
*NEW YORK-PRESBYTERIAN HOSPITAL
2013 COMMUNITY SERVICE PLAN
YEAR 1 UPDATE*

December 2014

NEW YORK-PRESBYTERIANHOSPITAL

**2013 COMMUNITY SERVICE PLAN
YEAR 1 UPDATE**

TABLE OF CONTENTS

	<u>PAGE</u>
EXECUTIVE SUMMARY, HOSPITAL'S MISSION STATEMENT & STRATEGIC INITIATIVES and SERVICE AREA	3-7
I. PUBLIC PARTICIPATION	8-12
II. ASSESSMENT OF PUBLIC HEALTH PRIORITIES AND SELECTION OF TWO PREVENTION AGENDA PRIORITIES	12-13
III. THREE (3) YEAR PLAN OF ACTION	13-26
IV. PROCESS AND OUTCOMES MEASURES	27
V. FINANCIAL AID PROGRAM ANDCHANGES IMPACTING COMMUNITY HEALTH/PROVISION OF CHARITYCARE/ACCESS TO SERVICES	28-29
VI. DISTRIBUTION OF THE PLAN	30
VII. PLAN CONTACT INFORMATION	31
APPENDIX	32-45

EXECUTIVE SUMMARY

The New York and Presbyterian Hospital (New York-Presbyterian Hospital or NYP) plays a dual role in healthcare, as both a world class academic medical center and as a leading community and safety-net Hospital in our service area. New York-Presbyterian is committed to providing one standard of care to all patients through a range of programs and services to local, regional, national and international communities. New York-Presbyterian is achieving this by enhancing access to its Emergency Departments and Ambulatory Care Network, promoting health education and prevention, offering culturally competent language access services, and providing charity care to qualified individuals among the uninsured and underinsured.

New York-Presbyterian's Vision is to maintain our position among the top academic medical centers in the nation in clinical and service excellence, patient safety, research and education.

STRATEGIC INITIATIVES

New York-Presbyterian's Strategic Initiatives were updated in 2013 to support the ultimate goal: "We Put Patients First *Always*." This means that New York-Presbyterian must make patients the first priority and strive to provide them with the highest quality, safest, and most compassionate care and service *Always*.

New York-Presbyterian's six Strategic Initiatives are:

1. **Culture-** Our culture is defined by our core beliefs, which guide everything we do, both in our interactions with patients, and with each other. Our culture of respect, teamwork, excellence, empathy, innovation and responsibility help us continue to deliver the best care possible while meeting the challenges ahead.
2. **Access- Improve and Expand Access:** We will continue to work to improve and expand access to the Hospital and the Physician Organizations. Patients should be able to receive care promptly and not have long waits to schedule appointments. We will also work with our Healthcare System members to broaden our geographic reach and expand care delivery to the communities we serve.);
3. **Engagement- Engage Staff and Patients:** Engaged staff are actively involved in the work they do and the care they provide to patients and their families. Engaged staff will help us deliver the highest quality, most compassionate care and service, and ultimately the best patient experience. At the same time, engaged patients actively participate in their own health and recovery. We will provide patients with tools and educational materials to help manage their own care, as well as enhance cultural competence among our staff

2013 Community Service Plan Year 1 Update

4. **Health & Wellbeing- Enhance Health and Wellbeing:** The Hospital is committed to fostering health and wellbeing as part of our patient care and community service mission, and, as an integral part of our culture. In 2013, we successfully launched NYPBeHealthy as a new, comprehensive wellness and prevention initiative designed specifically for our staff. The program offers employees enhanced access to new and existing Hospital programs, healthier choices in our cafeterias, and targeted information to help our staff meet their individual health goals.

5. **Value- Deliver and Demonstrate Value:** We must deliver the highest quality care as efficiently and effectively as possible, as this is important for both our financial health and for our patients who contribute to the costs of their care. Our Making Care Better Initiative will help us reduce unnecessary clinical variability, promote quality and safety, and achieve efficiency. We will also continue to seek opportunities to streamline processes and reduce unnecessary costs through HERCULES and Operational Excellence initiatives.

6. **High Reliability- Provide Highly Reliable, Innovative Care:** We want to provide the highest quality and safest care to every single patient with every single interaction. To achieve this goal, we will focus on developing highly-reliable processes, enhancing our culture of safety, and reducing variability in care.

These Strategic Initiatives support the ultimate goal: “We Put Patients First *Always*.”

HOSPITAL’S MISSION STATEMENT

NYP Hospital’s Mission Statement has not changed since the 2013 Comprehensive Community Service Plan Update.

SERVICE AREA

NYP Hospital’s service area has not changed since the 2013 Comprehensive Community Service Plan Update, and is defined as the counties of New York, Queens, Kings, Bronx and Westchester.

PUBLIC PARTICIPATION

New York-Presbyterian is committed to serving the vast array of neighborhoods comprising its service area and recognizes the importance of preserving a local community focus to effectively meet community need. New York-Presbyterian adheres to a single standard for assessing and meeting community need, while retaining a geographically focused approach for soliciting community participation and involvement, and providing community outreach. NYP fosters continued community participation and outreach activities through linkages with the New York-Presbyterian Community Health Advisory Council, the New York-Presbyterian/Weill Cornell Community Advisory Board, the New York-Presbyterian/Allen Hospital Advisory Committee, the New York-

Presbyterian/Westchester Division Community Advisory Board, the New York-Presbyterian/Lower Manhattan Hospital Community Advisory Board, and Community Districts 1, 2, 3, 8 and 12. New York-Presbyterian has also assessed community need in consultation with a large group of community physicians that share parts of the same service area.

ASSESSMENT OF PUBLIC HEALTH PRIORITIES

The assessment of Public Health Priorities through the quantitative and qualitative findings on the community's health, as well as the input collected during Public Participation through interviews and formal group meetings serve as the foundation for NYP's community health planning. It is our goal to link our services more directly to specific health risks or disease conditions that can lead to overall community health improvement. This effort coincides with NYSDOH's Prevention Agenda Toward the Healthiest State that asks hospitals to select prevention agenda priorities based on community health need and collaborate with the State and other providers to show measurable improvement over time. Our community health initiatives also align with the efforts of the New York City's Department of Health and Mental Health's Take Care New York programs.

Selection of Two (2) Prevention Agenda Priorities

New York-Presbyterian selected two Health Prevention Agenda Priorities on the basis of NYSDOH and NYCDOHMH data, input and feedback from the public, as well as formal quantitative and qualitative studies. Data compiled by the NYCDOHMH indicates that there are significant numbers of people without primary care providers in sectors of the New York-Presbyterian service area. The quantitative studies also indicated that a number of chronic diseases are highly prevalent in the New York-Presbyterian service area. These include diabetes, heart disease, asthma and cancer. Studies also suggest that mental health-depression is a major concern.

In consideration of the above cited quantitative and qualitative data, New York-Presbyterian has chosen the following priority areas:

1. Prevent Chronic Disease
2. Promote Mental Health & Prevent Substance Abuse

THREE (3) YEAR PLAN OF ACTION

In order to accomplish its two Prevention Agenda Priorities New York-Presbyterian and its collaborators have adopted the following strategic objectives:

- Develop the Patient Centered Medical Home (PCMH) – The Medical Home model has been adopted as an efficient and effective means to improve access and improve health by building high quality primary care while better managing the patient flow in the NYP Emergency Department and its specialty clinics.

2013 Community Service Plan Year 1 Update

- Expand Disease Prevention and Management – Care Management of chronic diseases has been chosen as an important tool to combat chronic diseases, particularly diabetes, heart disease, depression and pulmonary diseases.
- Develop the Health Home (HH)– The NYSDOH Medicaid Health Home model has been adopted as an efficient and effective means of providing care management in a community collaborative manner in order to target and support patients suffering from multiple chronic co-morbidities including behavioral conditions, alcohol and other substance abuse.
- Build Cultural Competency – Skills-based training in cross-cultural communication, language access, and health literacy strategies as well as the integration of a diverse workforce including Patient Navigators and Community Health Workers will be deployed in the ambulatory clinics and emergency departments.
- Information Technology- IT solutions will be explored in order to facilitate both access improvement and chronic disease management.

These five strategic objectives are reflected in the programs and initiatives that have been formulated as part of the Three Year Action Plan which is summarized below:

Prevent Chronic Disease

- 2014
 - Obtain NCQA Level 3 Patient Centered Medical Home (PCMH) Certification (2011) for all Ambulatory Care Network (A.C.N.) practices.
 - Plan a PCMH empanelment strategy using Sorian scheduling system and the Electronic Health Record to facilitate access and continuity.
 - Pilot Interdisciplinary Plan of Care (IPOC) patient print outs that are culturally competent and promote health literacy.
 - Plan PCMH-Emergency Department (ED) Transition of Care (TOC) program.
 - Pilot Cultural Competency training for all staff and clinical personnel.
 - Develop Children with Special Health Care Needs (CSHCN) Registry
 - Establish collaboration with key Community Based Organizations to conduct Cancer screenings in the community.
 - Hold Cancer screening community health fair.

Promote Mental Health & Prevention Substance Abuse

- 2014
 - Educate and train all NYP/Columbia and NYP/Weill Cornell campus PCMH teams on Integrated Clinical and Behavioral Care.

2013 Community Service Plan Year 1 Update

- Develop screening protocols, risk stratification and tracking systems for patients with diabetes, asthma, heart failure and depression at all NYP/Columbia
- Develop screening protocols, risk stratification and tracking systems for patients with hypertension, obesity and depression at all NYP/Weill Cornell campus PCMHs.
- Integrate clinical and behavioral care protocols for depression in patients with diabetes, asthma, heart failure and depression at all NYP/Columbia and diabetes, hypertension, obesity and depression at the NYP/Weill Cornell campus PCMHs.
- Develop Depression registry
- Establish formal Health Home collaborations with culturally competent behavior and substance abuse service-providing Community Based Organizations in Lower Manhattan.

The 2014 Action Plan grid on pages 17-26 reflect our progress on these initiatives.

I. PUBLIC PARTICIPATION

New York-Presbyterian is committed to serving the vast array of neighborhoods comprising its service area and recognizes the importance of preserving a local community focus to effectively meet community need. NYP adheres to a single standard for assessing and meeting community need, while retaining a geographically-focused approach for soliciting community participation and involvement and providing community outreach. NYP has fostered continued community participation and outreach activities through linkages with the New York-Presbyterian Community Health Advisory Council, the New York-Presbyterian/Weill Cornell Community Advisory Board, the Westchester Division Consumer Advocacy Committee, the New York-Presbyterian/Allen Hospital Community Task Force and the New-York Presbyterian/ Lower Manhattan Hospital Community Advisory Board.

New York-Presbyterian has worked closely with Community Districts 1, 2, 3, 8 and 12 to assess healthcare needs and coordinate efforts to better serve these areas. NYP has also assessed community need in consultation with a wide variety of community physicians that serve patients who receive care at three (3) of New York-Presbyterian's facilities: New York-Presbyterian/Columbia, New York-Presbyterian/Allen Hospital and the Morgan Stanley Children's Hospital.

New York-Presbyterian has met with all of these community groups and discussions have yielded significant knowledge and cooperation on many fronts:

- ***The New York-Presbyterian/Lower Manhattan Hospital Community Advisory Board:*** Since 1975, well before the merger with NYP, NYP/Lower Manhattan's Community Advisory Board has provided a forum for the ongoing conversation between NYP 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.

Members of the Community Advisory Board are:

- Mr. Herbert Rosenfield, Chairman
- Mr. Michael Fosina, COO, NYP/Lower Manhattan Hospital
- Ms. Marci Allen, Business Manager, NYP/Lower Manhattan Hospital
- Lester Blair, M.D., Associate Chair, Department of Medicine, NYP/Lower Manhattan Hospital
- Anthony Ercolano, D.Min., Special Projects, NYP/Lower Manhattan Hospital
- Ms. Andrea Chester, Battery Park City
- Ms. Willing Chin, Director of Operations, Grand Street Settlement
- Ms. Isabel Ching, Assistant Executive Director Senior Services Hamilton-Madison House
- Ms. Caitlin Grand, PACE University
- Ms. Sasha Greene, Coordinator, Retiree Social Services, United Federation of Teachers
- Ms. Karen K. He, Staff Representative, Office of Speaker Sheldon Silver

2013 Community Service Plan Year 1 Update

- Ms. Vanessa Herman, PACE University
 - Ms. Kathryn Herrington, The Hallmark of Battery Park City
 - Ms. Catherine McVay Hughes, Chair, Community Board 1, Manhattan
 - Ms. Rachel Hughes, Henry Street Settlement
 - Ms. Sheila Kolt, The Hallmark of Battery Park City
 - Ms. Chui Man Lai, Assistant Vice President, Community Affairs, NYP/Lower Manhattan Hospital
 - Ms. Teresa Lin, Director, Asian Home Care Program, Visiting Nurse Service of New York
 - Mr. Edward Ma, Community Board 2
 - Ms. Ruth Ohman, Community Board 1
 - Mr. Louis Schwartz, President, American Sportscasters Association
 - Ms. Diane Stein, Independence Plaza
 - Ms. Ivy Tse, Credentialing Coordinator, Charles B. Wang Community Health Center
 - Mr. Steve Yip, Chinese American Planning Council, Inc.
- ***The New York-Presbyterian/Columbia Leadership Council:*** The New York-Presbyterian Hospital Community Health Advisory 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.

Members of the Council are:

- Sandra Betancourt-Garcia, Executive Director, Northern Manhattan Arts Alliance (NoMaa)
- Fern Hertzberg, Executive Director, ARC Ft. Washington Senior Center
- Maria Luna, Political activist, Community Board 12 and member of various boards
- Isabel Navarro, Executive Director, Casa México
- Pamela Palanque North, Chair, Community Board 12
- Andrew Rubinson, Founder, Fresh Youth Initiatives (FYI)
- Yvonne Stennett, Executive Director, Community League in the Heights (CLOTH)
- Steve Simon, Chair, Health Committee, Community Board 12
- Angelica Ramirez, Executive Director, Washington Heights Business Improvement District
- Betty Lehmann, Director, Isabella Geriatric Center, member Community Board 12
- Isiah Obie Bing, Community Resident, CB12 Member
- Marty English, Executive Director, Y-YMHA of Washington Heights-Inwood
- Maria Lizardo, Director, Northern Manhattan Improvement Corporation

- ***The New York-Presbyterian/Weill Cornell Community Advisory Board:*** The New York-Presbyterian/Weill Cornell Community Advisory Board was established in 1979 to enhance communication and cooperation between NYP 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 NYP and community-based organizations and brings internal service delivery problems to the attention of Hospital administration. The Committee meets twice annually.

Community Advisory Board Members:

- Jonathan B. Altschuler, Esq.
- William J. Dionne, Executive Director, BurdenCenter for the Aging, Inc
- Mr. Joseph H. Girven, Executive Director, James Lenox House Association
- Detective Chris Helms, Community Affairs Officer, 19th Precinct
- Police Officer Michael Lombardi, 19th Precinct, NYC Police Department
- Pastor Jordon J. Kelly, Church of Saint Catherine of Siena
- Stephen Petrillo, Director of Safety, The TownSchool
- Ms. Mia Kandel, Esq., Director of Health and Wellness Initiatives, Lenox Hill Neighborhood House
- Barry Schneider, Member of Community Board 8
- Ron Swift, Member representing Western Queens
- Louis Uliano, Director of Community Relations and School Safety
- Mr. Gregory J. Morris, President and Executive Director, Stanley M. Isaacs Neighborhood Center
- The following persons are ex-officio members of the Board

President, New York-Presbyterian Hospital
Local elected officials

- ***The New York-Presbyterian/Allen Hospital Advisory Committee*** - The New York-Presbyterian/Allen Hospital Advisory Committee was established to foster greater community input in the delivery of healthcare and to promote community awareness of hospital activities and services. The Committee meets once annually.

Advisory Committee Members:

- Ms. Christie Allen, Donor
- Dr. Tzvi Bar-David, at New York-Presbyterian/Allen
- Luis Canela, Managing Director of Kaufman Brothers LLP and New York-Presbyterian Trustee
- Irene Moore-Korman, Country Bank
- Judith Sonett, Riverdale/Bronx Liason at Senator Espaillat, NY State Senate
- Richard Romanoff, Nebraska Foods
- Carolyn Murphy, Country Bank
- Pamela Carlton, New York-Presbyterian Trustee
- Dr. Roberta L. Donin, Assistant Clinical Professor at New York-Presbyterian/Allen
- June Eisland, Former New York City Council Member
- Charlotte Ford, New York-Presbyterian Trustee

2013 Community Service Plan Year 1 Update

- David Gmach, Director, Manhattan Public Affairs and Financial Planning & Analysis, Consolidated Edison Company of New York
 - Anne Grand, PhD, at New York-Presbyterian/Allen
 - Marife Hernandez, New York-Presbyterian Trustee
 - Franz Leichter, Former Senator
 - Maria Luna, Community Leader and Community Board 12 Board Member
 - Leo Milonas, Community Resident
 - Franz Paasche, Community Resident
 - Louis Rana, President, Manhattan Consolidated Edison Company of New York
- ***New York-Presbyterian/Westchester Division Community Advisory Board-*** The New York-Presbyterian/Westchester Division Community Advisory Board was established in 2013 to enhance communication and collaboration between NYP 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 and the community at large.

Community Advisory Board members include:

NYP Staff

- Laura Forese, Group SVP, CMO, COO
- Kerry DeWitt, SVP, Government and Community Affairs
- Philip Wilner, VP and Medical Director
- Linda Espinosa, VP, Nursing and Patient Care Services
- Willa Brody, Director, Government and Community Affairs
- Jonathan Prins, Director of Operations
- Alissa Kosowsky, Manager of Public and Community Affairs

Community Leaders

- Alan Trager, Executive Director, Westchester Jewish Community Services (WJCS)
- Brian Kenney, Director, White Plains Public Library
- Chief James Bradley, White Plains Police Department
- Chief Richard Lyman, White Plains Fire Department
- Timothy Connors, Superintendent, White Plains Public School
- Dani Glaser, Founder, Westchester Green Business Council
- Fran Croughan, Deputy Commissioner, White Plains Parks and Recreation
- Frances Jones, Vice-President, White Plains Council of Neighborhood Associations
- Frank Williams, Executive Director, White Plains Youth Bureau
- Heather Mills, Director, Slater Center
- Isabel Villar, Executive Director, El Centro Hispano
- John Ravitz, Executive Vice President, Business Council of Westchester
- Maria Imperial, CEO, YWCA of White Plains and Central Westchester
- Dr. Amy Kohn, President/CEO, Mental Health Association of Westchester

- **Community Board Districts 8 and 12** - New York-Presbyterian meets regularly with Community Board Districts 8 and 12. These Districts encompass two large sections of NYP's service area. The Health Committee of Community Board District 12 in Manhattan meets monthly to discuss the health needs of the community. New York-Presbyterian's Vice President of Government and Community Affairs is a member of the Health Committee and regularly reports on Hospital programs, services, community outreach, and budget issues. The interaction between New York-Presbyterian and the Community Board is extremely valuable since it enables NYP to have firsthand reports of community concerns.
- **Community Physicians of New York-Presbyterian/Columbia** - This organization of independent physicians in private practice provides a forum for discussion and networking for New York-Presbyterian and the many community physicians practicing in large sectors of NYP'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. New York-Presbyterian'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 6th- 12th grade students who reside in Washington Heights and Inwood.

II. ASSESSMENT OF PUBLIC HEALTH PRIORITIES

The New York-Presbyterian Office of Community Health Development is charged with conducting assessments of community health needs, as well as developing strategic Hospital programs for community health development. This Office conducts the assessment of public health priorities and addresses health needs of minority and immigrant communities and collaborates with local health providers, community-based organizations, government agencies, foundations and philanthropic entities

The overarching goal of this assessment is to confirm that New York-Presbyterian is providing quality care to its local community and continues to address those health issues that are most evident and of greatest concern to the communities served. This goal is consistent with NYP's long-term Vision: "to sustain its leadership position in the provision of world class patient care, teaching, research, and service to local, state, national, and international communities." The strategy for achieving this Vision is found in New York-Presbyterian's 2004 Community Service Plan Comprehensive Report, which emphasizes the importance of "Strategic Growth - growing the right type of services, in the right ways, at the right time to provide the mix of care that will best serve the patients."

Selection of Two (2) Prevention Agenda Priorities

In accordance with the New York State Department of Health's Prevention Agenda Toward the Healthiest State, New York-Presbyterian conducted an assessment of its service area's demography and health needs. It gathered the formal and extensive input obtained from the multiple public discussion sessions referenced above, and analyzed the quantitative and qualitative data from the formal community health needs assessment

The input from the public participation sessions, as well as the findings of both the quantitative and qualitative community health assessment studies suggest that chronic diseases and mental health are major priorities in the New York-Presbyterian service area. Chronic diseases such as diabetes, heart disease, cancer, and pulmonary diseases (including asthma and COPD) and mental illness-depression were major causes of hospitalization, as well as morbidity and mortality in the New York-Presbyterian service area. Key informants, focus group participants and Public Participation repeatedly referred to asthma, mental illness-depression, diabetes and its frequent companion, obesity, as major concerns for the community.

As a result of all of the above data and considerations, New York-Presbyterian has chosen to address the following two (2) New York State Department of Health's Prevention Agenda Priorities:

1. Prevent Chronic Disease
2. Promote Mental Health & Prevention Substance Abuse

III. THREE (3) YEAR PLAN OF ACTION

During 2013, New York-Presbyterian conducted a wide variety of activities that support the New York State Prevention Agenda Priorities. Activities designed to improve healthcare access targeted lack of insurance; systemic and structural barriers, as well as cognitive factors, including knowledge of disease and prevention strategies. As described in the *Appendix*, these activities took place in communities throughout the service area, including schools, and also targeted the major community-based industries of livery drivers and shopkeepers (bodegueros). New York-Presbyterian also conducted many health promotion and disease prevention activities that addressed the following chronic diseases: diabetes and obesity, cardiovascular disease, asthma, and cancer. These activities support our two priorities and will continue in addition to the formal Three Year Plan of Action which is described below.

Beginning in 2014 New York-Presbyterian Hospital carried out a three year plan of action to address the two chosen Prevention Agenda Priorities:

1. Prevent Chronic Disease
2. Promote Mental Health & Prevention Substance Abuse

In addition New York-Presbyterian Hospital has also collaborated with the New York City Department of Health and Mental Hygiene in the Take Care New York program. New York-Presbyterian has agreed to collaborate with the City on four projects. The first

2013 Community Service Plan Year 1 Update

three projects directly impact our chosen priority of preventing chronic disease. The fourth has been shown to improve children’s health and possibly reduce their chronic disease burden:

- Adopt Healthy Hospital Food Initiative
- Track and report the blood pressure control scores of patients in the Hospital ambulatory footprint
- Support and promote the National Diabetes Prevention Program (NDPP) for overweight and obese adults with pre-diabetes or women with history of gestational diabetes.
- Support breastfeeding within NYP and in the community

Take Care New York Program

TCNY Initiative	NYP Program
Adopt Healthy Hospital Food Initiative	<p>As part of our mission as an academic medical center, NYP is dedicated to preventing disease and improving the health and wellbeing of our patients, employees, and communities. Integral to this mission is our commitment to helping our employees improve and maintain their health and overall wellbeing. Through the NYPBeHealthy Program we will:</p> <ul style="list-style-type: none"> • Engage our employees in their own wellbeing & supporting them in achieving their individual health goals • Offer innovative, integrated & easily accessible Hospital-wide programs to foster employee health & wellbeing • Create a culture of caring, health, and wellbeing in our workplace. <p>NYP also has an array of programs to help employees promote their health by eating well. We offer nutrition and healthy eating programs to educate employees about smart food choices and portion control. A Greenmarket, available once weekly from July through November at NYP/Columbia, encourages staff to consume locally grown fresh produce. On-site cooking demonstrations led by our Hospital chefs teach employees how to cook with seasonally available produce.</p>
Track and report the blood pressure in the Hospital ambulatory footprint	<p>As part of our Meaningful Use initiatives in the Ambulatory Care Network (ACN) we regularly collect and report on NQF 0013: Blood Pressure Measurement. This measure specifically looks at the percentage of patient visits with blood pressure measurement recorded among all patient visits for patients aged > 18 years with diagnosed hypertension AMA-PCPI.</p>
Support and promote the National	<p>The Diabetes Self-Management Education (DSME) program within the ACN focusses on self-care management strategies by using American</p>

2013 Community Service Plan Year 1 Update

<p>Diabetes Prevention Program (NDPP)</p>	<p>Association of Diabetes Educator's (AADE) 7 self-care behavior modification strategies. The clinical indicators for the outcome measures are improvement in A1C, Lipid profile and blood pressure as well as an annual foot exam and eye exam. The patients within the DSME program meet with the educator for an initial assessment. During the Initial Assessment the educator helps the patient establish the self-management goals. The follow up sessions focus on the patients barriers and challenges to achieve the self-management goal as well as further education. The DSME program also refers the patients to appropriate resources both in the hospital system and in the community.</p> <p>The DSME program has made a positive impact among the population living in areas of Washington Heights-Inwood. In the coming years the DSME program plans to expand by developing partnerships with managed care organizations, expanding the community health worker program and expanding the program to other NYP sites.</p>
<p>Support breastfeeding</p>	<p>NYP has an establish Breastfeeding Program for all mothers that deliver in the hospital. Upon delivery the RN will provide to and review with every breastfeeding mother a copy of:</p> <ul style="list-style-type: none"> • The Mother and Newborn Education/Discharge Instructions packet • The New York City Mother's Guide to Breastfeeding book <p>In addition, all mothers delivering their babies at NYP receive a copy of the New York State Breastfeeding Mothers' Bill of Rights during their stay in the hospital. Mothers will be provided with information about their breastfeeding progress and how to obtain help to improve their breastfeeding skills, and receive assistance from an International Board Certified Lactation Consultant if the baby has special needs.</p> <p>In addition, NYP also offers breastfeeding support services through our Women, Infant, and Children (WIC) program. The Special Supplemental Nutrition Program aims to improve the nutrition and health of women, and infants and children under age 5. The Program is credited with increasing birth weight, decreasing low birth weight and prematurity, decreasing the incidence of iron deficiency anemia, increasing breastfeeding rates, and lowering Medicaid expenditures during the first year of life. The Program promotes a healthy lifestyle by the foods it provides and by encouraging physical activity and healthy cooking in its nutrition education classes.</p>

Outline of Three (3) Year Action Plan

In order to accomplish its two Prevention Agenda Priorities New York-Presbyterian and its collaborators have adopted the following strategic objectives:

- Develop the Patient Centered Medical Home (PCMH) – The Medical Home model has been adopted as an efficient and effective means to improve health outcomes and access by building the highest quality of primary care while better managing the patient flow in the Emergency Department and the specialty clinics.
- Expand Disease Prevention and Management – Care Management of chronic diseases has been chosen as an important tool to combat chronic diseases, particularly diabetes, heart disease, depression and pulmonary diseases.
- Develop the Health Home (HH)– The NYSDOH Medicaid Health Home model has been adopted as an efficient and effective means of providing care management in a community collaborative manner in order to target and support patients suffering from multiple chronic co-morbidities including behavioral conditions, alcohol and other substance abuse.
- Build Cultural Competency– Skills-based training in cross-cultural communication, language access, and health literacy strategies as well as the integration of a diverse workforce including Patient Navigators and Community Health Workers will be deployed in the ambulatory clinics and emergency departments.
- Information Technology- IT solutions will be explored in order to facilitate both access improvement and chronic disease management.

These five strategic objectives are reflected in the programs and initiatives that have been formulated as part of the Three Year Action Plan which is outlined in the following Tables:

2013 Community Service Plan Year 1 Update

New York-Presbyterian – Columbia Campus (Milstein, MSCHONY, Allen)

Prevention Agenda Priorities	2014 Plan	2014 Update
<p><u>Prevent Chronic Disease</u></p> <p>Focus Area: Increase access to high-quality chronic disease preventive care and management in both clinical and community settings</p> <p>Goals</p> <ul style="list-style-type: none"> - Increase screening rates for cardiovascular disease, diabetes, and breast/cervical, colorectal cancers, especially among disparate populations - Promote use of evidence-based care to manage chronic diseases. - Promote culturally relevant chronic disease self-management education. 	<ul style="list-style-type: none"> - Obtain NCQA Level 3 PCMH Certification (2011) for all 7 ACN Clinics. Focus and provide panel management, and self-management support on diabetes, asthma and CHF. - Develop electronic COPD/Asthma Registry in Amalga. - Implement COPD/Asthma and CHF Transitions of Care (TOC) protocols. - Plan PCMH empanelment strategy using Sorian system and EMR to facilitate access and continuity. - Pilot Interdisciplinary Plan of Care (IPOC) print outs for patients that is culturally competent and health literacy accessible. 	<ul style="list-style-type: none"> - 6 ACN Clinics obtained NCQA Level 3 PCMH Certification (2011). Additional required information to meet full Level 3 for the remaining site will be submitted to NCQA before December 30, 2014. - COPD/Asthma registries were developed using the Amalga tool. - COPD/Asthma and CHF Transitions of Care (TOC) protocols were developed and implemented across all PCMH sites. In addition, a half day campus wide symposium was held to train the PCMH sites. - Developed a working group that met throughout the year. The team worked with the IT-EMR and Sorian scheduling system to develop tools in the EMR that would facilitate empanelment and physician panel management. - Interdisciplinary Plan of Care (IPOC) print outs were developed, and piloted in the pediatric population. Plans are underway to expand the pilot to include adult sites. These print out have been initially developed in English and Spanish, and are culturally competent and health literacy accessible.

2013 Community Service Plan Year 1 Update

	<ul style="list-style-type: none"> - Plan PCMH -ED TOC program. - Pilot Culturally Competency training for PCMH personnel. - Plan adult Obesity full spectrum program: preventive-medical-surgical - Develop Children with Special Health Care Needs (CSHCN) electronic Registry. - Plan, recruit and hire staff for CSHCN program. - Develop Regional Health Collaborative (RHC) collective impact methodology. 	<ul style="list-style-type: none"> - Plans for a PCMH -ED TOC program are under development and being considered as part of our NYS DSRIP application submission. - A Cultural Competency training curriculum was developed for PCMH personnel and has been rolled out throughout the organization. To date approximately 518 staff and providers have been trained. - A Plan has been developed to expand the pediatric obesity prevention program (Choosing Healthy and Active Lifestyles for Kids-CHALK) into the family and adult population, and also enhance linkage of the PCMHs with adult endocrine obesity medical treatment as well as bariatric surgical services at NYP. - An electronic registry was developed for Children with Special Health Care Needs (CSHCN). - Plans for a CSHCN program are under development and being considered as part of our NYS DSRIP application submission. - A Regional Health Collaborative (RHC) collective impact methodology was developed and local community based organizations were recruited to collaborate on projects. This collaborative is also being expanded as part of our NYS DSRIP application submission.
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2013 Community Service Plan Year 1 Update

	<ul style="list-style-type: none"> - Select new RHC targeted areas of focus. 	<ul style="list-style-type: none"> - The RHC has been evaluating other potential areas of focus such as ESRD/Renal Failure, HIV/AIDS, and Palliative Care. Several of these are being considered as part of our NYS DSRIP application submission.
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New York-Presbyterian – Columbia Campus (Milstein, MSCHONY, Allen)

Prevention Agenda Priorities	2014	2014 Update
<p><u>Promote Mental Health & Prevent Substance Abuse</u></p> <p>Focus Area: Strengthen infrastructure across systems</p> <p>Goals</p> <ul style="list-style-type: none"> - Support collaboration among professionals working in fields of mental, emotional, behavioral health promotion and chronic disease prevention, treatment, and recovery. - Strengthen infrastructure for mental, emotional, and behavioral health promotion and mental, emotional, and behavioral disorder prevention. 	<ul style="list-style-type: none"> - Educate and train PCMH team on Integrated Clinical and Behavioral Care. - Develop Screening protocols, risk stratification and tracking systems. - Integrate clinical and behavioral care protocols for depression screening in patient with PCMH Chronic conditions: <ul style="list-style-type: none"> - Diabetes. - CHF - COPD/Asthma - Develop Depression registry 	<ul style="list-style-type: none"> - Education and training were rolled out to all PCMH teams on Integrated Clinical and Behavioral Care via a half day campus wide symposium. - Screening protocols, risk stratification and tracking systems were developed with input from clinical, IT, and operational leadership. - Clinical and behavioral care protocols for depression screening in patient with PCMH chronic conditions were integrated into the continuity visit using the PHQ2 and PHQ9 depression screening tool. - Depression registry was developed and rolled out using Microsoft Amalga tool.

2013 Community Service Plan Year 1 Update

New York-Presbyterian – Weill Cornell Campus

Prevention Agenda Priorities	2014	2014 Update
<p><u>Prevent Chronic Disease</u></p> <p>Focus Area: Increase access to high-quality chronic disease preventive care and management in both clinical and community settings</p> <p>Goals</p> <ul style="list-style-type: none"> - Increase screening rates for cardiovascular disease, diabetes, and breast/cervical, colorectal cancers, especially among disparate populations - Promote use of evidence-based care to manage chronic diseases. - Promote culturally relevant chronic disease self-management education. 	<ul style="list-style-type: none"> - Obtain NCQA Level 3 PCMH Certification (2011) for all 7 ACN Clinics. - Implement HTN, DM, Asthma, and Obesity registries. - Plan Contact Center to enhance access for seven PCMHs. - Implement population health tool linked to EPIC/EMR. - Pilot Targeted Care Intervention (TCI) Program. - Implement Team Centered Care and pre-visit planning models in seven PCMHs 	<ul style="list-style-type: none"> - Three of our ACN Clinics obtained NCQA Level 3 PCMH Certification (2011). Additional required information to meet full Level 3 for the remaining four sites will be submitted to NCQA before December 30, 2014. - The Amalga registries were expanded and specific registries around HTN, DM, Asthma, and Obesity were developed for this campus. - Plans are under development to further enhance access at all seven PCMHs using both telephonic and online resources. - Working with the EPIC/EMR team we have developed and implemented dashboards for clinicians to facilitate population management for the chosen PCMH diseases. - A Targeted Care Intervention (TCI) staff has been piloted for the Weill Cornell Campus. - The Team Centered Care and pre-visit planning have been introduced at all seven PCMHs sites.

2013 Community Service Plan Year 1 Update

	<ul style="list-style-type: none"> - Plan empanelment strategies. - Pilot Cultural Competency training. - Plan PCMH-ED Transitions of Care (TOC) Program. - Implement CHW program. - Reestablish Building Bridges (BBKH) Community coalition. - Develop Children with Special Health Care Needs (CSHCN) Registry. - Plan, recruit and hire staff for CSHCN program. 	<ul style="list-style-type: none"> - Developed a working group that met throughout the year. The team worked with the IT-EMR and Sorian scheduling system to develop tools in the EMR that would facilitate empanelment and physician panel management. - A Cultural Competency training curriculum was developed for PCMH personnel and has been rolled out throughout the organization. To date approximately 82 staff and providers have been trained. - Plans for a PCMH -ED TOC program are under development and being considered as part of our NYS DSRIP application submission. - A CHW program was developed on this campus through partnerships with local community organization in Central and East Harlem. - The Building Bridges (BBKH) Community coalition has been reestablished with location community based organization and faith based organizations. - An electronic registry was developed for Children with Special Health Care Needs (CSHCN). - Plans for a CSHCN program are under development and being considered as part of our NYS DSRIP application submission.
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2013 Community Service Plan Year 1 Update

New York-Presbyterian – Weill Cornell Campus

Prevention Agenda Priorities	2014	2014 Update
<p><u>Promote Mental Health & Prevent Substance Abuse</u></p> <p>Focus Area: Strengthen infrastructure across systems</p> <p>Goals</p> <ul style="list-style-type: none"> - Support collaboration among professionals working in fields of mental, emotional, behavioral health promotion and chronic disease prevention, treatment, and recovery. - Strengthen infrastructure for mental, emotional, and behavioral health promotion and mental, emotional, and behavioral disorder prevention. 	<ul style="list-style-type: none"> - Educate and train PCMH team on Integrated Clinical and Behavioral Care. - Develop Stepping protocols, risk stratification and tracking systems. - Integrate clinical and behavioral care protocols for depression screening in patient with Diabetes. - Develop Depression registry. 	<ul style="list-style-type: none"> - Education was rolled out to all PCMH leadership teams on Integrated Clinical and Behavioral Care. - Screening protocols, risk stratification and tracking systems were developed with input from clinical, IT, and operational leadership. - Clinical and behavioral care protocols for depression screening in patient with PCMH Chronic conditions were integrated into the continuity visit using the PHQ2 and PHQ9 depression screening tool. - Depression registries were developed using Microsoft Amalga tool.

2013 Community Service Plan Year 1 Update

New York-Presbyterian – Westchester Campus

Prevention Agenda Priorities	2014	2014 Update
<p><u>Prevent Chronic Disease</u></p> <p>Focus Area: Increase access to high-quality chronic disease preventive care and management in both clinical and community settings</p> <p>Goals</p> <ul style="list-style-type: none"> - Increase screening rates for cardiovascular disease, diabetes, and breast/cervical, colorectal cancers, especially among disparate populations - Promote use of evidence-based care to manage chronic diseases. - Promote culturally relevant chronic disease self-management education. 	<ul style="list-style-type: none"> - Establish collaboration with key Community Based Organizations to conduct Cancer screenings in the community. - Hold Cancer screening community health fair. 	<ul style="list-style-type: none"> - Through the work of our Redes en Accion program we develop collaborations with a variety of community based organizations such as the American Cancer Society, VNS, Gilda’s Club, the local YMCA, the Leukemia & Lymphoma Society, and the Westchester Hispanic Coalition in order to work on cancer and chronic disease awareness. - We participated in a variety of community health fairs throughout the year that focused on Cancer. Many of these sites were general awareness programs; however, a number focused specifically on Breast Cancer.

<p><u>Promote Mental Health & Prevent Substance Abuse</u></p> <p>Focus Area: Strengthen infrastructure across systems</p> <p>Goals</p> <ul style="list-style-type: none"> - Support collaboration among professionals working in fields of mental, emotional, behavioral health promotion and chronic disease prevention, treatment, and recovery. - Strengthen infrastructure for mental, emotional, and behavioral health promotion and mental, emotional, and behavioral disorder prevention. 	<ul style="list-style-type: none"> - Formalize collaborations with NYP Health Home and establish systems for networking and referrals. - Formalize linkages with NYP Health Home provider agencies. 	<ul style="list-style-type: none"> - Formal collaborations were established with a variety of community based organization that provide Health Home services to residents in and around the Westchester and Bronx regions. These organizations included but were not limited to: AIDS Service Center, The Bridge, Isabella Geriatrics, and Village Care. - All agencies were also connected and trained on the use of the Allscript’s Care Director System. This system allows for documentation of care management activity, review of utilization, and referrals to participating programs.
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2013 Community Service Plan Year 1 Update

New York-Presbyterian – Lower Manhattan Campus

Prevention Agenda Priorities	2014	2014 Update
<p><u>Prevent Chronic Disease</u></p> <p>Focus Area: Increase access to high-quality chronic disease preventive care and management in both clinical and community settings</p> <p>Goals</p> <ul style="list-style-type: none"> - Increase screening rates for cardiovascular disease, diabetes, and breast/cervical, colorectal cancers, especially among disparate populations - Promote use of evidence-based care to manage chronic diseases. - Promote culturally relevant chronic disease self-management education. 	<ul style="list-style-type: none"> - Establish collaboration with key Community Based Organizations, American Cancer Society, VNS and local physicians to conduct Colorectal screenings in the community. - Hold Colorectal Cancer screening community health fair. 	<ul style="list-style-type: none"> - Through the work of our Redes en Accion program we develop collaborations with a variety of community based organizations such as the American Cancer Society, VNS, Gilda’s Club, the local YMCA, Aid for Aids, the Food Bank of NYC, and Seedco in order to work on cancer and chronic disease awareness. - We participated in a variety of community health fairs throughout the year that focused on Cancer. Many of these sites were general awareness programs; however, a number focused specifically on Colorectal Cancer, Breast Cancer, and Prostate Cancer.

<p><u>Promote Mental Health & Prevent Substance Abuse</u></p> <p>Focus Area: Strengthen infrastructure across systems</p> <p>Goals</p> <ul style="list-style-type: none"> - Support collaboration among professionals working in fields of mental, emotional, behavioral health promotion and chronic disease prevention, treatment, and recovery. - Strengthen infrastructure for mental, emotional, and behavioral health promotion and mental, emotional, and behavioral disorder prevention. 	<ul style="list-style-type: none"> - Establish formal collaborations with culturally competent behavior and substance abuse service-providing Community Based Organizations in this community. 	<ul style="list-style-type: none"> - Formal collaborations were established with a variety of community based organization that provide Health Home services to residents in Lower Manhattan. These organizations included but were not limited to: AIDS Service Center, ACMH, Village Care, the Bridge, and Isabella Geriatrics. - All agencies were also connected and trained on the use of the Allscript's Care Director System. This system allows for documentation of care management activity, review of utilization, and referrals to participating programs.
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IV. PROCESS AND OUTCOME MEASURES

This section has been added in response to the New York State Department of Health letter dated April 30, 2014 regarding NYP's 2013 Comprehensive Community Service Plan. Of note this feedback recommended that we include process and outcome measures for our plan. In response, the preceding section, the Action Plan Grid, addresses specific process measures for each of our 2014 goals.

An article published in *Health Affairs* in November 2014 reports significant overall improvements in key outcome metrics as a result of New York- Presbyterian Hospital's Regional Health Collaborative, a PCMH centered and an evidence-based and collective impact approach that connects providers, coordinates care, and communicates with patients in a culturally competent manner.¹ The Washington Heights–Inwood section of Manhattan is a predominantly poor Hispanic community with disproportionately high rates of chronic disease, including asthma, diabetes, and congestive heart failure. In October 2010, NewYork-Presbyterian Hospital, in association with the Columbia University Medical Center, launched an integrated network of patient-centered medical homes that were linked to other providers and community-based resources and formed a “medical village.” Three years later, a study of 5,852 patients who had some combination of diabetes, asthma, and congestive heart failure found that emergency department visits and hospitalizations had been reduced by 29.7 percent and 28.5 percent, respectively, compared to the year before implementation of the network. Thirty-day readmissions and average length-of-stay declined by 36.7 percent and 4.9 percent, respectively. Patient satisfaction scores improved across all measures.

NewYork-Presbyterian Hospital is extending this study's methodology to the Cornell campus. We are currently developing a partnership similar to the Regional Health Collaborative across all campus sites. We plan on replicating our PCMH analysis on the Cornell campus sites, and will report on our progress in the Year 2 update.

¹ Carrillo JE, Carrillo VA, Guimento R, Mucaria J. The NewYork-Presbyterian Regional Health Collaborative: A Three-Year Progress Report. *Health Aff (Millwood)*. 2014; 33(11): 1985–92.

V. FINANCIAL STATEMENT

Cost related to uncompensated care and community benefit activities are summarized as follows (in thousands):

	2013	2012
Charity care, net	\$35,010	\$38,120
Means-tested programs	<u>\$200,471</u>	<u>\$183,600</u>
Other community benefits	<u>\$334,744</u>	<u>\$306,572</u>
TOTAL	\$570,225	\$528,292

CHANGES IMPACTING COMMUNITY HEALTH/PROVISION OF CHARITY CARE/ACCESS TO SERVICES

Despite the many financial challenges posed in connection with federal and state funding of health care, New York-Presbyterian has been able to maintain the same access and level of service to the community as in the 2013 Comprehensive Community Service Plan.

FINANCIAL AID PROGRAM

The implementation of Charity Care Financial Aid (Financial Aid) programs at New York-Presbyterian has been very successful. Outlined below are highlights of the provisions of NYP’s Financial Aid program:

Eligibility

- New York-Presbyterian’s program allows eligibility for Charity Care to qualified patients with incomes less than 400% of the Federal Poverty Level.
- The Charity Care service area for New York-Presbyterian/Columbia (including Morgan Stanley Children’s Hospital of New York-Presbyterian Hospital), New York-Presbyterian/Weill Cornell and New York-Presbyterian/Allen Hospital consists of the 5 counties that represent New York City: New York, Bronx, Kings, Queens, and Richmond.
- The Charity Care service area for the New York-Presbyterian/Westchester Division consists of the counties of Westchester, Bronx, Orange, Putnam and Rockland.
- New York-Presbyterian may consider patients for financial aid who meet some but not all criteria, including residency requirements in exceptional circumstances.
- The application process has been assigned to specially trained individuals for consistency in implementation of the program.
- NYP employs credit reporting software to determine eligibility on a presumptive basis for certain patients under limited conditions who fail to apply but may qualify for financial aid.

Medicaid or Public Insurance Plans

- New York-Presbyterian has a patient financial advocacy program through which patients without insurance may be interviewed to determine if they may be eligible for coverage and, if so, the application process for public assistance is initiated when appropriate.
- Inpatients and outpatients without insurance who may be eligible are interviewed and, when appropriate, NYP assists such patients with submitting applications for Medicaid enrollment to the NYC Medicaid Application Processing Unit.

Financial Aid Summary: A Financial Aid Summary that summarizes New York-Presbyterian’s Financial Aid Program is made available to patients.

Application: Although not required to do so by applicable law, New York-Presbyterian allows patients to apply for financial aid at any point throughout the billing process.

Installment plans: NYP allows qualified patients to pay on an installment basis without the imposition of interest charges.

Billing and Collections: Contracts for billing and collection vendors require those vendors to comply with applicable New York-Presbyterian policies and procedures, including the Financial Aid Policy.

Best Practices: New York-Presbyterian conducts routine internal audits to determine whether:

- Financial summaries are being handed to all patients.
- Hospital staffs are familiar with the Charity Care Program and can direct a patient to further information.
- The Financial Aid Policy provisions are being followed.

Challenges: Some of the challenges that have been faced in the application of the provisions of Public Health Law 32807-k (9-a) have been:

- Understanding which types of information may be requested from patients during the application process.
- Approving exceptions for patients residing outside of NYP’s service area in appropriate circumstances.
- Convincing patients who may be eligible for Financial Aid to complete and return applications. Many patients request applications, but far fewer actually return completed applications.

VI. DISSEMINATION OF THE REPORT TO THE PUBLIC

2013 Community Service Plan Year 1 Update

New York-Presbyterian operates a geographically-focused approach for soliciting community participation and involvement, providing community outreach, and distributing its myriad publications. Specifically, distribution of and access to New York-Presbyterian's Community Service Plan occurs through New York-Presbyterian/Columbia University Medical Center Community Health Council, the New York-Presbyterian/Weill Cornell Medical Center Community Advisory Board, and the New York-Presbyterian/Westchester Consumer Advisory Board. In addition, copies of the Plan are distributed through Community Boards 12 and 8 in New York, and Community Board 8 in the Bronx.

Any member of the public can get a copy of the ***2013 Community Service Plan Year 1 Update*** by visiting New York-Presbyterian's website www.nyp.org or contacting one of the following offices:

OFFICE OF COMMUNITY HEALTH DEVELOPMENT (212) 342-0405

OFFICE OF GOVERNMENT AND COMMUNITY AFFAIRS (212) 305-2114

OFFICE OF PUBLIC AFFAIRS (212) 821-0575

NEW YORK-PRESBYTERIAN/WEILL CORNELL (212) 821-0560

NEW YORK-PRESBYTERIAN /COLUMBIA (212) 305-5587

NEW YORK-PRESBYTERIAN/WESTCHESTER (914) 997-5779

NEW YORK-PRESBYTERIAN/LOWER MANHATTAN (212)-312-5828

VII. PLAN CONTACT INFORMATION

2013 Community Service Plan Year 1 Update

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

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

CSP Contact Person: J. Emilio Carrillo, M.D., M.P.H.
Title: Vice President, Community Health
Phone: (212) 305-1079
Fax: (212) 342-0598
Email: ecarrill@nyp.org

CSP Contact Person: Kerry S. DeWitt
Title: Senior Vice President, External Relations
Phone: 212-305-4223
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Email: ked9039@nyp.org

APPENDIX

2013 COMMUNITY SERVICE ACTIVITIES

1. Access to Quality Healthcare

- **School-Based Health Centers (SBHCs)** – The School-Based Health Centers (SBHCs) operated by the Center for Community Health and Education provide a multidisciplinary service model that integrates primary care, mental health counseling and health education in 8 NYP Ambulatory Care sites which serve 23 Northern Manhattan intermediate and high schools. The sites are located at the George Washington Educational Campus, the Stott Campus, the 143 Campus and the Inwood Community Campus in Washington Heights as well as the 136 Campus and the Thurgood Marshall Academy and Promise Academy in Central Harlem with the newly opened John F Kennedy Campus site in the Bronx. The JFK campus site in the Bronx has a student population of over 3,400 students and will have on-site dental services. Student patients incur no charges for the care that they receive from licensed providers. For many adolescents, the SBHCs meet important health and prevention needs that would otherwise be unaddressed and by providing services on site at school, students do not have to miss school and parents do not have to miss work for medical or mental health appointments. The SBHCs are open year-round, Monday through Friday, 8:00 a.m. to 4:30 p.m. In the 2012-13 school year, students made 45,340 visits.
- **Taxi Drivers Health Fair** – In collaboration with the Ambulatory Care Network, Community Board 12, and the United Drivers Group, New York-Presbyterian/Columbia sponsors an annual health fair dedicated to the health of local livery taxi cab drivers in Washington Heights/Inwood and adjacent Bronx areas. The fair provides many uninsured and underinsured taxi drivers with health information and screenings, including vision and free prescription eyeglasses, HIV testing and health insurance eligibility screening/enrollment. Approximately 400 people attended the 2013 health fair.
- **Community Physician Outreach Program** -The Community Physician Outreach Program's mission is to provide a link from NYP to physicians in full time independent practices throughout the Northern Manhattan, Washington Heights, Inwood and neighboring Bronx communities. The program's outreach coordinator serves as the key liaison for community physicians and assists with their interaction with the New York-Presbyterian/Columbia campus. This includes access to Hospital services and meeting space, coordinating CME conferences, assisting with application for Hospital affiliation, as well as arranging regular meetings with Hospital corporate and clinical leadership. Part of the program's mission also includes integrating foreign trained physicians who are studying for their American licensing boards. In 2013, the outreach has resulted in building and sustaining collaborations with more than 200 community physicians.
- **Interpreter Services** – At New York-Presbyterian, one of the ways We Put Patients First is by providing access to effective communication to our Limited English Proficiency (LEP), Visually Impaired, Deaf/Hard of Hearing, and Deaf

Blind Patients and their families with interpretation assistance in their preferred language 24 hours a day, 7 days a week. These services are consistent with regulatory requirements and are provided by medically-qualified professional interpreters, either via telephone or in-person. It is one of several ways New York-Presbyterian works to continually facilitate patient participation in all treatment processes.

Furthermore, our Limited English Proficiency Committee conducts annual assessments to identify limited English speaking groups, trends, and changes in needs. These efforts help with identifying opportunities to remove any communication barriers our LEP population may encounter while providing the high quality and safe patient care.

- ***Reach Out and Read (ROR) Health Literacy Fair*** – Since 1997, the ROR program in the ACN pediatric practices has promoted early literacy by providing new books and advice to parents about the importance of reading aloud to their young children. Family literacy workshops were held for parents of children ages 3-5 years old, who attend Ft. George Community Center Head Start Program. Families participated in interactive workshops that focused on read aloud strategies to help promote the cognitive and social growth of young children.
- ***Health and Wellness Seminars*** -The Health and Wellness program at New York-Presbyterian/Weill Cornell sponsors seminars in the spring and fall. Presentations are given by New York-Presbyterian doctors, nurses and nutritionists to community residents. During 2013, eight (8) seminars were held and approximately 1,000 community residents attended.
- ***Lecture Series and Community Outreach*** – New York-Presbyterian/Westchester continued to offer a bi-annual calendar of free lectures to the community on diverse emotional wellness topics, such as coping with depression, anxiety, stress, anger management, and behavioral and parenting issues. During 2013, an average of 30 community residents attended each lecture. In addition, the Community Outreach department sponsored free community screening days for depression. The Public and Community Affairs department also participated in presentations, educational forums and events for area public and private schools, Parent Teacher Associations, colleges, community groups, and religious organizations, as well as civic, business and social groups. The total number of community residents served through the lecture series and various presentations in 2013 was approximately 565 people.

Additionally, in 2013, NYP opened the Center for Autism and the Developing Brain at the Westchester campus. Developed in collaboration with New York Collaborates for Autism, the 11,000-square-foot facility will provide comprehensive services to people with autism spectrum disorders at every stage of life, from infancy through adulthood. The new center uses an integrated treatment approach where patients can receive a combination of expanded applied behavior analysis (ABA) and other targeted therapies to improve social communication and motor and adaptive skills. The interdisciplinary staff includes

psychiatrists, psychologists, speech and language therapists, behavior and education specialists, social workers, and occupational therapists, along with consultants from other areas of medicine. The center has a vigorous research and training program, conducting collaborative basic and clinical research with the M.I.N.D. Institute at the University of California-Davis, UCLA's Autism Center, Mailman School of Public Health at Columbia University Medical Center, the Centers for Disease Control and Prevention, the University of Michigan, Kings College in London, and Florida State University, among others.

- **Community Update Newsletter**– New York-Presbyterian/Westchester distributed its first edition of a *Community Update Newsletter* for the White Plains residential and business community in January 2004. The newsletter provides detailed profiles of all services provided as well as a comprehensive calendar of community events. The Community Update Newsletter continues to be published on a semi-annual basis. During 2013, more than 76,000 copies of the newsletter were distributed throughout the community.

2. Chronic Disease

- **Research**-New York-Presbyterian Hospital's dedicated research physicians and surgeons, all of whom are on the faculty of either Columbia University College of Physicians & Surgeons or Weill Medical College of Cornell University, have made extraordinary contributions. NYP is at the forefront of medical research and works closely with both medical schools to facilitate research and mobilize resources; faculties from both schools often collaborate on research projects.
- The Columbia University College of Physicians & Surgeons has a wide range of research centers and institutes. The Community Engagement Core Resource (CECR) of the Irving Institute for Clinical and Translational Research is guided by an Executive Committee of faculty and senior administrators representing the Columbia University Medical Center health professional schools and interdisciplinary centers, New York-Presbyterian Hospital and Ambulatory Care Network, and multiple community based organizations from the surrounding neighborhoods of Washington Heights and Inwood. CECR fosters community-engaged research between CUMC researchers, multi-sector stakeholders, and the community at-large by (1) providing capacity building opportunities on and guidance with community-based participatory research, (2) developing research-literate resources to increase recruitment and retention of underrepresented groups in CUMC-sponsored research, (3) facilitating community input in CUMC's research enterprise, (4) disseminating and translating research findings to stakeholders, and (5) linking community residents to health research, information, and services. In addition, CECR conducts original research on academic and community partnership processes, research literacy and dissemination, and community participation in research. The Columbia Community Partnership for Health (CCPH), CECR's off-campus home in Washington Heights, is a unique and inviting multipurpose space for conducting health research, health promotion activities, and research education and dissemination. CCPH offers free research,

meeting and activity space to CUMC researchers and qualifying community stakeholders. CCPH is staffed by bilingual personnel and houses a bilingual health library open to the community at large.

- The Clinical and Translational Science Center (CTSC) is a Multi-Institutional Consortium at Weill Cornell Medical College with: Cornell University, Ithaca; Cornell University Cooperative Extension, New York City; Hospital for Special Surgery; Hunter College School of Nursing; Hunter Center for Study of Gene Structure and Function ; Memorial Sloan-Kettering Cancer Center; New York-Presbyterian Hospital/Weill Cornell Medical Center and Weill Cornell Graduate School of Medical Sciences. The Community Engagement and Outreach Program for the CTSC is led by the Cornell University Cooperative Extension-NYC (CUCE-NYC). CUCE-NYC has a staff of 150 people who speak a total of five (5) languages, and are dispersed throughout each of New York City's five boroughs. Over 80% of this staff is hired from the neighborhoods that they work in; they provide direct service to low income households. CUCE-NYC has sixty-five (65) Nutrition Educators on staff who provide direct instruction to over 24,000 families in an eight-week program, as well as, "one-off" lessons that are provided to 40,000 participants at community sites. Additionally, CUCE-NYC has developed networks with the "Faith Based Community" that include well over 400 churches, mosques, and synagogues. CUCE-NYC has eight (8) "Faith Based Community Liaisons" on staff who work directly with community organizations to promote health events and distribute research protocols. CUCE-NYC has developed a close relationship with the New York City Department of Health: Office of Minority Health which has led to the development of a "strategic plan" for Faith Based Health programming across the City. Currently CUCE-NYC and the Weill Cornell CTSC provide video conferencing programs featuring health researchers presenting on topics identified by the community and taking questions in real time interactive format. Additionally, CUCE-NYC, Hunter School of Nursing and the Weill Cornell CTSC have co-sponsored Health Fairs, with staff of over twenty (20) doctors and nurses providing screening. These events have been the basis for creating a network that supports the recruitment of ethnically, racially, and age-diverse subjects for clinical trials. These events also provide general information about the clinical trial process and availability. Over seventy two (72) trials have been promoted and distributed in community settings.

a. Diabetes

- ***Healthy Schools, Healthy Families (HSHF)***—The Healthy Schools, Healthy Families (HSHF) Coalition is a school-linked health promotion and obesity prevention program for medically underserved children in New York City. The HSHF Coalition is comprised of more than fifteen (15) community-based, local government, public, and private organizations in conjunction with New York-Presbyterian/Columbia and New York-Presbyterian/Weill Cornell. The HSHF program was initiated in September 2004 and is currently associated with seven (7) elementary schools in Washington Heights (PS 4, 128, 132, 152), Central Harlem (PS 180), and East Harlem (PS 102, 206). HSHF hosted events such as parent, staff and student fitness classes, dental clinic and oral hygiene workshops,

and agricultural literacy events. This program also provided flu shots for students at PS102. New York-Presbyterian Hospital/Columbia University's Choosing a Healthy and Active Lifestyle program continued to distribute "Health Bucks" to parents as an incentive for participating in HSHF programming and workshops. The Health Bucks are valid for credit towards the purchase of produce at local farmers markets. In 2011, the "Go Green Washington Heights and Inwood Youth Program" was implemented to connect school age children to local green markets.

- ***WIN for Health***- The WIN for Health Program started in 2012. It is a hospital-community partnership that employs Community Health Workers (CHWs) based in Community Based Organizations (CBOs) to work with patients and families dealing with pediatric asthma and adult diabetes. WIN for Health CHWs work within the hospital, ACN practices, and in the community to provide support and education to patients and families in order to improve self-management of these chronic diseases. The WIN program offers monthly workshops at our partner CBOs, other workshops and presentations throughout the community, and participation in health fairs and other community events. Additionally, WIN CHWs link families with a variety of social service referrals to various community agencies and resources, based upon individual needs and requests.

b. Heart Disease

- ***Heart of Hearts: Open Heart Patients Education and Support Series***- the Heart of Hearts program at New York-Presbyterian/Columbia held an education and support series for post discharged open heart surgery patients and their families and friends in 2013. The sessions were held on the 2nd Tuesday of every month and 200 patients and their friends and family participated.

c. Asthma

- ***Washington Heights/Inwood Network (WIN)*** – Created in December 2005, Washington Heights/Inwood Network for Asthma of New York-Presbyterian is a program funded by the Merck Childhood Asthma Network. The program seeks to strengthen community-wide asthma management for children by building a care coordination "network", and thus works to reduce asthma-related hospitalizations, Emergency Department visits and school absences. In 2013, the WIN for Asthma program provided monthly medications training sessions for parents in our program. Medications trainings were carried out by Dr. Adriana Matiz, Medical Director for WIN. Parents were provided with an opportunity to learn about the different types of asthma medications and to ask specific questions about their children's medication regimen. Medications trainings were held at Community League of the Heights (CLOTH), one of our partner Community Benefit Organizations. The Washington Heights Asthma Walk, an annual event, also occurred in June 2013. Program participants, staff, and community members joined together to March through Washington Heights to raise awareness about

childhood asthma in the community. Approximately 250 people were served by the WIN for Asthma program in 2013.

d. Cancer

- ***Cancer Screening Program*** – The Cancer Screening Program at New York-Presbyterian, funded by the New York State Department of Health and the Centers for Disease Control and Prevention, provides breast, cervical, colorectal, skin and oral cancer screening at no cost to men and women. The program provides ongoing community-based outreach, education, cancer screening, work-up and treatment. Screening is provided in collaboration with the Breast Examination Center of Harlem, the Ralph Lauren Center, Union Health Center, MIC/Morningside, Planned Parenthood of NYC, Callen-Lorde Community Health Center, Project Renewal and through the mobile mammography programs of Women’s Outreach Network and Multi-Diagnostic Imaging, Inc. Follow-up is centralized at New York-Presbyterian/Columbia, a National Cancer Institute designated Cancer Center. Those in need of follow-up receive individualized case management services and financial support for treatment. The list below highlights cancer screening events that took place at New York-Presbyterian in 2013:
 - ***Breast Cancer Awareness Month*** – During 2013, the Avon Foundation Breast Imaging Center at New York-Presbyterian/Columbia provided mammograms and PAP tests to eligible patients throughout the year by appointment on 2 free screening days. In addition, uninsured or underinsured women were screened by way of a mobile screening program, which travels to community health centers, churches, and senior centers to offer free walk-in screenings.
 - ***Colorectal Cancer Prevention*** –The Colorectal Cancer Screening Program at New York-Presbyterian/Columbia is funded through a grant provided by the New York State Department of Health in an effort to decrease morbidity and mortality related to colorectal cancer. This program works with community agencies, private health providers, clinics, and hospitals, as recruitment and referral sites. Individuals are screened to meet the program’s eligibility criteria-based on the American Cancer Society guidelines for colorectal cancer screening. The program’s main goals include increasing the rate of colorectal cancer screening, and providing early detection and prevention among the poor, uninsured and underinsured populations of Manhattan and the Bronx.
 - ***The Jay Monahan Center for Gastrointestinal Health Outreach Events*** – In 2013, the Jay Monahan Center for Gastrointestinal Health conducted monthly free support groups for community members throughout the year. These include the Center’s regularly held educational seminars that are open to the public; an annual colorectal cancer prevention community health fair in the New York-Presbyterian/Weill Cornell courtyard; participation in New York-Presbyterian/Columbia’s taxicab campaign to raise awareness about colorectal cancer screening in collaboration with the New York City Department of Health; a mailing campaign to all New

York-Presbyterian/Weill Cornell employees to raise awareness about colorectal cancer screening in collaboration with New York Presbyterian's Department of Human Resources and the American Cancer Society; and free colorectal cancer seminars provided for various advocacy groups, professional organizations, corporate settings, and underserved communities.

- **Oral Cancer** - Faculty members of the Columbia University School of Dentistry offered screenings in their annual free oral cancer screening day. New York-Presbyterian employees participated in an annual Oral Cancer Walk to increase awareness on oral health and the risk associated with oral cancer.
- **Prostate Cancer** and **Skin Cancer** screenings were also offered in 2013.

3. Community Preparedness

- **Annual Blood Drives**- According to the New York Blood Center, New York-Presbyterian is one of the largest donor groups in Manhattan and the largest hospital donor group in New York City. A total of 3,091 pints of blood were collected at blood drives throughout our campuses in 2013.
- **Emergency Management Forum**—The System Emergency Management Forum continued to meet in 2013. Quarterly meetings were held on February 26, April 23, June 25, and October 22. Topics discussed at the meetings included interoperable communications, Mutual Aid Coordinating Entity (MACE) concepts, strategies against national shortages of narcotics and other drugs, alternate treatment locations during disasters (internal and external), healthcare coalition/alliance building, tour of New Jersey Medical Ambulance Bus, sharing Joint Commission emergency management survey experiences, etc. System Regulatory Planning Council meetings were held on January 16, April 30, May 28, July 30, October 29, and November 19. A System Regulatory Planning Council meeting was held on September 25.
- **New York-Presbyterian Emergency Medical Services (EMS)** - New York-Presbyterian's EMS department is the largest Hospital-based EMS service in New York City, licensed by the New York State Department of Health to operate in the Five Boroughs of New York City, and the counties of Westchester, Putnam, and Dutchess in upstate New York. In addition, EMS is licensed by the State of New Jersey to operate a Specialty Care Transport Service (SCTU) throughout the State of New Jersey. The EMS department participates in the following programs:
 - **Community Preparedness Planning** - EMS participates with NYC Fire Department, the New York City Office of Emergency Management, the New York City Department of Health and Mental Hygiene, and the New York State Department of Health in emergency planning and preparedness activities that benefit the entire New York City region.

- **Medical Decontamination Unit** - EMS maintains an outstanding Medical Decontamination Unit and Hazardous Materials Decontamination Team, coordinating its activities with the Mayor's Office of Emergency Management, FDNY, and the NYSDOH and NYCDOHMH for readiness in case of either actual emergency need or elevated threat levels.
- **Special Operations Team** - EMS' Special Operations Team applies skills in many rescue situations and in concert with fire and police specialty units in New York and across the country.

4. Other Community Activities

As part of New York-Presbyterian's commitment to the community, many other programs, initiatives and events occur throughout each year. Described below are many health promotion and disease prevention programs that occurred during 2013.

a. Children's Health

Choosing Healthy & Active Lifestyles for Kids (CHALK)- Choosing Healthy & Active Lifestyles for Kids (CHALK)- CHALK (Choosing Healthy & Active Lifestyles for Kids), a collaboration between Community Pediatrics at New York-Presbyterian Hospital/Columbia University Medical Center and the Northern Manhattan community. CHALK merged with its school-based sister program, Healthy Schools Healthy Families in 2012 to create a comprehensive obesity prevention program with a three pronged approach- school, community and institution.

CHALK engages a coalition of various community agencies, leaders and elected officials initially focusing on Washington Heights/ Inwood by sponsoring the "Vive tu Vida, Live your Life" campaign and links its work internally to bringing institutional services that support healthy lifestyles. Below is a list of organizations/groups that have participated in the task force in some way in 2013.

- Healthy Schools, Healthy Families (HSHF). Ambulatory Care Network of New York-Presbyterian Hospital/Columbia University Medical Center. Merged with CHALK in Sept 2013 to create a comprehensive obesity prevention program.
- WIN for Health. Ambulatory Care Network of New York-Presbyterian Hospital/Columbia University Medical Center. CHALK collaborates with WIN during community outreach events. CHALK has trained WIN's Community Health Workers in their 10 Healthy Habits.
- Columbia Center for Children's Environmental Health collaborates with CHALK to help promote safe water and educate the public on key health issues at our health outreach fairs and at the farmer's market.
- Be Fit to Be'ne'fit/Columbia University Medical Center. Columbia University/NYP Hospital's staff wellness program and CHALK collaborate to promote stair use to CUMC/NYP staff and patients.

2013 Community Service Plan Year 1 Update

- City Harvest works with CHALK as part of its Healthy Neighborhood Program. We collaborates to help recruit businesses to implement healthy changes in their product offerings and promotion.
- GrowNYC and CHALK have collaborated to bring fresh produce to the neighborhood through NYP's Fort Washington Farmer's market which averages 1,000 visitors weekly.
- Go Green Washington Heights/Inwood (Initiative of Manhattan Borough President Scott Stringer). Go Green collaborates with CHALK in its subcommittee on Healthy Foods and Farmers' Market and related Go Green community events. Go Green provides a marketing platform for a healthy lifestyles agenda, and a mobilization of buy-in from elected officials, businesses and institutions.
- Shape Up NYC is a program of the Department of Parks and Recreation that provides free exercise opportunities to families. These represent the venues for the families:
 - Abadá Capoeira
 - Antojitos y Monadas/Little Cravings and Pretty Little Things
 - Asociación de Mujeres Progresistas, Inc
 - Bike New York
 - Borough President Representative CEC, District 6
 - Children's Aid Society
 - CLIMB, Columbia University
 - Get Focused Fitness
 - Greenmarket, Grow NYC
 - Institute of Human Nutrition, Columbia University
 - JCL Team
 - New York City Department of Parks and Recreation
 - NYC Department of Education
 - NYP-Cornell
 - Office of the Manhattan Borough President
 - People's Theater Project
 - Police Athletic League
 - Dichter Pharmacy
 - The Center for Community Health and Education, Columbia University
 - Washington Heights Inwood Coalition
 - WE ACT
 - Zoe Health LLC
 - YM & YWHA of Washington Heights and Inwood
 - Flip2BFit
 - FitMAPPED
- ***Lang Youth Medical Program*** –The Lang Youth Medical Program is one of the first hospital-based science enrichment, mentoring and internship program of its kind. Established through collaboration between Eugene Lang and New York-Presbyterian, the mission of Lang Youth is to put NYP resources to work inspiring, supporting and motivating young people from the Washington Heights area to realize their college and career aspirations, particularly in the health

sciences. During 2013, 75 students from the Washington Heights community participated in the Lang Program. Lang scholars are required to attend Saturday Program during the academic year from 9am to 1:30pm. The program, taught by medical and undergraduate students from Columbia University, follows the NYC Department of Education calendar. It aims to provide a hands-on science experience that integrates character development and life skills with community activism. High School and College 1:1 meetings are part of the support Lang Youth offers during students' high school and college application process. Parents meet with the Phase I coordinator to learn about viable public, private, and parochial high school and college options. These free-of-charge counseling sessions prepare parents and students to navigate the admissions process. A school list is generated; due dates are given; and a plan of action is determined for each student.

- **TURN 2 Us-** This comprehensive program utilizes a holistic approach by promoting cognitive, physical and emotional wellbeing to the entire PS 128 and PS 4 school community. TURN 2 Us works with the Healthy Schools Healthy Families program to mediate some of the health and mental health stressors in both schools so that students can perform better academically. Events held in 2013 include sleep away camp, boys and girls basketball leagues, dance teams, creative arts and drama programs and field trips to a NY Liberty basketball game and ballet show. Parent/teacher consultations, drama programs and communication events we also held.

b. Community-Based Outreach and Health Education

- **Volunteer Services** – This year, much like many others, NYP faced new challenges and was rewarded with great achievements. We recognize that many of our successes were made possible by the overwhelming support received from our NYP volunteers. We are proud to report that during 2013. A team of 3,398 volunteers provide 351,207 hours of service; this is an increase of 29,255 hours (9%) from 2012. It goes without saying that volunteers make an impression. Whether they are behind the scenes or front center, they all assume vital roles in the organization. Some of their activities include assisting our youngest or most fragile patients, reading to a child, comforting a patient's caregiver, providing therapeutic and/or recreational support. helping someone navigate through our facility, being an advocate, offering clerical support, or being a committee member who is involved in improving services to our patients, just to name a few. Regardless of the volunteer's assignment at NYP, they work alongside our caregivers and staff every day as we all work to create an environment that is caring, compassionate and responsive. Their support and dedication has contributed positively in shaping the NYP experience for our patients and their loved ones. The collective result of combining our volunteer's dedication and drive has allowed us to expand our scope of service to meet new and unmet needs, while remaining true to our commitment *We Put Patients First*.

- ***Amputee Education and Support Group-*** Every first Friday of each month, the Amputee Education and Support Group is held in the Hoyt Board Room (CHONY North), from 9-11am. The audience consists of inpatient and outpatient adults, geriatric amputees and their care-givers. Each meeting begins with a lecture by a health care professional, from 9-10am and is followed by a discussion led by social workers, from 10-11am. Light refreshments are provided. In 2013, there were 200 members of the support group.

- ***Burn Prevention and Investigation-*** Community based social service providers that perform home visits, child evaluations, injury investigations and social service planning/implementation in consultation with social service agencies or the City's Administration for Children's Services were provided an educational program addressing sources of burn injury, burn injury prevention and care of a burn injury and how these topics related to child and family safety by New York-Presbyterian Hospital/Weill Cornell staff. Topics included common etiologies of injury, methods for burn prevention, steps to take in the event an investigation reveals a child who has suffered a burn injury and tips to pass along to families and parents at risk of these injuries. Approximately 1,900 members of the community were served by this program in 2013.

- ***Comprehensive Epilepsy Center-*** Widely acclaimed for pioneering achievements in research and clinical innovations, the Comprehensive Epilepsy Center provides a multidisciplinary approach to the complex medical and social needs of patients with seizures. An active branch of the internationally-regarded Neurology and Neuroscience Department at the New York-Presbyterian Hospital/Weill Cornell Medical Center, individuals and families receiving care through the Comprehensive Epilepsy Center have available to them the vast resources of one of the country's most prestigious medical and teaching institutions. The Center also conducts several community outreach events throughout the community, focusing on epilepsy awareness, and education. In November, Epilepsy Awareness Month, the Comprehensive Epilepsy Center hosts an informational table at the Weill Cornell Campus and at NYP/Lower Manhattan Hospital

- ***Allen Lactation Support & Parent Education Program-*** There are various ways in which the Allen Hospital provides support services to child bearing patients. Prenatal childbirth classes are offered once a month to prepare expectant couples for labor and birth. Bilingual Breastfeeding classes are also offered. During the year, 4 weekly sessions of lecture, discussion and exercises were led by a trained childbirth educator instructor (RN). A breastfeeding DVD is shown with a question/answer session and the importance, benefits and management of breastfeeding (exclusively) are discussed. Bilingual lactation consultations to in-patient mothers and a monthly breastfeeding support group are also held.

- ***Family Planning Center-*** New York-Presbyterian's Washington Heights Family Planning Center, operated by the Center for Community and Health and Education, serves more than 10,000 adolescent and adult women and more than 3000 adolescent and young men annually. The Center is Northern Manhattan's

largest provider of comprehensive family planning services. All services are bilingual, and no patient is turned away because of inability to pay. Two-thirds of the patients are from Washington Heights-Inwood, and nearly all the remaining patients are from the South Bronx and Manhattan below 154th Street. Due to outreach activities and access to same day appointments, the Family Planning Center and Young Men's Clinic increased patient visits. In the Spring of 2011, we launched "Teen Tuesdays" with specialized programming and drop in hours for adolescents. Teen Tuesdays provides educational programming facilitated by health educators for both patients and community teens. To date, over 300 teens have dropped in for educational programs. Teens are welcomed on a walk-in basis with our "Teens On Demand" initiative to insure that all adolescents are seen at the time they present to the FPC/YMC. During 2013, the Family Planning Center provided over 24,000 patient visits, of which approximately 50% were at either no charge or at a discounted fee to the patient since 88% of our patients report incomes at or below 100% of the federal poverty level.

- **Young Men's Clinic** – Young Men's Clinic, a discrete program of the Family Planning Center, is recognized nationally as a model for male involvement in family planning and for addressing male's general health needs with a focus on their reproductive health. In 2013, over 3,000 men between the ages of 14 and 35 received clinical care. The Young Men's Clinic completed its first year as a full time clinic staffed by two FTE medical providers and provided reproductive health services to 40% more males in 2013 and has been steadily able to accommodate more patients to date. The Single Stop program continues to provide vital case management and social service assistance to patients with health insurance enrollment, food stamp enrollment, referrals for no-cost legal consultations, job training and placement and GED and ESL courses. Single Stop patient navigators linked over 2,000 patients to critical entitlement services and/or life-skills training and social service referrals in 2013.

c. Geriatrics

- **HealthOutreach Program at the NYP/Weill Cornell campus-** Health education, wellness and prevention program for older adult age 60+, improve access to medical care and social services for seniors to improve health and quality of care. Also under auspices of the Health Outreach Program is the Caregivers Service which also provides services for those caring for an older adult 60+. The goal of this program is to empower caregivers with education, support and psychosocial services to maximize their ability to cope with care giving responsibilities and improve the quality of their lives and those they care for. Education, support and psychosocial topics addresses during 2013 include, planning and paying for long term care, asset planning for the future, Medicare, sleep and aging, carotid artery disease, coping with illness, pinched nerves and neuropathy, and stress management techniques. Approximately 1,300 people were served by this program in 2013.

- ***The Allen Hospital HealthOutreach Program*** – The HealthOutreach Program at New York-Presbyterian/Allen Hospital is designed specifically to address the health interests and concerns of individuals 60 and older. This free membership program focuses on promoting healthy, active living through a variety of services, including free lectures and workshops by leading physicians and other healthcare specialists, individualized counseling and support groups by certified social workers, diverse social events, and assistance for caregivers, as well as free health and insurance screenings. Additionally, individuals who enroll in the HealthOutreach Program are automatically entitled to join a national discount prescription program at no cost. The program also publishes a quarterly newsletter filled with informative articles about current health issues, citywide resources for older adults, and social event calendars providing the opportunity for new friendships. During 2013, the Health Outreach program served over approximately 500 members. Key events included:
 - ***Middle Eastern Belly Dancing Classes-*** for men and women are held on a weekly basis.
 - ***Needle Arts Group*** – The Needle Arts Group is a self-help program that met every Friday throughout 2013 and focused on enhancing socialization skills while teaching knitting and crocheting to Health Outreach members. Health Outreach members learned to make handmade baby clothes which they personally distributed to newborn infants at the New York-Presbyterian/Allen Nursery.
 - ***Tai Chi Classes*** – Weekly classes led by a trained Tai Chi instructor were held throughout 2013 for Health Outreach members to promote healthy and active lives. On average, about ten (10) members attended each session.
 - ***Meditation for Hypertension and Stress and Sit Down Yoga Classes-*** Members learn to relax and relieve stress from body, mind and spirit, build strength, flexibility, stamina, and muscle tone.
 - ***Weekly Medical Lectures on a vast array of physical and behavioral*** topics geared towards an older audience. 2013 Topics included "Elder Abuse," "ID Fraud," "Community Safety," "Congestive Heart Failure," "Medicare Update," "Dealing with Memory Loss," and "Urinary Incontinence: to pee or not to pee."

In 2013 the HealthOutreach Program at the Allen Hospital expanded to include Afro-Brazilian Dance, Balance Training, Zumba, Reiki Therapy.

d. HIV/AIDS

- ***Comprehensive HEALTH Program-*** The Comprehensive HEALTH Program (CHP) is a component of New York-Presbyterian Hospital's Ambulatory Care Network at the NYP/Columbia University campus. CHP consists of a variety of services: (1)

2013 Community Service Plan Year 1 Update

Adult Infectious Diseases program, located on Harkness Pavilion 6th Floor (2) Women and Children Care Center and (3) Project S.T.A.Y. (Services To Assist Youth), both located on Vanderbilt 4th Floor. CHP provides comprehensive, multidisciplinary health care for over 2000 people living with HIV, at risk for HIV, or affected by HIV. As a NYSDOH Designated AIDS Center the CHP also manages care across the care continuum, bridging inpatient, ambulatory and communication based needs. The clinic serves as the “medical home” for those striving to improve the physical, mental and psychosocial welfare of patients through the provision of high quality, comprehensive care rendered in a culturally sensitive environment. In addition, CHP offers access to HIV clinical trials.