

"Bronx Health Collaborative"





CUNY Institute for Health Equity



Welcome to the CUNY Institute for Health Equity

The City University of New York (CUNY) Institute for Health Equity (CIHE) is a CUNY-wide institute that coordinates research, teaching, service and community engagement with the goal eliminate health inequalities, reduce health disparities and promote health.

In 2020-2021 CIHE embarked in a Strategic Plan process that defined CIHE's mission, goals and actions items for the next 5 and 10 years. At CIHE's core are a group of distinguished faculty (affiliated and contributing) from across the CUNY-system; undergraduate and graduate students and community partners.

Why the Bronx?

- ♦ The County Health Ranking and Roadmaps has identified the Bronx as the least healthy county in NYS since 2010. It has the highest rates of asthma, diabetes, hypertension, obesity, tobacco use disorder, violent crime, and environmental contamination, compared to the other NYC boroughs and compared to other NYS counties
- ♦ The Bronx was disproportionately impacted by the COVID-19 pandemic. Although it did not have the highest rate of COVID-19 cases among the City's boroughs, outcomes in the Bronx were more severe, with the highest hospitalization and death rates
- ♦ Community-Based Organizations (CBOs) have joined public health agencies, faithbased organizations, funders, health care services and agencies, to work collaboratively to face a range of health and sociopsychological challenges in the borough

Why Community-Based Participatory Research (CBPR)?

- Research suggests that CBOs are capable of serving at-risk community dwellers, addressing intervention challenges, and serving as liaisons between researchers, residents, and local authorities
- This approach centers on working with CBOs with community-level reach, highlighting their knowledge of the community, and building on community strengths and resources
- CBPR is best achieved when academic researchers form collaborative partnerships with CBOs, share the decision-making, and co-lead the implementation with the goal of improving population health and promoting the widespread adoption of evidence-based programs and interventions

A History of Collaboration

♦ The Bronx has many examples of meaningful collaborative efforts:

- ♦ Northwest Bronx Community and Clergy Coalition was created to address the crack cocaine epidemic among Bronx residents
- ♦ Organizations like United Bronx Parents, God's Love We Deliver, and Community Food Resource Center tackled food insecurity
- ♦ The Department of Health and Mental Hygiene conducted a COVID-19 and flu vaccine community project with barbershops, beauty salons, nail salons, and faith-based organizations to identify potential partners in selected neighborhoods in the Northeast Bronx as "health champions" to increase COVID-19 and flu vaccine knowledge
- ♦ Coalitions have also been formed to support immigrants moving into the Bronx and to create culturally sensitive educational programs on infectious and chronic diseases so faith-based organizations can promote prevention.

Study Structure

- ♦ This study utilized a modified Strength-Weakness-Opportunity-Threats-SWOT tool as a Strengths-Based Assessment (SBA) to evaluate CBOs (SWOT-SBA)
 - ♦ This approach was used to identify CBOs' strengths, prospects and priorities to address the Bronx's health disparities
- ♦ We also collected descriptive information on CBO's catchment areas, services provided, and population served to create interactive and static maps, and contingency tables using the ArcGIS software

Results

SWOT-SBA

- The CIHE sent over 200 invitations to complete an online questionnaire with the help of a community-convener from the Bronx
- A total of 44 CBOs completed the CIHE's contact information section, 36 completed the contact information plus the services rendered section of the survey to build the GIS maps, and 34 completed the SWOT-SBA sections.

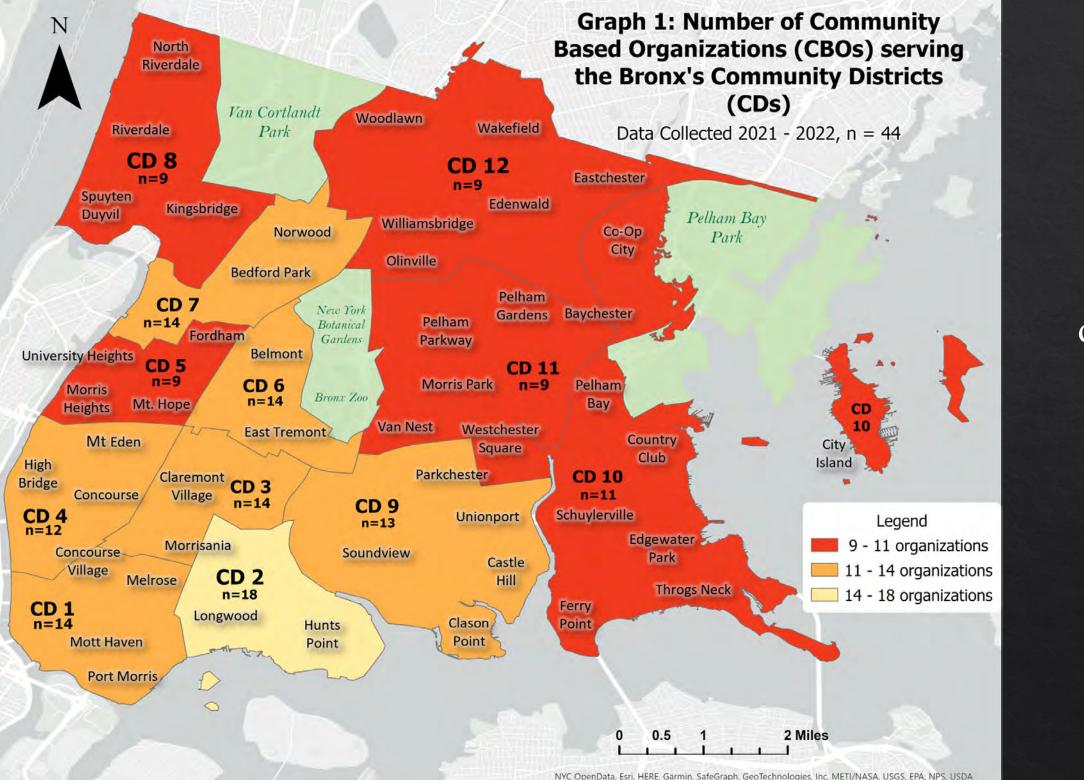
Key SWOT-SBA themes identified - SV			
Healthy-Bronx Research Collaborative (
Strengths			
Community Engagement	Service Expansion		
Youth Programming	Physical Space		
Housing	Fundraising		
Food	Staffing		
Education/Training	Development		
Opportunities	Ot		
CBO Collaboration	Lack of Funding		
Increase of Programming	Lack of Physical Spa		
Capacity Increase	COVID-19		
Competition	Policies		
Employment Trends	Organizational Size		

SWOT-SBA – e (n=34 CBOs), Growth

bstacles for Growth

ace

Maps



This map shows Bronx community-based organizations (CBOs) spatially aggregated and depicted by self-reported catchment area.

CBOs were allowed to choose multiple community districts to best describe their catchment area.

Services Offered by Bronx CBOs – Healthy-Bronx Research Collaborative (n = 36) Note: CBOs were allowed to provide multiple responses						
Community District (CD)	Count of CBOs Providing Services					
	Counseling Services	Food Banks	Employment Placement/Services	Housing Instability Services	Education/Training	Prim
01	4	2	3	3	12	
02	5	3	3	4	14	
03	4	2	3	3	11	
04	3	3	2	2	11	
05	3	3	2	2	8	
06	3	1	2	2	10	
07	2	none	1	1	6	
08	none	none	none	none	5	
09	4	3	1	1	10	
10	2	1	1	none	8	
11	1	none	none	none	6	
12	1	1	none	none	6	

On the survey, CBOs were asked what services they provide and what populations they serve. The table above shows a count of how many CBOs offer each service in each community district. CBOs were allowed to provide multiple responses to this question. Additionally, the total (n) here is different from the map due to some CBOs skipping this question.

ary Care H Services	ealth
none	
none	
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none	

Bronx Community Based Organizations and the Populations they Serve

# of CBOs Serving Each I	Population (n=42)	Percentage	
Adults	31	74%	
Women	20	48%	
Children	28	67%	# of CBOs Racial at
			Mino
Adolescents	31	74%	Sexual an
			Mino
Young Adults	35	83%	Underser Popul
Veterans	9	21%	Socioeco Disadvantage
Elderly	19	45%	
Homeless	12	29%	People with
LGBTQ+	11	28%	

National Institutes of Health (NIH) Health Disparities Focus Populations

# of CBOs Serving Each I	Population (n=34)	Percentage
Racial and Ethnic		
Minorities	24	71%
Sexual and Gender		
Minorities	12	35%
Underserved Rural		
Populations	5	15%
Socioeconomically		
Disadvantaged Populations	29	85%
People with Disabilities	2	6%



2023 Effort

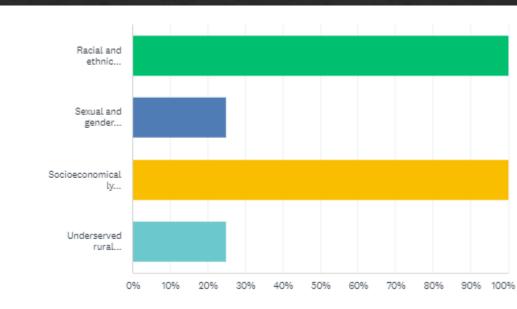
2023 – 2024 Workplan

- Verified the 2021-2022 Data Call \otimes
- Systematized and presented for publication key findings from the 2021-2022 data Call
- Presented the results back to participating CBOS \otimes
- Revised and streamlined the Survey Instrument (shorted and more efficient) \otimes
- Initiated a Data Call # 2 for a new Cohort
- Summer of 2023 we inquired and collected information from 22 CBOs (still in process) \otimes
- By 2024 The goal is to conform CIHE first **Community Advisory Board**
- By 2024 envision, prepare, and submit a **Center Grant** to support a shared vision of participating \otimes CBOs and Advisory Board.



♦ Re-visited CBOs collaboration for the CBO Data Call _Cohort # 2 (Summer 2023 – current)

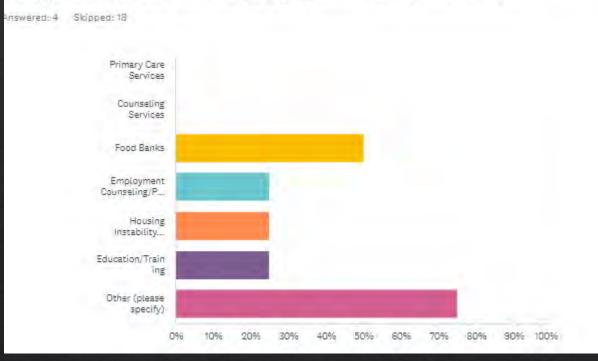


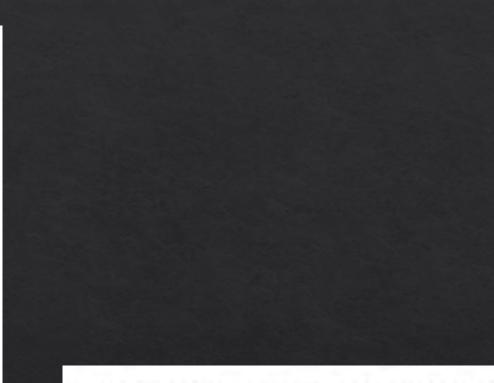






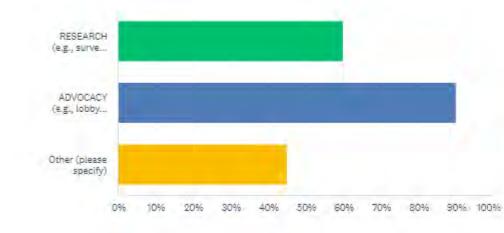
Do the services the organization provides fall under any of the following categories? (Check all that apply or list more under other)



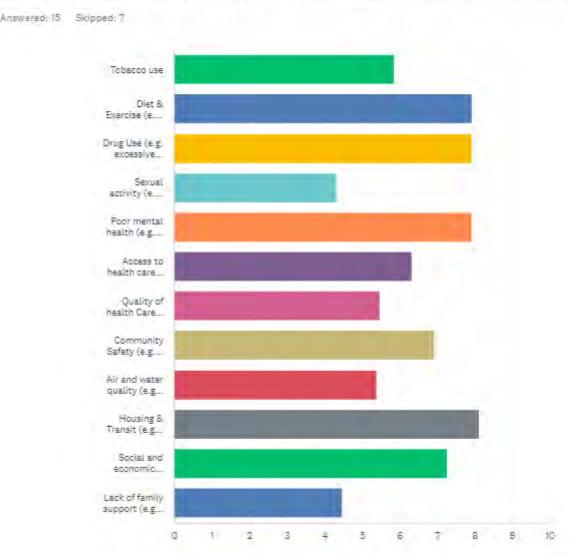


Please provide some details on the areas the organization is interested in collaborating.

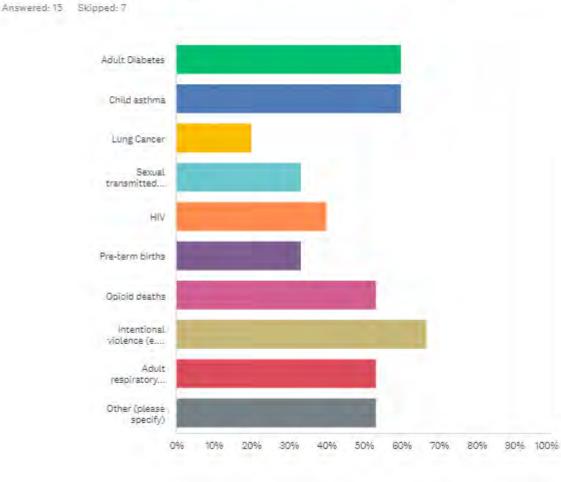
Answered: 20 Skipped: 2

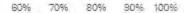


Based on your experience, please rank the factors affecting health equity in the Bronx from 1 to 12. 1 = most influential; 12 = least influential



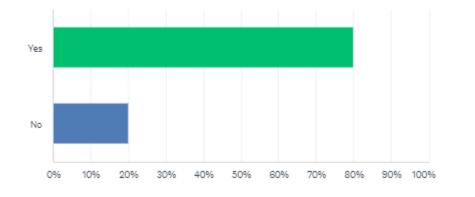
The list below represents the health conditions, diseases, illnesses, and injuries with the biggest health disparities in the Bronx as of 2022.Please check the issues impacting your beneficiaries/patients/clients.





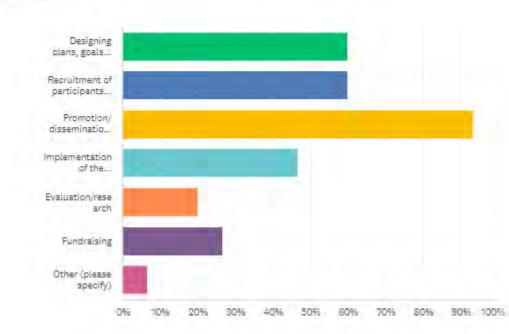
Is the organization seeking academic partners?

Answered: 20 Skipped: 2



f your organization collaborated with Lehman College and CUNY Institute for Health Equity in a projectWhich of the following roles you feel the most comfortable with?

Answered: 15 Skipped: 7



Invitation to Join this effort



https://www.surveymonkey.com/r/SUMMIT_cohort