

NewYork-Presbyterian Hospital

2016 Community Service Plan/Community Health Needs Assessment

December 2016

Cover Page

Service Area:

- New York County
- Bronx County
- Queens County
- Kings County
- Westchester County

Participating Local Health Department:

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Office of the First Deputy Commissioner
New York City Department of Health & Mental Hygiene
42-09 28th Street
Long Island City, NY 11101

Participating Hospital System:

Name of Facility: New York-Presbyterian Hospital
Address: 525 East 68th Street
City: New York
County: New York
Department of Health Area Office: Metropolitan Area Regional Office

CEO/Administrator: Steven J. Corwin, M.D
Title: President and Chief Executive Officer

Centers:

- New York-Presbyterian Hospital/Columbia University Medical Center
- New York-Presbyterian/Morgan Stanley Children's Hospital
- New York-Presbyterian/The Allen Hospital
- New York-Presbyterian Hospital/Weill Cornell Medical Center
- New York-Presbyterian/Lower Manhattan Hospital
- New York-Presbyterian Hospital/Westchester Division

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Executive Summary

The *New York-Presbyterian Hospital 2016 Comprehensive Three Year Community Service Plan* lays out a plan of action that responds to the community health needs of the Hospital's service area, supports the *New York State Prevention Agenda 2013-2018* and New York City's *Take Care New York* and supports nonprofit hospital reporting requirements to the U.S. Internal Revenue Service. To develop this plan, New York-Presbyterian Hospital (NYPH) conducted a community health needs assessment that included a review of quantitative and qualitative data, as well as direct input from community representatives, including the New York City Department of Mental Health & Hygiene (DOHMH). These sources indicated that chronic diseases, mental health, and HIV are important priorities in the NYPH service areas. Key informants, focus group participants and public sessions repeatedly identified cancer, cardiovascular disease, asthma, depression, diabetes, and its frequent companion, obesity, as major concerns. In addition, the data points to disparities in the incidence, prevalence and treatment of HIV in the NYPH service areas, including disproportionately high rates of new HIV diagnoses among Black and Hispanic men who have sex with men.

Prevention Agenda Priorities

Based on these findings, NYPH's *2016 Plan* lays out a plan for action to address the following NYS Prevention Agenda Priorities: **Prevent Chronic Diseases; Promote Mental Health & Prevent Substance Abuse; and Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections.**

Changes Since 2013

The *2016 Plan* builds on the accomplishments of *NYPH's 2013 Community Service Plan*, which had identified chronic disease and promotion of mental health as its two Prevention Agenda Priorities. All of the *2013 Plan* objectives were met, setting the stage operationally for the adoption of new

interventions as well as the naming of a third priority, aimed at addressing racial and ethnic disparities in the prevention and treatment of HIV. As requested by the NYS Commissioner of Health, NYPH's activities in this third priority area particularly focus on closing a significant health disparity. Also as requested by the New York State Department of Health Commissioner Howard Zucker, MD, MPH in his state-wide letter, NYPH's targeted activities in HIV and tobacco align with the Domain IV activities of the NYPH Delivery System Reform Incentive Payment (DSRIP) Performing Provider System (PPS).

Data Sources and Community Input

A primary data source informing this Community Service Plan is the *2014 NYPH Delivery System Reform Incentive Payment Performing Provider System Community Needs Assessment*. Additional sources included the NYS Prevention Agenda, NYC's Take Care New York, various Center for Disease Control & Prevention (CDC) datasets, and DOHMH's Community Health Surveys and EpiQuery database. NYPH fostered community participation and input through meetings with community leaders, community-based organizations, community board members, and physicians from the region. Many longstanding collaborators contributed to the assessments, including: the NYP/Lower Manhattan Hospital Community Advisory Board, the NYP/Columbia Leadership Council, the NYP/Weill Cornell Community Advisory Board, the NYP/Westchester Division Community Advisory Board and Community Physicians of NYP/Columbia. The input gathered through the DOHMH-led community consultations for the Take Care New York initiative also informed this report.

Interventions and Community Engagement

The following interventions to support the Prevention Agenda will be undertaken with the support of community partners:

- **Prevent Chronic Disease by Increasing Access to Tobacco Cessation Resources:** Tobacco use is a major contributor to all of the chronic diseases identified in NYPH’s service area and has been targeted in the *2016 Plan* with a multimodal evidence-based set of tobacco cessation interventions. It was a top concern for community members who participated in the DOHMH’s Lower Manhattan Take Care New York community consultations, which is the area surrounding the NYP/Lower Manhattan Hospital campus. Tobacco cessation is also one of the NYPH PPS DSRIP Domain 4 areas. Groups collaborating on the intervention will include the NYCDOHMH, area schools, Harlem United, the Charles B. Wang Community Health Center and the Chinese Community Partnership for Health as well as members of the NYPH DSRIP PPS. The intervention will be tracked by the number of patients and providers that participate, number of prescriptions for treatment, number of community collaborators engaged, and community participation.
- **Mental Health Promotion through Education & Training:** An innovative approach to community-based depression recognition and treatment, known as Mental Health First Aid, will be advanced to support mental health promotion. The effort will include work with area churches and ministries, and NYC DOHMH. This effort is part of the City of New York’s ThriveNYC initiative. NYPH will also work with National Alliance of Mental Illness (NAMI) Westchester on educational activities in Westchester County.
- **Reducing HIV Disparities by Assuring Linkages to Care:** NYPH’s community-based effort targeting racial and ethnic disparities in the prevention and treatment of HIV is led through the REACH Collaborative (Ready to End AIDS & Cure Hepatitis C). The intervention will be tracked with a number of established measures including adherence measures, viral loads, and emergency department and inpatient utilization.

NYPH looks forward to taking part in the NYC DOHMH Borough-level collaborative meetings planned for 2017 to refine and plan further action on the Prevention Agenda and Take Care New York. NYPH will also continue to support a robust, extended portfolio of ongoing community work that has developed over time across its campuses in response to local needs.

Introduction

The *NewYork-Presbyterian Hospital 2016 Comprehensive Three Year Community Service Plan* provides a community health needs assessment and lays out a plan of action that supports the *New York State Prevention Agenda 2013-2018* and New York City's *Take Care New York*, and supports nonprofit hospital reporting requirements to the U.S. Internal Revenue Service. To develop this plan, NewYork-Presbyterian Hospital (NYPH) conducted a needs assessment that included a review of quantitative and qualitative data, as well as direct input from community representatives, and engaged community representatives in identifying needed interventions.

Overview of NewYork-Presbyterian

NewYork-Presbyterian is one of the nation's most comprehensive, integrated academic health care delivery systems, dedicated to providing the highest quality, most compassionate care and service to patients in the New York metropolitan area, nationally, and throughout the globe. In collaboration with two renowned medical schools, Weill Cornell Medicine and Columbia University College of Physicians and Surgeons, NewYork-Presbyterian is consistently recognized as a leader in medical education, groundbreaking research, and innovative, patient-centered clinical care. NewYork-Presbyterian has four major divisions:

- **NewYork-Presbyterian Hospital.** NewYork-Presbyterian Hospital (NYPH) is a world-class academic medical center committed to excellence in patient care, research, education and community service. Based in New York City, it is one of the nation's largest and most comprehensive hospitals and a leading provider of inpatient, ambulatory, and preventive care in all areas of medicine. With some 2,600 beds and more than 6,500 affiliated physicians and 20,000 employees, NYPH provides more than 2 million visits annually, including close to 15,000 infant deliveries and more than 310,000 emergency department visits. NewYork-

Presbyterian Hospital is ranked #1 in the New York metropolitan area by U.S. News and World Report and has been repeatedly named to the Honor Roll of “America’s Best Hospitals.”

NewYork-Presbyterian Hospital is comprised of the following six campuses:

- NewYork-Presbyterian/Columbia University Medical Center (CUMC)
- NewYork-Presbyterian/Weill Cornell Medical Center (WCMC)
- NewYork-Presbyterian/The Allen Hospital
- NewYork-Presbyterian/Morgan Stanley Children's Hospital
- NewYork-Presbyterian/Lower Manhattan Hospital (LMH)
- NewYork-Presbyterian/Westchester Division

Addresses for each campus are included in Appendix A.

NYPH’s inpatient payer mix is Medicare at 31.1% of patients and Medicaid at 29.5%, commercial insurance at 37.6%, self-pay at 1.2% and worker’s compensation at 0.6% (1).

NYPH has the 3rd largest volume of Medicaid inpatient discharges among NYS hospitals. The outpatient payer mix is Medicaid at 66%, Medicare at 21%, commercial insurance at 5%, research at 5% and self-pay at 3% (1).

- **NewYork-Presbyterian Regional Hospital Network.** NewYork-Presbyterian Regional Hospital Network is comprised of leading regional hospitals in the New York metropolitan region, including:
 - NewYork-Presbyterian/Lawrence Hospital
 - NewYork-Presbyterian/Hudson Valley Hospital
 - NewYork-Presbyterian/Queens

- New York-Presbyterian Brooklyn Methodist

The hospitals of the Regional Hospital Network each conduct their own community health needs assessments and develop independent Community Service Plans.

- **New York-Presbyterian Physician Services.** New York-Presbyterian Physician Services connects medical experts with patients in their communities to expand coordinated health care delivery across the region. It includes medical groups in Westchester, Queens and Brooklyn with the goal of increasing access to primary care in collaboration with Weill Cornell Medicine Physicians and ColumbiaDoctors which are focused primarily on the delivery of specialty services.
- **New York-Presbyterian Community and Population Health.** New York-Presbyterian Community and Population Health oversees population health efforts at NYPH, including New York Quality Care, the Medicare Accountable Care Organization jointly established by New York-Presbyterian Hospital, Weill Cornell, and Columbia, and the NYPH Ambulatory Care Network (ACN). The ACN consists of 14 primary care sites, 7 school-based health centers, more than 50 specialty care clinics and over a dozen community-focused outreach programs. The ACN locations span Washington Heights, Inwood, Harlem, East Harlem, the Upper East Side and Chelsea. They offer primary care services in obstetrics and gynecology, pediatrics, internal medicine, family medicine, geriatrics, and fifty specialty care services. Comprehensive primary care, reproductive healthcare and family planning services, and mental health services are provided in the school-based health centers.

NYPH is committed to improving the health and wellbeing of the communities it serves. This commitment includes collaboration with community organizations to address the goals of the *New York State Prevention Agenda* and the NYC Department of Health and Mental Hygiene (DOHMH) plan, *Take Care New York*. NYPH's efforts in population health have long been grounded in community needs assessments. Healthcare gaps analyses have informed multifaceted and coordinated, evidence-based interventions driven by regional collaborators, and have been tracked closely with process and outcome indicators. NYPH's innovations and accomplishments in community and population health have been published in peer-reviewed medical, public health and healthcare literature and have received national recognition. In 2014, the Association of American Medical Colleges (AAMC) awarded NYPH the Association of American Medical Colleges Spencer Foreman Award for Outstanding Community Service.

Report

1. Definition of Service Area

NYPH includes six campuses, two of which are major academic medical centers, and serves patients from the New York metropolitan area, across the nation, and around the globe. As a regional resource, NYPH’s service area differs from that of a typical community hospital where the service area is defined by the residential profile of those zip codes where the largest number of the hospital’s discharges originate. Given its multiple campuses and wide range of services NYPH’s service area is more broadly defined and includes the counties of New York, Queens, Kings, Bronx and Westchester. The total service area includes approximately 3,600,434 households with a total population of approximately 8,845,686 (2). The percentage of households with incomes less than \$10,000 is 9.6% in New York County, 15.7% in Bronx County, 11.4% in Kings County, 7.1% in Queens County, and 4.7% in Westchester County. The population demographics each of the six campuses are briefly described below.

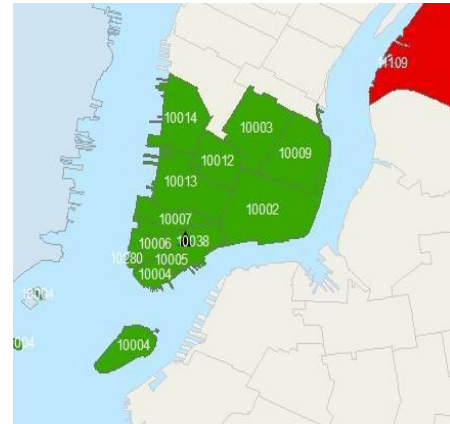
Table 1: Demographics for Neighborhoods Surrounding NYPH Campuses

	Washington Heights/ Inwood	Central Harlem	East Harlem	Riverdale/ Fieldston	Kingsbridge Heights/ Bedford	Lower East Side/ Chinatown	Clinton/ Chelsea	Westchester
Total Population	195,302	117,943	123,579	103,734	143,515	168,298	106,128	968,802
% of Residents <45 Years	63%	65%	65%	58%	68%	60%	63%	58%
Race:								
White	17%	10%	12%	37%	7%	31%	60%	54.4%
African-American	7%	62%	31%	11%	18%	7%	6%	13.3%
Hispanic	71%	24%	50%	44%	66%	25%	18%	24.2%
Asian	3%	3%	6%	5%	7%	34%	14%	6.3%
Other	1%	3%	2%	2%	1%	2%	2%	3.4%

Source (3)

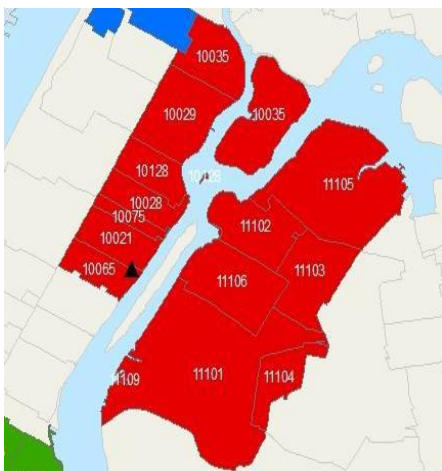
NewYork-Presbyterian/Lower Manhattan. Based on the most recent U.S. Census Bureau data available, there are a total of 336,000 people who live in the Lower Manhattan (LM) region. The median household income for this community is between \$50,000 and \$74,999 per year. Twenty-five percent of the LM region is of Asian descent, with the vast majority (75%) of this group being of Chinese origin. In addition, 30% of the total population in the LM region is foreign born. There are 86,522 patients with Medicaid who live in the LM area. Approximately 9% of the population does not have health insurance.

Figure 1 Area Surrounding Lower Manhattan Hospital



NewYork-Presbyterian/Weill Cornell Medical Center. There are a total of 524,000 people who live in the Weill Cornell Medical Center (WCMC) campus region. This region includes the communities of the Upper East Side of Manhattan, East Harlem, and Northwest Queens. The median household income for this community is between \$50,000 and \$74,999 per year. Twenty-five percent of the WCMC

Figure 2 Area Surrounding Weill Cornell Medical Center



region is of Hispanic descent, with an additional 11% African American and 11% Asian/Pacific Islander. Thirty-one percent of the total population in the WCMC region is foreign born. English is the predominant language spoken in these communities; however, 22% of the population report Spanish as their primary language. There are 125,267 patients with Medicaid who live in the WCMC area. Approximately 13% of the population does not have health insurance.

New York-Presbyterian/Columbia University Irving Medical Center. The New York-

Presbyterian/Columbia University Irving Medical Center (CUMC) campus includes the Milstein

Figure 3 Area Surrounding CUMC Campus

Hospital and the Morgan Stanley Children’s Hospital, which are

both in the 10032 zip code. The Allen Hospital is nearby and

located at the tip of Manhattan. There are a total of 870,000

people who live in this area. This region includes the

communities of the Washington Heights, Inwood, Harlem, and

portions of the Southwest Bronx. The median household income

for this community is between \$25,000 and \$34,999 per year.

Sixty-one percent of the CUMC region is of Hispanic descent,

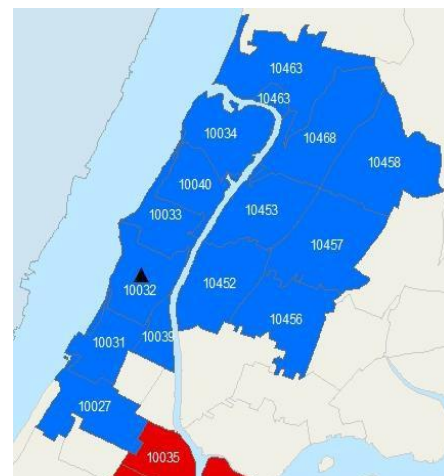
and 31% are African American. Forty percent of the total population in the CUMC region is foreign

born. Spanish is the predominant language spoken in these communities (55%); however, 35% of the

population report English as their primary language. There are 477,212 patients with Medicaid who live

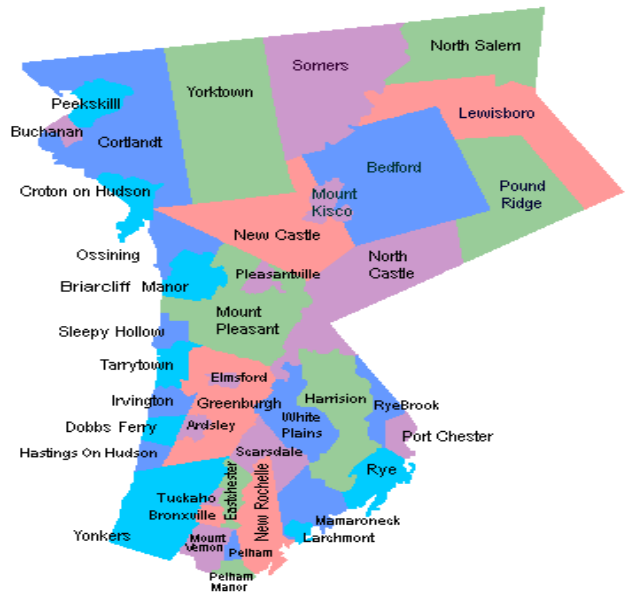
in the Northern Manhattan & Southwest Bronx area. Approximately 18% of the population does not

have health insurance.



New York-Presbyterian/Westchester Division. Westchester County occupies 450 square miles and is home to nearly one million people who live within its 45 cities, towns and villages. The County's median household income is approximately \$83,000 and the median unemployment rate is 3.9%. As of 2014, 10.4% of persons reported living in poverty. Fifty-seven percent of the County's population is White, 21.8% Hispanic or Latino and 13% are Black. Approximately 82% of adults reported having regular health care coverage and 69.3% of adults aged 18-64 years saw a doctor for a routine checkup within the last year.

Figure 4 Towns Comprising Westchester County



2. Data Sources and Health Issues of Concern

Data Sources

As was encouraged by the NYS Commissioner of Health, a primary source informing the needs assessment in this *2016 Plan* is the *2014 NYPH Delivery System Reform Incentive Payment Performing Provider System Community Needs Assessment* (2014 DSRIP CNA). The 2014 DSRIP CNA was conducted through a collaboration led by NYPH with participation from the Columbia Mailman School of Public Health and the Department of Healthcare Policy and Research at Weill Cornell Medical College. The CNA team fostered community participation in the assessment through meetings with community leaders and stakeholders, community-based organizations, representatives of Community Boards and physicians from the region. Sources that informed the 2014 DSRIP CNA included internal billing data, Medicaid claims data, journal articles, qualitative feedback from community leaders and

quantitative survey data, and public data sets from CDC, DOHMH and NYS DOH. This report updates the 2014 DSRIP CNA data with information from the following sources:

- 2016 Westchester County Department of Health Community Health Assessment
- *NYC DOHMH Take Care New York 2020*
- *NYC DOHMH 2015 Community Health Profiles*
- NYC DOHMH EpiQuery database
- *NYS Prevention Agenda 2013-2018*
- NYS Prevention Agenda County Dashboard

Two additional sources of qualitative information and community input were the following studies:

- *Study of Patient and Family Centered Care for Lesbian, Gay, Bisexual and Transgender Patients, NYPH.* NYPH completed this study to determine how to enhance Patient and Family Centered Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) Communities that it serves. This study assessed the healthcare needs and challenges as well as the health disparities faced by the LGBT communities.
- *Washington Heights: A Community Diagnosis.* Recently completed by the Global Research Analytics for Population Health (GRAPH) program of Columbia University's Mailman School of Public Health, this study included qualitative interviews of community residents and community advocates as well as a telephone survey of 2,511 community residents, conducted in English and Spanish.

The leading health issues revealed by our multiple data sources were: Chronic Disease, Mental/Emotional/Behavioral Health issues, and HIV/AIDS and Sexually Transmitted Diseases. The discussion below highlights data from across all our campuses.

Chronic Disease

Chronic diseases, particularly cardiovascular disease and cancer, are the leading causes of death in the NYPH service area, independent of gender, race/ethnicity, and borough of residence. This information is summarized in Table 2.

Table 2 Leading Causes of Death by County

Leading Causes of Death in Kings County, 2014	Number of Deaths	Death Rate (per 100,000)
Heart disease	4,906	186
Cancer	3,737	143
Pneumonia and Influenza	725	27
Diabetes Mellitus	652	25
Stroke	518	20
Leading Causes of Death in Bronx County, 2014		
Heart disease	2,743	204
Cancer	2,120	157
Pneumonia and Influenza	383	28
Chronic Lower Respiratory Disease	327	24
Diabetes Mellitus	315	23
Leading Causes of Death in New York County, 2014		
Heart disease	2,695	140
Cancer	2,505	135
Chronic Lower Respiratory Disease	361	19
Stroke	342	18
Pneumonia and Influenza	336	17
Leading Causes of Death in Queens County, 2014		
Heart disease	4,464	175
Cancer	3,360	130
Pneumonia and Influenza	655	25
Stroke	558	22
Chronic Lower Respiratory Disease	504	20
Leading Causes of Death in Westchester County, 2014		
Heart disease	1,910	138
Cancer	1,641	132
Stroke	278	20
Chronic Lower Respiratory Disease	274	21
Unintentional Injury	229	20

Source (4)

Hypertension, high cholesterol, and diabetes were among the five most common diseases in adults in the NYPH service area, at 37%, 30% and 19%, respectively. Hypertension, high cholesterol and diabetes are

major contributors to cardiovascular morbidity and mortality. For those adult residents potentially attributed to the NYPH DSRIP PPS, the 2014 DSRIP CNA also identified hypertension, heart disease, high cholesterol, diabetes, HIV/AIDS, and asthma as highly prevalent, as shown in Table 3.

Table 3: Disease Prevalence among Patients Potentially Attributed to the NYP PPS

Category	CUMC (n=14,677)	WCMC (n=3,661)	PPS Partners (n=25,991)
Cardiovascular			
Hypertension	5801 (40%)	1676 (46%)	9145 (35%)
Heart Disease	1271 (9%)	648 (18%)	1711 (7%)
CHF	890 (6%)	306 (8%)	643 (2%)
Highlighted Diseases			
Diabetes	2886 (20%)	1027 (28%)	4633 (18%)
HIV/AIDS*	661 (5%)	530 (14%)	5897 (23%)
Renal Disease	873 (6%)	322 (9%)	886 (3%)
Sickle Cell Disease	65 (<1%)	9 (<1%)	45 (<1%)
Neurologic			
Epilepsy	500 (3%)	147 (4%)	796 (3%)
Dementia	237 (2%)	55 (2%)	154 (<1%)
TBI/Concussion	70 (<1%)	46 (1%)	130 (<1%)
Parkinson's	126 (<1%)	37 (1%)	77 (<1%)
Other Common Diseases			
High Cholesterol	3909 (27%)	1365 (37%)	8236 (32%)
Low Back Pain	2600 (18%)	985 (27%)	5601 (22%)
Glaucoma	1067 (7%)	460 (13%)	2103 (8%)
Hypothyroid	849 (6%)	338 (9%)	1372 (5%)
Respiratory			
Asthma	1544 (11%)	631 (17%)	3466 (13%)
COPD	524 (4%)	267 (7%)	1045 (4%)
Psychiatric			
Depression	2509 (17%)	836 (23%)	4755 (18%)
Substance Abuse	298 (2%)	238 (7%)	3371 (13%)
Bipolar Disorder	326 (2%)	160 (4%)	2241 (9%)
Schizophrenia	383 (3%)	217 (6%)	2120 (8%)
Alcohol Abuse	206 (1%)	97 (3%)	1817 (7%)
Mental Retardation	48 (<1%)	12 (<1%)	69 (<1%)

*Patients with HIV/AIDS were counted using ICD-9 codes, which is of unclear validity in this dataset. Source (5)

Persistent asthma is the most common disease (16%) among children in NYPH’s service area. The largest burden of preventable pediatric hospitalizations in the area is for children with asthma. One in eight children potentially attributed to the NYPH DSRIP PPS had chronic diseases with medical complexity. Pediatric obesity is also of high concern in NYPH’s service area, shown in Table 4.

Table 4: Overweight and Obesity Prevalence by County

Neighborhood	Percentage of Overweight & Obese
Bronx County	31.6%
Brooklyn County	25.7%
New York County	32.4%
Queens County	26.7%
Westchester County*	28.3%

Source (6) *(7)

Mental Health

Depression is among the top five most prevalent chronic conditions in our service area. Also, substance abuse and psychiatric disorders contribute to a large portion of inpatient admissions across all campuses, and an even larger portion of emergency department (ED) visits. In an analysis of the medical needs of adults potentially attributed to the NYPH DSRIP PPS, depression was by far the most commonly identified mental/emotional/behavioral (MEB) disorder, followed by substance abuse and bipolar disorder, as shown in Table 3.

The 2014 DSRIP CNA noted that 11% of safety net patients receiving behavioral health services at NYPH had three or more psychiatric ED visits or inpatient admissions in the past year, a rate near double the regional average. At two of NYPH’s clinics, 18% of patients had three or more ED visits or inpatient admissions in the last year. Furthermore, in these clinics, 25% of patients had not visited a primary care doctor. Studies found many perceive stigma and discrimination in the primary care setting and are more likely to see a primary care physician in a familiar setting

such as their mental health clinic.

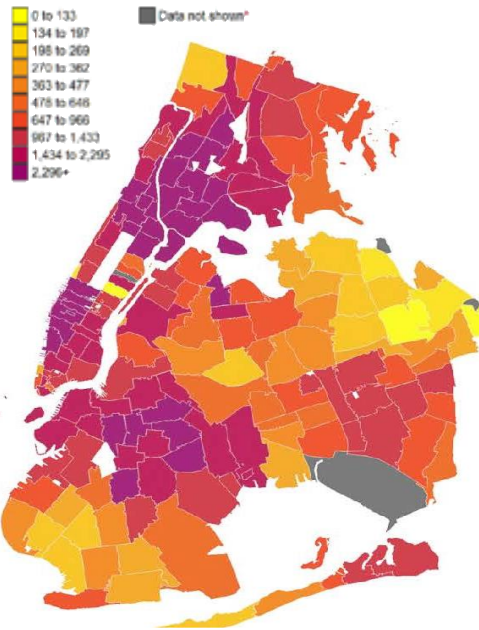
Confirming our findings, DOHMH's *Take Care New York* has also identified mental health as an area of need for New York City. It sets out the goal of reducing the percentage of adults with serious psychological distress who did not get needed mental health treatment from 22% to 20%, a 9% decrease, by 2020.

HIV/AIDS and Sexually Transmitted Disease

The 2014 DSRIP CNA identified HIV/AIDS as a highly prevalent health concern in the NYPH service area, especially among residents in the areas served by the WCMC campus and NYPH partners. The NYPH service area involves much of the epicenter of the nationwide HIV epidemic. Statewide, only 56% of people who have been diagnosed with HIV received any care, and only 44% have undetectable viral loads, thus are not fully benefitting from lifesaving antiretroviral therapy. This reality poses the single largest barrier to ending the HIV/AIDS epidemic.

The 2014 DSRIP CNA also revealed that NYPH serves many of the NYC neighborhoods (Northern Manhattan, Harlem, and the Southwest Bronx) with the highest rates of HIV transmission, disease progression, and death from AIDS; the rates are nearly double those of the NYC average.

Figure 5 Rates of PLWHA per 100,000 Population, by NYC Neighborhood

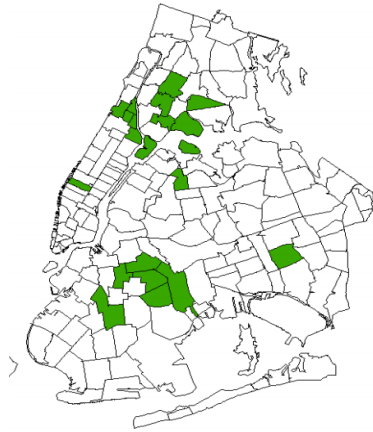


Source (8)

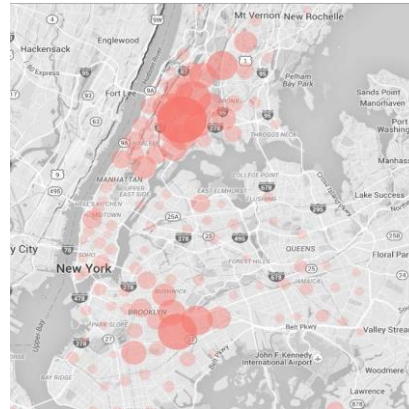
Significant disparities exist in HIV/AIDS/STD incidence, prevalence, and treatment in the NYPH service area. The figures below highlight geographic disparities in the incidence of new HIV/STD cases, and among people living with HIV/AIDS (PLWHA) who are not receiving HIV primary care under Medicaid.

Figure 6 Top Tercile Neighborhoods for New HIV, Gonorrhea and Chlamydia Cases

Figure 7 Rates of Medicaid PLWHA Not Engaged in Care



Source (9)



Source (10)

Although rates of newly diagnosed HIV cases in NYC are decreasing, men who have sex with men (MSM) account for a disproportionately high proportion of new HIV diagnoses, comprising 56.8% of new HIV diagnoses in 2013. *Take Care New York* calls for action to achieve a 79% reduction in new HIV diagnoses in the City, particularly among Black and Hispanic men who have sex with men. In nearly all of the neighborhoods within the NYPH service area, new HIV diagnoses occur disproportionately among Black and Hispanic MSM as compared with white MSM. In NYPH service area neighborhoods with the highest rates of new HIV diagnoses, well over 1/3 of these diagnoses are among Black and Hispanic MSM (11).

Social Determinants of Health

The public input sessions that informed the *2014 NYPH DSRIP PPS CNA* identified multiple health and health service challenges related to the social determinants of health:

- **Affordability.** The costs of living, healthcare, and social services in New York City are high and can be especially burdensome for individuals who are elderly, disabled, and chronically

ill. In addition, respondents raised concern with the affordability of health and health-related goods and services such as prescription medication.

- Culture. Language barriers and cultural factors may prevent some individuals from seeking appropriate care. Culturally diverse providers of care (including community health workers) may understand the reservations of particular populations to seek care and target their needs.
- Education. Several populations would benefit from education about (1) healthier living choices, (2) how to best use the US health care system, and (3) how to obtain sufficient health insurance. Such education would be particularly helpful for elderly patients, newcomers to the health system, and individuals with multiple appointments and complex care.
- Transportation and Technology. Respondents indicated a need to improve accessibility to the transportation system, various support programs, and information technology (such as computers and smart phones).

Since the completing 2014 DSRIP CNA, NYPH also conducted an additional independent study in relation to the social determinants of health. The study *Patient and Family Centered Care for the Lesbian, Gay, Bisexual and Transgender* was done to support care for NYC's nearly 700,000 people who identify as LGBT (or 10% of the general NYC population). While members of this community share many of the same health concerns as the rest of the public, as noted above in the section on HIV, they also face a number of additional significant health risks. Some of these health challenges include increased rates of smoking, alcohol, and substance abuse; increased risk of mental health illnesses; and increased rates of sexual transmitted diseases. Barriers to equitable care include refusal of care from providers and facilities; delayed or substandard care

and mistreatment; and inequitable policies and practices. NYPH has prioritized eliminating these barriers to care in its health system.

3. Identification of Prevention Agenda Priorities

NYPH's *2016 Plan* focuses on three NYS Prevention Agenda Priorities:

- Prevent Chronic Diseases
- Promote Mental Health & Prevent Substance Abuse
- Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections.

Our decision to prioritize these areas for action was supported through the following planning and consultation efforts:

DOHMH Collaboration

NYPH participated with DOHMH and other hospitals on joint planning to identify and address common health priorities. *Take Care New York 2020* is a guiding document for this effort and the priorities above are aligned with the goals and objectives in the report. In addition, DOHMH held Community Consultations across NYC during fall and winter of 2015-2016. At these public events, community members identified the issues they see as most urgent in their neighborhoods and were supportive of the work to be done in the priority areas. NYPH will also participate in the activity-planning efforts DOHMH has proposed for 2017.

DSRIP

The goals are aligned with the Domain 4 priorities selected by the NYP DSRIP PPS Project Advisory Committee. Community collaboration and input are key features of New York's DSRIP effort. Along with conducting an extensive community needs assessment, NYPH, as the

lead of the NYPH DSRIP PPS established a Project Advisory Committee (PAC) that includes over 50 collaborating community healthcare and social services providers as well as community advocates and representatives. The findings of the 2014 DSRIP CNA were discussed and priorities were considered with the PAC at their inaugural meeting. The PAC helped select the projects Tobacco Cessation (Project 4.b.i) and Decrease HIV Morbidity (Project 4.c.i) for the NYPH DSRIP PPS. Notably, the HIV Project is being implemented through the REACH Collaborative (Ready to End AIDS & Cure Hepatitis C). The effort offers a full range of clinical care and support services, and also addresses the determinants of health. To assure activities undertaken to address the CSP work will be aligned and complementary to the DSRIP work, but not duplicative, NYPH will continue to engage the PPS PAC and REACH around implementation of this plan.

Campus Advisory Groups

NYPH fostered continued community participation and outreach activities through linkages with the Advisory Boards and Councils listed below. Additional information about each of these is included in Appendix B.

- The NYP/Columbia Leadership Council
- The NYP/LMH Community Advisory Board
- The NYP/Weill Cornell Community Advisory Board
- The NYP/Westchester Division Community Advisory Board

NYPH has also worked closely with local elected officials and Community Districts 8 and 12 to assess healthcare needs and coordinate efforts to better serve these areas. NYP sent letters to all of the elected officials representing the neighborhoods around the NYPH campuses, advising them of the 2016 CSP planning process and inviting their input. Lastly, NYPH has also assessed

community need in consultation with a wide variety of community physicians that serve patients who receive care at NYPH facilities.

Other Health Issues of Concern

NewYork-Presbyterian is committed to providing quality care and support to our patients and local communities. Through our Community Health Needs Assessment (CNA), we identify health issues that are of concern to our communities and build programs to help address those needs. In the last iteration of our CNA, we identified a number of community health needs in the areas of chronic disease and mental health, and responded with programs designed to address those needs. In addition, the assessment uncovered that our communities suffer from high rates of homicides and deaths due to accidents. In consultation with our community collaborators, we chose to focus on the health needs in the areas of chronic disease, mental health and HIV given our ability to create comprehensive programs that address these issues. We did not identify homicide and accidental deaths as actionable for intervention, given the myriad of contributing social factors which we believe limit our ability to build programs that respond in a comprehensive way.

NYP has invested significant effort and resources in identifying and targeting social determinants of health and investing in our youth to create stronger communities. For example, our Lang Scholars program provides mentoring and support for local youths interested in pursuing medical careers and our CHALK program combats childhood obesity throughout Northern Manhattan. These and other NYP community programs are listed in Appendix C.

4. 2016 Three Year Plan of Action for the Prevention Agenda

The *2016 Plan* builds on the accomplishments of *NYPH's 2013 Community Service Plan*, which identified chronic disease and promotion of mental health as its two Prevention Agenda Priorities. All of the *2013 Plan* objectives were met, setting the stage operationally for the adoption of new interventions as well as the naming of a third priority, addressing HIV. As requested by the Commissioner, NYPH's activities outlined below align with and support but do not duplicate the Domain 4 activities of the NYPH DSRIP PPS.

Action Plan for Prevention Agenda Priority 1: Prevent Chronic Diseases

NYPH will work to address this area with groups like the Chinese Community Partnership for Health, the NYS Psychiatric Institute, Harlem United, the Charles B. Wang Community Health Center, the Manhattan Smoke-free Partnership, and DOHMH. These organizations have specialized resources to support access to care for low-income groups and groups facing high health disparities.

	Outcome Objective	Interventions, Strategies & Activities	Process measures	Partner role	Partner Resources	By When	Disparity
Focus Area 1 Goal #2	Increase access to smoking cessation resources	Identify patient materials, educate providers about resources and disseminate to patients	# of patients informed	Disseminate materials, make referrals	Staff time	June 2017	Low SES and MEB disorders
		Create linkages with local healthcare providers to increase access	# of referrals to NYS Quitline				
	Increase capacity to address and treat tobacco use amongst community residents	Promote policy change by participating in the Manhattan Smoke-Free Partnership	# of meetings attended	Convene meetings, share materials	Staff time. The Partnership is led by Public Health Solutions.	March 2017	Low-income youth
		Disseminate smoking cessation information in Lower Manhattan, Upper Manhattan, and among low-income families on the Upper East Side	Quantity of materials disseminated	Disseminate materials, make referrals	Staff time	Dec. 2018	Smoking rates among Asian, Hispanic, and low-income populations

	Foster interdisciplinary approach to treating tobacco use	Create online training modules for providers, supplemented with face-to-face sessions	# of providers who have participated in at least one online module and/or in-person session	Develop the training	Provide and help adapt online training modules for use by NYP staff	January 2018	
		Implement electronic referral to NYS Quitline	# of referrals to NYS Quitline			Dec. 2017	

Action Plan for Prevention Agenda Priority 2: Promote Mental Health and Substance Abuse

NYPH will be working with the National Alliance of Mental Illness (NAMI) Westchester on Focus Area 1 and Goal 1.

	Outcome Objective	Interventions, Strategies & Activities	Process measures	Partner role	Partner Resources	By When	Disparity
Focus Area 1 Goal #1	Provide community access to mental health programs	Westchester Campus will sponsor the Addictions Recovery Fair and Mental Health Fair to familiarize community residents with available resources in Westchester	# of persons served	Service provider	Services complementary to those at NYP, including but not limited to support groups, residential support (including long-term)	Ongoing (2017-2018)	
	Provide information on mental health issues and tools to cope with them	Westchester Campus will sponsor a Community Lecture Series: 8 lectures per year providing information on a variety of mental health topics such as depression, autism, addictions, etc., and tools to address them	Distribution of lecture notice and Participation in panels for lecture series	Distribution of lecture notice	Staff time		
		Speakers' Bureau: Clinicians provide professional development, talks at houses of worship, etc., on mental health topics	# of requests for speakers and # of attendees at each event	Participate in panels for lecture series	Staff time		
		Community Newsletter	# copies distributed in print and growth of digital distribution list	Distribution of newsletter	Staff time		

NYPH will work with the indicated organizations on Focus Area 3.

	Outcome Objective	Interventions, Strategies & Activities	Process measures	Partner role	Partner Resources	By When	Disparity
Focus Area 3 Goal #1	Train community members to better identify the early signs of depression and other mental illnesses	Provide Free Mental Health First Aid (MHFA) and Youth MHFA courses	Pre- and Post-tests during mental health training and yearly surveys	NYC DOHMH	Staff time, communication channels for dissemination of training opportunities, evaluation resources	Dec 2018	
		Invite local clergy to a Mental Health Breakfast Summit to promote awareness of the challenges of mental illness in our communities	# of participants who pursue MHFA training	Various community churches will host and support outreach/recruitment	Staff time, meeting space	August 2017	Decreased use and access to mental health practitioners
	Outcome Objective	Interventions, Strategies & Activities	Process measures	Partner role	Partner Resources	By When	Disparity
Focus Area 3 Goal #2	Provide onsite assessment of mental health issues when no psychiatrist is present	Increase the availability of clinical assessment for MEB health through the introduction of Tele-psychiatry in the ER	# times technology is employed	Partnership with mental health professionals at WCMC	On-call mental health professional	January 2018	

Action Plan for Prevention Agenda Priority 3: Prevent HIV/STDs, Vaccine-preventable diseases and health care-associated infections

A major vehicle for implementing this effort will be the REACH Collaborative. Current members include: NYP, ASCNYC, the Washington Heights Corner Project (WHCP), Argus Community Inc., Dominican’s Women’s Development Center (DWDC), Village Care and Harlem United.

	Outcome Objective	Interventions, Strategies & Activities	Process measures	Partner role	Partner Resources	By When	Disparity
Focus Area 1 Goal #1	Increase the number of Medicaid beneficiaries who received two sequential anti-retroviral medication scripts and/or attended two office visits within the previous 12 months	Increase early access to and retention in care for both undiagnosed and known HIV+ residents in order to increase viral suppression & prevent transmission and avoidable hospitalizations	# with two visits or two filled antiviral prescriptions for HIV or care or HIV prevention (e.g., PrEP) in a 12 month period	REACH Collaborative members will be providing HIV screening, linkage to, engagement and retention in care	Staff time and expertise	Dec. 2018	Timely access to quality interdisciplinary primary care for Medicaid recipients; Black and Hispanic MSM
		Co-locate primary care, HCV, psychiatry, substance abuse treatment, dental care, GYN care, geriatric services, anal cancer screening and treatment, social work and nutrition services at both the east and west NYP campuses	%/# of people with active chronic HCV linked to care (at least one visit)			Dec. 2018	Timely access to quality interdisciplinary primary care for Medicaid recipients; LGBT residents

		Promote the delivery of services (i.e., PrEP/PEP) at ambulatory centers, community partners to at-risk individuals (e.g., partner services) to keep them HIV-free	# with two filled antiviral prescriptions for HIV prevention (e.g., PrEP) in a 12 month period		CHW's and Peers to identify patients at risk, provide PrEP/PEP, community outreach	Dec. 2018	
		Address co-factors that impact engagement in care and health outcomes, e.g., homelessness, substance use, history of incarceration, mental health: increase mental health services at NYP, link patients from NYP to programs addressing social determinants	#/% of people living with HIV with avoidable ED or inpatient admissions within previous 12 months		Residential programs, housing, community re-entry for incarcerated, harm reduction & substance abuse treatment, educational & economic development	Dec. 2018	Homelessness, unstable housing, incarceration and substance abuse
Focus Area 1 Goal #2	Outcome Objective	Interventions, Strategies & Activities	Process measures	Partner role	Partner Resources	By When	Disparity
	Increase access to HIV care	ED Navigator to refer patients to available infectious disease physicians at another campus or arrange to have physician on site	ED Navigator will self-report # of referrals			Dec. 2018	Increase access for patients with low SES and MEB disorders
		Expand HIV testing and preventive services (PEP, PrEP) capacity to	# with filled antiviral prescriptions for HIV			Dec. 2018	

		accommodate walk-ins and referrals	prevention (e.g., PrEP) in a 12 month period				
Focus Area 2 Goal #1	Outcome Objective	Interventions, Strategies & Activities	Process measures	Partner role	Partner Resources	By When	Disparity
	Increase access and engagement in Hepatitis C (HCV) care; increase access to STD screening and treatment	Community partner joint staffing Mobile Medical Unit (MMU) for HIV testing, HIV prevention services, and identification of HIV+ clients lost to care to promote re-engagement. Identify and engage clients not currently in care or at risk for HIV and engage in prevention services	# with two visits or two filled antvirals for HIV or HIV prevention (e.g., PrEP) in a 12 month period	Harlem United (REACH Collaborative member)	Linkage to care through mobile van outreach	Dec. 2018	
		Implement multisite testing for STDs; REACH CHWs increase capacity for HIV/HCV testing	# persons screened		CHWs to provide HIV/HCV/STD testing and linkage to care	Dec. 2018	
		Community partners and care coordinators link HCV patients to care at east and west NYP campuses	# persons screened		CHWs to provide HIV/HCV/STD testing and linkage to care	Dec. 2018	

5. Maintaining Engagement with the Community

NYPH is committed to serving the many neighborhoods comprising its service area and recognizes the importance of preserving a local community focus to effectively meet community need. NYPH has fostered and will continue to pursue community participation and outreach through various avenues, including but not limited to: the New York-Presbyterian/CUMC Community Leadership Group, the New York-Presbyterian/Weill Cornell Community Advisory Board, the Westchester Division Consumer Advocacy Committee, and the New York-Presbyterian/ Lower Manhattan Hospital Community Advisory Board. NYPH has also recently created the New York-Presbyterian/Allen Hospital Community Leadership Group to support community input for programs conducted near that campus. The Project Advisory Committee of the NYPH DSRIP PPS and the other collaborators who actively participate in the NYPH DSRIP PPS projects will also continue to serve as focal points for community input and active engagement.

In addition to engaging community members around the specific activities of the Plan of Action for the Prevention Agenda, NYPH will continue to foster community engagement through its dozens of ongoing community programs. NYPH's activities include:

- **Education and Skill-building Efforts** such as health lectures, classes, trainings, and mentorship
- **Access to Care Projects** that facilitate screenings and referrals
- **Community Coalitions & Advocacy**, which includes leading community groups and undertaking community change efforts
- **Support Groups** to address challenging health and mental health issues like disease management, parenting, breastfeeding, and depression

- **Other Community Projects**, which includes efforts like blood drives, sustainability efforts, small grant-making and sponsorships, and hosting farmer’s markets

Many of these efforts directly support components of the *NYS Prevention Agenda, Take Care New York*, and the *US Healthy People 2020* goals. Appendix C includes a table summarizing current efforts.

6. Dissemination of the Report to the Public

The completion and availability of the plan will be announced via NYPH social media channels.

The following internal and external groups will receive hard copies of the plan and may also have a presentation about the final plan (if the group desires):

- Building Bridges, Knowledge, Health (BBKH) coalition
- Chinese Community Partnership for Health
- Choosing Healthy and Active Lifestyles for Kids (CHALK)
- City and State elected officials in the Manhattan Community Board areas 1, 2, 3, 8, 10, 12
- Community Physicians of New York-Presbyterian
- Manhattan Community Boards 1, 2, 3, 8, 10, 12
- New York-Presbyterian Ambulatory Care Network Community Advisory Board
- New York-Presbyterian Hospital PPS Project Advisory Committee
- New York-Presbyterian Youth Task Force
- New York-Presbyterian/Allen Hospital Community Advisory Board
- New York-Presbyterian/Columbia University Medical Center Community Leadership Council
- New York-Presbyterian/Lower Manhattan Community Advisory Board

- New York-Presbyterian/Weill Cornell Medical Center Community Advisory Board
- New York-Presbyterian/Westchester Consumer Advisory Board
- NYC DOHMH
- NYC Population Health Improvement Program
- NYS DOH
- REACH (Ready to End AIDS and Cure Hepatitis C) Collaborative

Members of the public can obtain a copy of the plan by visiting www.nyp.org or contacting the NYPH Office of Government and Community Affairs at (212) 305-2114.

Appendices

Appendix A: Main Sites and Programs

Main Sites	
New York-Presbyterian Hospital	622 West 168th Street New York, NY 10032
New York-Presbyterian/Columbia University Medical Center	177 Fort Washington Ave New York, NY 10032
New York-Presbyterian/Lower Manhattan Hospital	170 William Street New York, NY 10038
New York-Presbyterian/Morgan Stanley Children's Hospital	3959 Broadway New York, NY 10032
New York-Presbyterian/Weill Cornell Medical Center	525 East 68th Street New York, NY 10065
New York-Presbyterian/Westchester Division	21 Bloomingdale Road White Plains, NY 10605
New York-Presbyterian/Allen Hospital	501 W 218th St New York, NY 10034
Ambulatory Care Network Primary Care Sites & Specialty - Weill Cornell	
Associates in Internal Medicine Practice (AIM East)	1150 Saint Nicholas Avenue New York, NY 10032
Vincent P. Dole Treatment and Research Institute for Opiate Dependency	503 East 70th Street, 1st Floor New York, NY 10021
Weill Cornell Internal Medicine Associates at Helmsley Medical Tower	505 East 70th Street, 4th Floor New York, NY 10021
Weill Cornell Internal Medicine Associates at Wright Center	1484 1st Avenue, 2nd Floor New York, NY 10021
Helmsley Medical Tower Pediatrics	505 East 70th Street, 5th Floor New York, NY 10021
Helmsley Medical Tower Women's Health	505 East 70th Street, 5th Floor New York, NY 10021
Irving Sherwood Wright Medical Center on Aging	1484 1st Avenue, 1st Floor New York, NY 10021
Pediatric Center for Special Studies	505 East 70th Street, 5th Floor New York, NY 10021
Center for Special Studies - David E. Rogers	53 West 23rd Street New York, NY 10011
Center for Special Studies - Glenn Birnbaum	525 East 68th Street, Baker 24 New York, NY 10065

Ambulatory Care Network Primary Care Sites & Specialty - Milstein / CHONY / Allen	
Associates in Internal Medicine Practice (AIM West)	622 West 168th Street, 2nd FL New York, NY 10032
Audubon Pediatric Clinic	21 Audubon Ave New York, NY 10032
Audubon Family Planning Practice & Young Men's Clinic	21 Audubon Avenue, 1st Floor New York, NY 10032
Broadway Practice	4781 Broadway New York, NY 10034
Charles B. Rangel Community Health Center	534 W 135th St New York, NY 10031
Child Advocacy Center	722 West 168th Street 8th Floor, Room 820 New York, NY 10032
Comprehensive Health Program - Adults	Harkness Pavilion 180 Fort Washington, 6th Floor New York, NY 10032
Comprehensive Health Program: Pediatrics, Young Adults and Women Services	Project STAY 622 West 168th Street, 4th Floor New York, NY, 10032
Farrell Family Medicine	610 W 158th St New York, NY 10032
Fort Washington Dental Practice	99 Fort Washington Avenue New York, NY 10032
Urgent Care Center	21 Audubon Avenue New York, NY 10032
Washington Heights Family Health Center	575 West 181th Street New York, NY 10033
School Based Health Centers	
IS 52 School-Based Health Center	650 Academy Street, Room 229 New York, NY 10034
IS 136 Bread & Roses High School School- Based Health Center	6 Edgecombe Avenue, Room 119 New York, NY 10030
IS 143 School-Based Health Center	515 West 182nd Street, Room 101 New York, NY 10033
IS 164 School-Based Health Center	401 West 164 Street, Room 313 New York, NY 10032
George Washington Educational Campus School-Based Health Center	549 Audubon Avenue New York, NY 10034

Harlem Children's Zone Promise Academy School-Based Health Center	245 West 129th Street, New York, NY 10027
Thurgood Marshall Academy School-Based Health Center	200-214 West 135th Street, Room 007 New York, NY 10030
John F. Kennedy High School	99 Terrace View Ave, Bronx, NY 10463
Women, Infants, and Children (WIC) Nutrition Programs	
WIC Program	<p>534 West 135th Street New York, NY 10031</p> <p>534 West 135th Street New York, NY 10031</p> <p>622 West 168th Street, 4th floor New York, NY 10032</p> <p>549 West 180th Street, 2nd floor New York, NY 10033</p> <p>68 Nagle Avenue New York, NY 10040</p>
Services for Older Adults	
Fort Washington Geriatric Practice	99 Fort Washington Avenue New York, NY 10032
Specialized Services	
Avon Foundation Breast Imaging Center	1130 Nicholas Avenue at 166th Street New York, NY 10032
Center for Acute Respiratory Failure	161 Fort Washington Avenue, 3rd Floor New York, NY 10032
Center for Advanced Digestive Care	525 East 68th Street New York, NY 10065
Center for Autism and the Developing Brain	21 Bloomingdale Road White Plains, NY 10605
Center for Eating Disorders	21 Bloomingdale Road White Plains, NY 10605
Center for the Performing Artist	1300 York Avenue New York, NY 10065
Early Childhood Direction Center	409 East 60th Street, Suite 3-312 New York, NY 10022
ECMO Program	161 Fort Washington Avenue, Third Floor New York, NY 10032

Hyperbaric Oxygen (HBO) Therapy	525 East 68th Street Greenberg Pavilion, 8th Floor New York, NY 10021
Iris Cantor Men's Health Center	425 East 61st Street New York, NY 10065
Multidisciplinary Amyloidosis Program	1300 York Avenue New York, NY 10065
Pastoral Care Services (All Campuses)	<p>Pauline A. Hartford Memorial Chapel PH building Floor 1 New York, NY 10032</p> <p>The Milstein Chapel Milstein Building, 5th Floor New York, NY 10032</p> <p>Leland Eggleston Cofer Memorial Chapel 525 East 68th Street New York, NY 10065</p> <p>Mila Conanan Memorial Chapel 501 W 218th St New York, NY 10034</p> <p>Stubenbord Memorial Chapel 21 Bloomingdale Road, Room 101 White Plains, NY 10605</p>
Price Family Center for Comprehensive Chest Care	161 Fort Washington Avenue, Third Floor New York, NY 10032
Sackler Brain and Spine Institute	525 East 68th Street Greenberg Pavilion, 2nd Floor New York, NY 10021
Smoking Cessation	505 East 70th Street, Helmsley Tower, 4th floor New York, NY 10021
Social Work	622 West 168th Street New York, NY 10032
Women At Risk	622 West 168th Street New York, NY 10032

Youth Anxiety Center	3 Columbus Circle, Suite 1425 (Formerly 1775 Broadway) New York, NY 10019
NYP PPS PAC Membership as of 9-7-2016	
ASCNYC	Metropolitan Center for Mental Health
Methodist Home for Nursing & Rehabilitation	Charles B Wang Community Health Center
New York-Presbyterian Hospital	ACMH, Inc.
Lutheran Social Services of NY	Argus Community, Inc.
Lenox Hill Neighborhood House	Mexican Coalition
Iris House	Washington Heights Business Improvement District
Blythedale Children's Hospital	Carter Burden Center
Community Healthcare Network	Pace University
Dominican Women's Development Center	Community Board 1
Visiting Nurse Service of New York	Inwood Community Services
Upper Manhattan Mental Health Center	JCC Washington-Heights Inwood
Project Renewal, Inc.	Broadway Housing Community
Community League in the Heights (CLOTH)	ARC Ft. Washington Senior Center
Weill Cornell Medicine	Columbia Community Membership
ArchCare	Stanley Isaacs Center
Hostos	Council of Senior Centers and Services
VillageCare	NY State Nursing Association
Washington Heights CORNER Project	Riverdale Community Center
New York State Psychiatric Institute	YM & YWHA of Washington Heights and Inwood
St. Mary's Healthcare System for Children	1199SEIU Training and Employment Funds
Harlem United / Upper Room AIDS Ministry	Palanque & Associates
Northern Manhattan Improvement Corporation	United Methodist
NYS Senator Adriano Espaillat's Office	Volunteers of America
Realization Center	Columbia University Medical Center
Hebrew Home	Metropolitan Jewish Health System
Isabella Geriatric Center	NYCDOHMH
Community Providers and Other Specialty	
Theodore C. Docu, MD, PC	5750 Mosholu Ave Bronx, NY 10471
Gabriel R. Guardarramas, MD	600 W 111th St # 1E New York, NY 10025
José R. Jerez, MD	622 W 168th St #1291 New York, NY 10032

Andres M. Pereira, MD	47 Sickles St New York, NY 10040
AJS Medical Practice	Community Healthcare Network
Access CHC	Charles B. Wang Community Health Center
Harlem United / Upper Room AIDS Ministry	Elizabeth Seton Pediatric Center / Children's Rehab Center
Faith-Based Organizations	
Bethel Gospel Assembly	New Creation Ministries
Cathedral of St. John the Divine	Northern Manhattan Perinatal Partnership
Centro Altagracia de Fe y Justicia	Open Hands Legal Services
Clinical and Translational Science Center	The Bowery Mission - Men and Women's Programs
La Puerta Estrecha Church	United Methodist Church
Mission of Hope Ministries	Van Nest Assembly of God
New Beginnings Church	Young Lives Organizations
Mental Health and Substance Use Providers	
ACMH	Fountain House
Project Renewal, Inc.	The Bridge
Cornerstone Treatment Facilities	Metropolitan Center for Mental Health
Realization Center, Inc.	Upper Manhattan Mental Health Center, Inc.
Create, Inc.	New York State Psychiatric Institute (NYSPI)
St. Christopher's Inn	Washington Heights CORNER Project

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Appendix B: NYP Community Groups

The NYP/Lower Manhattan Hospital Community Advisory Board: Since 1975, well before the merger with NYPH, LMH's Community Advisory Board has provided a forum for the ongoing conversation between the Hospital and the diverse communities it serves. The Board convenes individual, institutional and elected representatives from Lower Manhattan to identify and respond to the healthcare needs of the community, to consider issues pertaining to patient service and emergency preparedness, and to promote Hospital services. The Board meets quarterly.

The NYP/Columbia Leadership Council: The Leadership Council was established in 2004. The Council provides the opportunity for community leaders and residents to directly engage Hospital senior leadership and collaboratively develop ways to address community concerns. The Committee also engages elected officials.

The NYP/Weill Cornell Community Advisory Board: The NYP/Weill Cornell Community Advisory Board enhances communication and cooperation between the Hospital and the communities that it serves. The Board identifies health needs of the community, participates in determining how best to meet those health needs where appropriate, initiates the development of a collaboration between the Hospital and community-based organizations and brings internal service delivery problems to the attention of Hospital administration. The Committee meets twice annually.

The NYP/Westchester Division Community Advisory Board: The NYP/Westchester Division Community Advisory Board was established in 2013 to enhance communication and collaboration between the Hospital and diverse sectors of the community. The Advisory Board is comprised of 15 community leaders and residents who meet with senior Hospital leadership twice a year to discuss new programs/services, and address relevant health care issues impacting patient, community stakeholders/partners and the community at large.

Community Physicians of NYP/Columbia: This organization of independent physicians in private practice provides a forum for discussion and networking for NYPH and the many community physicians practicing in large sectors of the Hospital's service area in Northern Manhattan. Notifications of meetings are sent to all community physicians who have been identified as having an interest in participation. NYPH's outreach has resulted in building an organization of more than 200 community physicians. This group meets monthly with administrative and clinical leaders to discuss issues such as healthcare access, emergency services, and collaborations for diabetes management, obesity prevention, and asthma control as well as health promotion efforts. In addition, community physicians serve as mentors to participants in the Lang Youth Program, a six-year longitudinal science enrichment, youth development program for student grades 6-12 who reside in Washington Heights and Inwood.

Appendix C: Inventory of Community Activities

NYPH Projects Supporting the Community	Supports the NYS Prevention Agenda							Addresses a Healthy People 2020 Social Determinant of Health (Education, Social & Community Context, Economic Stability, Neighborhood & Built Environment, Health & Health Care)
	Ambulatory Care Network	NYP/CUMC	NYP/CHONY	NYP/Allen	NYP/Westchester	NYP/MCMC	NYP/LM	
Audubon Clinic	X							X
Amputee Education and Support Group		X						X
Avon Breast Cancer Screening	X	X						X
Burn Outreach						X		
Center for Community Health Navigation	X	X	X	X		X	X	X
CHALK - Choosing Healthy and Active Lifestyles for Kids	X	X				X		X
Chinese Community Partnership for Health							X	X
Colorectal Health Fair		X						X
Community and Faith-based Partnership Program	X							X
Community Mental Health Fair					X			X
Community Newsletters		X			X	X		
Community Sponsorships	X	X	X	X	X	X	X	
Day of Hope	X							X
Domestic Workers Health Fair	X							X
DOVE Domestic Violence Support Groups		X						
Dunk the Junk	X							X
Early Childhood Direction Center						X		X
Eastside Taskforce for Homeless Outreach and Services	X					X		
Falls Prevention Fair						X		X
Family PEACE Program	X							X
Grantwriting Workshop		X						
Hands-only CPR						X		
Health 4 Life	X					X		X
Health Education and Adult Literacy	X							X
Health Events For Bodegueros	X							X
HealthOutreach		X		X		X		X
Healthy City Kids Program	X					X		X
Healthy Schools, Healthy Families	X	X						X
Heart of Hearts Program		X						
Homeless Outreach Programs		X				X		X
Jay Monahan Center for Gastrointestinal Health Support Groups						X		
Lang Youth Medical Program	X	X						X
LiveOnNY		X	X			X		
Manhattan Cancer Services Program	X							X
Mental Health First Aid Training for the Faith Community	X							X
Mentoring at Inwood Early College for Health and Information Technologies		X						X
Neighborhood Fund		X						
Northern Manhattan Cancer Screening Partnership		X						X
NYP Community Festival		X						
NYPGreen		X	X	X	X	X	X	X
Perelman Heart Health						X		X
Project K.I.S.S.	X					X		X
Project SEARCH Collaborates for Autism					X			X
Project STAY at CHP	X							X

Appendix C: Inventory of Community Activities Continued

NYPH Projects Supporting the Community	NYPH Regional Offices							Supports the NYS Prevention Agenda	Addresses a Healthy People 2020 Social Determinant of Health (Education, Social & Community Context, Economic Stability, Neighborhood & Built Environment, Health & Health Care)
	Ambulatory Care Network	NYP/CJMC	NYP/CHONY	NYP/Allen	NYP/Westchester	NYP/WCMC	NYP/LM		
Prostate Cancer Screening Day						X			
Prostate Cancer Panel						X			
Reach Out and Read	X	X	X						X
Resume Writing and Interview Skills Workshop		X	X						X
School-based Health Centers	X								X
Senior Resource Fairs						X			
Smoking Cessation		X				X		X	X
STEM Career Day with NYCDOE						X			
Stroke Support Group						X			
Taxi Drivers Health Fair	X							X	X
Teen Conference	X								X
Turn 2Us	X		X					X	X
WIC Program	X							X	X
WIN for Health	X							X	X
Women's Health Lunch at Bowery Mission	X							X	X
Youth Mental Health First Aid	X							X	X
Youth Taskforce	X								X

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- 10) Map courtesy of Feller, NYS DOH 2016, from presentation by Gordon P, Merrick S, Chang S. NYP HIV DSRIP Projects Update. NYP PPS Executive Committee Meeting. Milstein Hospital, New York, NY. March 21, 2016.
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