx Lebanon	56,712	9.9
Lincoln	19,744	3.5
ST. BARNABAS	61,336	10.8
Union	7,224	1.3
TOTAL	570,474	100%

NOTES:

a. Based on half-year data, annualized.

Source: Hospital Occupancy Quarterly Report NYS Dept. of Health.

Demand for Skilled Nursing Facilities

With aging the degree of independence decreases. While only 5 percent of the total over 65 population are institutionalized, this figure increases with each advancing decade. National data⁶ reports that the chance of institutionalization increases with each decade of life after 65. As can be seen, for those over 85, the odds are greater than one in five for the need for institutionally based care.

<u>AGE</u>	<u>PERCENT INSTITUTIONALIZED</u>
65 - 74 years	1.2%
75 - 84 years	5.9
85 +	23.7

Regional and local data further support the estimates of increasing utilization with advancing age levels. The Table below presents the most recent incidence rates for Health Related Facilities in New York City and State by age. As can be seen, for both New York City and New York State, the over-85 incidence rate is almost six times as high as for the over-65 group.

INSTITUTIONALIZATION RATES PER 1,000 POPULATION BY AGE

<u>New York City</u>	<u>65+</u>	<u>85+</u>
SNF Patients	27.3	155.1
HRF Patients	8.1	39.5
Total	35.4	194.6
<u>New York State</u>		
SNF Patients	28.1	164.8
HRF Patients	9.4	48.9
Total	37.5	213.7

Source: United Hospital Fund of New York. Health and Health Care in new York City 1988.

⁶. Johnson, C. and Grant, L. "The Nursing Home in American Society". Johns Hopkins University Press. 1985.

For those who are not institutionalized, utilization of medical services increases with each decade. Absent adequate access to primary care or preventive resources, the likelihood of deterioration of independence is magnified.

Like the under 65 population, the elderly in the Southwest Bronx confront the problem of lack of access. Access problems are attributed to large numbers of elderly who are medically underinsured. These individuals are reportedly unable to meet deductibles and co-payments required by Medicare for access to primary care. This problem is compounded in situations where elderly are unable to travel to clinics or local hospital emergency rooms due to the expense and their own mobility.

Table 16 distributes the elderly residents of the South Bronx according to economic status and number of household members. Table 17 distributes the elderly population of the South Bronx by ethnic background. These residents are disproportionately Hispanic, Asian and Black. As these Tables show, the South Bronx has among the highest proportion of over 65 residents living below the poverty level and living alone. Moreover the situation has deteriorated during the past decade. As Table 16 shows, more than one out of three elderly residents of the St. Barnabas service area were living below poverty by 1990, up from one in four in 1980. Additionally, the Bronx has the highest rate of poverty in its elderly population Citywide.

These statistics are alarming. A recently completed longitudinal study compared residence status of individuals in 1984 and 1986. Parameters studied included living alone vs. with others, and having someone available to help vs. no one available to help. Those that were living alone, with no one available to help in 1984 were more likely to be in institutions or deceased rather than those living with others, or having others available to help. Therefore, it is reasonable to assume that given the aging trends demonstrated for this geographic area, i.e., a high proportion of elderly living alone and/or in poverty, even higher demands will be placed on the short and long term health care resources in Bronx county, already at or near capacity.

TABLE 16

POPULATION AGE 65+ LIVING ALONE AND BELOW POVERTY,
NEW YORK CITY 1980-1990

County	Total 65+	65+ Below Poverty Level		% Change	65+ And Living Alone		% Change
		1980	1990		1980	1990	
New York City	953,317	13.7%	16.5%	2.8%	32.3%	33.5%	1.2%
Manhattan	197,384	17.0	19.3	2.3	42.7	44.1	1.4
BRONX	140,220	14.7	20.6	5.9	31.3	33.1	1.8
C.D. #3	4,273	33.7	42.9	9.2	41.9	44.2	2.3
C.D. #4	8,063	23.1	31.8	8.7	34.5	35.4	0.9
C.D. #5	5,624	26.2	31.9	5.7	41.4	36.7	(4.7)
C.D. #6	5,513	25.1	33.0	7.9	38.0	41.9	3.9
Queens	288,343	9.9	11.4	1.5	27.9	28.6	0.7
Brooklyn	278,601	15.1	18.8	3.7	30.8	32.6	1.8
Staten Island	42,313	9.2	9.2	-	22.9	24.9	2.0

Source: NYC Census. 1990.

**TABLE 17
ETHNIC DISTRIBUTION OF THE OVER 65 POPULATION
BRONX COUNTY - SOUTH BRONX**

	PERCENT ETHNIC DISTRIBUTION:			
	WHITE	BLACK	HISPANIC	ASIAN/OTHER
New York City	78.0%	12.9%	6.9%	1.6%
Bronx County	52.7	15.4	10.8	0.6
C.D. 3	3.7	74.6	20.8	0.2
C.D. 4	38.5	40.8	18.7	0.9
C.D. 5	41.1	35.1	21.6	1.3
C.D. 6	51.1	26.5	20.7	0.5

NOTE:

Latest data available.

Source: Community District Profiles of Older New Yorkers. Department for the Aging. 1980.

In summary, this population is characterized by its low socio-economic status relatively constrained in terms of mobility and therefore access to primary care. Most often they are living alone at home and are at considerable risk of requiring long-term care at some point. The health problems of the elderly often require multiple treatment regimens, often confusing and sometimes conflicting in terms of drug interactions, etc. Absent adequate support or help at home there is a risk of inappropriate or incorrect adherence to health care treatment.

Moreover, a high proportion of residents, particularly those over 75 require significant medical, rehabilitation and/or psycho-social care, though not to the degree that they must be institutionalized. However, absent an appropriate service to provide the level of care, these individuals would have no other alternative but to seek institutional based residential care. There is clearly a need for a level of services to fill a major gap in the repertoire of health care options available to the elderly.

F. Special Populations

The health and welfare risks discussed throughout this report are in some way influenced by the insidiousness of the substance abuse epidemic in the Bronx. Of late, substance abuse and HIV infection have become inexorably linked posing an even greater health threat to the community.

1. Substance Abuse

It is estimated that nearly 180,000 people use drugs in the Bronx. About 47% are heavy substance abusers and are most in need of drug treatment services. Almost 20%, or 34,000, are children between the ages 12-17. (See Table 18).

TABLE 18 DISTRIBUTION OF HEAVY NARCOTIC ABUSERS AND REGULAR NARCOTIC USERS IN NEW YORK CITY, 1988					
BOROUGH	HEAVY NARCOTIC ABUSERS*	PERCENT OF TOTAL	REGULAR NARCOTIC USERS**	PERCENT OF TOTAL	ABUSERS AND USERS AS A PERCENT OF TOTAL POPULATION
BRONX	83,600	18.8	93,700	19.0	14.5
Brooklyn	116,100	26.1	140,000	29.0	11.1
Manhattan	154,700	34.8	133,800	27.0	19.1
Staten Island	15,600	3.5	21,900	4.0	9.9
New York City	444,600	100.0	491,300	100.0	12.7

NOTES:
 * Users currently in need of services.
 ** Users at high risk for transition to "heavy abuser" category.

Source: NY State Division of Substance Abuse Services, Program Planning Division. 1989. HSA, NYC Substance Abuse Plan Update 1989-1992.

Substance abuse related illnesses predominate in the St. Barnabas catchment area. High admission rates for substance abuse speak to the problem. In a small area analysis conducted by the NYC-HSA of hospital admissions for substance abuse, it was found that of the substance abuse admissions in the Bronx, almost all are in the St. Barnabas Hospital service area. The HSA also determined that these communities exhibited high admissions rates for related medical conditions. Table 19 displays 1989 admission rates for both alcohol and substance abuse for the zip codes contained in both the HSA study and the St. Barnabas service area. As the table, shows all are significantly above the citywide average, and all but two are well above the average rate for the Bronx.

Drug Related Mortality Rates

The six year mortality trends in the City attributed to drug dependence are discouraging (Table 20). Death rates due to drugs have almost in that time period, once second to Manhattan, by 1990 mortality rate related to drugs was 12 per 100,000 population in the Bronx, and the highest in the City. In some areas of the South Bronx, such as in Morrisania and Mott Haven, rates were as high as 19 and 22 per 100,000.

TABLE 19
SUBSTANCE ABUSE ADMISSIONS IN ST. BARNABAS HOSPITAL'S
CATCHMENT AREA, 1989

NEIGHBORHOOD/ZIP CODE	SUBSTANCE ABUSE ADMISSIONS PER 1,000 RESIDENTS
HIGHBRIDGE/MORRISANIA	
10451	8.9
10452	9.1
10456	17.9
CROTONA/TREMONT	
10453	9.2
10457	14.2
10460	16.0
FORDHAM/BRONX PARK	
10458	9.3
10468	7.4
HUNT'S POINT/MOTT HAVEN	
10454	14.0
10455	12.7
10459	21.9
10474	10.0
NYC	5.5
BRONX COUNTY	8.1

NOTE: Substance Abuse includes drugs and alcohol.

Source: HSA of New York City. Volume 11 Medicaid Managed Care Data Book. New York City. 1992.

**TABLE 20
DEATHS FROM DRUG DEPENDENCE IN NEW YORK CITY
1984-1990**

BOROUGH/NEIGHBORHOOD*	1984*	1990*
BRONX	7.0	12.0
Morrisania	11.2	18.7
Mott Haven/Hunts Point	16.9	22.3
Tremont	9.8	18.7
Brooklyn	6.0	8.2
Manhattan	12.0	10.3
Queens	3.7	4.7
Staten Island	0.6	2.9
New York City	7.4	8.1

Notes:

* Rate per 100,000 population.

Source: Department of Health, City of New York. Bureau of Health Statistics and Analysis.

The widespread substance abusing behavior in the Bronx has resulted in significant family disruption, enormous costs to industry and labor, as well as medical and psychiatric morbidity particularly related to AIDS. The Division of Substance Abuse Services estimates that 50 to 60 percent of IV drug users are HIV infected. That translates to between 17,900 and 21,500 IV drug users in the St. Barnabas service area alone.

Yet despite the desperate need for drug treatment, it is reported that licensed drug treatment capacity at all sites in the Bronx is only 7,100 slots*. According to the HSA Substance Abuse Plan Update for 1989-1992, these services were all operating above capacity, up to 120 percent in some cases. One month waits have been reported.

*Including 37 hospital and community-based treatment facilities and 9 community based prevention programs.

Health problems are compounded by the severity of this substance abuse epidemic in the Bronx. The New York City Health Systems Agency, in its 1991 Substance Abuse report, analyzed each borough in terms of five indicators used to identify areas with high need for substance abuse services. These include high rates of admissions for certain ambulatory care sensitive (ACS) conditions, cellulitis, liver cirrhosis, IVDU-associated HIV infection and psychosis.

Results indicate that the Bronx ranks a close second to Manhattan. However, in certain sub-populations, such as women, HIV-seroprevalence related to substance abuse is the City's highest. Moreover, the Bronx had the highest number of zip codes with substance abuses use rates over 150 percent of the City's rate, and all of these zip codes are located within the South Bronx.

Table 21 shows rates of reported cocaine utilization per 1,000 live births in the Bronx by zip code and the rank within the City's 168 zip codes. As the table shows, 11 of the top 50 zip codes in the City are in the Bronx, and 10 of these are in the St. Barnabas service area.

So dire is the impact of drugs and drug dealing in the south and central Bronx that Community District 6, which surrounds St. Barnabas and encompasses East Tremont, West Farms, Belmont and Bathgate, was the first of three communities citywide selected by the Governor as a state demonstration project against the sale of drugs.

2. AIDS/HIV-Infection

The incidence of AIDS in New York City has almost quadrupled just in the last several years from 11,200 cumulative cases in 1987, to 40,649 cases by 1992. (Table 22). The distribution of adult AIDS cases has shifted significantly among the five boroughs. Since 1988, both the total number of cases and relative proportion of cases in the Bronx have increased disproportionately and are projected to continue to grow. By 1991, almost one new

TABLE 21 RATE OF REPORTED USE OF COCAINE DURING PREGNANCY BY ZIP CODE OF RESIDENCE (RANKED) 1988/89		
	RATE PER 1,000 LIVE BIRTHS	RANK IN CITY
TOTAL NYC	23.8	
ST. BARNABAS SERVICE AREA		
10454	65.4	8
10456	59.8	11
10451	55.1	14
10474	50.7	16
10459	50.7	17
10455	47.7	21
10473	40.0	31
10453	37.9	33
10452	37.3	35
10460	32.7	41
Source NYC Health Systems Agency.		

case out of every five AIDS cases was from the Bronx, up from 16.7 percent two years earlier. (See Table below).

NUMBER OF NEW ADULT AIDS CASES, BY BOROUGH 1989-91						
	1989	(%)	1990	(%)	1991	(%)
Manhattan	2,187	(39.7)	2,091	(38.8)	1,738	(35.6)
Brooklyn	1,357	(24.7)	1,177	(21.8)	1,204	(24.7)
BRONX	918	(16.7)	1,046	(19.4)	898	(18.4)
Queens	654	(11.9)	673	(12.5)	652	(13.4)
Staten Island	99	(1.8)	122	(2.3)	122	(2.5)
Other	288	(5.2)	285	(5.3)	265	(5.4)
Total	5,503	(100)	5,394	(100)	4,879	100%
Source: New York City Department of Health AIDS Surveillance Unit.						

While the future prevalence of infection is difficult to estimate because of unknown factors such as: the degree of infectivity over time; the likelihood and frequency of engaging in high risk acts; the size of various populations of susceptible individuals; and the likelihood of behavioral changes, nevertheless, future prevalence estimates are high.

When incidence is examined on the neighborhood level, the AIDS problem in the Bronx is further substantiated. The Bronx and Manhattan by 1992 had the highest AIDS incidence rate at 67.7 and 124 cases per 10,000 adults respectively. In some neighborhoods, such as Morrisania and Mott Haven in the South Bronx, the hospital's primary service area, the rates were two to three times this level (Table 23). It is believed that much of the AIDS transmission in the Bronx results from intravenous drug use, a risk category that is extremely resistant to behavioral change.

TABLE 22
CUMULATIVE AIDS CASES BY COUNTY OF RESIDENCE^a
1989-1992

COUNTY	ADULT CASES				PEDIATRIC CASES			
	1989	%	1992	%	1989	%	1992	%
Manhattan	9,039	47%	17,188	42%	100	22%	202	21%
Brooklyn	3,859	20	8,873	22	143	31	300	32
Bronx	2,833	15	6,675	16	134	30	284	30
Queens	2,340	12	4,996	12	46	10	106	11
Staten Island	304	2	731	2	10	2	23	2
New York State	508	3	1,153	3	11	3	24	2
New Jersey	413	2	772	2				
Other/Unknown	133	1	261	4	10	2	10	1
TOTAL	19,429	100%	40,649	100%	454	100%	949	100%

a) Treated in New York City, as of 7/31/92.

Source: New York City Dept. of Health. AIDS Surveillance Update. July 31, 1992.

TABLE 23
AIDS CASE RATES FOR BRONX COUNTY
BY NEIGHBORHOOD
1990-1992

Neighborhood	Total AIDS Cases in Adults	Rate Per 10,000 Adults	
		1990	1992
Kingsbridge/Riverdale	141	18.4	17.2
NE Bronx	414	21.9	28.0
Fordham/Bronx Park	1,066	56.2	64.5
Pelham/Throgs Neck	948	35.0	41.6
Crotona/Tremont	1,171	95.7	106.0
Highbridge/Morrisania	1,384	104.0	117.6
Hunt's Point/Mott Haven	854	138.0	121.3
Total Bronx	6,241	56.9	67.7
Brooklyn	8,440	39.2	47.6
Manhattan	16,380	106.5	124.0
Queens	4,692	21.0	29.1
Staten Island	640	13.9	21.6
Total NYC	36,740	43.8	61.5

Source: AIDS Surveillance Update - April 30, 1992.
 New York City Department of Health

In terms of HIV infection, as opposed to full blown AIDS it is estimated that 25,300 HIV infected adults reside in the St. Barnabas service area. Based on demographics supplied by several public and private agencies, the following profiles the HIV-infected population in the Hospital's catchment area:

- The AIDS/HIV population in the South Bronx is over three-fourths male but has significant female representation. More than one of every two are Hispanic, slightly

higher than the proportion of Hispanics in the general South Bronx population. 65 percent of these individuals are asymptomatic. Three-fourths of HIV-related hospital admissions are covered by Medicaid as opposed to 58 percent for all of New York City, and almost 14 percent are self/no-pay (about twice the level seen for the City as a whole). Fewer than one in ten are covered by private insurance. The Citywide average for private coverage for HIV admissions is three times that level, at 30 percent.

- Given the high rate of IV drug use they are predominantly at risk for AIDS, accounting for almost 70 percent of the cumulative AIDS cases to date. The New York City HSA notes the close correlation between a neighborhood's proportion of inpatient substance abuse admissions and its AIDS cases. As of late 1991, the St. Barnabas service area accounted for 19.6 percent of the City's IV drug use-related AIDS cases. Moreover, a full 31 percent of AIDS cases among Hispanic IV drug users are from these communities.

**PROFILE OF HIV-INFECTED POPULATION
SOUTH BRONX**

<u>I. Risk Group</u>	<u>Number</u>	<u>Percent</u>
Total	25,300	100.0%
IV Drug Users	15,536	61.4
Both IV Drug Use and M/M Sex	1,245	4.9
Male/Male Sex	5,299	20.9
Heterosexual	1,855	7.3
Other	1,365	5.4
 <u>II. Socio-Demographic</u>		
Male	10,446	76.9%
Female	5,854	23.1
White	1,467	5.8
Black	9,518	37.6
Hispanic	13,920	55.0
 <u>III. Disease Stage</u>		
Total	25,300	100.0%
HIV + Symptomatic	6,831	27.0
HIV + Asymptomatic	16,445	65.0
Alive-CDC AIDS Cases	2,024	8.0

Source: NYC HSA. New York City AIDS Task Force Report. July 1989.
Hospital Association of New York State. The Impact of AIDS in
New York State.

The HIV infected have significantly greater medical and psychosocial service needs than do the general population. Current research indicates that the vast majority, if not all infected individuals, will develop symptomatic illness and ultimately will be diagnosed as having AIDS. Ambulatory primary care services are an important service requirement for people with HIV-illness. According to the AIDS Task Force, the average HIV infected individual requires 4 visits per person per year while asymptomatic, increasing to 7 visits per year while symptomatic and 18 to 24 visits per year with an AIDS diagnosis. The average non-infected New Yorker has 4 physician visits annually.

- The majority of HIV-infected patients presenting to St. Barnabas for treatment have identified risk factors of both intravenous drug use and, or a history of sex with IV drug use. The typical patient is 30 years old, Hispanic, with a 5 to 10 year history of IV drug use, and most often responsible for several dependents. Most continue to use drugs after diagnosis.

Neuro-syphilis is a great concern in the St. Barnabas HIV population, and patients with positive serology require spinal taps and neurologic evaluation. HIV patients often present with more severe infections such as herpes of the skin and genitals, and other skin ulcerations and require significant dermatologic consults. Many patients suffer from hematologic developments such as anemia, decreased platelet or white blood cells.

As the immune system falters, patients present with general complaints of weight loss, fever, chills, diarrhea and coughs. Early subspecialty care has proven effective in revealing the cause of the complaint in time to provide successful treatment to stem more serious complications.

Problems can and do develop in all body systems. The wasting syndrome of diarrhea can become insurmountable, and people can die of malnutrition. Another manifestation of HIV which is assuming greater importance is the development of lymphoma. Treatment by an oncologist then becomes necessary.

Barriers to Care - Unfortunately, along with extraordinary health and social needs, HIV-infected individuals in the South Bronx face several barriers resulting in severely restricted access to care.

The primary barrier involves timely identification of the disease. The voluntary nature of HIV testing requires motivation on the part of the high-risk individual. The significant

proportion of IV drug abusers in the HIV positive population in the catchment area suggests a lower degree of voluntary submission to testing, particularly in the early stages. Another barrier relates to lack of primary care resources.

- three of four South Bronx communities were identified by the Community Service Society of New York as having extremely low levels of primary care health services. These communities had a total of 232 office-based primary care physicians, or .5 physicians per 1,000 residents, as opposed to 1.67 per 1,000 for all of New York City;

Lack of health insurance also constitutes a significant barrier for this population:

- While almost 95 percent of the limited number of office-based physicians accept Medicaid, the uninsured are essentially limited to receiving fragmented care through Hospital emergency rooms. Given the need for early and regular intervention, this alternative is unacceptable. Moreover, Medicaid coverage is generally eventually available to individuals with AIDS. However, for asymptomatic HIV-infected individuals, who constitute the lion's share of this group, no such coverage guarantees exist. Thus, for the uninsured or underinsured HIV-infected individual, the extremely scarce health resources found in the South Bronx are virtually unavailable.

G. Mental Illness

It is estimated that between about 8 percent of New York City's population needs mental health services at a given time.⁷ Not surprisingly, mental illness is a significant problem in the Bronx. It is estimated that almost 118,000 residents of the Bronx are potentially in need of psychiatric services, (See Table 24). The Office of Mental Health estimates the prevalence in the Bronx to be about one in ten, the highest rate in the City.

⁷ New York City Department of Health, Mental Retardation and Alcoholism Services. Local Government Plan for Mental Health Services 1990-1991.

TABLE 24

PROFILE OF MENTAL ILLNESS IN NEW YORK CITY -
1990

	NYC	BRONX	BROOKLYN	QUEENS	MANHATTAN	SI
Total	604,451 ^a	117,937	195,547	127,029	137,743	22,705
SPMI	94,513	17,329	29,730	20,168	24,014	3,281
SPMI as Percent of Total Mentally Ill	15.6%	14.7%	15.2%	15.9%	17.4%	14.5%
Total Mentally Ill as Percent of City	100%	19.5%	32.4%	21.0%	22.8%	3.8%
Total Mentally Ill as Percent of Popln	8.3%	9.8%	8.5%	6.5%	9.2%	6.0%

NOTES:

- a. Includes Children.
SPMI - Serious and Persistent Mental Illness

Source: New York City Region Chartbook of Mental Health Information - 1992. Office of Mental Health.

- **Serious and Persistent Mental Illness.** Based on recent projections of the Office of Mental Health, almost 1.4 percent of Bronx residents require care for "Serious Mental Illness" (SMI). Utilizing this prevalence estimate, approximately 10,400 residents of St. Barnabas' service areas are potential candidates for inpatient mental health care. Individuals under the age of 50 are particularly at risk for the onset of schizophrenia and currently represent 56% of all psychiatric admissions in New York City⁸.
- **Alzheimer's Disease.** The over 65 age group is particularly vulnerable to symptoms of mental illness, with 10 to 12 percent actually diagnosed as mentally ill. Furthermore, it is projected that unless significant preventive treatment is adopted for Alzheimer's disease by the year 2000, one out of every ten adults over 65 will be affected by the disease.
- **Substance Abusing Population.** It is estimated that from 10 to 60 percent of the heavy substance abusers have significant, sub-acute, non-psychotic psychiatric

⁸. The Report of the Sub-committee on the New York City Psychiatric Bed Crisis. December 1983.

conditions that need to be identified and treated. Between 8,400 to 50,000 individuals might qualify for these services in the Bronx. Given the severe level of crack and heroin abuse in the Bronx, and South Bronx in particular, this would represent a significant strain on the current mental health resources in the area.

It is further felt that the risk of onset of mental illness is compounded by unemployment, low-income status and lack of suitable housing, all of which have been shown to be on-going problems in Bronx county. These factors therefore, have major implications for the mental health system and represent a potentially continuous "source" of mental health problems in the St. Barnabas catchment area. Evidence of this is presented by examining inpatient mental health utilization data for residents of St. Barnabas Hospital's service areas.

In its 1990 Primary and Preventive Health Care Report, the New York City HSA identified neighborhoods by zip code considered to be at risk for specific primary care health risks, exhibiting significantly high rates of hospitalization for mental health disorders. Of the zip codes in the Bronx identified, 70 percent were in St. Barnabas' service areas. (See Table 25). By 1989, two years later, these zip codes exhibited a 22 percent growth in discharges.

With all these factors, inpatient psychiatric utilization in the Bronx is exceedingly high. In 1989, facilities were at or above capacity with units in the South Bronx ranging from 81 to 106 percent. Moreover, high lengths of stay for most psychiatric admissions resulted in some 117,700 psychiatric patient days. By 1992 occupancy had increased in most units, despite an additional 24 beds in the South Bronx. St. Barnabas' inpatient service has operated above 100 percent for the past several years (Table 26).

A significant bed shortage exists for psychiatric care. In Bronx county, as Table 27 indicates, hospitals in the South Bronx have only 153 certified psychiatric beds. Extremely high psychiatric occupancy levels, coupled with limited capacity have necessitated out migration to other counties for inpatient care.

As is shown in Table 28, almost 13 percent of clients in the Bronx relied on Manhattan's mental health resources.

Out migration is further underscored when examined from a second perspective. As is indicated in Tables 29 and 30 the Bronx is considered to be severely in need of additional mental health resources, particularly for adult and child inpatient beds and housing supports

TABLE 25
UTILIZATION OF MENTAL HEALTH INPATIENT SERVICES
BY RESIDENTS OF ST. BARNABAS HOSPITAL'S SERVICE AREA
1987-1989

<u>Zip Code and Health District</u>	<u>Inpatient Rate Due to Mental Disorders^a</u>		<u>Number of Discharges</u>		<u>Percent Change</u>
	<u>1982</u>	<u>1989</u>	<u>1987</u>	<u>1989</u>	
Primary Service Area					
10456 Morrisania	4.6	7.6	306	508	
10453 Tremont	2.7	3.7	167	228	
10457 Tremont	4.4	5.1	254	292	
10458 Tremont	4.9	5.3	336	360	
10460 Tremont	3.9	6.0	165	250	
10468 Tremont	3.4	4.2	217	266	
10467 Pelham Bay	<u>5.8</u>	<u>4.9</u>	<u>491</u>	<u>412</u>	
TOTAL	4.4	5.2	1,936	2,316	19.6%
Secondary Service Area					
10452 Mott Haven	2.4	3.7	129	204	
10451 Mott Haven	<u>2.9</u>	<u>3.7</u>	<u>124</u>	157	
TOTAL	2.6	3.7	253	361	42.7%
GRAND TOTAL	4.0	4.9	2,189	2,677	22.3%

(a) Rate per 1,000 population.

Sources: New York City HSA. 1990 Primary and Preventive Health Care Report; and Managed Medicaid Data Book, 1992.

TABLE 26
TRENDS IN PSYCHIATRIC UTILIZATION RATES
BRONX COUNTY - 1989-1992

<u>Facility</u> <u>North Bronx MHPA</u>	<u>Psychiatric Occupancy</u>	
	<u>1989</u>	<u>1991^a</u>
Bronx Municipal	100.0%	101.7%
Our Lady of Mercy	79.9	96.9
Montefiore	99.0	99.8
North Central Bronx	<u>62.1</u>	<u>96.3</u>
Total	85.3	99.7
 <u>South Bronx MHPA</u>		
Bronx Lebanon	99.2	102.8
Lincoln	93.2	85.4
St. Barnabas	<u>107.1</u>	<u>110.7</u>
TOTAL	97.2%	96.7%

(a) Based on 6 months, annualized.

Source: OHSM Bureau of Health Facility Planning.

TABLE 27
INPATIENT PSYCHIATRIC CAPACITY - 1992
BRONX COUNTY

<u>North Bronx MHPA</u>	<u>Certified Psychiatric Beds</u>
Bronx Municipal	125
Our Lady of Mercy	33
Montefiore	22
Pelham Bay	0
North Central Bronx	<u>47</u>
Total	227
<u>South Bronx MHPA</u>	
Bronx Lebanon	73
Lincoln	55
St. Barnabas	<u>25</u>
Total	153
Total Bronx	380

NOTE:

Community hospitals only.

Source: New York State Hospital Review and Planning Council.

TABLE 28

**PERCENT OF CLIENTS USING MENTAL HEALTH SERVICES WITHIN
BOROUGH OF RESIDENCE BY AGE GROUPS**

BOROUGH	BRONX	BROOKLYN	MANHATTAN	QUEENS	S.I.
AGE GROUP	10,444	17,428	14,338	13,600	2,494
0-17	92.0%	90.6%	96.4%	95.1%	94.4%
18-64	85.8%	77.7%	94.5%	85.3%	85.7%
65+	84.7%	81.7%	99.1%	68.8%	73.9%
TOTAL	87.1%	80.4%	95.3%	84.7%	85.2%

SOURCE: New York State Department of Mental Health.

TABLE 29

ESTIMATE OF UNMET NEED FOR PSYCHIATRIC SERVICES

COUNTY	UNMET NEED:				
	ADULT INPATIENT BEDS	CHILD INPT. BEDS	CONTINUING DRUG TREATMENT SLOTS	INTENSIVE PSYCH REHAB.	PARTIAL HOSPITALIZATION
<u>NYS</u>	509	280	5,643	1,323	1,948
<u>NYC</u>	296	96	3,047	713	1,058
BRONX	131	49	536	156	220
KINGS	156	35	1,543	187	286
MANHATTAN	-135	-11	0	163	299
QUEENS	-18	-21	720	184	229
STATEN ISLAND	9	12	248	23	24

SOURCE: Needs Assessment Unit. Bureau of Planning Assistance & Coordination. 10/1/92.

TABLE 30

**UNMET NEED FOR HOUSING WITH SUPPORTS FOR ADULTS
DIAGNOSED WITH SEVERE AND PERSISTENT MENTAL ILLNESS - 1992**

REGION	TOTAL HOUSING NEED	CURRENT CAPACITY	UNMET NEED	UNMET NEED AS PERCENT OF ALL NEED
State Total	43,417	23,070	20,685	47.6%
New York City	24,207	9,637	14,570	60.1
Bronx	3,963	1,282	2,681	67.7
Brooklyn	7,387	2,778	4,609	62.4
Manhattan	7,858	2,691	5,167	65.8
Queens	4,389	2,441	1,948	44.4
S.I.	610	445	165	27.0

Source: Needs Assessment Unit.
Bureau of Planning Assistance and Coordination OMH.

3. EMERGING PUBLIC HEALTH ISSUES

Once a revered public health service, New York City's and particularly the Bronx's capacity to cope with public health problems may be severely constrained by demand for services that were dismantled decades ago because diseases such as tuberculosis had disappeared.

There are over 370,000 children under the age of 20 living in the Bronx. Since 1980, their health status has been eroded significantly. Most particularly, tuberculosis, hepatitis and other immunizable diseases, congenital syphilis and AIDS affect the Bronx's young in surprisingly high proportions relative to the City and other cities in the nation. New York City's tuberculosis rate is five times greater than the national average. Public health problems of the past have reappeared, and with it, new efforts at prevention are needed.

As was the case during the 1980's, most of the Bronx's children get off to a healthy start in life. There has been steady improvement both in well-being and in many of the causes of morbidity in the Bronx, among them abuse and maltreatment, lead poisoning, pneumonia and some infectious diseases.

However, the past few years have exhibited either no progress, or a continued increase in some conditions that should by now be eradicated, or should no longer occur because they are preventable with immunization. These include congenital syphilis, tuberculosis, measles, mumps, rubella and hepatitis B.

Congenital Syphilis

The rate of congenital syphilis within a region has recently emerged as an important indicator of infant/child health. Syphilis is a sexually transmitted disease that is virtually guaranteed to infect the fetus if untreated with 50 percent resulting in a stillborn, a neonatal death or a premature birth⁹. Yet, despite its horrendous outcomes, the disease in infants is

⁹ Sweet R and Gibbs, R. "Sexually Transmitted Diseases." Baltimore Maryland. William & Wilkens, 1990.

completely preventable if detected in the mother during pregnancy and treated at least thirty days prior to birth.

- Congenital syphilis cases have exploded in New York City. In 1980, only 25 cases were reported. In 1990, there were 1,050 cases on the books. Bronx has consistently displayed the high rates of congenital syphilis, increasing in 1991 despite decreases in the other boroughs. (Table 31).

This epidemic of both syphilis and congenital syphilis has been linked to the concurrent explosion of drug use, particularly crack-cocaine, as it is believed that crack/cocaine use is associated with both increased sexual activity and the exchange of sex-for-drugs. Moreover, frequent drug use is likely to lead to decreased use of prenatal care, which is critical for detection and prevention of the disease.¹⁰

IMMUNIZATION AND INFECTIOUS DISEASE TRENDS

Since the implementation of widespread immunization programs in the 1940's, many life threatening vaccine-preventable diseases had been reduced dramatically. This includes diphtheria, pertussis, tetanus, measles, mumps rubella, polio, hepatitis B, and Hib. Outbreaks of any of the above diseases, seen can be primarily attributed to inadequate immunization levels within a community.

In New York, as in the rest of the nation, only children entering school are monitored for their immunization status. For this reason, children between ages five and six tend to have the highest immunization rates. Children between 1-4 and immigrants are less likely to be immunized. Immunization at school entry does not prevent the life threatening diseases of infancy, for which most of these vaccines exist¹¹. Additionally, since immunization is an

¹⁰ Zweig, M. The Association Between Congenital Syphilis and Cocaine/Crack Use in New York City: A Case Control Study. American Journal of Public Health, October 1991.

¹¹ Freed, G.L. et. al. Childhood Immunization Programs. The Milbank Quarterly. Volume 71 No. 1. 1993.

TABLE 31

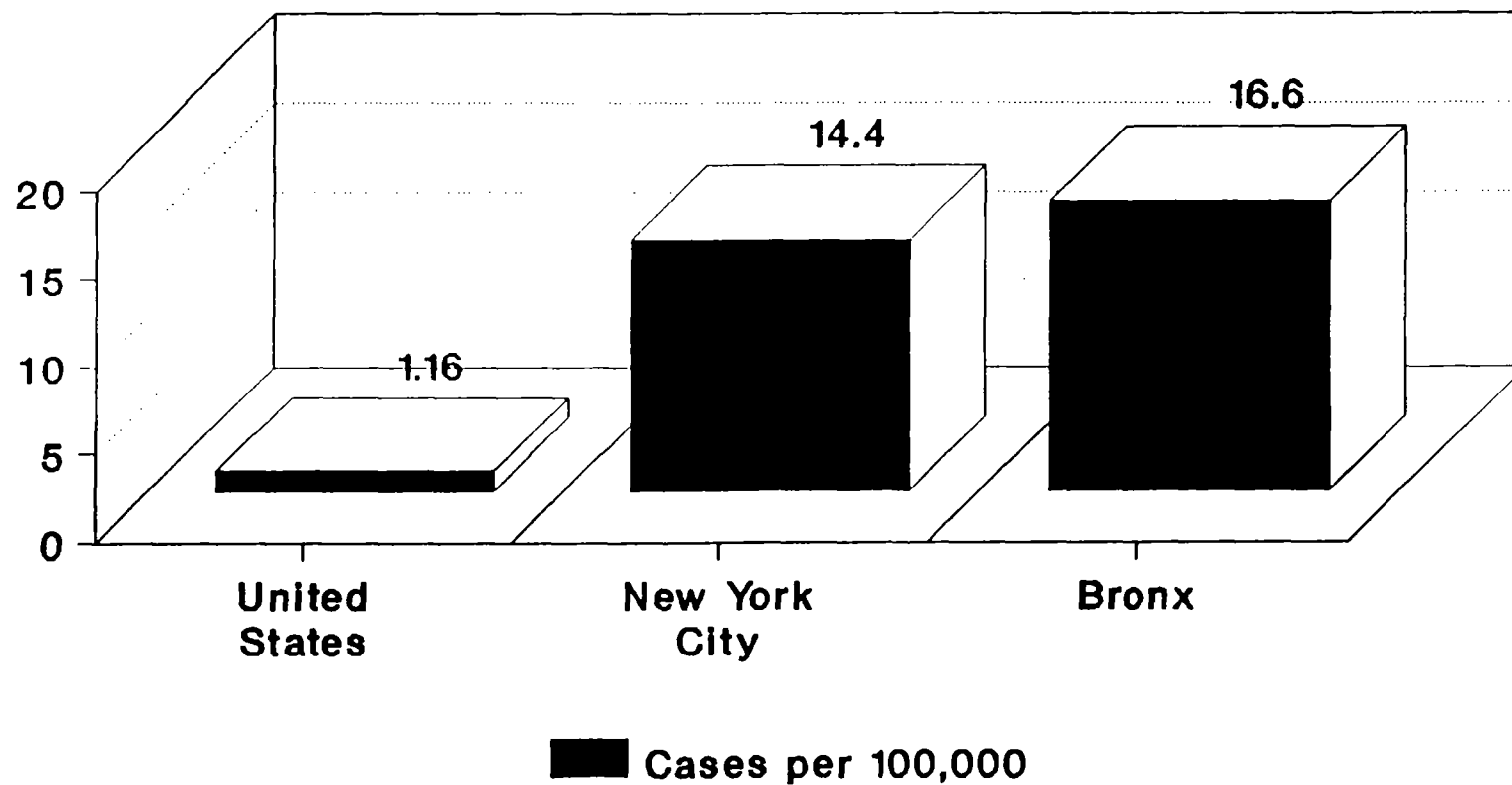
**TRENDS IN RATES OF CONGENITAL SYPHILIS
1989-1991**

	1989		1990		1991	
	NO.	RATE ^A	NO.	RATE	NO.	RATE ^B
NYC	1,017	7.7	1,051	8.1	933	6.8
Bronx	126	4.7	199	7.6	244	N/A
Brooklyn	487	10.6	437	9.5	423	9.4
Manhattan	170	7.5	197	8.9	123	N/A
Queens	117	3.7	125	4.3	99	N/A
Richmond	2	0.3	9	1.4	16	N/A
Unspecified	165	-	84	-	28	N/A

a) Rate is per 1,000 live births.

Source: NYS Dept. of Health. Bureau of Vital Statistics.

CONGENITAL SYPHILIS: U.S., NEW YORK CITY AND THE BRONX 1990



Source: IOM-Access to Health Care
In America. 1991

inherent part of well-baby care services, immunization levels in young children are a measure of access to care.

The U.S. Department of Health and Human Service's objectives for 1990 were for 90 and 95 percent of children to be fully immunized by age 2 and by school age (K through grade 12) respectively. Nationally, the second objective has been met, and the first is between 75 and 85 at present.

- Bronx, along with the rest of the City has achieved a high level of compliance with the second Federal objective, successfully immunizing 96 percent of students entering kindergarten. However, by 1990, only 84 percent of those in grades 7-12 were immunized, (Table 32). More alarming is the low level of immunization of toddlers. Only 31 percent of The Bronx's children were fully immunized by age 2 in 1990, far below the national objective, and the lowest level in the City. This suggests among other things, that access to well-baby care is severely restricted.

In terms of rates of disease, many of the more "traditional" childhood diseases, are currently very scarce. With the exception of measles, (which had an outbreak in 1991), incidence of rubella, mumps and pertussis all fell below 15-20 cases for the whole City. However, most infectious disease occurs in cycles, and the low levels in the early 1990's do not necessarily indicate eradication.

- Bronx's reported measles cases in 1992 were extremely low, 7, after 522 in 1991. Invasive Hib cases were up to 20 in 1989 from 12 cases in 1987. Despite the relative recency of the availability of Hib vaccine, declines in hospitalizations for this dread disease suggest that the extensive vaccination program launched by the State in 1985 had been effective. (Table 33).

Despite the attenuating incidence rates of many infectious disease, new ones are rapidly threatening the borough's youth. Most notably these include hepatitis B and tuberculosis.

TABLE 32

TRENDS IN IMMUNIZATION STATUS OF CHILDREN

	PERCENT OF CHILDREN, ENTERING SCHOOL, FULLY IMMUNIZED:								
	1987-1988			1988-89			1989-90		
	Age 2	Kind.	Grade 7-12	Age 2	Kind.	Grade 7-12	Age 2	Kind.	Grade 7-12
NYC	34%	94%	86%	36%	96%	83%	38%	96%	83%
Bronx	29	95	89	36	96	87	31	96	84
Brooklyn	23	91	81	34	96	80	39	95	81
Manhattan	48	95	87	40	96	83	42	95	83
Queens	34	94	85	38	95	84	40	95	84
Richmond	39	98	93	41	99	79	36	99	79

Source: NYS and NYC Dept of Health Bureau of Comm. Disease Control

TABLE 33

**TRENDS IN INCIDENCE OF
INFECTIOUS DISEASE IN CHILDREN (0-19)
1987-1992**

	Measles			Rubella			Invasive Hib Disease			Hepatitis B			New Cases of Tuberculosis		
	1989	1991	1992	1989	1990	1991	1987	1988	1989	1987	1988	1989	1987	1988	1989
NYC	135	1,909	61	16	4	2	59	73	51	97	131	94	85	130	127
Bronx	9	522	7	-	-	-	12	17	20	17	15	14	22	20	21
Brooklyn	35	880	16	-	-	-	32	27	17	35	51	23	20	62	54
Manhattan	19	255	10	-	-	-	3	16	5	24	35	22	35	30	27
Queens	62	223	26	-	-	-	10	12	9	16	29	29	7	16	23
S.I.	10	29	2	-	-	-	2	1	0	3	1	6	1	2	29

NOTE: Rubella cases not available by county.

Source: NYS Dept. of Health Bureau of Comm. Disease Control.

Hepatitis B can leave many with cirrhosis of the liver or liver cancer. Spread only by direct contact with body fluids, the disease is often transmitted during pregnancy, or through intravenous drug use.

- There were 94 hepatitis B cases in New York in 1989, down from 131 in 1988. About 15 percent of these were in the Bronx.

Tuberculosis is on the rise after many years of decline with about 130 childhood cases in New York City in 1988 and 1989, accounting for 73 percent of the state's cases in children. Tuberculosis is acquired by inhaling droplet nuclei that are released into the air by talking, sneezing or coughing. The current case rate of almost 50 cases per 100,000 population is the highest rate in two decades and five times the rate for the nation as a whole.¹²

In terms of children, those under three years old and adolescents are most susceptible to the infection.¹³

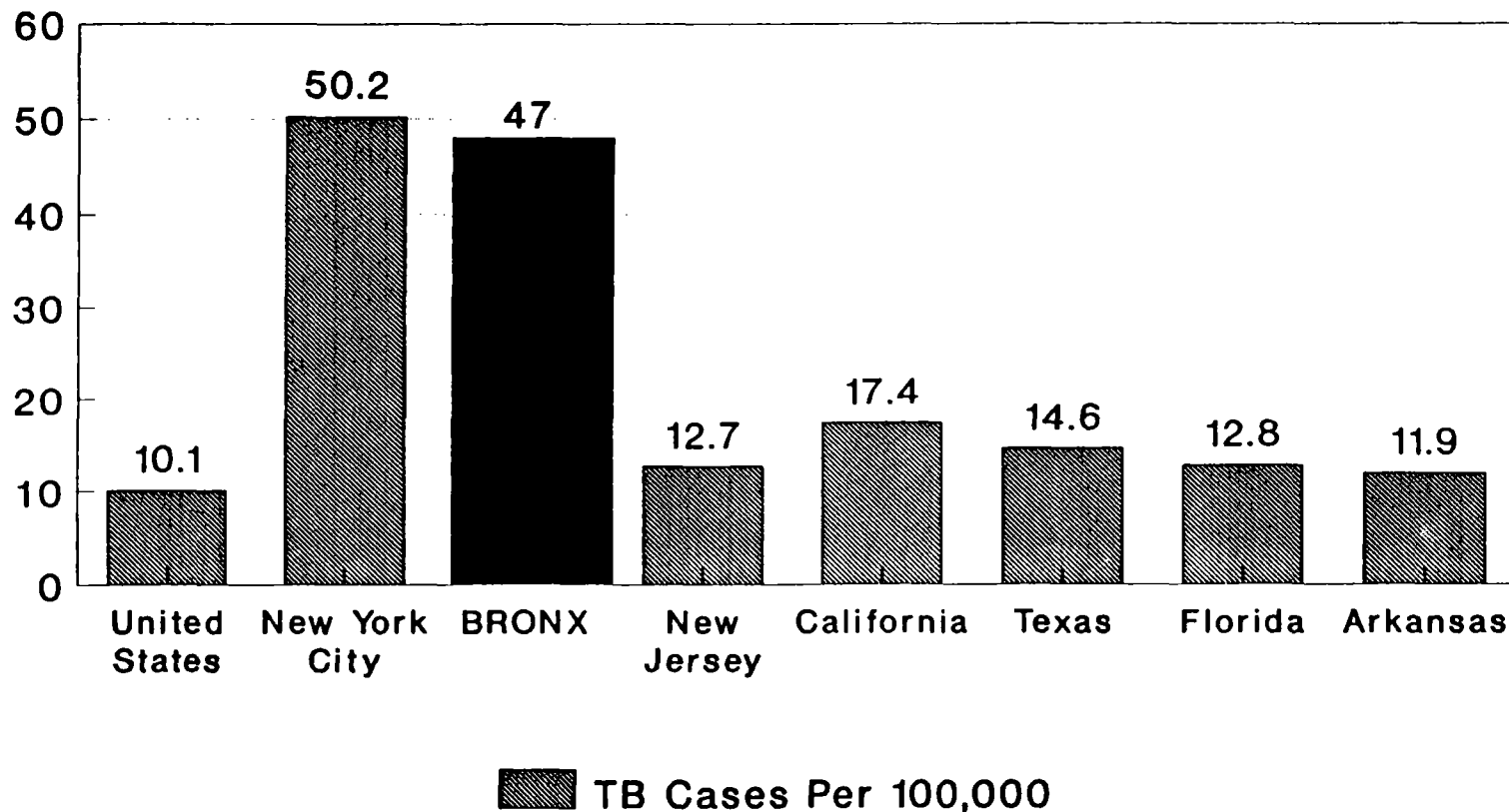
- With 26 and 21 new cases in 1988 and 1989, Bronx accounts for about 16 percent of the City's total cases in children. As is shown in the following figure along with NYC, Bronx's case rates are almost five times as high as elsewhere in the nation.

Because of the relationship between the current tuberculosis epidemic and such socio-medical problems as poverty, drug abuse, homelessness and HIV, the problems in addressing the spread of this disease are exacerbated. Moreover, new multiple-drug resistant strains have emerged. It is believed unless more aggressive intervention is implemented the rapid increase in drug-resistant strains could eventually render more control of tuberculosis even more difficult.

¹² Novick, L.M.D. "Tuberculosis in New York. Rapid rise of a disease." New York State Journal of Medicine. Vol. 92 No. 7 July 1992.

¹³ Peter, G. Report of the Committee on Infectious Diseases, 20th Edition. Elk Grove Park American Academy of Pediatrics, 1986.

TUBERCULOSIS CASE RATES: NYC, THE BRONX AND ACROSS THE NATION 1991



Source: NYC Dept. of Health; United Hosp.
Fund of New York

PART III. STATEMENT OF FINANCIAL RESOURCES COMMITTED TO COMMUNITY NEEDS

This section describes and quantifies the amount of financial resources the hospital and its related corporations have committed to the service of its community as required under Section 2803-1(IV) of the NYCRR.

St. Barnabas Hospital's financial contributions to its community during 1992 totaled \$24.1 million up from \$16.6 million in 1991. The financial contribution and the types of services provided are described in detail in each of the following four categories.

Category I: Charity Care Services

The expenditure for charity care grew significantly during 1992. In this category expenditures reached \$11.2 million up from \$9.1 million in 1991, an increase of 23.1 percent.

1. For St. Barnabas Hospital, the cost of care to the uninsured amounted to \$6,789,696 in 1992 up from \$5,191,050 in 1991, an increase of 11.5 percent. For Fordham-Tremont Community Mental Health Program, uninsured care amounted to \$505,241 in 1992.
2. The cost of care in excess of the Hospital's established fee schedule for low income patients amounted to \$82,500 in 1992, nearly double what it was in 1991 (\$44,440).
3. Unpaid deductibles or co-payments for insured, self-pay patients was \$396,068 up 28 percent from 1991.
4. Uncompensated costs resulting from Medicaid payment rates below actual costs for inpatient and outpatient care was \$4,409,080 up from \$2.85 million in 1991.

Category 2: Physician Services and Compensation

- A. St. Barnabas provides basic compensation (to its attending physicians) of \$10,368,187 to provide: training and supervision; and, unpaid fee-for-service consults, referrals and treatment services.

This basic compensation grew by \$3 million over 1991 levels.

St. Barnabas Hospital provides some basic compensation to its physicians for taking care of indigent patients, for supervision and training of residents, and for conducting research, if any. In addition, the amount of fee-for-service or "billable" services provided for which there was no insurance payment was made equalled \$68,400 in 1992, up from \$30,800 in 1991.

- B. Provision of Working Capital for Implementation of the St. Barnabas Community Health Plan

During 1992, St. Barnabas Hospital loaned the PHSP \$1 million to fund its development, start-up costs and to provide initial operating funds until the plan begins receiving enough capitation premium from the enrollment of Medicaid subscribers.

Category 3: Land for Community Development

During 1991 St. Barnabas Hospital contributed two different parcels of land for two separate projects: the land for the nursing home valued at \$37,800; and, the land for the housing for the elderly valued at \$15,000.

During 1992 the Hospital purchased two occupied apartment building. As the apartments become vacant in the building, the Hospital will renovate the space and make the newly renovated apartments available to employees of the Hospital.

One of the apartment buildings is located directly across from the Hospital on Third Avenue. It consists of eight apartments, two storefronts currently occupied and storage space. The cost of this property was \$951,900.

The other apartment building is located a block from the Hospital on Adams Place. It consists of 16 apartments. The cost of this property was \$375,000.

Category 4: Community Services

In keeping with our belief that basic health education and health promotion services are essential to the mission of the Hospital, St. Barnabas has developed and maintains a number of programs in these areas. In total, nearly \$200,000 was expended in the following areas:

A. School-Based Services

The Hospital operates a health care clinic at Theodore Roosevelt High School under a contract with the New York City Department of Clinic Health. In 1992, St. Barnabas sponsored a similar program at Evander Childs High School with funds provided by the United Way. Thirdly, St. Barnabas provides comprehensive services for the students and their families at P.S. 59. It receives limited funding from a special State Education Department grant. Hospital Administration and Board of Education and P.S. 59 faculty members are working in close collaboration to expand the health care services currently being provided there.

In addition to the aforementioned on-site health care services, the Hospital coordinates health screening and health education programs at various community-based organizations.

B. Rape/Domestic Violence Intervention Program

The reported incidence of forcible rape and family violence have increased in the United States over the last ten years at an alarming rate. At St. Barnabas Hospital proper management of these patients continues to be a critical aspect of emergency room care.

- Approximately 2 million children in the United States are seriously abused every year by their parents, guardians or others, and at least 1,000 children die as a result of their injuries.
- Studies indicate that 22 percent to 35 percent of women who visit Emergency Departments manifest symptoms related to ongoing abuse, either because of injuries or as a manifestation of stress living in abusive relationships.
- Research indicates that violence against women escalates during pregnancy. One study found that 37 percent of obstetric patients were physically abused during pregnancy.
- Seventy percent of men who batter women also batter their children, making the presence of spouse abuse the single most identifiable risk factor for predicting child abuse.
- Studies estimate that approximately 5 percent of those over the age of 65 are victims of severe to moderate elder abuse.
- More than two-thirds of elder abuse perpetrators are family members of the victims.

Due to the enormity of this problem and the lack of a hospital-based programs to address it, St. Barnabas in conjunction with its Auxiliary, designed and implemented a crisis intervention program. It was implemented during 1992. The Hospital's Director of Volunteer Services is completing course requirements for certification in Rape Counseling/Crisis Intervention Services.

The program is in direct response to the American Medical Association Auxiliary's Campaign against Family Violence. Hospital staff will for example incorporate elements of successful projects in operation throughout the United States. For example, Womankind, Inc.

conducted by the Fairview Hospital System, Minneapolis and the Rush Family Violence Program at Rush Presbyterian-St. Luke's Medical Center, Chicago, are model programs.

The primary objectives of the crisis intervention program are to reduce the incidents of sexual assault and domestic violence through community education, compassionate treatment and support of victims, staff education, and increasing the accessibility of appropriate resources for patients.

Member of the Hospital's speakers Bureau will also participate. Presentations on topics will include: physical and sexual abuse of children; domestic violence; sexual assault and elder abuse.

Certified staff members will conduct ongoing education to physicians, nurses, social workers as well as other health care workers. Training will focus on the identification and treatment of sexually or physically abused adults and children.

The Hospital is expanding its medical education programs to include care and treatment for victims of sexual and physical abuse. Related courses will be incorporated into the curriculum for nurses, residents and medical students.

The Hospital's administration and the Auxiliary will work closely with local organizations and community groups to educate the community about violence prevention.

Staff of the Crisis Intervention Program will develop a resource directory that will facilitate patient referrals to the appropriate providers, and monitor the services patients receive. A resource directory will be developed for Emergency Service Department personnel as well.

C. Medical Technology Training Initiatives for Young Adults

St. Barnabas Hospital sponsors training programs for college students and high school graduates interested in becoming health care professionals.

These programs assist students in developing competencies in a health care specialty. Individuals leave the program equipped with a scientific knowledge and the clinical skills necessary to function in a health care setting.

Current offerings include:

- **EKG Technician Training Program**

This program is conducted by Supervising Technologists of the Hospital's Cardio-Pulmonary Department in conjunction with Bronx Community College. Students complete a 100 hour rotation in the Cardio-Pulmonary Department as well as an 80 hour rotation in Phlebotomy.

- **Respiratory Technicians Training Program**

This program provides the student with an eighteen month training cycle in a clinical setting under the supervision of senior respiratory therapists. The primary objective of this clinical training is to correlate the students' clinical experience with the didactic portion of the program. This training initiative is conducted in collaboration with the California College of Health Sciences.

- **Radiologic Technologist Training Program***

The program provides Hostos Community College students with a two-year clinical experience and ensures that students have the opportunity to perform all routine radiographic procedures.

- **Laboratory Technician Training Program***

The Program provides one-year training to prepare students for the NYC Department of Health Division of Laboratory Improvement Exam in one of the following categories: Chemistry; Hematology; Microbiology; Blood Bank. Also, general training in laboratory procedures is provided to ensure an integrated working relationship and training experience for high school students.

* These programs receive partial funding from the NYS Division of Health Care Financing.

■ **Nursing School Affiliation Program**

St. Barnabas is the clinical affiliation site for the Nursing Programs conducted by Pace University and Bronx Community College. The primary objective of the program is to provide practical or "hands on" experience for the nursing student in direct care for the patient under the direct supervision of Nursing instructors from the schools and the Hospital. Nursing students from both educational affiliates are assigned to the Medical, Surgical and Psychiatric Units of the Hospital.

D. Speakers' Bureau and Free Health Services

During the year, members of the Hospital staff initiate and participate in a variety of health fairs and blood drives in the community during the year. These events have been held at senior citizen centers, churches, and community centers, often in cooperation with the local community planning board and the Merchants' Associations of Belmont and Tremont.

All health education and health promotion services are coordinated through the Hospital's Speakers' Bureau. Health professionals provide lectures and demonstrations on a variety of health issues at the site of the agency requesting this service. These presentations have included teen suicide, AIDS (Parents and Children), substance abuse, health careers and related topics. Time is allocated for a question/answer session following these presentations.

The Hospital has ongoing agreements with the New York City Department for the Aging, New York City Board of Education, and Columbia University's Brookdale Center on Aging and Human Development to provide health professionals for the respective health promotion programs of these organizations.

These programs serve very important purposes, not only in providing pertinent health information to residents of the community, but also affording community members an opportunity to become more fully acquainted with the Hospital, its functions, and the various professional members of the Hospital staff. During 1991, over \$20,000 was expended in in-kind

contributions from medical and senior administrative staff. During 1992, \$125,000 was expended.

St. Barnabas Hospital has developed strong ties to its communities in a variety of ways. yet the most vital services it provides are in the form of education and community outreach.

Educational programs have been developed on a wide range of health care topics. The Hospital maintains a Speakers' Bureau drawing from the expertise of its physicians. These speakers are not paid for their lectures. During 1992, Hospital physicians delivered almost 120 lectures at high schools, community planning boards, Senior Centers, Parents' Associations, day care centers, and community organizations. The attached table summarizes the number, topics and presenter. It is not surprising that the most sought after lectures from the Hospital's Speakers' Bureau are on AIDS. Other popular health topics geared particularly to the teenagers and adolescents include: teenage suicide, sex, birth control and drug abuse. For the adult and elderly communities, physicians from St. Barnabas lecture on heart disease, cancer, diabetes.

In addition to its Speakers' Bureau, the Hospital provides free health care screening, health fairs, work shops and education programs. During 1992, the Hospital staffed 25 health fairs at various locations throughout the Bronx. These included Bronx Community College, Day Care Centers, senior citizen centers, nursing homes and street fairs. Free health screening, particularly for blood pressure, cardio-pulmonary tests, speech and hearing and immunizations were provided in 38 different programs. Health education and prevention were also conducted in 24 different programs throughout the Bronx. Career counseling is another area where St. Barnabas contributes to its community. St. Barnabas Hospital provided 35 different programs in free health care services to the community.

Category 5: Community Outreach Staff

Total Number of St. Barnabas Employees Engaged in the Community Outreach: 2

Aggregate Compensation and other expenses are \$75,000.

SCOPE OF COMMUNITY SERVICE ACTIVITIES

I. SPEAKERS' BUREAU JANUARY 1992 - DECEMBER 1992

TOPICS	NO. LECTURES		TITLE	COST OF SERVICES (UNCOMPENSATED)	
	1991	1992		1991	1992
AIDS and other Sexually Transmitted Diseases	20	52	Richard Daines, M.D. Virginia Simpkins, M.D. Lucille Tendler, M.D.	\$5,610	\$14,349
Teen Suicide	4	4	Grant Lemaster, DO	200	\$500
Diabetes and Foot Care	3	6	James Hellerman, MD Sayham Ajiooni, MD	600	\$1,093
Childhood Diseases	2	4	Peter Massella, MD Keith Lewesi, MD	100	\$777
Coping with Hypertension	4	6	Hector Soto, MD	325	\$494
Exercises for the Elderly	3	3	Mark Silverman, MD	150	\$307
Speech and Hearing Workshops for Citywide Day Care Centers	3	15	Luis Riquelme, MS Judith May, MS	180	\$1,642
Getting to Know Your Doctor	4	4	Pedro Roig, MD	300	\$164
Healthcare Careers	3	3	Alan Portnoy, Phd Luis Requelme, MD Mark Black CSW	480	\$645
Nutrition: Low Cholesterol Diet	1	4	Laurel Esty, RD Blanche Corsino, RN	75	\$353

TOPICS	NO. LECTURES		TITLE	COST OF SERVICES (UNCOMPENSATED)	
	1991	1992		1991	1992
Volunteerism		15	Anna York		\$772
Good Health Practices		6	Marlene Harrison, R.N. Richard Daines, M.D		\$1,496
Advanced Directives for Medical Treatment		4	Debbie Freed, R.N., Patient Relations, and Thomas J. Murray, Community Affairs		\$182
TOTAL:	40	100		8,020	\$22,775
Speakers Bureau:					
Substance Abuse		5	Grant Lemaster D.O.		626
Respiratory Illness		15	Andy Ramirez Marlene Harrison R..N., Ben Cabiaza, Blanche Corisimo, R.N.		\$3,375
		20			\$4,000
TOTAL FOR SPEAKERS BUREAU	40	120		\$8,020	\$26,775

SCOPE OF COMMUNITY SERVICE ACTIVITIES

II. FREE HEALTH CARE SERVICES TO THE COMMUNITY 1992

TYPE	NUMBER OF PROGRAMS		FREE SERVICES	NO SERVED		COST	
	1991	1992		1991	1992	1991	1992
Healthfairs	15	25	Speech, hearing cardio-pulmonary Accrual health screening Virginia Simpkins, M.D. Lucille Tendur, M.D.	955	2,200	\$ 2,500	\$4,000
Workshops			Training and Education for High School teachers and principals, community based residences and programs, Head Start, Board of Ed.	585	100	\$ 725	\$13,920
AIDS	9	36			225		523
Day Care	7	8			50		436
Speech and Hearing	1	2			250		7,596
Nutrition	1	10			160		187
Good Health		2			110		2,312
Respiratory Illness		8	210	2,867			
Education Careers	12	3	Discussions on health career choices with physicians, nurses, administrators	590	140	\$ 1,275	548
Exercise for the Elderly (held at nursing homes)	3	4	Exercise and physical therapy provided by Physical Medicine Department.	95	125	240	\$610

TYPE	NUMBER OF PROGRAMS		FREE SERVICES	NO SERVED		COST	
	1991	1992		1991	1992	1991	1992
<u>Healthcare Prevention and Education</u>			General information on symptoms, side effects of drugs, medications, pamphlets and booklets, medical conditions, questions and answers. St. Barnabas staff: Physicians, physical therapists, social workers, pharmacists.		<u>1,310</u>		<u>\$15,250</u>
General Health	24	60			500		\$ 5,780
Hypertension	4	15		1,025	120	\$ 1,645	818
Substance Abuse	2	10			150		5,118
Pharmaceutical	1	12			45		501
Nutrition	3	3			50		140
Infection Control	7	2			30		169
Respiratory Illness	3	2			385		1,344
Diabetes	2	5			95		423
Mammography	2	3			130		327
IDC		4		105		628	
<u>Free Health Screening</u>			EKGs, pulse oximetry pulmonary functions, flu shots and immunizations, dental check-ups, hearing and speech exams.		3,200		<u>\$52,123</u>
Blood Pressure	38	67			180		15,957
Speech and Hearing	11	21			505		1,403
Dentistry	15	9		2,615	40	\$ 6,300	3,661
Immunizations	2	4			100		18,496
General Health Screening	4	12			100		852
Podiatry	5	-					
	1	5					
Cardio-Pulmonary		16			750		\$11,755
TOTAL	173	348				\$12,685	\$98,207

PART IV. OPERATING AND FINANCIAL PROFILE FOR 1992

The Hospital's capacity to meet community needs has continued to expand despite the limitations imposed by its physical capacity. First, the Hospital expanded its inpatient bed capacity to 458 beds without increasing its long-term debt. Second, its 23 bed physical medicine rehabilitation service for many years had not been operating at optimum capacity while at the same time the community had been in need of a drug detoxification program. The 25 bed drug detoxification unit was formally established during 1991. By year end, the program was operating almost at full capacity. Other operating statistics underscore the Hospital's role in the community. Its psychiatric service continues to run at full capacity, as does its medical-surgical service.

The current bed complement and occupancy levels, as well as summary operating statistics through 1992 are as follows:

	1989		1990		1991		1992	
	<u>BEDS</u>	<u>OCC.</u>	<u>BEDS</u>	<u>OCC.</u>	<u>BEDS</u>	<u>OCC.</u>	<u>BEDS</u>	<u>OCC.</u>
Total	458	87.5%	458	86.3%	458	91.4%	458	92.2%
Med/Surg	386	89.7	386	92.2	365	94.3	365	96.0
Psychiatric	25	110.2	25	105.3	25	106.1	25	110.5
Detoxification	24	86.2	47	58.0	47	98.1	24	93.9
Rehabilitation	23	26.4	See Detox					

Source: St. Barnabas Hospital.

OPERATING STATISTICS - 1990 AND 1992

<u>SERVICE</u>	<u>1990</u>			<u>1991</u>			<u>1992</u>		
	<u>DISCHARGES</u>	<u>DAYS</u>	<u>ALOS</u>	<u>DISCHARGES</u>	<u>DAYS</u>	<u>ALOS</u>	<u>DAYS</u>	<u>DISCHARGES</u>	<u>ALOS</u>
Medical	10,512	108,118	10.3	10,180	108,526	10.7	10,388	113,278	10.9
Surgical	1,859	16,588	8.9	1,900	16,720	8.8	1,776	14,948	8.4
Psychiatric	444	9,609	21.6	510	9,741	19.1	631	10,113	16.0
Detoxification	2,009	9,946	4.9	3,400	15,980	4.7	3,388	16,158	4.8
Total	14,824	144,258	9.7	15,990	152,720	9.6	16,183	154,497	9.5

Source: St. Barnabas Hospital.

St. Barnabas is a stable community hospital serving the acute care health needs of the residents of the South/South Central Bronx. St. Barnabas has continued to expand, having one of the highest occupancy rates among community hospitals citywide. (Table 34).

**ST. BARNABAS HOSPITAL
OPERATING SUMMARY
1988-1992**

	<u>1988</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>
Available Beds	437	458	458	458	458
Patient Days	152,312	146,191	144,258	152,720	154,497
Discharges	13,523	14,135	14,824	15,990	16,183
ALOS	11.3	10.3	9.7	9.6	9.5
Occupancy	98.1%	87.5%	86.3%	91.4%	92.2%

Sources: St. Barnabas, ICR

AMBULATORY CARE

Utilization of ambulatory care services has affected operations at St. Barnabas, both in terms of overall financial impact and contribution to the growth in inpatient volume. The volume of both emergency room and outpatient visits has steadily increased. By 1992, ambulatory care visits exceed 142,000 with 43,776 emergency room visits and 98,615 outpatient clinic visits. Since 1985, the number of emergency room patients requiring subsequent hospitalization has increased by over 46 percent. Furthermore, Emergency Room admissions continue to account for a significant percentage of total hospital admissions reaching 72 percent in 1990, but declining to 65.7% in 1992. The Hospital's emergency room is a participant in the Emergency Medical Service (EMS) run by the Health and Hospitals Corporation. During 1992, 16 percent of its emergency room volume was from EMS.

PROFILE OF ST. BARNABAS HOSPITAL EMERGENCY ROOM				
	1991 No. of Visits	Percent	1992 No. of Visits	Percent
Emergency Room Patients Treated	39,938		43,776	
Medical Service	29,219	73.2	31,527	72.0
EMS Ambulance Patients	6,201	15.5	6,980	15.9
Pediatric Patient (under 12)	2,941	7.4	3,790	8.7
Disposition:				
Admitted to Hospital	10,563	26.5	10,620	24.3
Referred to St. Barnabas Clinic	15,140	37.9	16,638	38.0
Referred to Home, Family Physician	13,441	33.7	15,459	35.3
Transfers to Union/other Hospital	1,016	2.5	1,004	2.3
Financial Status:				
Medicaid	15,707	39.3	18,381	42.0
Medicare	5,540	13.9	5,597	12.8
Blue Cross/HIP/Commercial	7,578	19.0	8,186	18.7
Other	930	2.3	982	2.2
Self-Pay	10,183	25.5	10,630	24.3

TABLE 34

OCCUPANCY RATES FOR BRONX COUNTY

1987-1991

<u>HOSPITAL</u>	<u>TOTAL OCCUPANCY</u>		
	<u>1987</u>	<u>1989^a</u>	<u>1991^c</u>
Bronx Lebanon	89.6%	90.0%	86.5%
Our Lady of Mercy	88.4	72.6	77.8
Montefiore	88.2	82.3	84.9
Union	38.2	49.6	59.8
St. Barnabas	92.1	91.4	91.4
Calvary	89.9	91.7	93.3
 <u>LOCAL GOVERNMENT</u>			
Bronx Municipal	85.4	84.0	80.5
Lincoln	97.9	80.2	85.1
North Central Bronx	89.7	89.8	81.1
 <u>PROPRIETARY</u>			
Pelham Bay	60.5	(b)	(b)
Westchester Square	94.9	94.6	92.8

-
- a) Based on 9 months annualized.
 - b) See Our Lady of Mercy Occupancy Statistics.
 - c) Based on three months, annualized.

Source: Bureau of Health Facility Planning. Hospital Occupancy Quarterly Reports.

As a community hospital, St. Barnabas Hospital's Emergency Room has taken on an important role as the point of entry for direct medical care for community residents. The utilization trends in the Emergency Room demonstrate the increasing importance of this service in the community. Almost 16 percent of the patients who use the Emergency Room have no insurance and another 68 percent are Medicaid beneficiaries. Even though St. Barnabas does not run an inpatient pediatric service, almost 3,800 children received care in the ER during 1992.

Still another unique, community oriented characteristic of St. Barnabas' Emergency Department is its approval by the New York Heart Association as a "Heart Care Station". This designation signifies that all professional staff are trained and certified in advanced cardiac life support. "Heart Care" designation further provides assurances that all patients coming to the emergency room with symptoms suggestive of a heart attack will receive prompt state of the art treatment by skilled professionals. Moreover, in 1987, St. Barnabas was granted '9.39' status, signifying its ability to provide psychiatric inpatient emergency care on an involuntary basis.

B. AMBULATORY CLINIC PROGRAMS

Significant progress has been made in increasing community-oriented ambulatory programs in the past three to five years. The ambulatory care clinic roster has been expanded from 19 to 31 clinics between 1985 and 1992. The incredible growth in ambulatory care volume is testimony to the Hospital's commitment to community. During 1992, almost 99,000 outpatient clinic services were provided. Growth in volume has averaged about 8,700 visits per year, but during the last several years, 15,000 to 20,000 new visits per year has been the norm.

The range of primary care services has been expanded to include such services as social medicine, walk-in and social pediatrics in addition to general medical and gynecological services. In these primary care areas, almost 41 percent of all visit volume is derived. In addition to primary care services, specialty clinics in areas such as Diabetes/Endocrinology, Nephrology, Speech and Audiology, Breast, Hematology/Oncology and Rheumatology have been added since 1984. In 1988 Allergy, Dental and Hand clinics were implemented. Most notably, in 1988 St. Barnabas received approval to provide outpatient Psychiatric (via a transfer of sponsorship from Our Lady of Mercy) as well as alcohol rehabilitation programs to supplement existing inpatient

services. Other outpatient diagnostic services, such as MRI, CT scan and angiogram are also available.

PROFILE OF ST. BARNABAS CLINICS		
	1991 NO. OF VISITS	1992 NO. OF VISITS
All Outpatient Clinics	75,080	98,615
Primary Care Clinics		
Family Medicine	8,075	9,960
General Medicine	9,170	10,857
Gynecology	1,900	2,419
Pediatric	2,445	3,358
School Clinic	1,710	3,400
Speech and Hearing	6,240	6,767
Dermatology	1,125	1,882
Specialty Clinics		
Immune Disorders	1,730	2,137
Detoxification	22,460	25,486
Dentistry	9,240	12,859
Orthopedic	2,200	2,658
Podiatry	1,950	3,474
Surgery	2,620	3,184
Subspecialty Clinics	4,215	10,174
Financial Status: 1992	NO.	PERCENT
Medicaid	66,620	67.56
Medicare	7,010	7.11
Blue Cross	1,365	1.38
Other	8,139	8.25
Self Pay	15,481	15.70

SOURCE: St. Barnabas Hospital.

As illustrated previously, discharges have increased to over 16,000 in 1992, with an accompanying decrease in average length of stay. With the significant growth in discharges, a stable or increasing volume of patient days has been achieved. However, as had been previously documented, lengths of stay were rising due to the acuity and intensity of illnesses being treated, but peaked in 1988, and have leveled off to 9.5 days as of 1992.

In addition to growth in total volume, St. Barnabas has experienced an overall increase in occupancy that rivals that of any other hospital in the Bronx. As indicated, occupancy rates have ranged from 86.3% to 98.1%. In 1992, the occupancy rate had been as high as 99 percent for medical/surgical beds. Year end 1992 occupancy, even with expanded capacity was 92.2 percent.

Analysis of in-patient payor data demonstrates the significance of St. Barnabas as an important resource for both the Medicare and Medicaid populations.

ST. BARNABAS HOSPITAL DISCHARGES

BY PAYOR CLASS

	<u>1991</u>		<u>1992</u>	
	<u>DISCHARGES</u>	<u>%</u>	<u>DISCHARGES</u>	<u>%</u>
Total	16,039	100.0%	16,183	100.0%
Medicare	4,736	29.5	4,486	27.7
Blue Cross	2,296	14.3	2,244	13.9
Medicaid	6,513	40.6	8,159	50.4
Self-Pay/Other	2,494	15.6	1,294	8.0

Source: St. Barnabas Hospital.

**ST. BARNABAS HOSPITAL
TRENDS IN AMBULATORY CARE**

**EMERGENCY
ROOM**

	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>
No. of visits	25,275	29,806	30,472	30,552	34,313	35,934	39,340	43,776
No. of ER Admissions	7,259	8,765	8,845	9,336	9,895	10,618	10,440	10,620
Total Hospital Admissions	11,536	13,663	13,277	13,524	14,135	14,795	15,990	16,162
Percent of ER To Total	62.7%	64.2%	66.6%	60.9%	70.0%	71.8%	65.3%	65.7%

OUTPATIENT CARE

Total Out-patient Visits	20,106	31,607	36,219	45,271	42,010	57,054	75,080	98,615
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Source: Institutional Cost Reports, St. Barnabas Hospital.

C. Financial Profile

St. Barnabas Hospital's continued increase in both inpatient and ambulatory services is also reflected in its continued financial health.

With total operating revenue of \$118.4 million for 1990, St. Barnabas ended the year with a \$10.0 million excess revenue over expenses. In 1991, revenue exceeded expenses by almost \$6 million. In 1992, with \$143 million in expenses, revenue from all sources exceed expenses by \$9.8 million.

St. Barnabas Hospital Financial Profile

	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>
Operating Revenue	\$101,380,193	\$118,367,548	\$135,845,073	\$151,778,783
Operating Expense	<u>98,962,065</u>	<u>109,232,664</u>	<u>130,903,695</u>	<u>143,115,371</u>
Excess of operating revenue over expenses	2,418,128	9,134,904	4,941,378	8,663,413
Non Operating Revenue	<u>711,022</u>	<u>936,015</u>	<u>1,048,761</u>	<u>1,177,404</u>
Excess (deficit) of revenue over expenses	\$3,129,150	\$ 10,070,919	\$ 5,990,139	\$ 9,840,816
Cumulative effect of change in accounting for postretirement benefits				<u>8,743,283</u>
Excess of revenue over expenses				\$ 1,097,533

Source St. Barnabas Hospital, Certified Financial Statement.

D. Organization

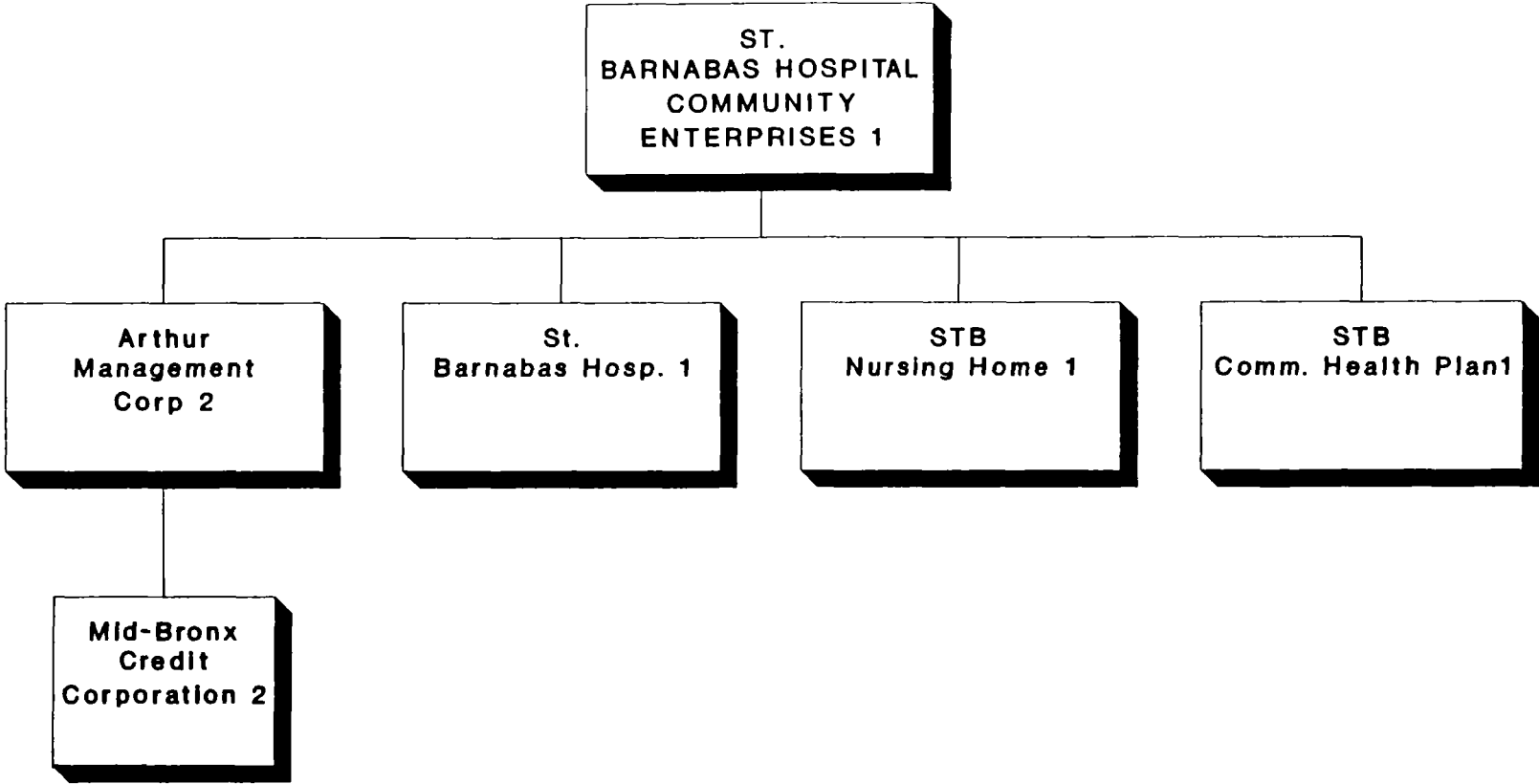
St. Barnabas Community Enterprises, Inc. (the "Enterprises") was established during 1986 for the purpose of supporting St. Barnabas Hospital through fund-raising and other activities. The general resources of the Enterprises will be distributed in amounts and in periods determined by the Enterprises' Board of Directors, who may also restrict the use of the funds. The Enterprises is also the sole member of St. Barnabas Hospital.

Enterprises owns the stock of Arthur Management Corporation, a for-profit subsidiary, which in turn owns the stock of Mid-Bronx Credit Corporation, both of which are for profit corporations.

Arthur Management was established to act as a for-profit holding company. Mid-Bronx Credit Corporation provides billing services for the processing and collection of all bills

CORPORATE STRUCTURE

ST. BARNABAS HOSPITAL



1 Not-for-profit
2 For Profit

ST. BARNABAS HOSPITAL AND RELATED CORPORATIONS FINANCIAL STATEMENTS

	1992				1991			
	SBH	SBCE	AMC	TOTAL	TOTAL	SBH	SBCE	AMC
TOTAL INCOME	\$152,193,783	\$85,505	\$551,124	\$152,830,412	\$136,408,357	\$135,845,073	\$7,423	\$555,861
TOTAL EXPENSES	\$144,740,274	\$155,527	\$633,551	\$145,529,352	\$131,599,100	\$130,903,695	\$22,717	\$672,688
REVENUE OVER EXPENSES	\$7,453,509	(\$70,022)	(\$82,427)	\$7,301,060	\$4,809,257	\$4,941,378	(\$15,294)	(\$116,827)
NON-OPERATING REVENUE	\$1,177,404	\$0		\$1,177,404	\$1,048,761	\$1,048,761	\$0	
REVENUE OVER EXPENSES	\$8,630,913	(\$70,022)	(\$82,427)	\$8,478,464	\$5,858,018	\$5,990,139	(\$15,294)	(\$116,827)
CUMULATIVE EFFECT OF FASB #106 DISCONTINUED OPERATIONS:	(\$7,533,380)			(\$7,533,380)	\$0			
LOSS FROM OPERATIONS OF PERSONNEL AGENCY		(\$52,322)		(\$52,322)	(\$33,673)		(\$33,673)	
NET PROFIT/(LOSS)	\$1,097,533	(\$122,344)	(\$82,427)	\$892,762	\$5,824,345	\$5,990,139	(\$48,967)	(\$116,827)

SOURCE: DRAFT FINANCIAL STATEMENTS

rendered to private patients and/or third-party payors for physicians professional services rendered.

ST. BARNABAS COMMUNITY ENTERPRISES, INC.		
STATEMENT OF OPERATIONS		
	Year Ended December 31	
	1992	1991
Income	\$262,028	\$1,192,992
Personnel agency fees	74,841	-
Rental income	10,664	7,423
Total Income	347,533	1,200,415
Expenses		
Nursing fees	245,804	1,039,254
Rental expense	70,766	-
Employee benefits and payroll taxes	22,692	98,120
Professional fees	19,376	34,375
Office and other expenses	40,597	72,169
Contracted services	1,166	5,103
Depreciation expense	10,786	36
Total Expenses	411,187	1,249,382
Net Loss	\$(63,634)	\$(48,967)
Source: Certified Financial Statement, 1992.		

ARTHUR MANAGEMENT CORPORATION AND SUBSIDIARY

CONSOLIDATING STATEMENTS OF OPERATIONS

	ARTHUR MANAGEMENT CORPORATION	MID-BRONX CREDIT CORPORATION	TOTAL	ELIMINATIONS		CONSOLIDATED	
				DEBIT	CREDIT	YEAR ENDED DECEMBER 31, 1991	YEAR ENDED DECEMBER 31, 1991
INCOME							
SERVICE FEES	\$-	\$551,124	\$551,124	\$-	\$-	\$551,124	\$555,861
EXPENSES							
CONTRACTUAL SERVICES	-	14,483	14,483	-	-	14,483	12,346
RENTAL EXPENSES	-	18,745	18,745	-	-	18,745	16,424
SALARY AND EMPLOYEE BENEFITS	-	456,047	456,047	-	-	456,047	453,448
PROFESSIONAL AND TEMPORARY FEES	4,250	10,820	15,070	-	-	15,070	26,283
PAYROLL AND OTHER TAXES	1,259	41,745	43,004	-	-	43,004	38,627
OTHER EXPENSES	227	46,684	46,911	-	-	46,911	53,801
DEPRECIATION	-	18,507	18,507	-	-	18,507	17,894
INTEREST EXPENSE	-	20,784	20,784	-	-	20,784	27,865
BAD DEBT EXPENSE	-	-	-	-	-	-	26,000
TOTAL EXPENSES	5,736	627,815	633,551	-	-	633,551	672,688
NET LOSS	(\$5,736)	\$(76,691)	\$(82,427)	\$-	\$-	\$(82,427)	\$(116,827)

Source: St. Barnabas Hospital, Certified Financial Statement, 1992.

PART V: FORDHAM TREMONT COMMUNITY MENTAL HEALTH CENTER

A. Operations and Patient Characteristics

The Fordham-Tremont Community Mental Health Center (F-TCMHC) is an affiliate of St. Barnabas Hospital. This outpatient facility is organized to meet the needs of the residents of the Fordham-Tremont area. The Fordham-Tremont Mental Health Center serves residents of Bronx County, Community Districts 4 through 8, with the primary service area concentrated in the Southern and Eastern portions of the Bronx. The Center began operating 1978 through a grant from the Department of Health and Human Services to the New York City Department of Mental Health, Mental Retardation, and Alcoholism Services. Its affiliation with St. Barnabas Hospital began in 1988.

Fordham Tremont continues to expand its services into the community. Between 1991 and 1992, 5,000 new visits were provided.

The primary mission of the Center is to provide community-based psychiatric services. Services are delivered through a variety of programs: the Adult Outpatient Service; the Continuing Care Clinic; the Child, Adolescent, and Family Services; the Southern Boulevard Children's Service; the Continuing Day Treatment Program for Mentally Ill Chemical Abusers; Day Treatment for Acute Care patients; the Psychosocial Club for the Elderly; and School Based Program.

Annually, approximately 84,000 clinical services and 6,000 preventive services are provided to a caseload of approximately 3,600 clients at five program sites (Table 35). The Psychosocial Club for the elderly delivered 8,360 visits. In addition, consultation and treatment services are delivered to three public schools and 14 day care centers. The Child, Adolescent, and Family Service, the School Based Mental Health Program, Southern Boulevard Children's Services, and Project PACT, are programs which serve adolescents who will be eligible to participate in Project Youth Leadership.

New Programs for 1993

Two new community services will be inaugurated in 1993. They are:

- Family Violence Crisis Services
- Project AJUDA, which will provide mental health, mental retardation and alcohol abuse services to Latin American Immigrants residing in the Bronx.

TABLE 35				
FORDHAM TREMONT COMMUNITY MENTAL HEALTH CENTER				
NUMBER OF VISITS AND CLIENTS BY PROGRAM				
FY1991-92				
	VISITS		CLIENTS	
1. CLINICAL PROGRAMS	1991	1992	1991	1992
Main Contract ^a	66,484	69,274	3,176	3,205
CSS Contract ^b	22,872	23,164	185	170
2. PREVENTION PROGRAMS				
PACT ^c	800*	2,689	135*	200
PSA ^d	5,564	5,540	109	109
TOTAL	95,720	100,667	3,605	3,684
a)	Includes Adult Services, Child, Adolescent & Family, Continuing Care Clinic, Day Treatment, School Based Program and Southern Boulevard Services for Children.			
b)	Includes Continuing Treatment Program and Psycho-Social Club.			
c)	Preventive Services Program.			
d)	Substance Abuse Prevention Program.			
*	Visits refers to number of family members seen; clients refers to families seen.			
Source: Fordham-Tremont Community Mental Health Center.				

Fordham-Tremont Community Mental Health Center is a well-established, community-based organization. The Center has a proven track record in the delivery of mental health and prevention programs for special populations, including at-risk children and adolescents. The Center receives numerous City, State, and Federal grants for demonstration projects that have gone on to become permanent. Fordham-Tremont has a long history as a center accessible to

In terms of diagnosis, between 1991 and 1992 significant shifts occurred in the prevalence of disorders treated at the clinic were as follows:

	1991	1992
Adjustment/Separation	12%	22%
Schizophrenia	19.3%	15%
Anxiety Disorders	17%	NA
Disruptive Behaviors Disorders	12%	8%
Mood Disorders	10%	28%

C. Programs and Funding

FTCMHC offers a variety of programs to Bronx County residents applicable to various levels of need for residents in several age, cultural and economic categories. Funding sources for the programs differ, and vary from State-only to joint City/State funding.

1. **Continuing Treatment Services** - (MICA Programs) The Continuing Treatment Program provides full-day rehabilitation, skills and training as well as treatment services, medication, crisis intervention and referrals. The Center believes that both continuity of care and a full network of support services are essential to adjustment to community living. Therefore, unlike many other Continuing Treatment Programs, FTCMHC offers a comprehensive network of services, in concert with other agencies such as St. Barnabas Hospital.

Using the Psycho-social Rehabilitation model of service delivery, this program provides a place to go, to belong to and to feel needed particularly for patients with chronic severe mental illness and substance abuse problems. This unique program serves one of the most difficult patient populations in the mental health system.

Emphasis is placed on small group activities that focus on teaching specific tasks and skills. Goals, plans and time frames are established in a treatment plan, jointly developed by the client and staff. The program is state funded.

2. **Psycho-Social Club for the Elderly** - This state funded program provides social rehabilitation and recreation for persons 55 years and older experiencing moderate to serious emotional difficulties. Activities in the club include skills training, sewing, literacy, English as a Second Language, exercise and dance groups. The Club focuses on decreasing social isolation among its members and maximizing their adjustment to community living and enjoyment of life. The staff is bilingual (English-Spanish).

3. **The Continuing Care Clinic** - This joint state-city funded program provides comprehensive services to help patients bridge the transition between discharge from the hospital and return to the community. The clinic provides outpatient treatment for chronically ill patients through groups and individual therapy and chemotherapy. Home visits are made to follow-up on patients who miss appointments. The primary goals of the Clinic, are:
 - to minimize the transition from hospitalization to community living;
 - to create ties for patients with community mental health service delivery personnel;
 - to develop a support system which encourages and elicits coping skills on the part of the patients and reduces the incidence of rehospitalization.

4. **Adult Services Unit** - The Adult Services Unit is designed to provide a comprehensive range of treatment services to persons over 18. The program is designed to assist in coping with intrapsychic and environmental stress and to reduce hospitalizations.

The Adult Services Unit offers intake and diagnostic evaluation, crisis intervention, individual and group therapy, behavior therapy and chemotherapy. A domestic violence program provides mental health services to male batterers as well as the adult victims of battering.

Emphasis is placed on brief treatment but long-term treatment is available to any person who may benefit. An interdisciplinary staff serve as the treatment team.

The Geriatric Team functions within the Adult Services Unit and provides a comprehensive network of services to persons age 55 and over to assist them in coping with intrapsychic and environmental stress, isolation and loneliness. Emphasis is placed on comprehensive services. Liaisons have been established with several providers, including the Center's Psychosocial Club for the Elderly. The team works with community agencies to identify isolated and withdrawn frail elderly and makes home visits. This population is often most in need of service but the least easy to reach.

5. Adult Day Treatment

The Adult Day Treatment Program is a milieu therapy program funded jointly by the City and State. Designed to provide clinical, rehabilitation and socialization services for serious emotional problems these patients can be treated outside of a hospital setting. It provides a daily structured program enabling the patient to remain in the community regardless of stress levels. Treatment modalities include group therapy, individual therapy and chemotherapy and family therapy. Milieu treatment include activities of daily living, prevocational counseling, socialization activities and recreational and occupational therapy.

6. Child, Adolescent and Family Services

The Child, Adolescent and Family services unit provides short and long-term services to children and adolescents.

It offers a wide range of treatment modalities: diagnostic evaluation, crisis intervention, individual therapy (brief and long-term), family therapy, group therapy, play therapy, activity therapy, parent groups and outreach to adolescents and families. The Treatment program emphasizes clinical flexibility, making use of

multiple modalities if necessary and involving schools and other agencies where applicable.

7. School Based Program

The School-based program provides mental health and prevention services at three schools in District 10 (P.S. 32, P.S. 59 and P.S. 159). Services include diagnostic assessment, evaluations, individual, family and group therapy. The program works cooperatively with parents and teachers in helping children overcome emotional and behavioral problems.

8. Southern Boulevard Children's Services

The Southern Boulevard Clinic provides outpatient services to children and adolescents.

The Clinic accepts referrals from schools, hospitals and community agencies. The Clinic serves children and adolescents (up to age 18), but its primary focus is on the younger child (age 1-11). It houses an Early Childhood Program for children. Services include: crisis intervention; diagnostic evaluation; individual, group and family therapy; a therapeutic nursery and a summer socialization program. The multi-disciplinary staff of this Unit work with the entire family in the context of their problems with courts, schools, welfare, etc. Some treatment sessions are held at other locations such as the patient's home, a local school or hospital, or other community facility. By providing continuity of care for youngsters and their families, fragmentation of services and the needless separation of the youngster from his home and community can be avoided.

9. Other Prevention Programs

- Project PACT (Parents and Children Together) is funded by New York City's Special Services for Children, to prevent the placement of children in foster care. The program works with families residing in Community

Board 4 and 5. Individual, family and group counseling services as well as advocacy with welfare, housing, and educational problems is provided to "at-risk" families.

- Day Care-Based Prevention Services provides information and referral, and consultation services to the children, families and staff of day care centers in Community Boards 5 and 6.

C. **Referrals - Current Referral Base**

Table 37 illustrates the referral sources for the Fordham-Tremont clients. As the Table indicates, while a significant proportion of its clients are referred from hospitals (24 percent) the bulk are either self-referred (40 percent) or are referred by other Human Service Agencies (20 percent).

TABLE 37

FTCMHC REFERRAL SOURCES, 1991-1992

<u>HOSPITALS</u>	<u>NO.</u>	<u>1991</u> <u>PERCENT</u>	<u>NO.</u>	<u>1992</u> <u>PERCENT</u>
Bronx Hospitals	487		583	
Bronx State Hospitals	60		50	
Hospitals Outside the Bronx	176		157	
Total	723	22.2%	790	23.6%
<u>CRIMINAL JUSTICE SYSTEM</u>				
Courts	49		49	
Probations & Parole	5		4	
Law Enforcement	7		2	
Legal Services	6		3	
Victims Services	21		22	
Total	88	2.7%	80	2.4%
<u>EDUCATIONAL INSTITUTIONS</u>				
Public School	285			
Private Schools	28			
Colleges	2			
Total	315	9.7%	NA	
<u>SELF, FAMILY, FRIENDS</u>	1,153	35.4%	1,328	39.7%
<u>HUMAN SERVICE AGENCIES AND OTHERS</u>				
Neighborhood Health Centers	17		16	
HIP	47		52	
Day Care Agencies	11		10	
Foster Care Agencies	65		60	
Developmental Disability Agencies	4		3	
Other Psychiatric Facilities	60		64	
Child Welfare Agencies	1		166	
Department of Social Services	2		224	
Other Community Agencies	319		43	
Mental Health Professionals	42		12	
Physicians	16		4	
Clergy	4		3	
Employers	3		6	
Other Human Services Agencies	40		0	
Total	757	23.2%	676	20.0%
<u>MEDIA</u>	41	1.3%	64	1.9%
<u>UNKNOWN SOURCES</u>	181	5.6%	170	5.1%
Total	3,258	100.0%	3,346	100.0%

Source: FTCMHC.