

**Community Service Plan  
New York Methodist Hospital  
September 2009**

**I. Mission Statement**

**A. Mission Statement for New York Methodist Hospital**

**The mission of New York Methodist Hospital, a member of the New York-Presbyterian Healthcare System, is to provide excellent healthcare services in a compassionate and humane manner to the people who live and work in Brooklyn and its surrounding areas.**

The Hospital is a non-sectarian, voluntary institution, which includes an acute care general facility and an extensive array of ambulatory and outpatient sites and services. New York Methodist Hospital has an historic relationship with the United Methodist Church.

In serving its community, the Hospital works to achieve these primary objectives:

- To make services accessible to patients and physicians without regard to age, sex, race, creed, national origin or disability;
- To provide patients with an environment that assures the continuous enhancement of patient safety.
- To serve as an educational and research center for the training and continuing education of physicians, nurses and healthcare professionals committed to the Brooklyn community;
- To provide an active ecumenical program of pastoral care and to conduct a clinical pastoral education program;
- To offer an environment that is responsive to new and changing technologies and management principles that will stimulate creative solutions for our patients, physicians and employees;
- To assess periodically the healthcare needs of the community and to respond to these needs with healthcare services, including health education for patients and community residents; and
- To work with members of the New York-Presbyterian Healthcare System and other healthcare institutions, physicians and community groups in jointly pursuing the delivery of quality healthcare services, medical education and clinical research.

*Reviewed and Revised by the Board of Trustees, June 2009*

## **B. Changes to the Mission Statement**

The first bullet point was broken into two points and wording changed slightly to increase clarity. No substantive changes were made.

## **II. Service Area**

### **A. Hospital Service Area**

Although the New York Methodist Hospital is located in Park Slope and is an important healthcare, community service and economic anchor in the Park Slope neighborhood, it serves the entire borough of Brooklyn (Kings County).

The late 1990s saw the largest influx of immigration to New York City since the beginning of the 20<sup>th</sup> century. This dramatically changed the demography of Brooklyn, greatly increasing the number of foreign-born inhabitants of the borough. This wave of immigration was especially unique in that the patterns of immigration were extremely diverse; of the various countries represented by Brooklyn residents, no single one accounts for more than 10 percent of all first-generation immigrants.

The borough of Brooklyn has long been known for its economic, social, racial, religious and ethnic diversity. During the last century, the individual neighborhoods of Brooklyn were often fairly homogeneous; today, that is less true as new immigrant groups have moved into neighborhoods that were traditionally home for a single ethnic group and some minority communities, previously considered to be in the lower socioeconomic stratum have been partially or almost entirely “gentrified.”

### **B. Description of Service Area**

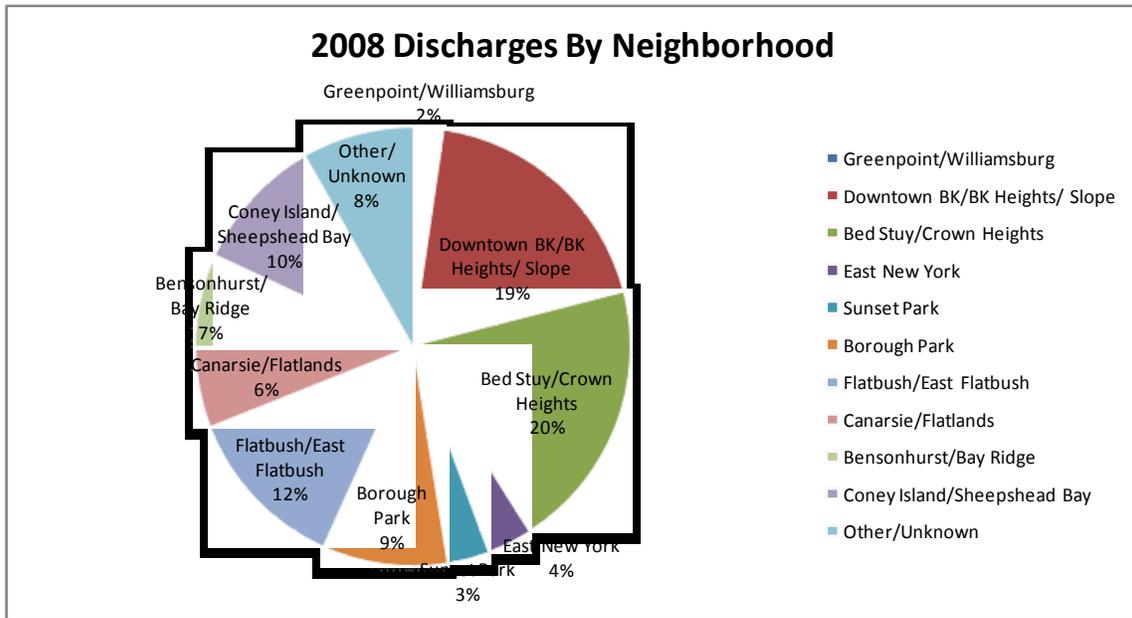
During the years since 1990, the Hospital, which has seen an increase in its census of 71 percent, (from 20,696 to 35,403 patients annually) has also increased its service to patients in every one of Brooklyn’s communities. As the attached chart (Exhibit 1) and chart (Exhibit 2) demonstrate, in some cases, the increase within neighborhoods is truly remarkable; for example, while the chart shows a stable population of patients from the Hospital’s surrounding areas of Brooklyn Heights, Downtown Brooklyn and Park Slope, it shows a 333 percent increase in patients from the Bedford Stuyvesant and Crown Heights communities, a 202 percent increase in patients from Flatbush and East Flatbush and a 91 percent increase in patients from Sheepshead Bay and Coney Island. The data presented in this chart is used by the Hospital to define its service area.

**Exhibit 1: Summary of Discharges by Neighborhood, 1990-2008**

<b>Neighborhood</b>	<b>1990</b>	<b>1995</b>	<b>2000</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>Change 2007- 2008</b>	<b>Change 1990- 2008</b>
<b>Greenpoint/ Williamsburg</b>	244	313	563	656	693	634	710	12%	191%
<b>Downtown B'klyn/Heights/ Slope</b>	5,700	5,436	5,452	5,221	5,523	5,564	5,748	3%	2%
<b>Bed Stuy/Crown Hts</b>	1,424	2,245	3,449	5,013	5,105	5,634	6,162	9%	333%
<b>East New York</b>	367	409	643	1,026	1,016	1,068	1,042	-2%	184%
<b>Sunset Park</b>	1,040	1,034	1,059	947	965	935	952	2%	8%
<b>Borough Park</b>	2,109	2,788	2,911	2,772	2,931	2,969	2,841	-4%	35%
<b>Flatbush/East Flatbush</b>	1,252	2,111	2,650	3,455	3,357	3,635	3,783	4%	202%
<b>Canarsie/Flatlands</b>	763	889	1,296	1,779	1,764	1,912	1,853	-3%	143%
<b>Bensonhurst/Bay Ridge</b>	1,679	1,744	1,838	1,728	1,796	1,926	2,104	9%	25%
<b>Coney Is/Sheeps head Bay</b>	1,599	2,565	3,418	3,227	3,174	3,229	3,051	-6%	91%
<b>Other/Unknown</b>	1,653	1,,909	2,042	1,947	2,145	2,312	2,511	9%	52%
<b>Subtotal</b>	17,810	21,457	25,321	27,771	28,469	29,818	30,757	3%	73%
<b>Newborn</b>	2,886	3,060	3,520	4,461	4,275	4,454	4,646	4%	61%
<b>Total</b>	20,696	24,517	28,841	32,232	32,744	34,272	35,403	3%	71%

**SOURCE: NYM Department of Finance, March 2009**

**Exhibit 2: Summary of Discharges by Neighborhood, 2008**



**SOURCE: Department of Finance, March 2009**

### **III. Public Participation**

#### **A. Participants**

Participants in the process of assessing community needs included members of the Hospital's Community Council, members of and attendees at a meeting of the Youth/Human Services/Education Committee of Community Board 6 and members of and attendees at a meeting of the Park Slope Civic Council. An open invitation to all residents of the community was also issued through the Hospital's website.

#### **B. Outcomes**

The following outlines the Hospital's attempts to gather community input for its Community Service Plan:

##### **1. January 20, 2009 and April 22, 2009: Meetings of the New York Methodist Hospital Community Council**

The Hospital has a Community Council that meets quarterly. The membership is drawn from numerous community organizations, agencies, religious institutions and businesses so as to provide a broad representation of the local community.

At the January 20, 2009 meeting of the Council, Lyn Hill, vice president for communication and external affairs, explained the New York State Department of Health requirement that all Hospitals submit regular Community Service Plans. She distributed copies of past plans and described the ways in which the requirements for the plans will change this year.

Members of the group suggested that parents and parenting were important in the Park Slope community.

At the April 22, 2009 meeting, Ms. Hill distributed copies of a power-point presentation on the State's Priority Prevention Areas. She asked for discussion of the Council members' thoughts about which two or three areas might be most fruitful for the Hospital to pursue in its Community Service Plan. The following areas were noted by various members: Access to Quality Care (one member), Tobacco Use (two members), Physical Activity/Nutrition (three members), Mental Health/Substance Abuse (three members). Members of the group were also asked to email or call with further suggestions.

In follow-up email communications, one member suggested that Mental Health/Substance Abuse be considered a priority and another suggested consideration of eyesight problems in school-aged children.

**2. March 25, 2009: Meeting of the Youth/Human Services/Education Committee of Community Board 6**

At this meeting, Ms. Hill, briefly outlined the new requirements for the Hospital's Community Service Plan and distributed copies of the State's "Prevention Agenda toward the Healthiest State." Members of this committee, which is the Community Board committee with health as part of its portfolio, were provided with Ms. Hill's email address, telephone number and mailing address and invited to submit their comments and suggestions.

There were no responses to the invitation.

**3. April 2, 2009: Meeting of the Park Slope Civic Council Board of Trustees**

At this meeting, Ms. Hill briefly outlined the new requirements for the Hospital's Community Service Plan and distributed copies of the State's "Prevention Agenda toward the Healthiest State." Members of this board were provided with Ms. Hill's email address, telephone number and mailing address and invited to submit their comments and suggestions.

Several trustees spoke to Ms. Hill at the meeting. Nearly all of these trustees chose Healthy Mothers, Health Babies, Healthy Children and Physical Activity and Nutrition. One of the trustees chose Tobacco Use. In follow-up email responses, one trustee chose Access Quality Health Care, Physical Activity and Nutrition and Unintentional Injury and another chose Access Quality Health Care, Physical Activity and Nutrition and Healthy Environment.

**4. Website Request for Community Service Plan Input: April 14, 2009 to present.**

The following request was put on our website on April 14, 2009:



## **We Need Your Input! Tell Us What You Think the Top Health Priorities Should Be**

The process of developing a new three-year Community Service Plan (CSP) is currently getting underway at New York Methodist Hospital. Several community groups have already been invited to provide input regarding health priorities for the Hospital to address. All community members are invited to submit their ideas and input for the new plan, with specific reference to assessment of community health needs for New York Methodist Hospital's service area: the borough of Brooklyn.

Specifically, members of the community are asked to consider which two or three New York State-designated Prevention Agenda Priorities they feel are most important for the Hospital to address in its CSP. The State's 10 Prevention Agenda Priorities are:

- Access to Quality Health
- Tobacco Use
- Healthy Mothers/Healthy Babies/Healthy Children
- Unintentional Injury
- Healthy Environment
- Physical Activity/Nutrition
- Chronic Disease
- Infectious Disease
- Community Preparedness
- Mental Health/Substance Abuse

Please address all comments regarding the Hospital's Community Service Plan to Lyn Hill, Vice President for Communication and External Affairs, via email: [lhill@nym.org](mailto:lhill@nym.org) or phone: 718 780-3301 or snail mail: New York Methodist Hospital, 506 Sixth Street, Brooklyn, N.Y. 11215.

To date there have been no responses to the invitation.

#### IV. Assessment of Public Health Priorities

##### A. Criteria of Assessment of Priorities

As required, NYM met with the Local and State Departments of Health on two separate occasions to review data collection and analysis:

- **February 2, 2009: Meeting of New York Hospitals and the New York State Department of Health (DOH) and New York City Department of Health/Mental Hygiene (DOHMH) to review data collection tools.**

This meeting, sponsored by the Greater New York Hospital Association, offered hospitals the opportunity to collaborate with the City and State Departments of Health. Loren Avellino, NYM community affairs coordinator, attended. DOH provided an overview of the public health priority assessment strategies used in its 1996 Report to the Commissioner of Health. DOHMH offered an in-depth overview of its *Take Care New York* (TCNY) campaign. Both DOH and DOHMH demonstrated the manner in which they ascertained the top prevention areas. Data specialists from both Departments of Health referred to several online resources, available to the public, including:

[www.nyhealth.gov/statistics/chac](http://www.nyhealth.gov/statistics/chac)  
<http://www.nyc.gov/html/doh/html/community/community.shtml>  
<http://apps.nccd.cdc.gov/brfss/>  
<https://commerce.health.state.ny.us/hpn/>  
[https://apps.nyhealth.gov/statistics/prevention/quality\\_indicators/](https://apps.nyhealth.gov/statistics/prevention/quality_indicators/)

- **February 18, 2009: Meeting of New York Hospitals and DOH and DOHMH.**

This meeting, also sponsored by GNYHA, was attended by Lyn Hill, NYM vice president for communication and external affairs and Loren Avellino, community affairs coordinator. The meeting was held specifically to provide an opportunity for collaboration between New York City hospitals and their local health department, the New York City DOHMH. DOHMH used the meeting as another occasion to review the data collection tools used in their *Take Care New York* (TCNY) campaign and to encourage NYC hospitals to access those tools and available statistics.

**NYM's selection of priorities was made after assessment of** statistics relevant to the neighborhoods most heavily represented in our patient census (see data sources below). Community input (see 3), current hospital resources, and availability of support and interest from community partners were also considered.

## **B. Selected Prevention Agenda Priorities**

The input we received from community groups and residents suggested that Physical Activity and Nutrition was a serious health concern. Relevant health and demographic data pertaining to the neighborhoods most heavily represented in our inpatient discharges (Exhibit 2 of Part 2): Downtown Brooklyn/Brooklyn Heights/Park Slope (Northwest Brooklyn) and Bedford Stuyvesant/Crown Heights (Central Brooklyn), Flatbush/East Flatbush (Flatbush), and Coney Island Sheepshead Bay, (Southern Brooklyn) as well as Kings County overall were reviewed<sup>1</sup> and Physical Activity and Nutrition was chosen as the Hospital's first prevention agenda priority.

Based on relevant health and demographic data,<sup>2</sup> and considering current Hospital resources, as well as availability of support and interest from

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<sup>1</sup>**Physical Activity & Nutrition Data Sources:** DOHMH's 2002-2004 Community Health Survey for Northwest Brooklyn, Source: <http://nyc.gov/html/doh/downloads/pdf/data/2006chp-202.pdf>, DOHMH's 2002-2004 Community Health Survey for Central Brooklyn, Source: <http://nyc.gov/html/doh/downloads/pdf/data/2006chp-203.pdf>; DOHMH's 2002-2004 Community Health Survey for Flatbush, Source: <http://nyc.gov/html/doh/downloads/pdf/data/2006chp-207.pdf>; DOHMH's 2002-2004 Community Health Survey for Southern Brooklyn; Source: <http://nyc.gov/html/doh/downloads/pdf/data/2006chp-210.pdf>; EpiQuery, Overweight and Obesity results from 2007 Community Health Survey, EpiQuery, Physical Activity level results from 2007 Community Health Survey; WIC Children (age 0-4) Who are Underweight in NYS, Source: <http://www.health.state.ny.us/statistics/chc/general/underwt.html>; WIC Children (Age 2-4) Who are Overweight in NYS, Source: <http://www.health.state.ny.us/statistics/chc/general/overwt.html>; Consumption of Five or More Servings of Fruits and Vegetables in NYS, Source: [http://www.health.state.ny.us/statistics/chc/general/fruits\\_n\\_veggies.html](http://www.health.state.ny.us/statistics/chc/general/fruits_n_veggies.html)

<sup>2</sup> **Chronic Disease Data Resources:** DOHMH's 2002-2004 Community Health Survey for Northwest Brooklyn, Source: <http://nyc.gov/html/doh/downloads/pdf/data/2006chp-202.pdf>; DOHMH's 2002-2004 Community Health Survey for Central Brooklyn, Source: <http://nyc.gov/html/doh/downloads/pdf/data/2006chp-203.pdf>; DOHMH's 2002-2004 Community Health Survey for Flatbush, Source: <http://nyc.gov/html/doh/downloads/pdf/data/2006chp-207.pdf>; DOHMH's 2002-2004 Community Health Survey for Southern Brooklyn, Source: <http://nyc.gov/html/doh/downloads/pdf/data/2006chp-210.pdf>; DOHMH's 2007 Community Health Survey on Diabetes & Obesity, Source: <http://nyc.gov/html/doh/downloads/pdf/community/CHS2007-Diabetes-Obesity.pdf>; 2004- 2006 Heart Disease and Stroke Indicators - Kings County, Source: [http://www.health.state.ny.us/statistics/chac/cha/docs/chr\\_kings.htm](http://www.health.state.ny.us/statistics/chac/cha/docs/chr_kings.htm); 2004-2006 Cirrhosis/Diabetes Indicators - Kings County, Source: [http://www.health.state.ny.us/statistics/chac/cha/docs/dia\\_kings.htm](http://www.health.state.ny.us/statistics/chac/cha/docs/dia_kings.htm); NEW YORK CITY COMMUNITY HEALTH ATLAS, 2007, Source: [http://nyc.gov/html/doh/downloads/pdf/epi/nyc\\_commhealth\\_atlas.pdf](http://nyc.gov/html/doh/downloads/pdf/epi/nyc_commhealth_atlas.pdf); Frequency of Hospitalization for Cardiovascular Diseases in 2006, Source: <https://commerce.health.state.ny.us/hpn/cgi->

partner agencies, New York Methodist selected Chronic Disease as its second public health priority. We looked again at our highest inpatient discharges (Exhibit 2 of Part 2) - Downtown Brooklyn/ Brooklyn Heights/Park Slope (Northwest Brooklyn) and Bedford Stuyvesant/Crown Heights (Central Brooklyn), Flatbush/East Flatbush (Flatbush), and Coney Island Sheepshead Bay (Southern Brooklyn), as well Brooklyn’s overall figures

**C. Status of Priorities**

The priorities selected represent existing programs with some new additions that will be supplemented by input and support from community partners. For our focus on Physical Activity and Nutrition, we will add to programs already in place such as NYM’s *Pediatric Weight Management Program, Medical and Surgical Weight Program, Student Athlete Physical Exams*, and the *Lactation Support Program*. New additions include the *Prescription for Outdoor Activity Program, Exercise Activities for the Whole Family*, and *Grow Food Not Fat Program* (for more information, regarding the scope, objective and accomplishments of these programs, please see part 5).

With regard to our second prevention agenda priority, Chronic Disease, current programs include the *Diabetes Education & Resource Center, on-hold phone messages, press releases/columns, educational information on our website, community blood pressure and glucose screenings, the Comprehensive Stroke Program*, and the *Ambulatory Infusion Center*.. The Hospital will add *Leadership Participation in the Brooklyn Heart Walk, the Cardiac Resynchronization Therapy Program*, and the *Patient Navigator Program* over the course of the next three years (for more information, regarding these programs, please see part 5).

**D. Non-Prevention Priorities Considered in Assessment Process**

New York Methodist Hospital has a rich inventory of community benefits and public health projects, many of which have been offered to individuals and organizations in Brooklyn for many years. These include:

- **Community Health Services**

<b>Program</b>	<b>Goal</b>	<b>Scope</b>
<b>Schooltours/Schooltalks</b>	To provide school-age children at all levels, as well as their parents and	About 20 events per year, serving over 700 children and

[bin/applinks/sparcs/sparcs.cgi/circhfreq](http://bin/applinks/sparcs/sparcs.cgi/circhfreq); Frequency of Hospitalizations - Due to Chronic Liver Disease and Cirrhosis

Source: <https://commerce.health.state.ny.us/hpn/cgi-bin/applinks/sparcs/sparcs.cgi/liverhfreq>

	teachers, with health education on a variety of topics, usually in conjunction with the school curriculum.	parents. Topics ranging from tour of Mother-Baby Unit to lecture on pediatric dental care.
<b>Speaker's Bureau</b>	To provide individuals and organizations in the community with expert speakers in a variety of health-related areas. Lectures are given at NYM or speakers are sent, on request, to community organizations throughout the borough.	About 95 lectures given in 2008, with audiences of 10-125 people. Total of about 5,000 people attended these lectures. Topics ranging from heart disease prevention to overview of nuclear medicine.
<b>Health Fairs/Screenings</b>	To offer residents of Brooklyn access to information and screenings and to raise awareness relative to specific diseases or medical conditions.	Over 50 events in 2008, about evenly divided between those generated at NYM and those held in CBOs. Screenings and education about nearly every major medical condition or disease reached about 5,000 people.
<b>Health Literacy Project</b>	To empower patients from medically under-served communities with the ability to become more involved in their own healthcare.	Volunteers offer about five presentations each day in the adult and pediatric waiting areas of the Hospital. A total of about 20,000 patients are reached annually.
<b>Health Information Columns</b>	To provide information on topics of general health interest	Twelve columns with topics of adult interest are sent annually to the <i>Brooklyn Daily Eagle</i> (circulation: 20,000) and 12

		columns are sent to <i>Brooklyn Family</i> magazine (circulation: 70,000). Our advertising contracts with these media include an understanding that these columns will be printed.
<b>Health Information Materials on Website</b>	To provide detailed healthcare information on a wide variety of topics.	Healthcare information on hundreds of medical conditions and diseases, provided by an independent source, is available on the nym.org website. Over 27,000 people visited this section of the website in 2008.
<b>Pastor's Clinics</b>	To educate Methodist ministers about the operations of a hospital as well as about various healthcare issues and to provide them with physical examinations and relevant healthcare screenings.	Four one-week clinics with approximately 12 pastors and spouses each are held annually.
<b>Support Groups</b>	To provide psychological, social and spiritual support to patients and families coping with illness.	The Hospital sponsors or hosts about ten different support groups including a monthly cancer patient/family group, a bereavement support group, and a weight reduction support group.
<b>Enrollment Assistance</b>	To increase access to care	Approximately 1,800

<b>in Public Programs</b>	among underserved community members and patients.	patients receive counseling and help with applications each year.
<b>Informational Brochures</b>	To provide basic first aid information and other health care information to patients	The Hospital distributes thousands of Emergency Handbooks each year at health fairs, screenings and community lectures. Other non-marketing informational brochures on a variety of topics are also distributed.

- **Career and Continuing Education Programs**

<b>Program</b>	<b>Goal</b>	<b>Scope</b>
<b>Nurses/Nursing Students</b>	To provide a clinical setting for undergraduate and graduate nursing students.	NYM has undergraduate students from New York City College of Technology, Long Island University, Kingsborough Community College, the College of Staten Island and a leadership program for graduate nurses from NYU.
<b>Technicians</b>	To provide didactic and clinical training in the allied health professions.	The Center for Allied Health Education at NYM provides one and two year programs (in conjunction with several four-year colleges) to train radiologic technicians, radiation therapy technology technicians,

		laboratory technicians, emergency medical technicians, paramedics and medical sonographers. Approximately 250 full-time and 250 continuing education students are trained annually.
<b>Internships and Residencies</b>	To provide on-site training for advanced undergraduate or graduate students pursuing health and hospital-related professions.	Internships and residencies are offered in clinical pastoral education, social work, physical therapy, hospital administration and nutrition.
<b>Scholar Program</b>	To identify, recruit and encourage motivated minority students toward a future in a health career.	Each year about 35 students from Clara Barton High School are mentored weekly, by health care professionals—one-on-one—on-site at NYM.
<b>High School Internships</b>	To offer high school students the opportunity to fulfill community service requirements and/or gain experience with a health-related career setting.	The Department of Educational and Volunteer Services works with numerous local high schools and social service organizations to place students in appropriate positions throughout the Hospital.
<b>Hospital based school</b>	To enable hospitalized children to continue their education.	The NYC Department of Education operates a hospital-based school for children from kindergarten through twelfth grade on the Hospital's pediatrics unit. About 400 children are served annually.
<b>Continuing Medical</b>	To provide physicians	The academic

<b>Education</b>	affiliated with NYM with ongoing medical education with an emphasis on new developments and discoveries.	departments offer weekly grand rounds. In addition, approximately five major conferences, open to physicians not affiliated with NYM, with topics ranging from sickle cell disease to interventional pulmonology, are offered annually.
<b>Childbirth Classes</b>	To provide expectant mothers with information and techniques that will help them through childbirth and with childcare of a newborn.	Classes in prepared childbirth, childcare, cesarean birth and breast-feeding are offered on a regular basis, along with tours of the birthing center.

- **Community Building Programs**

<b>Program</b>	<b>Goal</b>	<b>Scope</b>
<b>In-Kind Donations-Space</b>	To provide community groups with meeting space.	Space is provided, on a regular basis, at no charge to about 12 community organizations including the Park Slope Civic Council and Community Board Six .
<b>In-Kind Donations-Staff Time</b>	To provide community groups with expertise in various areas.	In their capacity as Hospital employees, NYM staff members serve on community boards and are constructive members of community groups.
<b>Cash Donations</b>	To help subsidize the work of non-profit organizations in the community.	Through participation and sponsorship of various charitable events, the Hospital donates over \$50,000 annually to various charitable community

		organizations.
<b>Environmental Support</b>	To offer community residents a safe place in which to dispose of toxic materials.	NYM maintains a sharps disposal program and a mercury thermometer disposal program for members of the community.
<b>Workforce Enhancement</b>	To encourage interest in health related careers.	Members of the various Hospital departments regularly participate in "career day" presentations at local high schools.
<b>Vocational Training Programs</b>	To provide a structured, supervised work environment for developmentally disabled Brooklyn residents needing entry-level work experience.	Approximately 12 students from the Brooklyn Transition Center are placed at the Hospital each year. A significant number of these have received permanent appointments at NYM.

## V. Three Year Plan of Action

### A. Strategies for Selected Priorities

1-4. Strategies for the two Prevention Agenda Priorities follow:

Public Health Priorities	Goals	New/ Existing	Strategies	Measurement	Community Partners
<b>Prevention Agenda Priority: Physical Activity and Nutrition</b>	To reduce the number of obese children, ages 2-16 in the Brooklyn neighborhoods we serve	Existing	<b><i>Pediatric Weight Management Program</i></b> (clinic and faculty practice), "Be Fit" program operated jointly with PPYMCA <i>Years 1-3</i>	Number of children in program; BMI pre treatment and after 6 months	Prospect Park YMCA (PPYMCA)
	To reduce the number of obese adults in the Brooklyn neighborhoods we serve	Existing	<b><i>Medical and Surgical Weight Management Program</i></b> (clinic and faculty practice) (MSM to provide supplementary nutrition and physical activity program options) <i>Years 1-3</i>	Number of adults treated; BMI pre treatment and after 6 months	MetroSports Med (MSM)
	To increase the percentage of children and adults engaged in some type of	New <sup>3</sup>  (New) <sup>4</sup>	<b><i>Prescription for Outdoor Activity Program</i></b> (PPAC) <i>Years 1-3</i>	Number of pediatricians agreeing to participate.	National Audubon Society (NAS) Prospect Park Alliance

<sup>3</sup> The Hospital will work with the Audubon Center to encourage pediatricians at NYM and at other Brooklyn institutions to write prescriptions for outdoor physical activity during standard pediatric check-ups. Patients will be directed to programs available through the Prospect Park Alliance and the Prospect Park Audubon Center, both of which are centrally located in Brooklyn, are easily accessible by public transportation and are in close proximity to the Hospital..

	in some type of leisure physical activity	Existing	<p><b><i>Exercise Activities for the Whole Family</i></b> (PPAC) <i>Planning During Year 1; Rollout During Years 2-3</i></p> <p><b><i>Physical examinations</i></b> for children needing them for sports and extracurricular activities at SSR <i>Years 1-3</i></p>	Number of children and family units participating, number of activities participated in by each child or family unit Number of children who receive physicals.	Prospect Park PPA)  Audubon Center (PPAC)  Secondary School for Research (SSR)
	To increase the percentage of adults eating 5 or more fruits or vegetables per day	New <sup>5</sup>	<p><b><i>Grow Food not Fat Program</i></b> with BBG and CAMBA <i>Planning During Year 1; Rollout During Years 2-3</i></p>	Number enrolled	Brooklyn Botanic Garden (BBG)
	To increase the percentage of WIC mothers breastfeeding at six months	Existing	<p><b><i>Lactation Support Program</i></b> <i>Years 1-3; Increase involvement of WIC during Year 3</i></p>	Number of Mothers Counseled immediately post partum and in support	WIC Center

<sup>4</sup> The Hospital will work with the Audubon Center to develop and promote physical activities that will be attractive to families.

<sup>5</sup> The Hospital will work with BBG and CAMBA to provide a nutrition component to a new program established to help underserved community members grow food through access to community gardens.

		Existing	Participation in <b>World Breastfeeding Day</b>	group. Number of mothers/potential mothers who attend.	
<b>Prevention Agenda Priority: Chronic Disease</b>	To reduce the prevalence of diabetes in adults.	Existing	Sponsor regular community screenings and lectures through NYM's <i>Diabetes Education &amp; Resource Center</i> . <i>Years 1-3</i>	Number of community members screened Number referred for treatment Number attending lectures	Various senior centers, and CBOs
		Existing	At least three <i>on-hold phone messages</i> re diabetes, each run for a month over the course of a year <i>Years 1-3</i>	No measurement	
		Existing	At least three <i>press releases/columns</i> on diabetes prevention and detection over the course of a year. <i>Years 1-3</i>	Circulation numbers of media in which articles are placed	
		New &	Information on diabetes prevention and detection on <i>NYM website</i> <i>Years 1-3</i>	Web statistics showing	

		Existing	<b>Adult and Pediatric Weight Reduction, Physical Activity and Nutrition Programs</b> described in previous Prevention Agenda Priority <i>Years 1-3</i>	number of page views Web statistics showing number of page views As noted in previous section	PPA, PPAC, MSM, SSR, BBG, CAMBA
	To reduce diabetes short-term complication hospitalization rate (per 1,000) for ages 6-17 and ages 18+	Existing	Sponsor <b>community blood, eye and foot screenings</b>	Number screened	
	To reduce the number of coronary heart disease hospitalizations	Existing  Existing	Sponsor regular <b>community blood pressure screenings and lectures.</b> <i>Years 1-3</i>	Number screened Number referred for treatment Number in	

<sup>6</sup> This walk is intended to raise both awareness of coronary heart disease and funds to be used for prevention activities, treatment information and research into cardiovascular disease.

		Existing	At least one <b>on-hold phone message</b> re coronary disease, each month <i>Years 1-3</i>	attendance No measurement	
		Existing	At least three <b>press releases/columns</b> on coronary heart disease prevention over the course of a year. <i>Years 1-3</i>	Circulation numbers of media in which articles are placed	
		New <sup>6</sup>	Information on coronary heart disease prevention on <b>NYM website</b> <i>Years 1-3</i> Leadership participation in <b>Brooklyn Heart Walk (October 2009)</b> <i>(Year 1; Years 2 &amp; 3 to be determined)</i>	Web statistics showing number of page views Number of NYM employees participating Funds raised	American Heart Association
	To reduce the congestive heart failure hospitalization rate	New	Provide and promote <b>cardiac resynchronization therapy (New program)</b> <sup>7</sup> <i>Years 1-3</i>	Number of patients treated	
	To reduce	Existing	<b>Comprehensive Stroke Program:</b>	Number of	Emergency

<sup>7</sup> Cardiac resynchronization is designed to correct ventricular dyssynchrony, an abnormality that exacerbates congestive heart failure in 30 percent of patients with this disorder.

	cerebrovascular (stroke) disease mortality	New	State designated stroke program. <i>Years 1-3</i>  Achieve “Get with the Guidelines “Gold Award” (Current program (“Get with the Guidelines,” currently at the Silver level) <i>Years 1-3</i>	stroke patients treated Mortality data  Achievement of Award	Medical Services (FDNYC/EMS ) American Heart Association
	To reduce cancer mortality, with special attention to breast, cervical and colorectal cancer	Existing  Existing  New <sup>8</sup>	<b>Regional Radiation Oncology Center on site</b> <i>Years 1-3</i>  <b>Ambulatory Infusion Center</b> <i>Years 1-3</i>  <b>Patient Navigator Program</b> <i>Years 1-3)</i>	Number of patients treated Cancer Registry outcomes Number of patients treated  Number of patients seen by the navigator Evaluation questionnaire results	American Cancer Society

<sup>8</sup> NYM has entered into a contract with the American Cancer Society, which has a grant to supply a Patient Navigator who will work with cancer patients at New York Methodist Hospital. The navigator will provide individual support in the form of information, resources and coordination to patients who are being treated for cancer.

5. The above strategies may be modified as determined during the three-year period by the success or failure indicated through the measurement specified. Modifications will be made in conjunction with community partners and may include increasing or decreasing number of participants, increasing or decreasing number of encounters, discontinuing and/or replacing a program, adjusting resources or other modifications.

6. Strategies for other Prevention Agenda Priorities follow:

<p><b>Access to Quality Healthcare</b></p>	<p>To increase the percentage of adults with health care coverage</p>		<p><b>Outreach Workshops/Lectures on Medicare, Medicaid and other Entitlements</b>  <b>(Current program)</b>  <i>Years 1-3</i></p> <p><b>Financial Counseling</b>  Offered to patients who need help applying for Medicaid and other entitlement programs  <b>(Current program)</b>  <i>Years 1-3</i></p>		
	<p>To increase the percentage of adults with a regular health provider</p>		<p><b>Physician Referral Service on Website and Phone Line</b>  <b>(Current program)</b>  <i>Years 1-3</i></p>		
	<p>To increase the percentage of adults who have seen a dentist in the past year</p>		<p><b>On site Dental Clinic and satellite Dental Clinic</b>  <b>Dental residency program</b>  <b>(Current program)</b>  <i>Years 1-3</i></p>		

	To increase early stage breast, cervical and colorectal cancer diagnoses		<p><b>Placement of health columns on cancer symptoms</b> (Current program) <i>Years 1-3</i></p> <p>Information on cancer symptoms disseminated via <b>on-hold telephone messages.</b> (Current program) <i>Years 1-3</i></p> <p><b>Medical and Gynecological Clinics</b> (Current program) <i>Years 1-3</i></p>		
<b>Tobacco Use</b>	To reduce the percentage of cigarette smoking among adolescents		<b>Schooltalks lectures</b>		
	To reduce percentage of cigarette smoking among adults		<p><b>Smoking Cessation Information</b> at Healthfairs (cards referring to NYC DOHMH website)</p> <p>All inpatients counseled re <b>smoking cessation prior to discharge.</b></p>		
	To reduce COPD		<b>Asthma Clinic</b>		

	hospitalizations among adults over 18		<b>COPD Clinic</b>		
	To reduce lung cancer incidence		<b>EASE Clinical trial for emphysema</b>		
			<b>Smoking Cessation Information</b> at health fairs (cards referring to NYC DOHMH website)  All inpatients counseled re <b>smoking cessation prior to discharge.</b>		
<b>Healthy Mothers/Healthy Babies/Healthy Children</b>	To increase the percentage of women receiving prenatal care in the first trimester.		<b>Obstetrics Clinic</b>		
	To decrease the percentage of low birth weight births  To decrease infant mortality		<b>Advanced Women's Imaging and Prenatal Testing Center</b>  <b>Obstetrics Clinic</b>  <b>Obstetrics Risk Management Program</b>		
	To increase the		<b>Pediatric Clinic</b>		

	percentage of 2 year old children who receive recommended vaccines		<b>NYM Medical Associates Satellite</b>  <b>Educational columns, newsletter articles, web postings and on-hold messages</b>		
	To increase the percentage of children with at least one lead screening by age 16 months		<b>Pediatric Clinic and NYM Medical Associates Lead Screenings</b>		
	To decrease the prevalence of tooth decay in 3 <sup>rd</sup> grade children		<b>Pediatric Dental Prevention Program</b> <b>Pediatric Dental Clinic</b> <b>Lactation Support</b>		
	To decrease the pregnancy rate among females aged 15-17 years		<b>Adolescent Clinic</b>  <b>Schooltalks lectures</b>		
<b>Unintentional Injury</b>	To reduce unintentional injury mortality and hospitalizations		<b>Outreach Lectures at Day Care Centers: Home Safety for Infants and Toddlers</b>  <b>Pediatric columns, on-hold messages</b>		
	To reduce motor				

	vehicle crash mortality				
	To reduce pedestrian injury hospitalizations				
	To reduce fall related hospitalizations in persons over age 65		<b>Outreach Lecture at Senior Centers</b> <b>On-hold messages</b>		
<b>Healthy Environment</b>	To reduce incidence of children under 6 years with confirmed blood lead levels of 10 ug/dl		<b>Pediatric Clinic and NYM Medical Associates Lead Screenings</b>		
	To reduce asthma-related hospitalizations of children under 17 years		<b>Pediatric Asthma Clinic</b> <b>Pediatric ED asthma program</b>		
	To reduce work-related hospitalizations of employed persons over 16 years.		<b>Health Column: Safety on the Job</b>		

	To reduce elevated blood lead levels per 100,000 employed persons over 16 years				
<b>Infectious Disease</b>	Reduce the number of newly diagnosed HIV cases		<b>Infectious Disease Clinic Outreach Lecture: Adolescents, “What You Don’t Know</b>		
	Reduce the rate of gonorrhea		<b>Infectious Disease Clinic Outreach Lecture: Adolescents, “What You Don’t Know</b>		
	Reduce the rate of tuberculosis		<b>Employee and volunteer TB screenings</b>		
	Increase the percentage of adults over age 65 with pneumonia shots and flu shots in the past year.		<b>Immunizations for flu and pneumonia for all patients over 65</b> <b>Immunizations for flu available for all employees and volunteers</b>  <b>Free flu shots for community members if available</b>  <b>Press release or community health article about adult immunizations and screenings</b>		

<b>Community Preparedness</b>	To increase the percent of the population living within a jurisdiction with state-approved emergency preparedness plans		<b>Hospital Emergency Preparedness Plan</b>  <b>Regular Emergency Preparedness Drills</b>		
<b>Mental Health/ Substance Abuse</b>	To reduce the suicide mortality rate		<b>Mental Health Faculty Practice</b>  <b>Psychiatric Inpatient Units</b>		
	To reduce the percentage of adults reporting 14 or more days with poor mental health in the last month		<b>Mental Health Faculty Practice</b>  <b>Psychiatric Inpatient Units</b>		
	To reduce the percentage of binge drinking in the past 30 days in adults				
	To reduce drug-rated hospitalizations		<b>Adolescent Outreach Lectures on Drinking/Drugs</b>		

## **VI. Financial Aid Program**

### **A. Successes and Challenges**

Recent developments in our financial aid program include:

- As part of the orientation process, newly hired staff members now receive training in financial aid/charity care. A post-test is given to ensure that all staff members are aware of our financial aid program.
- Because our registration process has been decentralized, we provided financial aid/charity care training for employees who are now performing the registration function in each Hospital area. This challenge has been successfully met.
- We now have an indicator in our computerized registration system that allows us to note that a financial aid brochure was given to the patient.
- Financial aid brochures are available in several languages, chosen to mirror the languages most often spoken by our patients. However if a patient or family member cannot understand any of the languages in which the brochures are printed, we can request an interpreter via our language bank or telephone service.
- Two staff members from our offsite finance office have been moved to the main Hospital campus so as to be more visible and accessible for patients requesting Medicaid and financial aid information.
- A central office has been assigned to process all financial aid applications and respond as necessary.

## **VII. Changes Impacting Community Health/Provision of Charity Care/Access to Services**

### **A. Potential Impacts**

We are not currently aware of any specific changes that would impact community health, provision of charity care or access to services but clearly if a Health Care Reform bill passes in the next few months we can expect that all of these will be affected, hopefully in a positive direction.

## **VIII. Dissemination of the Report to the Public**

### **A. Public Information**

1. A printed version of the Community Service Plan will be distributed within the Hospital, will be sent to community partners and will be available to the public on request.

2. The Community Service Plan will be posted on the Hospital's web site, [www.nym.org](http://www.nym.org) and press releases will be sent to all local newspapers announcing its availability on the site or by mail.

3. Pertinent financial data demonstrating the Hospital's commitment to public health programs and financial assistance will be added to the report prepared for the public.

## **IX. Financial Statement**

### **A. Financial Information Notes**

1. The statutory requirement is being satisfied through the reporting of the Hospital's financial data to the Department through the Institutional Cost Report.